Evaluation of Prairie Harm Reduction's Supervised Consumption Site

Final Report

AUGUST 25, 2025

Completed as part of the project, *Building Capacity to Reduce Substance Use Harms: Researching Effective Evaluation Standards for the Supervised Consumption Site in Saskatoon SK*

Acknowledgements and Contributions

This evaluation was completed as part of the *Building Capacity to Reduce Substance Use Harms* project. The project examined Prairie Harm Reduction's health service provision with an emphasis on the supervised consumption site (SCS) for reducing substance use related harms and connecting PWAS with additional supports

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DISCLAIMER

The content in this document reflects the analyses and opinions of the authors and does not necessarily reflect those of their institutions.

EVALUATION CONTRIBUTORS

Primary report author, data analysis:

- Evan Poncelet, University of Saskatchewan

Data collection, report editing:

- Maggie Coupland, University of Saskatchewan
- Maryellen Gibson, University of Saskatchewan

Project oversight, report editing:

- Kayla DeMong, Prairie Harm Reduction
- James Dixon, University of Saskatchewan
- Barbara Fornssler, University of Saskatchewan
- Linzi Williamson, University of Saskatchewan

First Nations and Métis Advisory Council:

- Dr. Sharon Acoose
- Jessica Daniels
- Dr. Robert Henry
- Kathie Pruden
- Jo-Ann Saddleback

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Important Update (June 2026)

Since completing this report, Prairie Harm Reduction (PHR) has ceased operations. The PHR Board of Directors announced its closure on April 9, 2026.[1] Amid shifting political investments, significant financial strain, and a marked increase in service demand, the organization was no longer able to sustain operations.

While this evaluation documented growing demand and a complex operating environment, a detailed review of PHR's financial situation was beyond the scope of this project.

Currently in Saskatchewan, Nēwo-Yōtina Friendship Centre in Regina operates the province's only supervised consumption site (SCS).

Given the closure of PHR, this report now serves to document the impacts of PHR's SCS and to inform future responses to substance-related harms in Saskatoon and similar contexts.

[1] https://www.cbc.ca/news/canada/saskatoon/prairie-harm-reduction-cease-operations-9.7157989

Executive Summary

Introduction

Prairie Harm Reduction's (PHR) supervised consumptions site (SCS), located in Saskatoon, Saskatchewan, opened in 2020, establishing a hygienic, supervised, and low barrier environment for people who use drugs (PWUD). Core SCS services can be categorized broadly as supervised drug consumption; harm reduction education and supplies; assessments, referrals, and support services; and community awareness and alerts.

This executive summary describes a formative process and outcome evaluation undertaken to assess SCS reach, implementation, effectiveness, and sustainability. Quantitative and qualitative data were analyzed for the evaluation period of May 2023 to April 2024, from SCS intake data (8,323 visits), on-site drug checking results (728 samples), interviews with 26 individuals (people who access services (PWAS), SCS staff, and external stakeholders), social media analysis, a review of SCS documents, and a focused literature review.

Findings

Evaluation findings are presented below by seven evaluation questions across four categories: SCS Reach, SCS Implementation, SCS Effectiveness, and SCS Sustainability.

SCS Reach

EQ1: To what extent has the SCS reached its intended audience?

The SCS is **effectively reaching its intended audience, primarily serving PWUD aged 16 and older, including those experiencing houselessness**. Due to historical and ongoing colonial policies and practices, Indigenous[2] people, comprise a disproportionate number of PWAS when compared to the general population. Evaluation data from May 2023 to April 2024 shows frequent access by a diverse group of PWAS, with 8,232 total visits from 866 unique individuals—an average of 686 visits per month. Most visitors were 30-59 years old, 41% were male, and 40% were female (18% did not disclose gender). Substances were most often consumed via injection (71%). The most reported substances used were hydromorphone/Dilaudid (39.1%), crystal meth (35.1%), and fentanyl (20.8%). While largely successful in reaching PWUD, barriers to accessing the SCS remain, such as limited hours, location, and general stigma associated with substance use. Additionally, middle-class, housed, and recreational users could benefit from the site but do not often access it.

[2] "Indigenous" is a collective term encompassing First Nations, Métis, and Inuit people who are the original inhabitants of this land. Evaluation participants were not asked whether they are Indigenous. However, some participants shared that they identify as First Nation and Métis.

SCS Implementation

EQ2: To what extent has the SCS been implemented as intended?

The SCS has **largely been implemented as intended**, providing a safe, supportive environment for PWUD and offering services such as supervised drug consumption, harm reduction education, assessments and referrals, and community alerts. Interview data suggests the SCS meets PWAS needs, supporting health, safety, and recovery goals. However, high demand for SCS services—particularly the inhalation booth—can prevent the SCS from operating as intended. For example, wait times for SCS services can cause some PWAS to leave and use offsite in less safe areas. Despite these issues, the SCS effectively delivers its core services to support PWUD.

SCS Effectiveness

EQ3: To what extent have PWAS (and secondary stakeholders) increased their capacity to reduce substance-related harms as a result of accessing the SCS?

The SCS has significantly enhanced the capacity of PWAS and secondary stakeholders to reduce substance-related harms. Key outcomes include the **prevention of adverse health events**, as evidenced by the response to 44 overdoses without fatalities from May 2023 to April 2024, alongside services like drug checking, wound care, and access to sterile supplies. **PWAS have gained critical knowledge and skills** in safer use practices, overdose response, and harm reduction, while also benefiting from **increased access to health and social services**, with 1,277 internal and 106 external referrals recorded during this timeframe. The SCS fosters a **stigma-free environment** that **supports mental, physical, and social well-being**, though **external stigma persists**. The site also **raises awareness** of contaminated substances and understanding of SCS services, though **additional outreach to the public and partners** may address misconceptions and promote effective SCS access.

EQ4: To what extent have PWAS (and secondary stakeholders) changed their behaviours to reduce substance-related harms as a result of accessing the SCS?

The SCS has successfully facilitated significant behaviour changes among PWAS and secondary stakeholders to reduce substance-related harms. **PWAS have progressed toward their recovery goals**, including reducing substance use, facilitated by the SCS' supportive environment and personal motivations. PWAS have also **adopted harm reduction practices** such as administering naloxone, using sterile supplies, and avoiding using substances alone. **Engagement with health and social services has increased**, with SCS staff playing a crucial role in building trust and providing referrals. **Drug alert**

information is used by both PWAS and external stakeholders to enhance safety. **Public support for the SCS is mixed**, with some community support evident from merchandise sales and social media engagement, a lack of funding support from provincial government, and concerns from some nearby businesses and community members about public safety.

EQ5: To what extent has the SCS contributed to changes in community that will support the health of PWUD and reduce community harms and costs?

The SCS has contributed to several positive changes in the community, supporting the health of PWUD and reducing community harms and costs. Specifically, the SCS has **fostered positive social relationships**, **helped PWAS reconnect with estranged family members**, and **provided employment opportunities**, **enhancing the overall health and wellbeing of PWUD** in the community. The SCS has also **prevented overdoses and overdose deaths**, **reducing trauma and grief** in the community and **decreasing unnecessary interactions** with emergency and justice systems, leading to financial savings. Additionally, **PWAS share the harm reduction knowledge and skills they gain** from the SCS with others in the community, promoting safer practices such as the use of naloxone. However, **evidence on community safety is mixed**. External interviewees voiced safety concerns over violence, theft, drug dealing, and public drug use near the SCS, while interviewed PWAS and SCS staff, as well as past research, suggest the SCS supports community safety by reducing needle debris, crime, and public drug use in other areas. In addition, interviewees also acknowledged community safety is influenced by external factors such as rising houselessness and the toxic drug supply.

EQ6: To what extent have SCS assumptions been met?

The evaluation of the SCS found that many key assumptions necessary for its operation and success have been met, though gaps remain. First, the SCS' **central location and low-barrier design** enhance accessibility, but challenges such as **limited hours, stigma, and transportation barriers**—especially in winter—restrict some PWAS access. **Limited internet access** for PWUD also reduces the reach of online SCS content, but PWUD still receive valuable information through outreach, word of mouth, and on-site alerts.

Additionally, **PWAS feel respected and valued** through meaningful engagement, including peer staff involvement, and report **positive experiences with staff, facilities, and supplies**. PWAS needs could also be better met by **more variety and availability of harm reduction supplies** (e.g., hammer pipes), as well as **revising the SCS Operational Manual to include its supports and policies that support Indigenous PWAS**.

Lastly, **PWAS opportunities and motivations to apply harm reduction knowledge and skills are evident**, with **sustained harm reduction practices more likely when PWAS are at the SCS and have access to harm reduction supplies**.

SCS Sustainability

EQ7: To what extent are the efforts and benefits of the SCS likely to continue?

The SCS remains highly relevant due to increasing demand for its services, rising houselessness, and the growing potency and toxicity of the drug supply. With SCS usage increasing, the current facility and hours are insufficient to meet demand. Barriers such as the politicization of harm reduction, housing and affordability issues, and long waits for treatment services impede the site's success. For the SCS to continue to support PWUD, there is a need for sustainable funding, expanded facilities, sufficient staffing levels, extended hours, and strong inter-organizational collaboration. Responsibility for addressing these areas goes beyond PHR, requiring coordinated efforts across multiple sectors.

Unintended Outcomes

Evaluating the SCS revealed unintended outcomes, both positive and negative. Negative outcomes include concerns about community safety and lack of SCS support from businesses and the provincial government. Positive outcomes include reduced trauma and grief for community members by preventing harms related to substance use. Additionally, there was no evidence of an unintended increase in drug use or initiation due to the site.

Recommendations

This section presents a summary of recommendations for consideration, based on evaluation findings. Detailed recommendations are included in the main report.

Recommendations for PHR

Category	Recommendation
Community and Stakeholder Engagement	**Explore Options for Improving Stakeholders' Knowledge of SCS Services**: To reduce stigma, improve awareness of SCS services, and address partners' requests for information about SCS services, PHR may consider expanding efforts like information sessions, clear communication materials, and online content.
	Ensure All SCS Benefits are Promoted: To address stakeholder knowledge gaps, educational efforts can emphasize the full range of SCS benefits for PWAS, including better health outcomes and reduced emergency service use.

	Continue Meaningfully Engaging PWUD: Data suggests PWUD are meaningfully engaged at the SCS through peer employment, PWAS feedback, and shared decision-making. Continuing such practices will support SCS effectiveness and relevance.
	Review Indigenous-specific Data Collection: Collecting Indigenous-specific data at SCS intake would require addressing privacy and data stewardship or ownership concerns, but could improve understanding of Indigenous Peoples' experiences.
	Review Advocacy Efforts for Government Support: External interviewees suggested PHR take a less adversarial approach in their advocacy, especially with the provincial government, and instead emphasize shared public health goals.
SCS Reach	**Consider Outreach to Additional PWUD Groups**: The SCS effectively reaches its primary client base but could improve outreach to middle-class, housed, and recreational PWUD. Barriers such as stigma and lack of awareness could be addressed through targeted campaigns and direct engagement to gain feedback. However, expanding access may not be feasible at present due to high service demand.
Expanded and Additional Services	**Include Indigenous Supports in the SCS Operational Manual**: Although the SCS offers supports for Indigenous PWAS, these supports are not included in the SCS Operational Manual. The supports could be added to future revisions of the manual, along with any specific policies or resources for Indigenous PWAS.
	Explore Enhanced Aftercare: Review options for aftercare to support PWAS who experience overdoses. For example, the SCS could schedule debriefs with PWAS after overdoses or formalize the practice of PWAS leaving in groups when needed.
	Consider Expanded Roles in Housing and Treatment: To help meet additional PWAS needs, interviewees suggest PHR expand services such as housing and abstinence-based treatment, either directly or through partnerships. However, additional services may not be feasible with current resources.
	Explore Options for PWAS Transportation: To help PWAS access the SCS, especially in winter, PHR could look into the feasibility of providing bus tickets, partnering with local transportation services, or offering shuttle services.
	Continue Promoting Drug Checking Services: The use of SCS' drug checking services may be increased by promoting the benefits of drug checking and ensuring enough staff are trained to operate the spectrometer.
	Continue Pursuing Resources to Increase SCS Capacity: Securing funding to expand SCS capacity is essential for meeting PWAS needs and addressing increasing demand. Increasing capacity could include extending hours and adding more injection booths, inhalation rooms, bathrooms, or gathering spaces.
Staff and Training	**Ensure Support for Ongoing Staff Training**: Continuous training for SCS staff is critical to maintaining the SCS' high-quality care and keeping staff updated on emerging drug trends, local supports and services, and best practices.
	Consider Expanding Internal Capacity for Data Collection and Analysis: Upgrading the SCS database and providing more training for data analysis could enhance organizational learning and planning. This effort could be supported by leveraging relationships with educational institutions (e.g., practicum students).
	Confirm Professional Boundaries: While fostering a sense of community, SCS staff must also maintain boundaries with PWAS to ensure safety and professionalism.
Drug Alerts	**Consider Dated Drug Alerts**: Adding posting dates to PHR drug alert images could prevent confusion between old and new alerts.

Recommendations for Government

Category	Recommendation
SCS Funding	**Provide Sustainable Funding for SCS Operations**: Long-term, flexible funding for the SCS is vitally important for the site to continue addressing substance-related harms, especially given recent increases in site demand, houselessness, and drug toxicity. Sustainable funding would enable the SCS to better support community members by expanding hours and improving staff recruitment and retention.
	Consider Additional Funding to Expand Access to SCS Services: High demand for SCS services can mean wait times, particularly for PHR's inhalation room given a shift from injecting to smoking drugs. Additionally, SCS services are needed in other areas of the city, and province overall. Funding to increase PHR's SCS capacity (e.g., a larger facility) and set up additional sites in other locations would expand access, preventing substance-related deaths and other harms.
	Explore Funding Options to Address Public Safety Concerns: To address safety concerns around congregating near the SCS, potential solutions include a larger SCS facility, creating designated outdoor areas, improving lighting, or adding security personnel. However, these options require further evaluation and external funding.
Policy	**Expand Support for Harm Reduction Supplies**: Access to a wider range of harm reduction supplies would better meet unique PWUD needs. Provincial government could begin by reversing its January 2024 policy that bans the use of public funds for new pipes and mandates point-for-point needle exchanges. Evaluation findings suggest low-barrier access to diverse supplies reduces substance-related harms.

Recommendations for Organizations in the Substance Use and Addiction Support System

Category	Recommendation
Partnerships	**Maintain and Strengthen Partnerships**: The SCS is part of a broader network of substance use and addiction supports, requiring strong inter-organizational collaboration for client success. This success includes addressing both immediate needs and underlying factors like housing and financial assistance. Actions to support partnerships include regular coordination meetings, integrated service plans, shared training events, and data sharing agreements.
Drug Alerts	**Clarify Responsibility for Drug Alert Communication**: To ensure health system partners are updated on drug trends, PHR and SHA could confirm roles and responsibilities for issuing drug alerts, including audiences they need to reach.
Roles in Improving Stakeholder Awareness and Support	**Help Raise Awareness**: Given the increasing politicization of harm reduction and the lack of knowledge about SCS services, knowledgeable organizations may wish to expand efforts to educate stakeholders on the SCS and harm reduction – what they are, their value, and how to access services. This could include website or social media content, educational materials, staff training, and staff visits to the SCS.

Contents

1. Introduction

This report details the evaluation of Prairie Harm Reduction's (PHR) supervised consumptions site (SCS). The evaluation was completed as part of a two-year funded project by the Saskatchewan Health Research Foundation, titled, *Building Capacity to Reduce Substance Use Harms: Researching Effective Evaluation Standards for the Supervised Consumption Site in Saskatoon SK*. Evaluation data was collected from May 1, 2023, to April 30, 2024, covering the 12 months immediately preceding the public announcement of funding for this project.

The SCS

The SCS is located in Saskatoon, Saskatchewan, Canada. The opening of the SCS was announced in October 2019, making it Saskatchewan's first SCS.[3] In 2020, the SCS opened its doors to begin delivering services. The SCS offers people who use drugs (PWUD) low-barrier access to a welcoming, nonjudgmental, and supportive environment for supervised substance use and related supports, including referrals to other PHR services and external organizations.

The SCS consists of a reception area and consumption room. In the reception area, staff welcome and register eligible PWUD who can then access the consumption room, which is divided into one inhalation room, and an area with seven booths for injection, intranasal, and oral consumption of drugs. Adjacent to the consumption room is PHR's drop-in centre, which people who access SCS services (PWAS) can visit once they exit the consumption room. The drop-in centre provides access to a range of services, including case management, employment readiness, emergency assistance, pet therapy, housing support, clothing, and refreshments (e.g., snacks, water, coffee).

The SCS provides core services across four categories: supervised drug consumption; harm reduction education and supplies; assessments, referrals, and support services; and community awareness and alerts.

- **Supervised drug consumption**: PWAS can consume drugs under the supervision of trained staff (e.g., paramedic) who are available to inform PWAS of safer use practices. Staff are also available to provide first aid and assistance during overdoses, psychosis, and other medical emergencies related to drug use.
- **Harm reduction education and supplies**: SCS staff provide PWAS with education on harm reduction (e.g., safer substance use, naloxone training), as well as supplies for on-site use (e.g., naloxone kits, syringes, pipes, filters). If PWAS require supplies

[3] https://prairiehr.ca/pages/about

for use outside of the SCS, they may be referred to nearby Saskatoon Tribal Council or other organizations that distribute supplies.

- **Assessments, referrals, and support services**: PWAS are provided with assessments, brief interventions (e.g., brief therapeutic sessions, safer use education), wound care, referrals to other PHR services, and referrals to other local services based on needs (e.g., recovery services, primary healthcare, social services, family support).

- **Community awareness and alerts**: The SCS offers free test strips for fentanyl, benzodiazepine, and xylazine, which individuals can take home or use in the SCS. SCS staff are available to demonstrate test strip use. Since 2023, PWAS can also access a Fourier-transform infrared (FTIR) spectrometer freely and anonymously. The spectrometer can identify the ingredients of substances, including contaminants. When contaminants are discovered in tested substances, PHR issues drug alerts on-site and through social media to inform PWAS and community members (see Figure 1). PHR also builds community awareness of SCS services through their website, social media, news media, and meetings with stakeholders.

A logic model for the SCS in included in Appendix A.

Figure 1. Drug alert released by PHR via Facebook on May 11, 2023.

Given the significance of issues related to substance use and addiction, the SCS is often discussed in local media, including topics such as site funding,[4] political sentiment,[5] and community concerns.[6]

[4] https://www.ckom.com/2024/03/22/funding-for-safe-consumption-sites-again-not-included-in-sask-budget

[5] https://www.cbc.ca/news/canada/saskatoon/safe-consumption-site-operators-in-sask-oppose-pierre-poilievre-s-views-invite-politicians-to-visit-1.7284345

[6] https://www.cbc.ca/news/canada/saskatoon/affinity-credit-union-closing-branch-on-saskatoon-s-20th-street-due-to-safety-concerns-1.7048589

Evaluation Approach

A formative process and outcome evaluation was undertaken to assess:

- The process of implementing and accessing the SCS (*process evaluation*).
- The extent to which the intended outcomes of the SCS are being achieved (*outcome evaluation*).
- Areas where the SCS can be adapted and improved for future use (*formative evaluation*).

The evaluation was designed to support organizational learning to guide PHR's future work, provide accountability to the key stakeholders (e.g., PWAS, PHR's board of directors), and demonstrate the SCS' impact to other key stakeholders including partners and potential funders.

In consultation with PHR, the following evaluation questions were identified to guide the evaluation:

SCS Reach

1. To what extent has the SCS reached its intended audience?

SCS Implementation

2. To what extent has the SCS been implemented as intended?

SCS Effectiveness

3. To what extent have PWAS (and secondary stakeholders) increased their capacity to reduce substance-related harms as a result of accessing the SCS?
4. To what extent have PWAS (and secondary stakeholders) changed their behaviours to reduce substance-related harms as a result of accessing the SCS?
5. To what extent has the SCS contributed to changes in community that will support the health of PWUD and reduce community harms and costs?
6. To what extent have SCS assumptions been met?

SCS Sustainability

7. To what extent are the efforts and benefits of the SCS likely to continue?

Positionality Statement

It is important to consider the experiences and viewpoints of the report authors. The evaluation was completed by members of the *Building Capacity to Reduce Substance Use Harms* project team, whose professional backgrounds include evaluation, research, and service delivery across sectors such as community-based organizations, education, government, and independent consulting. Team members possess a range of evaluation experience from novice to advanced, and bring diverse backgrounds related to substance use and addiction, including related research, work in community organizations with PWUD, and lived experience with addiction and related harms. Members experienced in working with PWUD led the interviews and those with advanced evaluation experience led data analysis and reporting. However, all team members provided advice and feedback throughout the evaluation. The project team shares a common goal of supporting PWUD, believing that this requires a continuum of services and supports that span prevention, treatment, and harm reduction.

Given the high proportion of PWAS that are Indigenous it is important to acknowledge that the project team is composed of individuals who are primarily White Settlers and of European descent. Acknowledging this limitation, The team worked in partnership with a First Nations and Métis Advisory Council comprised of five members to provide leadership and direction for the project. The members include community-advocate and writer Jessica Daniels, First Nation and Métis scholars Dr. Sharon Acoose and Dr. Robert Henry, Métis Nation Saskatchewan leadership Kathie Pruden, and guiding Kêhtê ayah (Nêhiyawêwin/Cree-language, for the English-language term Elder), Jo-Ann Saddleback. Key meetings were held to address project aims and design, introduce evaluation approaches, and share initial outcomes from the data. This report was also reviewed by all team members and will be utilized to identify additional knowledge sharing and engagement opportunities based on findings.

2. Methods

To address the evaluation questions, a combination of quantitative and qualitative data was utilized:

- Administrative SCS data, including data collected during SCS intake and drug checking (test strips, spectrometer).
- Interviews with 26 individuals, including ten external stakeholders (e.g., emergency responders, healthcare, community organizations), ten PWAS, and six SCS staff.
- Social media analysis (Instagram).
- A review of the SCS Operational Manual to assess SCS assumptions and compare against interview data to assess SCS is operations.
- A focused literature review.

This project was approved by the University of Saskatchewan's Behavioural Research Ethics Board (#4161).

Further details on data collection methods and sources are included in Appendix B.

3. Findings

Findings begin with a brief section on Indigenous people and the SCS, followed by detailed findings within each evaluation question (EQ), categorized by four sections: SCS Reach, SCS Implementation, SCS Effectiveness, and SCS Sustainability.

Indigenous People and the SCS

The SCS does not capture whether it is reaching Indigenous people, as ethnicity is not recorded. Similarly, while the evaluation interview guide included questions relevant to Indigenous people (e.g., "Do you think that the SCS is a safe place for everyone?"), there were no specific questions about this population. As a result, Indigenous-specific evaluation findings are limited to a few interviewee comments, consolidated here to provide a clear and focused presentation.

Overrepresentation Among PWAS

Interview data indicates that Indigenous people comprise a disproportionate number of PWAS when compared to the general population. This reflects "the outcome of historically constructed and ongoing settler colonization and racism that have displaced and dispossessed First Nations, Métis and Inuit Peoples from their traditional governance systems and laws, territories, histories, worldviews, ancestors and stories". [7]

Importance of Cultural Supports

Historical and ongoing harms toward Indigenous people not only mean they are overrepresented among PWAS, but also highlight the need for cultural supports at the SCS. One interviewee (E9) noted, "We're just coming out of how many generations of residential schools and tearing all that away. So, yeah, I just think culture needs to be in every stage of that." This interviewee emphasized the need for cultural supports and services both within the SCS and through other organizations. PHR employs peer staff and connects PWAS to Indigenous specific support services in partnership with the nearby Saskatoon Tribal Council.

SCS Operational Manual

A review of the SCS Operational Manual found that it does not describe specific guidelines or supports for Indigenous people, even though supports can be accessed through the SCS, including by referrals to nearby services. Any future revisions of the Operational Manual will present an opportunity to better include these resources.

[7] Thistle, J. (2017, p. 6). *Indigenous Definition of Homelessness in Canada*. Toronto: Canadian Observatory on Homelessness Press.

SCS Reach

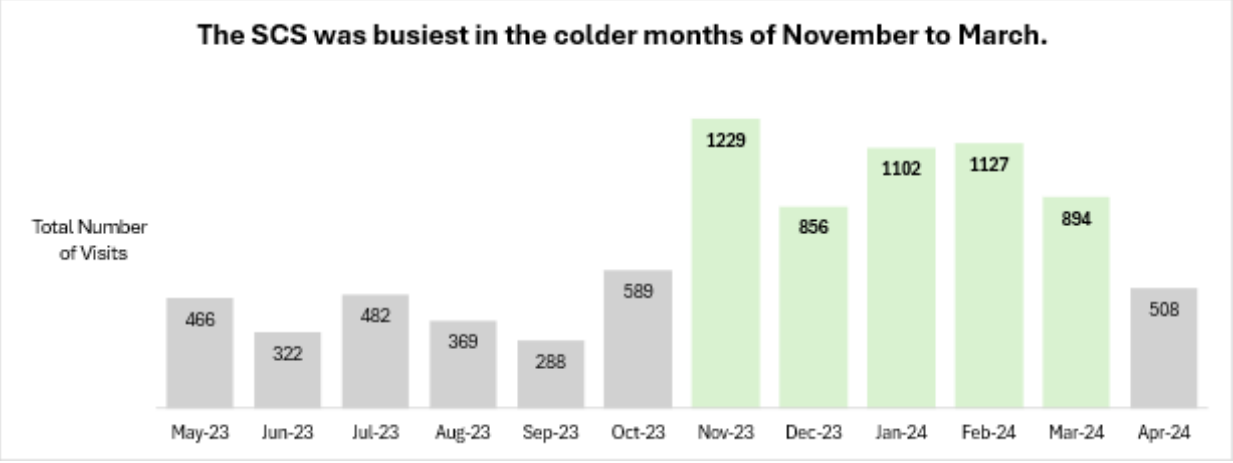
EQ1: To What Extent has the SCS Reached its Intended Audience?

Summary: The SCS has effectively reached its intended audience, primarily serving PWUD aged 16 and older, including those experiencing houselessness. Evaluation data from May 2023 to April 2024 shows frequent access by a diverse group of PWAS, with 8,232 total visits from 866 unique individuals, averaging 686 visits per month. The majority of visitors were aged 30-59, 41% were male, and 40% were female (18% did not disclose gender). Substances were most often consumed via injection. Most used substances were hydromorphone/Dilaudid, crystal meth, and fentanyl. While largely successful in reaching PWUD, barriers to accessing the SCS remain, such as limited hours, location, and stigma associated with substance use. Additionally, middle-class, housed, and recreational users could benefit from the site but do not often access it.

The SCS is described in the SCS Operational Manual as a low barrier environment for PWUD aged 16 and older. Interviewees also see the SCS as primarily serving PWUD, especially those experiencing houselessness. Interviewed PWAS and SCS staff added that the SCS is welcoming to everyone, providing an open, safe space (detailed in section, Improved Social Health).

Evaluation data indicates frequent site access. From May 2023 to April 2024, the SCS recorded 8,232 total visits from 866 unique PWAS, averaging 686 visits per month or 22.6 visits per day. The site was busiest during the colder months of November 2023 to March 2024 (see Figure 2).

Figure 2. The total number of SCS visits per month. The site was busiest from November 2023 to March 2024.



The 8,232 total visits include a diverse group of PWAS, varying in age, gender, consumption method, and substances used:

- **Age**: Predominantly 30-59 years old. Specifically, 40-49 years old was the most common (37.1%) age group, followed by 30-39 (31.6%), and 50-59 (13.2%).
- **Gender**: Fairly even male-female split from PWAS who provided this information, with 41.3% male and 39.5% female. No response was received from 17.8% of PWAS.
- **Consumption Method**: Primarily by injection (71%), followed by inhalation (28.6%), snorting (<1%), and oral ingestion (<1%).
- **Substances Used**: PWAS reported consuming 9,147 substances. The most commonly reported substances consumed were hydromorphone/Dilaudid (39.1%), crystal meth (35.1%), fentanyl (20.8%), and morphine (1.6%). Other substances were reported by less than one percent of PWAS.

Intake data does not capture whether the SCS is reaching people experiencing houselessness, as housing situation is not recorded. However, interview data indicates that this group is represented among PWAS.

The SCS also reaches audiences through drug alerts on PHR's social media accounts, with Instagram being the most visited. From May 2023 to April 2024, seven drug alerts were posted on social media, reaching an average of 5,811 Instagram accounts per post. Posts ranged from 3,589 to 7,473 accounts reached per post. Instagram is therefore an effective tool for reaching SCS audiences, though it is unclear what type of people are reached through Instagram (e.g., whether they are PWUD or people who work with PWUD).

While the SCS reaches many PWUD, barriers remain, such as location, hours of operation, and stigma associated with substance use (see section, Assumption (1): The SCS is accessible). Interviewees also suggest that some populations, particularly middle-class, housed, and recreational users, could benefit from the SCS but are not currently accessing it.

SCS Implementation

EQ2: To What Extent Has the SCS Been Implemented as Intended?

Summary: The SCS has been largely implemented as intended, providing a safe, supportive environment for PWUD and offering services such as supervised drug consumption, harm reduction education, assessments and referrals, and community alerts. Interview data suggests the SCS meets PWAS needs, supporting health, safety, and recovery goals. However, high demand for SCS services can prevent the SCS from operating as intended. For example, wait times for SCS services can cause some PWAS to leave and use offsite in less safe areas. Despite these issues, the SCS effectively delivers its core services to support PWUD.

The SCS Operational Manual describes the intended implementation of the site as follows:

> *PHR's Safe Consumption Site (SCS) provides a hygienic, supervised, and low barrier environment for people who use drugs (PWUD). The SCS provides a welcoming, nonjudgmental, and supportive environment that encourages staff and PWUD an opportunity to build trustworthy relationships in order to meet health needs and social issues, it also provides support, prevention, and education services for people living with, affected by, or vulnerable to HIV/AIDS and HCV.*

The SCS can legally operate due to an exemption it has obtained from Canada's *Controlled Drugs and Substances Act* (CDSA), which provides clear expectations and requirements (e.g., defining the spaces of the SCS that are designated for substance use).

Core SCS services can be grouped into four categories: supervised drug consumption; harm reduction education and supplies; assessments, referrals, and support services; and community awareness and alerts (detailed in above section, The SCS). Key statistics for these services from May 2023 to April 2024 are summarized in Table 1.

Table 1. Statistics for core SCS services from May 2023 to April 2024.

Service/Activity	Number Recorded	Notes
Supervised Drug Consumption		
Total SCS Visits	8,232	
Unique PWAS	866	
Drug Consumptions	8,168	
Overdoses	44	SCS data does not capture overdoses in other PHR areas (e.g., drop-in centre).
Overdoses Needing Naloxone	14	Some overdoses were addressed with both naloxone and oxygen.
Overdoses Needing Oxygen	35	

Harm Reduction Education and Supplies		
Safer Drug Use Referrals	227	The SCS is not intended to distribute harm reduction supplies and instead refers PWAS to such organizations.
Harm Reduction Education/ Counselling Sessions	42	
Naloxone Kits Distributed	24	SCS data does not capture naloxone kits or naloxone training provided through other PHR services (e.g., drop-in centre).
Naloxone Training Provided	1	
Assessments, Referrals, and Support Services		
PHR Support Service Referrals	1,277	Examples include safer drug use, healthcare, mental health, grief, employment, and addiction treatment.
External Service Referrals	106	Examples include healthcare, emergency shelters, detox, addiction counselling, and housing.
Wound Care	75	
Community Awareness and Alerts		
Substances Checked with Test Strips	750	
Substances Checked with Spectrometer	345	
Drug Alerts Issued (Facebook and Instagram)	7	Alerts dates: • May 11, 2023 • Jun 2, 2023 • Jun 29, 2023 • Aug 14, 2023 • Sept 14, 2023 • Dec 12, 2023 • Jan 10, 2024

Interview data suggests that the SCS is being implemented as intended by providing services that meet PWAS needs (see below section, Assumption (5): SCS staff and policies meet PWAS needs). Particularly, PWAS report that SCS staff support their health and safety, are helpful, listen, and feel like friends or family.

Strong SCS implementation is also evidenced by positive PWAS outcomes, such as PWAS' progress toward recovery goals, strengthened ability to reduce substance-related harms, and improved health and wellbeing (see below section, SCS Effectiveness).

Areas where the SCS is not operating as intended stem mainly from a high demand for SCS services. When the SCS is at capacity, other PWAS must wait to use the booths or inhalation room. These wait times can prevent the SCS from operating as intended. For example, if PWAS cannot access a booth or the inhalation room, they may resort to using offsite in a less safe area. Similarly, the inhalation room was originally permitted to accommodate only one PWAS at a time, which led to wait times and dissatisfaction. Two or more PWAS would sometimes attempt to use the inhalation room together. However, since then, inhalation room capacity has been increased to permit up to two people at the same time, as long as they are consuming the same substance and have agreed to share the space, which is in line with PHR's CDSA exemption.

SCS Effectiveness

EQ3: To What Extent Have PWAS (and Secondary Stakeholders) Increased Their Capacity to Reduce Substance-Related Harms as a Result of Accessing the SCS?

Summary: The SCS has significantly increased the capacity of PWAS and secondary stakeholders to reduce substance-related harms. The SCS has achieved several intended outcomes:

1. **Increased Ability to Prevent or Address Adverse Health Outcomes**: The SCS has responded to 44 recorded overdoses from May 2023 to April 2024, none of which were fatal. The availability of drug checking services, sterile supplies, and wound care further reduces harms.
2. **Increased Knowledge and Skills Related to Harm Reduction**: PWAS have gained valuable knowledge and skills, including safer injection practices, overdose response, and wound care. Education also extends to SCS staff, who learn from PWAS' experiences.
3. **Increased Access to Health and Social Services**: The SCS connects PWAS to essential health and social resources, recording 1,277 referrals to PHR support services and 106 to external services. The SCS also helps with service navigation.
4. **Decreased Feelings of Stigma Related to Substance Use**: The SCS fosters a nonjudgmental environment, helping PWAS feel accepted and respected by themselves and others. However, negative public perceptions of the SCS can still lead to stigmatization of PWAS.
5. **Improved Health and Wellbeing of PWAS**: The SCS enhances mental, physical, and social health. PWAS report improved emotional stability, physical safety, social connections, and sense of community.
6. **Increased Awareness of Contaminated Substances and How to Reduce Harms**: The SCS shares drug alerts and provides drug checking services, raising awareness about contaminated substances among PWAS and many secondary stakeholders. Work is underway to better reach other secondary stakeholders.
7. **Improved Understanding of SCS Services and Scope of Care**: The SCS has informed many stakeholders about its services. Additional efforts would help to further address misconceptions and promote effective referrals.

Intended Outcome: Increased Ability to Prevent or Address Adverse Health Outcomes Related to Substance Use

Supervised Use

A crucial benefit of the SCS is **the availability of staff to respond to signs of an overdose**. From May 2023 to April 2024, the SCS recorded 44 overdoses, none of which were fatal. Staff administered oxygen 35 times and naloxone 14 times to address overdose symptoms. Additionally, interviewed PWAS and staff report that supervision during substance use significantly reduces harm by enabling a faster response to overdose symptoms. For example, staff closely monitor individuals using particularly potent substances like fentanyl and intervene at the first signs of distress.

> *"If we know somebody is doing fent, we keep a closer eye on them. And as soon as we notice that they're starting to nod out a little bit then we'll go out and say, 'Hey, are you alright? We're just going to test your oxygen and your heartrate.'"*
>
> - PWAS (P1)

Interviewees also noted that some PWAS face barriers to administering substances, such disability, injury, or difficulty locating a vein. These PWAS are supported through **assistance from staff or other PWAS to administer substances**, reducing the chance of harms such as missed injections and withdrawal. Assistance is provided under the Assisted-Injection Protocol in the SCS Operational Manual, which describes under what conditions assisted injection is permitted and specific steps.

Drug Checking

PWAS have access to **drug checking through test strips and a spectrometer**, which helps them use substances more safely. For example, this service allows PWAS to reduce their initial dose if the tested substance is more potent than expected. Drug checking also provides an opportunity for SCS staff to offer advice for safer use and distribute drug alerts.

From May 2023 to April 2024, 345 samples were tested with the spectrometer, detecting 728 total substances (80 unique), including psychoactive substances and common cutting agents (see Table 2).

Table 2. The results of SCS drug checking, highlighting the comparison of what PWAS expected their substances to contain prior to drug checking and what the spectrometer detected.

Substance	Expected by PWAS	Detected by Spectrometer	Difference
Fentanyl or fentanyl analogues	27.0%	7.4%	*-19.6%*
Methamphetamine	17.7%	9.8%	*-7.9%*
MDMA	14.5%	6.6%	*-7.9%*
Unknown	12.8%	15.4%	*2.6%*
Cocaine HCl	8.4%	4.4%	*-4.0%*
Ketamine	2%	4.3%	*1.3%*

Hydromorphone	1.5%	0%	*-1.5%*
Alprazolam/Xanax	1.2%	0%	*-1.2%*
MDA	1.2%	1.5%	*0.3%*
THC	1.2%	0%	*-1.2%*
Erythritol	0%	11.8%	*11.8%*
Caffeine	0%	6.7%	*6.7%*
Dimethyl-sulfone	0%	1.9%	*1.9%*
Microcrystalline cellulose	0%	1.8%	*1.8%*
Mannitol	0%	1.1%	*1.1%*

Spectrometer data revealed discrepancies between what PWAS expected their substances to contain and what was detected by spectrometer, highlighting issues with substance purity and unexpected contaminants. For instance, most substances were detected less frequently than expected (e.g., methamphetamine expected in 17.7% of samples and detected in 9.8%), which can be explained in part by the cutting agents detected in samples, including caffeine (6.7%) and dimethyl-sulfone (1.9%). While not typically harmful, these cutting agents can produce mild side effects such as headache or nausea.

Despite the benefits of drug checking, only 3.8% of the 9,147 substances consumed from May 2023 to April 2024 were tested. Testing was particularly low for hydromorphone, which was consumed by 3,572 PWAS (reported at intake) and tested by five PWAS (0.1%). While a small proportion of substances were checked, this rate is comparable to a Vancouver-based supervised injection site that saw 1% of client visits involve drug checking (Karamouzian er al., 2018). Interviewees suggest that PWAS may not access drug checking because of the small amount of PWAS' substances it requires, and the time needed for spectrometer analysis, particularly if trained staff are not immediately available. Some PWAS may also skip drug checking due to high demand at the site, preferring to use substances immediately (e.g., to address withdrawal symptoms) to avoid possible wait times. Ideally, as resources permit (e.g., staff, supplies, site capacity), more PWAS would be checking their substances to reduce substance-related harms.

Prior to spectrometer testing, substances are tested with test strips (see Table 3). Test strip results show that 21.1%-28.6% of samples tested positive for potentially fatal substances, which along with spectrometer results, underscores the high importance of drug checking.

Table 3. Test strip results for substances that were subsequently checked by spectrometer.

Test Strip Type	Positive	Negative	Total	% Positive
Benzodiazepine	72	270	342	21.1%
Fentanyl	98	245	343	28.6%
Xylazine	15	50	65	23.1%

New, Sterile Supplies

Interviewed PWAS value **the provision of sterile supplies** for use onsite, which help reduce harms such as the spread of illness, overdose, and physical discomfort from used supplies. For example, used needles can become dull, making them difficult and painful to use. Access to new, sterile supplies is crucial for maintaining health and preventing infections. The SCS provides supplies for onsite use. If PWAS require supplies for use outside of the SCS, they are typically referred to another organization like nearby Saskatoon Tribal Council.

Importantly, the ability of organizations like PHR to provide access to these supplies was limited by a January 2024 decision from the Government of Saskatchewan. Organizations are no longer permitted to use government or SHA funding for the provision of pipes, and needle distribution services are now required to operate on a one-for-one exchange basis.[8] These new policies are counter to research that demonstrates (a) the importance of inhalation equipment such as pipes in reducing the risk of overdose and disease transmission[9] and (b) the reduced effectiveness of one-for-one needle exchange—compared to needle distribution without the requirement to return needles—as it requires clients to store used needles, which is not always possible (e.g., not permitted in some housing and shelters) and ultimately restricts access to sterile needles.[10]

Inhalation Room

In recent years, there has been a notable shift from injecting drugs to smoking in various Canadian jurisdictions,[11, 12] a trend observed by interviewed PWAS and staff at the SCS. This shift underscores the importance of the SCS inhalation room, which is in high demand.

Additionally, some SCS staff encourage PWAS to smoke substances instead of injecting them, citing reduced heath risks. Research suggests that smoking drugs, compared to injection, can lower the risk of spreading STBBIs,[13] overdose, and skin and soft tissue infections.[14] While risks are present with any method of drug consumption, the growing

[8] https://www.saskatchewan.ca/government/news-and-media/2024/january/18/province-realigns-health-system-approach-to-illicit-drug-use-issues

[9] Tapper et al. (2023). The utilization and delivery of safer smoking practices and services: A narrative synthesis of the literature. *Harm Reduction Journal*, *20*(1), 160.

[10] Strike et al. (2006). *Ontario needle exchange programs: Best practice recommendations*. Ontario Needle Exchange Coordinating Committee.

[11] MacDonald et al. (2023). Trends in varying modes of drug use in opioid toxicity deaths in Ontario from 2017 to 2021. *International Journal of Drug Policy*, 104197.

[12] https://news.gov.bc.ca/releases/2025PSSG0007-000201

[13] Leonard et al. (2008). "I inject less as I have easier access to pipes": Injecting, and sharing of crack-smoking materials, decline as safer crack-smoking resources are distributed. *International Journal of Drug Policy*, *19*(3), 255-264.

[14] Megerian et al. (2024). Health risks associated with smoking versus injecting fentanyl among people who use drugs in California. *Drug and Alcohol Dependence*, *255*, 111053.

popularity of smoking drugs highlights the value of the SCS inhalation room in providing a supervised and sanitary environment for PWAS.

Wound Care

Access to wound care at the SCS helps PWAS avoid serious health issues like injuries (e.g., abscesses) and infections progressing to more severe conditions that could require emergency care. From May 2023 to April 2024, the SCS provided 75 instances of wound care. PWAS also appreciate the presence of paramedics who can check vitals and provide immediate care, which is often unavailable outside the SCS. Additionally, SCS staff sometimes teach PWAS to treat minor wounds themselves, increasing their autonomy. Wound care at the SCS is offered in a non-stigmatizing and safe space for PWAS to access care, which is particularly important as many PWAS are uncomfortable accessing public health services due to past negative experiences and stigma.

> *"If you don't feel good or anything, [paramedics] are right there, checking your vitals and everything, you know? Out there, I don't think we have anybody out there who would do that … Like they are concerned about you, and they will check it for you."*
>
> - PWAS (P7)

Intended Outcome: Increased Knowledge and Skills Related to Harm Reduction Practices

PWAS gain valuable knowledge and skills related to harm reduction practices through their interactions at the SCS. They develop technical skills such as how to address overdoses using naloxone, oxygen, and CPR, as well as safer injection practices, wound care, the use of new and sterile equipment, and understanding the pros and cons of different routes of administration.

In addition to technical skills, PWAS also enhance their cognitive and social skills. They learn to stay calm during an overdose situation, which is crucial for both their own well-being and the person experiencing the overdose. As one PWAS (P2) noted, "I've learned not to be afraid. If somebody is OD'ing, be calm, you know for yourself and also for the person that is OD'ing." PWAS also adopt non-stigmatizing language, such as referring to "new rigs" instead of "clean rigs," which helps reduce stigma and promote a supportive environment.

SCS staff also benefit from continuous learning through their interactions with PWAS. They gain insights into the lived experiences and harm reduction practices of PWAS, which enhances their ability to provide relevant and effective support. One staff member (S1) stated, "We're not gonna teach these people anything. They're gonna teach us the stuff and then we will disseminate that information. They know best, and we will learn from them."

Intended Outcome: Increased Access to Health and Social Services

The SCS provides PWAS with access to a variety of health and social services. From May 2023 to April 2024, the SCS recorded 1,277 referrals to PHR support services. The most common referrals were for safer drug use (17.8%; e.g., sterile syringes, STBBI testing), healthcare (14.7%), mental health (11.3%; e.g., counselling), employment (7%), grief (6.9%), and addiction treatment (6.3%). Additionally, the SCS made 106 referrals to external services, including healthcare (55.7%), emergency shelters (18.9%), detox (15.1%), addiction counselling (6.6%), housing (2.8%), and programming (1%).

> *"It's not just supervised consumption as a service that they're providing, right? It is those linkages to other community supports. The linkages to healthcare. A lot of times, they are the ones if somebody's coming in, let's say cellulitis, or osteomyelitis, or some sort of infection that needs to be looked at, a lot of times it's the folks working there that are going to be seeing those things first, right? And then they can advocate to get that individual connected to further healthcare services."*
>
> - External interviewee (E10)

The SCS also provides **system navigation support**, with staff who are knowledgeable about various support systems and able to advocate for their clients. This advocacy is crucial for connecting PWAS to necessary services, as highlighted by an interviewee (E10) who said, "I think they are great advocates. They know the ins and outs of income assistance quite well. They can advocate for their service users to get connected with those services."

An unanticipated benefit of the SCS is its role as **a central location where other organizations can find PWAS**. For example, some healthcare providers contact the SCS to locate a client for follow-up on health appointments or to connect them with specialists. This central role helps ensure that PWAS receive continuous and comprehensive care.

Intended Outcome: Decreased Feelings of Stigma (Internalized and Enacted) Related to Substance Use

Interviewees highlighted several ways in which the SCS addresses stigma toward PWAS:

- **PWAS gain self-acceptance**, learning to be open about their drug use without feeling ashamed. One participant (P6) described, "I learned to be not afraid to be open about your drug use and knowing that it's okay to be a drug user and trying not to be too hard on yourself. Like there's no need to be behind closed doors and ashamed of it."
- PWAS gain **acceptance from staff and other PWAS**, experiencing respect, a welcoming environment, and freedom from judgment and preconceived notions.

- PWAS are not required to provide personal information to SCS staff, which helps reduce feelings of vulnerability and stigma.
- The SCS **hires PWAS and other PWUD**, fostering a sense of community and mutual understanding.
- Staff use **non-stigmatizing language** and encourage PWAS to do the same, promoting a respectful and supportive environment.
- The SCS **does not maintain a ban list**, ensuring that individuals are not permanently excluded. As one staff member (S6) explained, "You're never kicked out for generally more than a day. Like, come back tomorrow or the next day."

It takes time for PWAS to feel less stigmatized. One participant (P6) described their initial skepticism and gradual acceptance:

> *"When I first walked into the door, everything just seemed like everybody got their cups, but they ain't chipped in. But then I sat back and … you're watching things and then it starts kicking in how much people are working and how much they're doing stuff for total strangers. You know, it's like, wow … You know, there's nothing that these guys wouldn't do."*
>
> - PWAS (P6)

However, one interviewee (E4) noted that the SCS itself is stigmatized in the community, which may lead to PWAS being stigmatized by association: "Although again, like just the way this space is set up right now and the whole community experience, I'm not so sure that it's very destigmatizing right now. Might even be more stigmatizing because now, you know, people have made a lot of judgment in the community about it." Therefore, while PWAS may feel less stigmatized within the SCS, some community members may still hold stigmatized views of them.

Overall, the SCS addresses several key factors that contribute to stigma experienced by PWUD, including stereotypes, separation, status loss, and discrimination,[15] stigma can remain due to issues such as some community members holding negative judgements of the SCS.

Intended Outcome: Improved Health and Wellbeing of PWAS

Improved Mental Health

Interview data indicates that the SCS fosters **personal growth and empowerment** among PWAS, making them **feel more confident and hopeful** about their future. Some PWAS have been hired as SCS staff, which further contributes to their **growth and sense of purpose**.

[15] Andersen et al. (2022). On the definition of stigma. *Journal of Evaluation in Clinical Practice*, *28*(5), 847-853.

One SCS staff member (P8) shared, “This is the first job I ever had, like real honest job. Not robbing stores or anything like that.”

Interviewees also reported that the SCS improves the **emotional health** of PWAS by reducing negative emotions such as fear of overdose or criminalization and increasing positive emotions like happiness and relaxation. As one staff member (S5) observed, “I see the ones that are using every day, like using the site multiple times a day. They just seem like they're calmer, respectful. They know that they're using it and it's working to help keep them safe. I think it's a bit more of a relaxed feel than maybe being on the edge.”

> *“I had issues like when I first came here, like I think everyone else has problems. I was suicidal back then. I still am a bit, but I've come a long ways.”*
>
> - PWAS (P7)

Improved Physical Health

Interview data shows that the SCS **meets basic physical health needs** of PWAS by providing access to food, water, and clothing. It also offers a **physically safe environment**, protecting PWAS from the elements, other people (e.g., theft, assault), and providing a sanitary and supervised space to use drugs. One staff member (S6) explained, “During the summer we see a lot of people come in because they don’t want to share ... You aren’t going to get robbed right away, right? You don’t have to pull out a big bag of dope in front of 20 people who are fiending, right?” Some PWAS do not have other physically safe spaces they can freely access. However, it is important to note that one external interviewee (E10) mentioned reports of some PWUD avoiding the SCS due to assaults by people in a nearby tent encampment, indicating that while the SCS itself is seen as safe by PWAS, others may find the surrounding area to be unsafe (see below, Community Safety).

Improved Social Health

The SCS helps PWAS build **positive social connections** and a **sense of community**. These connections can support PWAS in pursuing goals related to substance use, such as abstinence. Additionally, PWAS come to see the SCS as a **place of belonging**, as captured by one PWAS (P10): “It’s a very confusing world out there. At least when you have a centre to go to, you have your core that you can start to, you know, reach out and branch out to others.”

> *“I mean that sense of connection for people that are using is the only thing that's gonna bring them out, if they do choose to go into recovery.”*
>
> - External interviewee (E2)

Interviewed PWAS often refer to other PWAS and SCS staff as “family.” One PWAS (P1) described their strong connection with an SCS staff member, saying, “Like, [staff member],

he's not just a co-worker or a friend. To me, he's like family … My family has nothing to do with me anyhow, you know, so it makes it hard, and he says that he feels the same way about me. He feels like I'm family. So, it's nice to have somebody like that." While most PWAS spoke of the SCS and staff as family, one (P9) expressed a desire for deeper connections with staff, saying, "More interaction about the actual person rather than just what type of drug you're using that day. Maybe somebody that would get to the root of the problem without being heavy-handed, you know what I mean?"

Accessing the SCS also helps PWAS **build trust** with other PWAS and staff, allowing them to rely on these connections for support and advice related to substance use. One PWAS (P1) explained, "Whenever I have like scrapes or cuts and stuff that needs to get looked at, I don't go to the hospitals or anything, I go see [staff member] first to get his opinion on it. And if he says to me to go to the hospital then I'll go. But if he doesn't, then I won't." Some PWAS report have few trusting social connections outside of the SCS, emphasizing the value of forming such relationships.

Improved Cultural Health

The importance of cultural supports was noted by one interviewee (E9): "We're just coming out of how many generations of residential schools and tearing all that away. So, yeah, I just think culture needs to be in every stage of that." This interviewee emphasized the importance for PWAS to have access to cultural supports and services both within the SCS and through connections to other organizations. PHR provides employes peer staff and connects PWAS to other cultural supports such as nearby Saskatoon Tribal Council.

Cultural health was not a central topic of interviews. While the interview guide asked a related question ("Do you think that the SCS is a safe place for everyone?"), it did not specifically ask about cultural health. This might explain why cultural health was not directly addressed by other interviewees. Other potential explanations for this omission could include different PWAS priorities when accessing the SCS (e.g., supervised consumption) or a lack of awareness about the availability or importance of cultural supports.

Intended Outcome: Increased Awareness of Contaminated Substances and How to Reduce Associated Harms

Interview data indicates that the SCS plays a crucial role in **raising awareness of contaminated substances and how to reduce associated harms**, primarily for PWAS and certain secondary stakeholders such as paramedics. The SCS shares drug alerts on-site and through social media to inform these stakeholders. Additionally, PHR raises awareness through news media interviews that, while focused on PHR overall, often highlight SCS operations and local drug toxicity.

To understand the impact of SCS drug alerts shared on social media, Instagram Insights metrics were reviewed for seven drug alerts posted from May 2023 to April 2024. The main findings are as follows:

- **Reach**: Drug alerts reached[16] an average of 5,811 Instagram accounts per post, with a range of 3,589 (June 2, 2023) to 7,473 (August 14, 2023).
- **Interactions**: Posted drug alerts received an average of 297 likes and 96 shares per post. Shares are especially valuable as they expand the reach of drug alerts. Likes ranged from 147 (June 2, 2023) to 445 (August 14, 2023) per post, while shares ranged from 45 (June 2, 2023) to 125 (June 29, 2023).
- **Profile activity**: Drug alert posts led to an average of 108 profile visits and 13 follows per post. Profile visits and follows suggest that the drug alerts raised interest among Instagram users to learn more about PHR. Follows may indicate particular interest and a desire to be updated on future drug alerts. Profile visits ranged from 28 (June 2, 2023) to 157 (August 14, 2023) per post, while follows ranged from two (June 2, 2023) to 28 (September 14, 2023).

Because PWAS, tend not to have reliable access to PHR social media, they receive information on drug alerts at the SCS through word of mouth, printed alerts, drug checking, and a large whiteboard in the SCS. Whether online or otherwise, interviewees suggested that PHR drug alerts could be improved by including posting dates to avoid confusion between old and new alerts.

Other key stakeholders, such as emergency departments, may not receive all SCS drug alerts. However, interview data did not find consensus on who should be responsible for informing emergency departments and other similar system partners. This was summed up by an external interviewee (E8) who said, "I think for a number of years what I've heard and what I understand is that there isn't a formal drug alert process. Everybody just kind of puts blast out to everybody that they know." The Saskatchewan Health Authority (SHA) also issues public drug alerts, and they receive SCS drug checking data, but they may not release an alert if PHR has already done so. In January 2024, a new public Drug Alert System was launched by the Saskatchewan Drug Task Force, led by intersectoral partners including SHA.

> *"You know one of the big gaps in that whole system is nobody tells our emergency department when there's a new drug on the street. When this stuff is happening, where do you think these people end up in an emergency? In the ER and the ER has no idea."*
>
> - External interviewee (E7)

Finally, it was noted that drug alerts have become common occurrences. In the past, they were less frequent and thus drew more attention. This change highlights the ongoing need for effective communication and

[16] Reach is defined as the unique number of users who saw each drug alert posted on PHR's Instagram account.

awareness strategies to ensure that all stakeholders are informed about contaminated substances and how to reduce associated harms.

Intended outcome: Improved Understanding of SCS Services and Scope of Care for PWUD

Interview data suggests that **external stakeholders understand elements of the SCS, but their understanding of the SCS could be further improved**. Some external interviewees expressed a desire to better understand the services provided at the SCS and how to refer individuals to it. Additionally, several external interviewees, when asked about the SCS, also mentioned other PHR services, such as the drop-in centre. This lack of distinction between the SCS and other PHR services further indicates a need for better understanding among partners regarding the site's specific services and scope of care.

It is also important for the public to accurately understand what the SCS does and why, to address harmful misunderstandings about the site. For example, one interviewee (E4) drew a parallel to seatbelts as a form of harm reduction and expressed frustration that some people do not understand what the SCS does: "How do you kind of shift people's perspective to be like, we're not giving people drugs to use … Those kinds of old ideas of like what harm reduction actually is and telling people, you know, when you wear your seatbelt, it's harm reduction. When you put your helmet on with your bicycle, that's harm reduction, right?"

Overall, improving the understanding of SCS services and scope of care among both external stakeholders and the general public is crucial for reducing stigma and ensuring effective referrals and support for PWUD.

EQ4: To What Extent Have PWAS (and Secondary Stakeholders) Changed Their Behaviours to Reduce Substance-Related Harms as a Result of Accessing the SCS?

Summary: The SCS has effectively facilitated behaviour changes among PWAS and secondary stakeholders to reduce substance-related harms. Key outcomes include:

1. **PWAS Identifying and Moving Toward Recovery Goals**: PWAS have progressed toward their recovery goals, including reducing substance use, after accessing the SCS. This change is attributed both to the SCS' supportive environment (e.g., interactions with staff and other PWAS, peer employment) and personal motivations.
2. **Increased Application of Harm Reduction Practices**: PWAS have utilized valuable harm reduction practices, such as administering naloxone and CPR, using sterile supplies, and avoiding using substances alone.
3. **Increased Engagement with Health and Social Services**: PWAS engage with health and social services both at the SCS and externally, improving their health outcomes. SCS staff play a crucial role in facilitating access to these services by building trust and providing support and referrals.
4. **Utilization of Drug Alert Information**: External stakeholders that receive drug alerts find them helpful and apply them to their workplace (e.g., being extra vigilant of possible overdoses). Additionally, PWAS use drug checking results to plan their substance use more safely.
5. **Increased Support for and Reliance on SCS Services**: Community support for the SCS is shown though merchandise sales and social media engagement. However, support from nearby businesses is mixed, with some interviewees citing issues like public safety concerns. Additionally, support from provincial government is lacking. Data on support from families and peers of PWAS is limited, but some express appreciation for the safe environment provided by the SCS.

Intended Outcome: PWAS Identify and Move Toward Recovery Goals (Including Reducing Use)

> *"Actually, I slowed down quite a bit. I don't do drugs as much."*
>
> - PWAS (P2)

Some interviewed PWAS reported **using substances less often since accessing the SCS**. This aligns with systematic reviews showing supervised injection site access to be associated with an increased uptake in services that support reduced use, such as detox and addiction treatment programs.[17, 18] PWAS attributed their reduced substance use to the supportive environment at the SCS (e.g., conversations with SCS staff, gaining employment at the site which provides structure and commitment, and witnessing the negative impacts of substances on other PWAS), as well as external factors, such as changes in PWAS' personal lives and the general desire to reduce their substance use. As one PWAS (P3) noted, "No, I think it's just because of other things in my life and that I'm actually getting tired of, like what goes on everyday and just the everyday thing.")

Several external interviewees also stated that **accessing the SCS can help PWAS identify and reach their recovery goals**. One interviewee (E8) highlighted the efforts of the PHR team, saying, "I know how hard the Prairie Harm Reduction team works to engage with individuals and have conversations about, you know, where they're at in the recovery journey … You might start to see people perhaps in the medium-term starting to really think about and maybe move [from pre-contemplation] to contemplation."

Intended Outcome: Increased Application of Harm Reduction Practices

Responding to Overdoses and Other Harmful Situations

Interview data indicates that **PWAS have learned to administer naloxone and CPR to individuals showing signs of an overdose**. Interviewed SCS staff, some of whom are also PWAS, also learned to administer oxygen in such situations. The training and guidance received at the SCS has reportedly helped PWAS manage these situations more effectively. One PWAS (P1) shared a story of responding to his best friend's overdose with help from the friend's partner: "So we got her on to the floor and I'm giving her chest compressions and breathing for her, and they gave me a nasal [naloxone]. So I gave her a shot of the nasal and started back with the chest and breath compressions again. We waited about four or five minutes, and it didn't work so I had him prep me up a [intramuscular] naloxone and kept doing that and gave her a naloxone … And then, next thing you know the ambulance got there and they put that monitor on her finger and were like "Oh, your oxygen levels look good, and

[17] Kennedy et al. (2017). Public health and public order outcomes associated with supervised drug consumption facilities: A systematic review. *Current HIV/AIDS Reports*, *14*, 161-183.
[18] Potier et al. (2014). Supervised injection services: What has been demonstrated? A systematic literature review. *Drug and Alcohol Dependence*, *145*, 48-68.

your heart rate is good. Everything's good here so you don't need us." … I don't think [name] would have made it if I wasn't there that day."

While interviewed PWAS reported receiving naloxone training at the SCS, data from the SCS shows one instance of naloxone training, suggesting PWAS may have instead received naloxone training through other PHR services (e.g., drop-in centre) or received their training prior to the evaluation period (May 2023 – April 2024). This notion aligns with other interview data indicating interviewees did not always draw a distinction between the SCS and other PHR services (detailed further in section, Distinguishing Between SCS and Other PHR Services).

Using Sterile Supplies

PWAS reported using sterile supplies, recognizing their importance in **preventing infections and other health issues**. However, some PWAS reported re-using needles when they are away from the SCS and do not have immediate access to new needles, emphasizing the importance of access to the SCS and sterile supplies.

Not Using Alone

Some PWAS have adopted the practice of not using substances alone, which helps prevent harms by ensuring that others are present to respond in case of an overdose. One PWAS (P2) stated, "Yeah, I just don't go home and do anything there."

Intended Outcome: Increased Engagement with Health and Social Services

Interviewed **PWAS report engaging with health and social services both at the SCS and externally**, improving their health outcomes through wound care, chronic illness management, acquiring housing, and obtaining food and clothing. Some PWAS prefer to receive services at the SCS or other community organizations, such as the Saskatoon Community Clinic, rather than public health services. However, SCS staff encourage PWAS to visit external services when their needs cannot be met at the SCS. For instance, one PWAS (P7) shared, "I feel a lot healthier. I mean, when you don't want to go to something like a hospital or something like that, [SCS staff] will nag you and tell you to go [laughter], which is good!" This indicates that SCS staff play a crucial role in facilitating access to necessary services and ensuring positive outcomes for PWAS.

Intended Outcome: Drug Alert Info Utilized in Work or Personal Life

External interviewees who receive drug alerts feel that they are helpful for their work in providing services in Saskatoon, as **the alerts offer valuable information about circulating toxic substances**. This information helps these providers understand the current substance landscape and can influence workplace practices. An external interviewee (E5) gave the example of being more attentive to possible overdoses in their workplace after receiving drug alerts for particularly potent substances.

Few PWAS discussed the public drug alerts, aligning with above findings that online access to the alerts is a barrier. However, PWAS utilize drug checking results, which inform the alerts, as they **notify PWAS of the contents of their substances**. This information allows PWAS to plan their use more safely. For example, if drug checking reveals a particularly high amount of fentanyl in a substance, the individual may start with a lower dose to reduce the risk of overdose.

Intended Outcome: Increased Support for and/or Reliance on SCS Services (From Secondary Stakeholders)

Local Organizations and Community Members

Interviewees indicated **general community support for the SCS**, evidenced by word of mouth, PHR merchandise sales, and social media engagement. Additionally, recently completed projects have found local support for supervised consumption sites, based on engagements with local service providers, youth, government representatives, PWUD, and other community members.[19, 20] External interviewees and staff reported that they tend to see increased support from organizations and community members who interact directly with the SCS. The fact that operational funding for PHR, including the SCS, comes entirely from the community underscores this support. One staff member (S6) recounted community support and donations, particularly from urban areas: "The community really stepped up and has continued to step up, right? Without them, we could do nothing. It's all merch sales and donations … It shows that people are more accepting of all these kinds of movements than they were recently. Especially in the urban centres. Not so much in the rest of the province."

However, some external interviewees noted **a lack of support from nearby businesses and community associations due to perceived public safety issues** (see section, Community Safety). Additionally, some external interviewees expressed concern over whether PWAS pursue or achieve abstinence through the SCS. One interviewee (E9) said, "I wonder how

[19] Crystal Meth Working Group (2020). *A community response to crystal meth in Saskatoon*. Safe Community Action Alliance.
[20] Praxis Consulting (2021). *Substance use consultations*. Saskatchewan Drug Task Force.

many people who use this service have ever quit or, like, I wonder what the actual outcomes are." Despite these concerns, other interviewees and PWAS report that the SCS does in fact help PWAS identify and reach recovery goals, including reduced substance use (see section, Intended outcome: PWAS identify and move toward recovery goals).

Lastly, there was no indication among interview data that the SCS encourages community members to initiate or increase drug use—a fear sometimes shared in media—and past research suggests this does not occur.[21, 22]

Emergency Services

The **Saskatoon Police Service's support for the SCS is perceived by interviewees as mixed**, depending in part on the individual officers. One SCS staff member (S1) commented, "[Police] are okay. Like there's one that's really great, he's super good … Two that they hired were incredible … But they've recently hired a couple more and gotten more funding and expanded it. And obviously you bring in a couple people that don't think the same way. Like when they come by, they're usually unarmed and stuff, but they came by and they're like, 'because of the area, we have to have a couple armed officers with us.'"

Support from Emergency Medical Services (EMS) is viewed positively by interviewed staff and external interviewees. Interviewees feel that EMS supports the SCS largely because of its role in preventing and mitigating PWAS health issues through supervised consumption, wound care, and naloxone training. Additionally, one SCS staff member reported that over time, EMS' response to SCS calls has become more supportive, recognizing the competence of SCS paramedics.

> *"If you can remove that one call three days from now, that's going to have a significant impact. Not just on our healthcare system, but the impact on the paramedics itself. So that one call means maybe they get to sit down and have a lunch break … Whether it's the people themselves, the paramedics, the system of EMS that has that one less call to take care of – maybe it's two maybe it's three – because we've addressed one or two concerns where now we don't have to take somebody to a hospital."*
>
> - External interviewee (E5)

There is **limited data related to support from the Saskatoon Fire Department**. One staff member (S5) mentioned that the fire department often interacts with the encampment behind PHR to address potential hazards, which can create new issues for the people in the encampment, such as needing to find other sources of warmth.

[21] Potier et al. (2014).
[22] Kennedy et al. (2017).

Provincial Government

There is a lack of provincial government support for the SCS. Provincial government has not funded SCS operations to date. Additionally, interviewees suggested that this lack of support is influenced by the adversarial tone of PHR's advocacy and social media posts, which sometimes degrade the government. One interviewee (E10) commented, "Prairie Harm is obviously a very staunch advocate in a lot of work they do, but they also come across as very adversarial to a lot of people as well and you know, I know a lot of people who comment that they might get more if they were, you know, not negotiating with the minister and then going posting on their social media, you know with memes making fun of him at the same time."

> *"How [PHR] approached the provincial government and put forward this whole thing in the beginning pretty much put the nail in the coffin so early on that they will literally never be funded by this government."*
>
> - External interviewee (E4)

Families and Peers of PWAS

Interview data on family and peer support for the SCS is limited. However, the available data suggests that friends and family members of PWAS who support harm reduction practices believe these practices reduce the chances of their loved ones experiencing substance use-related harms. They appreciate the SCS because it **provides a secure environment where substance use is supervised**, thereby reducing potential harms. This support is crucial as it reinforces the safety and well-being of PWAS.

One SCS staff member (S1) noted, "Sometimes parents come in and just chew you out for letting their kids do this," indicating that some friends and family members are not supportive of the SCS. Interview data does not include possible explanations of why some parents are unsupportive, but they could be similar to issues other stakeholders report for the SCS, including perceived safety concerns, stigma associated with substance use and/or the SCS, or preference for other forms of treatment (e.g., treatment centre).

The support from friends and family who advocate for harm reduction is vital. It not only helps in reducing immediate risks but also fosters a supportive network for PWAS. This network can encourage PWAS to engage with the SCS and other harm reduction services, ultimately contributing to their health and well-being.

EQ5: To What Extent Has the SCS Contributed to Changes in Community That Will Support the Health of PWUD and Reduce Community Harms and Costs?

Summary: The SCS has contributed to several changes in the community, largely supporting the health of PWUD and reducing community harms and costs. Key outcomes include:

1. **Improved Health and Wellbeing of PWUD**: The SCS fosters positive social relationships, including helping PWAS reconnect with estranged family members, and provides employment opportunities, which help PWAS contribute positively to their communities. These factors support the physical, mental, emotional, and spiritual health of PWUD in the community.
2. **Reduced Community Harms Related to Substance Use**: The SCS prevents overdoses and overdose deaths, saving lives and reducing trauma and grief in the community. Additionally, the SCS helps reduce unnecessary interactions with emergency and justice systems, leading to financial savings.
3. **Mixed Impact on Community Safety**: Evaluation data presents varying perspectives on the SCS and community safety. External interviewees cite safety issues of violence, theft, and drug dealing and public drug use near the SCS, while other interviewees (PWAS and SCS staff) and past research suggest the SCS enhances community safety by reducing needle debris, drug use in other public areas, and crime. Interviewees also acknowledged external factors such as rising houselessness and the toxic drug supply as contributing to community safety issues.
4. **Community Knowledge of How to Reduce Harms**: PWAS share the knowledge and skills they gain from the SCS with others in the community, promoting harm reduction practices such as the use of naloxone.

Intended Outcome: Improved Health and Wellbeing of PWUD in the Community (Physically, Mentally, Emotionally, Spiritually)

Interview data on this intended outcome is limited, as most interviews focused on the health of PWAS rather than the broader PWUD in the community. However, data still covered a few ways in which the community is impacted.

Social Groups and Relationships

PWAS who benefit from accessing the SCS are often **in a better position to contribute positively to their local communities**, as highlighted by one interviewee (E4): "The more you support people in those positive ways, the more likely you are to help them to retain a recovery journey … You have a group of community members that have reached a certain level of healing and are able to give back to the community. So, there's reciprocity there now that has been created."

The SCS also **strengthens relationships among community members** who access its services. One staff member (S7) mentioned, "Now everybody knows everybody, and everybody comes to the same place. So, if they ever had beef, you know, they probably just shook their hands, shook it off." This sense of community and mutual support can reduce conflicts and foster a more cohesive environment.

Additionally, the SCS can **help PWAS reconnect with estranged family members** or refer them to other services that support family reunification. This reconnection can be crucial for the emotional and spiritual well-being of PWAS, providing them with a stronger support network.

Employment

The SCS supports community members by **providing employment opportunities**. This not only offers income but also a sense of purpose and stability. Furthermore, employment at the SCS allows PWAS to engage in meaningful work, which can be a significant factor in their recovery journey.

Intended Outcome: Reduced Community Harms Related to Substance Use

Overdoses and Overdose Deaths

Interviewees from all groups (externals, PWAS, SCS staff) recognize that **the SCS saves lives by preventing and quickly responding to overdoses**. This impact extends beyond the SCS as staff and PWAS report reversing overdoses in the community. Increased awareness and use of naloxone in the community was also noted, including among PWUD, their families,

and the general population. While these outcomes cannot be fully attributed to the SCS, interview data and a recent spatial analysis study of nine SCS in Toronto suggest that the SCS likely contributes to them. For instance, the study found that overdose mortality was significantly reduced in neighbourhoods with an SCS, but not in other neighbourhoods.[23] The study's authors and interview data suggest this outcome is at least partly due to SCS' where trained staff can respond to overdoses and distribute naloxone.

By preventing overdoses and other harms, **the SCS also helps prevent community members from losing loved ones** and experiencing associated trauma and grief. One interviewee (E3) reflected on what their community would be like without the SCS: "There would be more sad families. There would be more children without parents, and parents without grandchildren, or grandparents without grandchildren. There would be more pain, you know?"

Community Safety

External interviewees raised several **concerns about the negative impact of the SCS on community safety**. These concerns include violence, the presence of weapons (whether for personal safety or otherwise), public drug use outside of the SCS, drug dealing, erratic behavior, and theft. Some external interviewees also reported having clients that perceive the SCS as too unsafe to visit due to fears of assault or relapse. SCS studies have found similar sentiment from businesses and residents near sites.[24]

External interviewee concerns were particularly focused on safety issues related to people congregating outside the SCS. This congregation may be partly due to the capacity of the SCS being unable to meet current demand for services. Interviewee suggestions to address this issue include finding an alternative site location that can accommodate more PWAS or creating a designated outdoor area separated from the sidewalk/street. It was also noted that not all people congregating outside the SCS are PWAS.

Conversely, interviewees – particularly PWAS and SCS staff – **highlighted ways in which the SCS supports public safety**. These interviewees see the SCS helping to reduce needle debris, violence (by fostering connections among community members), public drug use in other areas, and crime (particularly in cases where PWAS reduce or stop their substance use). These findings align with systematic reviews showing evidence that supervised injection sites are associated with reduced local public injection drug use and not

[23] Rammohan et al. (2024). Overdose mortality incidence and supervised consumption services in Toronto, Canada: An ecological study and spatial analysis. *The Lancet Public Health*, *9*(2), e79-e87.
[24] Potier et al. (2014).

associated with increases in crime, violence, or drug trafficking.[25, 26, 27] While some studies in Europe have found drug dealing to be *present* near sites, they did not find an *increase* in dealing following site implementation.[28]

Lastly, some external interviewees acknowledge that community safety issues may be due to factors beyond the SCS, such as broad housing and affordability issues and the drug toxicity crisis. Similarly, one external interviewee (E3) noted that if the SCS did not exist, people would likely congregate elsewhere, as humans naturally gather in central locations:

> *"If it wasn't a consumption site there, there would still be a central place where people go. There always is … It would happen no matter what. It's a place where people gather. That's why it happens, not because it's a safe consumption site. Because it's a place where people gather."*
>
> - External interviewee (E3)

Reduced Unnecessary Interactions with Emergency and Justice Systems

The SCS helps reduce interactions between PWUD and emergency and justice systems, limiting the burden and associated financial costs. Interview data suggests **the SCS reduces ambulance calls and hospital visits**, a benefit backed by past SCS research.[29] Additionally, early overdose response at the SCS can mean fewer emergency room visits and a lower chance of long-term harms (e.g., brain injury) that could require ongoing hospital resources. Furthermore, the use of harm reduction supplies available at the SCS reduces hospital visits for wounds, STBBIs, and other infections. Connections to mental health services within PHR or externally also mean fewer mental health crisis visits. By reducing hospital visits, the SCS benefits the community by preserving the capacity of health services.

According to interview data, by providing a legal place to use substances, **the SCS also decreases interactions of PWAS with police, fire response, the courts, and justice system**. Additionally, by connecting PWAS with social and health services, the SCS reduces the likelihood of criminal activity such as theft.

[25] Kennedy et al. (2017).
[26] Levengood et al. (2021).
[27] Region of Waterloo Public Health and Emergency Services (2016).
[28] Hedrich, D. (2004). *European Report on Drug Consumption Rooms*. European Monitoring Centre for Drugs and Drug Addiction.
[29] Dow-Fleisner et al. (2022). Impact of safe consumption facilities on individual and community outcomes: A scoping review of the past decade of research. *Emerging Trends in Drugs, Addictions, and Health*, *2*, 100046.

> *"Even just this person who would normally let's say present to the ER. That's one bed in the ER that they're occupying that EMS is now delayed in the hallway because that bed doesn't exist. So now it just sort of backflows … If we can take care of that one, it means that we have a bed and now we can free up a unit and we can get to that other person that's out there. Like huge, huge impact. I can go on for days."*
>
> - External interviewee (E4)

Some interviewees noted that **the SCS can increase demand on emergency services**, such as police and ambulance response at the SCS, and fire department responses to the encampment near/behind PHR. However, they also acknowledged that **if the SCS did not exist, similar emergency resources may still be required elsewhere**.

Community Knowledge of How to Reduce Harms

Interview data indicates that **PWAS share the knowledge and skills they gain from the SCS with others in the community**, including the importance of naloxone and how to administer it. One PWAS (P1) suggested that PWAS teach others about harm reduction practices, either through direct training or by example. For instance, if a community member sees someone save a life with naloxone, they might be encouraged to learn how to do the same.

EQ6: To What Extent Have SCS Assumptions Been Met?

Summary: The evaluation of the SCS assessed 12 key assumptions that must be met for the SCS to function well and achieve its intended outcomes.

1. **Accessibility**: The SCS' central location and low-barrier design enhance accessibility, but challenges such as limited hours and stigma persist.
2. **Awareness**: While it is unclear what proportion of PWUD are aware of the SCS, data suggests they learn of it mainly by word of mouth and SCS outreach.
3. **Transportation**: PWAS typically access the SCS by walking, but transportation barriers limit access, especially in winter (e.g., cold, icy).
4. **Engagement**: Meaningful engagement of PWUD in SCS operations is evidenced by PWAS feeling respected and heard and the roles of peer staff.
5. **PWAS Needs – Staff and Policies**: PWAS generally feel their needs are met by SCS staff due to the care and positive environment provided. Additionally, SCS policies are designed to meet general client needs.
6. **PWAS Needs – Supplies and Materials**: While some interviewees find the current SCS supplies adequate, others feel there could be a better selection of syringes, pipes, and filters.
7. **Internet Access**: There are doubts that PWAS tend to have reliable internet access, limiting the reach of online SCS content, though PWAS still receive important information on-site.
8. **Opportunities to Apply Knowledge**: PWAS have both physical and social opportunities to apply harm reduction knowledge and skills.
9. **Motivation to Apply Knowledge**: PWAS have both reflective and automatic motivations to apply harm reduction knowledge and skills.
10. **Positive PWAS Experiences**: PWAS generally have positive experiences with the SCS facilities, staff, volunteers, and supplies, contributing to a sense of community and reduced harms.
11. **Peer Support**: While it is unclear how many friends and family members of PWAS support the SCS, supporters see the SCS providing a secure, supervised environment that reinforces PWAS safety and well-being.
12. **Sustained Practices**: PWAS' continue harm reduction practices particularly at the SCS. Access to harm reduction supplies is crucial to continued practices.

Overall, while many assumptions are met, addressing identified gaps could further enhance the SCS' effectiveness.

Assumptions refer to the underlying beliefs or conditions that are presumed to be true for the SCS to operate and achieve its intended outcomes (see Appendix A). These can include assumptions in areas such as the resources available, the behaviours of stakeholders, and the external environment. Examining the SCS assumptions helps determine potential risks and uncertainties, allowing for a more holistic understanding of evaluation results.

Assumption (1): The SCS is accessible

Location

Across interviewee groups, there is general agreement that **the current location of the SCS is where there is the most need.** The SCS' proximity to other services that PWAS use is also seen as an advantage. However, there is still a need for services in other parts of the city that are further away and less accessible. It is **challenging for a centrally located organization like the SCS to reach everyone**, as people who could benefit from the services are spread across the city.

Stigma

Stigma remains a barrier to access for some PWUD. One interviewee (E8) expressed, "There is a high number of overdoses and fatalities unfortunately related to the toxicity of drugs that would be in private residences. So to me, that says perhaps there's still that stigma and still perhaps people in different economic classes that are using at home alone … They're not accessing the supervised consumption site." This suggests that despite the SCS' efforts to be accessible, stigma may prevent some individuals from utilizing its services.

Hours of Operation

The **limited hours of operation were identified by all interviewee groups as a barrier** to access. Since interviews took place, PHR has had to further reduce hours of operations both the SCS and their drop-in centre due to a lack of funding for staff required to operate services.[30] Interviewees suggested expanding operational hours to improve accessibility for PWAS, but expanding hours would require funds that are not currently available.

Low-Barrier Service

[30] https://thestarphoenix.com/news/local-news/saskatoons-prairie-harm-reduction-reduces-operating-hours

The SCS is accessible in that **there are no barriers to entry** imposed by the site. For instance, there are no eligibility criteria or ban lists.

Overall, the SCS' central location and low-barrier design support its accessibility, but challenges such as limited hours of operation and stigma can still limit access. Addressing these issues could further enhance the SCS' ability to serve PWAS across the city, but they cannot be addressed by the SCS alone.

Assumption (2): PWUD are aware of the SCS

Interview data reveals **mixed opinions among staff and PWAS regarding the awareness of the SCS among PWUD**. Some believe that PWUD are widely aware of the SCS, while others feel that there are still some PWUD who are unaware of its existence. Awareness of the SCS primarily spreads through word of mouth from other PWUD and outreach efforts by SCS staff.

The mixed opinions suggest that while the SCS has made significant efforts to increase awareness, there may still be gaps in reaching all potential users. Continued and enhanced outreach efforts—possibly including broader community engagement and targeted awareness campaigns—could help ensure that PWUD are informed about the services available at the SCS.

Assumption (3): PWUD have a means of transportation to the SCS

Interview data indicates that **PWAS typically get to the SCS by walking**, with many living nearby. Some PWAS experiencing houselessness have set up tents in the area to be close to the SCS and other services, highlighting the importance of proximity for accessibility.

However, **transportation remains an issue for many PWAS, especially during winter**. Cold, ice, and snow can make it difficult for people to travel to the SCS. Transportation by bus can also be challenges, as one PWAS (P3) described, "Yeah, sometimes it's hard to get bus transfers and stuff like that, and there's not too many places that give out bus tickets for stuff like that." Transportation by private vehicle is unlikely for most PWAS.

These findings suggest that while the SCS is accessible to those living nearby, transportation barriers, particularly in winter, can limit access for others.

Assumption (4): Meaningful engagement of PWUD in the development, delivery and evaluation of the SCS

The SCS was designed to include meaningful engagement with PWUD, as the SCS Operational Manual states that PWUD have the following right: "To have a voice in the operations and functioning of the site, in conflict resolution processes and in regard to complaints or concerns." While interview data does not directly assess the SCS' engagement of PWUD, it indicates that many PWAS feel respected and heard at the SCS. Additionally, by employing peer staff, PWUD are engaged in SCS service delivery, making services more attuned to the needs and experiences of PWUD.

One staff member (S1) emphasized the importance of engaging with and learning from PWUD, stating, "We're not going to teach [PWAS] anything, they're going to teach us the stuff and then we will disseminate that information. They know best, and we will learn from them." This approach highlights a reciprocal relationship where the insights and experiences of PWUD are valued and integrated into SCS operations.

Ensuring meaningful engagement of PWUD in all aspects of the SCS, including its development, delivery, and evaluation, will facilitate the effectiveness and relevance of the services provided. Engagement can include practices such as opportunities for PWUD to provide feedback and participation in decision-making processes.

Assumption (5): SCS staff and policies meet PWAS needs

Interview data indicates that **PWAS feel their needs are met by SCS staff**, who support their health and safety. According to one PWAS (P7), "If you don't feel good or anything, they are right there, checking your vitals and everything, you know?" PWAS appreciate the helpfulness, attentiveness, and familial atmosphere provided by the staff.

High-quality staff are identified as a key mechanism for the SCS' success. PWAS have expressed satisfaction with the staff, particularly praising the paramedics. In order for SCS staff to continue meeting PWAS needs, it is crucial for them to stay updated on the latest information and training. For instance, E5 highlighted the importance of understanding that naloxone works only for opioid overdoses, emphasizing the need to call an ambulance immediately for the quickest response possible.

SCS staff also demonstrate care for the experience of PWAS by taking proactive measures to prevent overdoses. For example, they may administer oxygen to individuals who are nodding off, which can prevent the need for naloxone administration. This approach avoids the unpleasant experience of naloxone, which can remove beneficial drug effects or trigger withdrawal symptoms.

The presence of **peer staff**—SCS staff who are also PWUD—particularly enhances the ability of the SCS to meet PWAS needs as they can relate to and understand the experiences of other PWAS firsthand. This peer support helps foster a sense of community and trust.

While PWAS generally appreciate the staff, P10 added nuance by suggesting that there should be a safe boundary between staff and PWAS to ensure safety and professionalism: "The staff is good and everything … but I think that in between, from us clients and them as staff, there needs to be a little bit more of a barrier there. Just so that we make sure that, you know, the staff is safe and make sure that we're all good … It would give them the legality and the, you know, certain levels to show that 'I was friendly, I did my work and blah, blah, blah'. Then at the end of the day, you know, if everything is within that standard then it would be good here."

While interviewees spoke much about SCS staff, they gave little input on whether SCS policies meet PWAS needs. However, a review of the SCS Operational Manual, a key policy document, suggests that **SCS design included several considerations focused on meeting client needs**, including:

- Specific goals and objectives focus on client needs (e.g., "Improve overall health and social connections of PWUD.").
- An SCS Code of Conduct that states rights of PWUD accessing the site (e.g., "To feel safe and be respected and treated with dignity.").
- Specified staffing minimums to ensure staff support for PWAS ("The SCS will maintain a minimum of three staff members consisting of: one Nursing professional and two support workers at all the times.").
- Guidelines for specific populations, recognizing the unique needs of subgroups within PWUD, such as first-time injectors, pregnant women, and intoxicated people.

Assumption (6): Education materials and supplies meet the needs of PWAS

Evaluation data presents **mixed feedback regarding this assumption**. While some staff members believe that the current SCS supplies are adequate, others have identified gaps, specifically calling for a broader range of supplies such as short-tip syringes, hammer pipes, and springs for use as filters. Although interview data on this assumption is limited mostly to staff input, the absence of PWAS complaints suggests a generally positive reception of SCS materials and supplies. It is also worth considering that interviews were completed prior to the Government of Saskatchewan's January 2024 decision to require a one-for-one exchange for all needle distribution efforts and to restrict public funds from being used for pipes.[31] This decision limits the ability of the SCS to offer materials and supplies that meet

[31] https://www.saskatchewan.ca/government/news-and-media/2024/january/18/province-realigns-health-system-approach-to-illicit-drug-use-issues

PWAS needs. Together, findings indicate that while basic PWAS needs are met by current supplies, there are specific areas where improvements could enhance the effectiveness of the SCS.

Lastly, an incident involving the vandalism of a vending machine that distributed harm reduction supplies further highlights the challenges in maintaining accessible resources.

Assumption (7): People have access to internet and view PHR's social media accounts

Interview data indicates that **PHR's online content primarily reaches secondary stakeholders**, such as other health and social services and the general public. There are doubts about PWAS having reliable internet access, which is a critical factor in their ability to view PHR's online content. Additionally, some PWAS were not aware that PHR had social media channels. However, PWAS receive important information, such as drug alerts, on-site at the SCS.

Assumption (8): PWAS receive opportunities to apply their new knowledge, skills, and abilities

Interview data highlights both **physical opportunities** (e.g., location, time, finances) **and social opportunities** (e.g., social norms and influences)[32] **for PWAS to apply their harm reduction knowledge and skills**.

Physical Opportunities

Physical opportunities to apply harm reduction knowledge and skills include being in the SCS where PWAS can use sterile supplies and check their drugs, receiving naloxone kits, and gaining employment with the SCS. The findings related to SCS accessibility (Assumption (1): The SCS is accessible) and transportation (Assumption (3): PWUD have a means of transportation to the SCS) are also relevant as they directly impact the physical opportunities for PWAS to apply their harm reduction knowledge and skills.

Social Opportunities

Social opportunities involve being around other PWUD, which can foster an environment where harm reduction knowledge and skills are shared and reinforced. The findings on stigma reduction (Intended outcome: Decreased feelings of stigma (from self and from others) related to substance use) and improved social connections and acceptance (Intended outcome: Improved health and wellbeing of PWAS) are also applicable, as they

[32] Michie, et al. (2011). The behaviour change wheel: A new method for characterising and designing behaviour change interventions. *Implementation Science, 6*(1), 1-12.

create a supportive social environment that encourages the application of harm reduction practices.

Overall, PWAS have both physical and social opportunities to apply harm reduction knowledge and skills. Ensuring accessibility and transportation to the SCS, along with fostering a supportive social environment, are key factors in maximizing these opportunities.

Assumption (9): PWAS feel motivated to apply their new knowledge, skills, and abilities

Interview data shows evidence of both **reflective motivation** (e.g., personal beliefs, goals, or plans) **and automatic motivation** (e.g., positive emotions or feelings)[33] **for PWAS to apply their harm reduction knowledge and skills**.

Reflective Motivation

PWAS report a strong desire to use substances safely and avoid personal harms such as overdose and infection. Additionally, PWAS are motivated by the desire to support others and give back to the SCS, exemplified by one PWAS (P1) who became a naloxone trainer out of gratitude for the support they received. Some PWAS also express a desire to change their substance use patterns, with one PWAS (P8) noting that the SCS environment motivates them to stay sober by highlighting the negative outcomes of prolonged substance use: "It makes me want to stay sober when I'm there because I see the way people are, and I don't want to see myself ten years down the road still in the same place."

> *I got on being a Naloxone trainer … Because they've helped me out so much that I'll do anything for this place."*
>
> - PWAS (P1)

Automatic Motivation

PWAS experience positive emotions when using the SCS, feeling understood, listened to, and not judged. This positive emotional environment fosters positive connections and support that motivates PWAS to apply their harm reduction knowledge and skills. As well, positive health outcomes for PWAS have followed from engaging in harm reduction behaviours at the SCS, such as supervised use and drug checking (see section, Intended outcome: Improved health and wellbeing of PWAS), reinforcing their motivation to continue these practices.

In conclusion, there are several examples in interview data of how reflective and automatic motivations encourage PWAS to apply their harm reduction knowledge and skills. The supportive environment of the SCS, combined with the positive health outcomes

[33] Michie et al. (2011).

experienced by PWAS, enhances their motivation to engage in safer practices and contributes to the overall effectiveness of the SCS.

Assumption (10): PWAS have a positive experience with facilities, supplies, staff, and volunteers

Interview data suggests that PWAS generally have positive experiences with the SCS, owed to several factors, including:

- **Reduced Harms**: PWAS appreciate that the SCS helps them reduce harms related to substance use through supervision and access to sterile supplies.
- **Sense of Community**: The SCS provides PWAS with a sense of community and a place they can consider home.
- **Social Interaction**: Positive social interactions are a significant factor, with PWAS often viewing staff and other PWAS as family or friends.
- **Shelter**: The SCS offers shelter from the outdoors, providing a safe and private place to use substances instead of in public spaces.

While many PWAS have positive interactions with staff, one PWAS (P8) indicated that they prefer to interact with some staff over others:

> I: "So, some of the staff are okay. Some maybe not so much?"
>
> P8: "Yeah. But everybody like, you know, it's just different. Like not everybody can get along, right?"

This comment suggests that while overall interactions are positive, ensuring that PWAS can connect with staff they feel most comfortable is important.

Assumption (11): Peers of PWAS utilize and/or are supportive of harm reduction practices

As detailed in the above section, Families and Peers of PWAS, **evaluation data on family and peer support for the SCS is limited**. However, friends and family members who support harm reduction practices believe these practices reduce substance use-related harms and appreciate the secure environment provided by the SCS. Conversely, some family members do not support harm reduction or the SCS due to perceived safety concerns, lack of awareness about recovery outcomes, or stigma.

Assumption (12): PWAS' knowledge and harm reduction practices are sustained over time

Among interviewees, there is general consensus that **PWAS sustain harm reduction knowledge and practices over time, particularly when using substances within the SCS**. When PWAS are not accessing the SCS, some report delaying or reducing their substance use until they can return to the site, indicating a preference for the safer environment provided by the SCS. However, other PWAS will use substances in places other than the SCS, including their home/shelter or public spaces.

For PWAS who use substances in places other than the SCS, **access to harm reduction supplies is crucial for maintaining safe practices**. As one PWAS (P1) noted, "If you don't have the equipment then you're using your old equipment that you've used two or three times … Hurts like hell a lot more, compared to having a fresh needle." This underscores the need for reliable access to new supplies.

Unintended SCS Outcomes

This section provides a brief overview of SCS outcomes found through the evaluation that were not intentional goals of the SCS. Identifying unintended SCS outcomes provides a comprehensive understanding of SCS impact—positive or negative—and uncovers issues to address and new goals to strive for.

Unintended Negative Outcomes

- **Community safety**: PHR strives to provide a safe space for everyone that interacts with the SCS. While PWAS reported feeling safe at the SCS, some external interviewees raised safety concerns such as violence, public drug use, and theft around the SCS, particularly related to people congregating outside of the SCS.
- **Lack of SCS support**: SCS services are meant to benefit stakeholders. However, there remains low support from members of some groups. Specifically, there is a lack of support from nearby businesses and community associations due to perceived public safety issues with the SCS. Additionally, provincial government has displayed a lack of support by not funding any SCS operations to date.

Unintended Positive Outcomes

- **No evidence of increased drug use or initiation**: A common concern voiced by people about SCS' is that they encourage people to initiate or increase drug use. Similar to past SCS research, [34, 35, 36] this evaluation found no evidence of increased or initiated drug use due to PHR's SCS.
- **Community member trauma and grief**: While not an explicit goal of the SCS, its efforts help prevent community members from experiencing the trauma and grief of losing loved ones to substance-related deaths, as well as the stress and worry of loved ones experiencing other related harms.

[34] Kennedy et al. (2017).
[35] Magwood et al. (2020).
[36] Potier et al. (2014).

SCS Sustainability

EQ7: To What Extent Are the Efforts and Benefits of the SCS Likely to Continue?

Summary: The SCS remains critically relevant due to increasing demand for its services, rising houselessness, and the growing potency and toxicity of the drug supply. With SCS usage increasing, the current facility and hours are insufficient to meet demand. Barriers such as the politicization of harm reduction, housing and affordability issues, and long waits for treatment services impede the site's success. For the SCS to have future success, there is a need for sustainable funding, expanded facilities, sufficient staffing levels, extended hours, and strong inter-organizational collaboration. Addressing these areas requires coordinated efforts across multiple sectors.

Ongoing Need and Relevance of the SCS

Increases in Demand and Use

The SCS has experienced a **substantial increase in use over recent years, indicating a growing need for its services.** Interviewed staff report that when it first opened in 2020, the SCS saw minimal daily usage, which has since grown drastically. Intake data shows that the SCS saw 3,680 total visits in 2021. Since then, total visits have more than doubled, with 8,232 total visits from May 2023 to April 2024 (123% increase). This rise in usage underscores the critical ongoing need for the SCS in the community.

However, the current facility and its hours of operation are insufficient to meet the rising demand. Both external stakeholders and PWAS have noted that the SCS often cannot accommodate everyone who needs its services. When the SCS is closed, some PWAS delay their use, while others resort to using substances in less safe and public spaces. To address these issues, interviewees suggested a larger SCS facility, more sites, and extended hours, though there are recognized barriers to achieving these improvements.

Contextual Factors Emphasizing Need and Relevance

Several contextual factors demonstrate the ongoing need and relevance of the SCS:

- **Increase in Houselessness**: Interviewees said they have noticed a substantial rise in houselessness in recent years, in line with the 2024 Saskatoon Point-in-Time

Houselessness Count which identified 1,499 without permanent shelter[37], a 172% increase from the 550 people identified in 2022, and a 216% increase from the 475 identified in 2018.[38] While some of the increase may reflect new categories[39], the 2024 report lists other contributing factors such as evictions, insufficient income, and issues related to mental health. Additionally, 82% of those experiencing houselessness reported dealing with issues related to substance use, highlighting the close link between houselessness and substance use. Consequently, many individuals experiencing houselessness rely on the SCS for supervised consumption and other harm reduction supports. As one SCS staff member (S5) put it, "It's not that we're encouraging more people to be houseless or like access our services, it's that they need it because they don't have anything else." Additionally, an external interviewee (E9) pointed out that their organization serves 100+ people per month coming to Saskatoon from other Saskatchewan communities in search of better services (which often are not available), exasperating housing support systems that are already strained.

- **Potency and Toxicity of Drug Supply**: The drug supply has become increasingly potent and toxic in Saskatchewan, with a higher presence of substances like fentanyl and benzodiazepines. These substances are often not expected by the individuals using them, leading to greater health risks (see above section, Drug Checking). This situation is not isolated to Saskatchewan, with much of Canada also encountering an increased presence of toxic adulterants such as fentanyl and fentanyl analogues.[40] This situation underscores the importance of the SCS in providing a supportive environment for supervised substance use and drug checking services to help mitigate risks related to substance use.

- **Increase in Overdoses**: Saskatchewan has experienced a significant rise in overdoses in recent years, largely due to the increasingly potent and toxic drug supply. From 2020 to 2023, the province averaged 354 confirmed drug toxicity deaths annually, a stark increase from the average of 120 annual deaths recorded between 2016 and 2020.[41] In 2023 alone, there were 396 confirmed drug toxicity deaths, the highest number ever recorded. Additionally, in 2025, Saskatoon has seen a concerning spike in overdoses, averaging more than 19 per day during some weeks[42] and prompting the Government of Saskatchewan to activate the Provincial

[37] https://www.saskatoon.ca/services-residents/housing-property/point-time-count
[38] Kunzekweguta et al. (2022). *2022 Saskatoon Point-in-Time Homelessness Count*. Community-University Institute for Social Research.
[39] https://www.saskatoon.ca/news-releases/significant-rise-saskatoon-homelessness-2024-point-time-count-shows
[40] https://health-infobase.canada.ca/substance-related-harms/opioids-stimulants/
[41] https://publications.saskatchewan.ca/#/products/90505
[42] https://www.saskhealthauthority.ca/news-events/news/increased-risk-overdose-saskatoon

Emergency Operations Centre.[43] These rising harms again highlight the critical role of a trusted environment with supervised consumption.

- **Drug Regulation**: Canada's approach to drug regulation, including the criminalization of certain substances and of PWUD, underscores the ongoing need for SCS services. Historically, when drugs are prohibited, they become produced within criminal markets in increasingly potent forms that are easier to manufacture and transport (i.e., the Iron Law of Prohibition).[44] While some drug policies in Canada have shifted—such as the legalization of cannabis, safer supply pilots, and drug decriminalization pilots— drug prohibition continues has been suggested to contribute to drug toxicity and overdose rates, reinforcing the essential role of SCS in providing safer consumption spaces to mitigate harms.[45]

Unique Role of the SCS

The SCS **plays a distinctive role in Saskatoon by addressing the unique needs of PWUD.** Interview data suggests that the SCS provides a safe, nonjudgmental environment where PWUD are not stigmatized or criminalized for their substance use. Beyond the SCS, many PWAS lack support systems to supervise their substance use or respond to overdoses. Thus, any disruption to SCS services risks leaving a gap in supports for PWUD. This aligns with recent projects that found local support from diverse stakeholders for implementing and monitoring the SCS,[46] and expanding access through additional sites.[47]

> *"A lot of these people they have no supports. They're alone. They have no one to check up on them. So unless there are staff that go and check on them, you won't necessarily know if something happens until it's too late."*
>
> - PWAS (P7)

Overall, the SCS is a uniquely valuable service, addressing both immediate and long-term needs of PWAS. The increasing demand, coupled with contextual factors such as houselessness, drug potency, and overdoses, underscores the necessity for continued and expanded SCS services to effectively meet the needs of PWAS.

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[43] https://www.saskatchewan.ca/government/news-and-media/2025/march/12/government-of-saskatchewan-activates-provincial-response-to-toxic-drug-crisis

[44] Cowan, R. (1986). How the narcs created crack: A war against ourselves. *National Review, 38*(23), 26-34.

[45] Beletsky, L., & Davis, C. S. (2017). Today's fentanyl crisis: Prohibition's Iron Law, revisited. *International Journal of Drug Policy, 46*, 156-159.

[46] Crystal Meth Working Group (2020)

[47] Praxis Consulting (2021)

Barriers Inhibiting SCS Success

Politicization of Harm Reduction and the SCS

Interviewees find that the politicization of harm reduction and the SCS can lead to a lack of support based on false information and emotional responses rather than evidence-based reasoning. As one staff member (S5) noted, decisions are frequently driven by personal moral beliefs rather than scientific evidence. There is a call from staff and external interviewees to treat the drug toxicity crisis as a healthcare issue rather than a political one, with multiple references to the lack of support for harm reduction in Saskatchewan.

Housing and Affordability Issues

Housing and houselessness are critical barriers to achieving the intended outcomes of the SCS. According to interviewees, affordable housing is often inaccessible, making it difficult for people with addictions to find and maintain housing. Additionally, some property management companies refuse to rent to individuals on income assistance. These challenges hinder SCS efforts to reduce stigma, increase engagement with health and social services, and improve health and well-being.

Misattribution of Systemic Issues

Data from external interviewees and SCS staff indicates that some community members view the SCS as responsible for social issues like visible houselessness and public substance use. This misattribution overlooks the broader context of these issues that are increasing nationwide (see above section Contextual Factors Emphasizing Need and Relevance). As one external interviewee (E10) pointed out, “The notion that Prairie Harm Reduction is causing what are very systemic issues that are, you know, related to policy and are related to a lot of historical factors as well, and like I mentioned more kind of systemic issues, I think they’re kind of the face of a lot of the people bearing the brunt of those impacts. And as a result, people are kind of mistaking the symptom for the cause, so to speak.”

The Broader System of Substance Use and Addiction Services

Interviewees feel that long waits for detox and treatment services can limit the success of PWAS in achieving abstinence goals. This situation can also lead to increased visits to the SCS, as individuals are unable to access other forms of treatment. One interviewee (E9) emphasized the importance of timely access to detox services: “I think one of the biggest things is detox. I mean we can build the relationships, and we can get them to where they want to quit, but if we can't actually get them in there, then we're not doing anything.”

Weather

Extreme cold and heat compound the needs of PWAS, with interviewees noting the increased need for shelter, safety, and supervised use. Yet such weather conditions, particularly winter's ice and snow, reduce the accessibility of the SCS, making it more challenging for PWAS to use the facility.

Overall, the success of the SCS is inhibited by a range of barriers, including the politicization of harm reduction, housing and affordability issues, misattribution of systemic problems, long waits for treatment services, and harsh weather conditions. Addressing these barriers is crucial for the continued effectiveness and sustainability of the SCS, and is dependent on collaboration among several organizations and sectors.

What is Needed to Sustain the SCS and Its Positive Outcomes

Funding

External interviewees and staff spoke to the crucial need for sustainable and flexible funding to support ongoing SCS successes, including funding from municipal and provincial governments. Even small contributions, such as funding for SCS supplies, would be beneficial. The current lack of sustainable SCS funding can lead to difficulties in maintaining stable hours of operation and staff recruitment and retention.

Additional Services

While supervised consumption should remain the primary focus of the SCS, interviewees highlighted the need for additional supports such as housing and abstinence-based treatment, whether provided by PHR or other organizations. Some interviewees suggested PHR would be well suited for a role in these areas because of the trust between SCS staff and PWAS, and PHR's low-barrier approach to services.

Specific to the SCS, one staff member (S5) suggested an increased emphasis on aftercare for PWAS who overdose: "I would love to see more follow-through, more aftercare for people who experienced an overdose because sometimes they become desensitized ... There's a whole lot of things that I don't think- I think they're just blowing past because they want to get outta there." Limited physical space and hours of operation at PHR can be barriers to providing on-site aftercare. However, PWAS sometimes take it upon themselves, or are asked by SCS staff, to leave in pairs or groups to support safety and wellbeing. For example, one staff (S2) mentioned, "Last night we had this PWAS who didn't overdose, but she was very lethargic and I was like, 'I don't want to send her out just alone into the community.' So her two friends were like, 'we'll stay with her for the night to make sure she's okay.'"

Facility Capacity

There is a consensus among interviewees that the SCS needs additional capacity, such as a larger facility, to accommodate demand. Specifically, there is a need for more injection booths, inhalation rooms, bathrooms, and spaces for PWAS to gather post-consumption. Limited space currently creates wait times—particularly for the inhalation room as it is in very high demand—leading some PWAS to use substances elsewhere (e.g., public spaces). One interviewee (E10) also suggested a larger outdoor space, "You know people are spilling out into the alleyway. They're spilling in front of the building. If you could have a larger building that maybe had some like fenced off area where people could maybe hang out, be outside, whatever, but isn't directly crowding the main entranceway, that might be helpful." However, a larger or expanded site would require additional funding.

Staff Recruitment and Retention

Recruiting staff with the right experience, skills, and values is needed to sustain the SCS. This includes training in administering CPR, naloxone, and oxygen, as well as experience interacting with PWUD. A desire to support PWUD is also crucial. Non-profit organizations tend to pay less than other sectors, affecting recruitment for certain SCS positions such as paramedics. However, SCS wages may be more adequate for other positions such as peer supports.

Staff retention is vital for developing trust with PWAS and partner organizations. Addressing issues like compassion fatigue, burnout, and workload can improve retention. However, these issues are tied closely to funding, as insufficient funding means lower job security, higher staff turnover, and greater staff fatigue and workload due to limited staffing.

Hours of Operation

There is a clear need for expanded hours of operation, with interviewees suggesting 24/7 availability. Expanded hours would help meet PWAS needs and reduce public substance use as some PWAS report using in public spaces if they cannot access the SCS. However, hours of operation are dependent on funding.

Inter-Organizational Collaboration

Strong partnerships between the SCS and other support services are needed to fully support PWAS and address the underlying factors in substance use and addiction (e.g., housing, food, financial assistance). This includes partnerships with supports like emergency services, community groups, and other harm reduction organizations, among others. One

interviewee (E8) shared the challenge that, while vital, these partnerships are time-consuming to establish and maintain.

> *"You have to be very intentional and purposeful to make those connections and make them meaningful. It means taking time out of your day to meet, to collaborate, to talk. And when things are coming at you and you're feeling inundated with the work, it's hard, but you have to prioritize it."*
>
> - External interviewee (E8)

Advocacy and Awareness

According to external interviewees and SCS staff, SCS success is contingent on stakeholders understanding and accepting the role of the SCS in the continuum of substance use care. There needs to be a better overall understanding of substance use and addiction, as highlighted by one external interviewee (E7): "People have a misunderstanding of addiction and drug use in general. Even like our own government, right? So that education [is needed] as well."

Additionally, two external interviewees expressed a desire for better communication with the SCS and understanding its services. Specifically, E5 spoke about navigating different approaches to overdoses: "When we look at treatment for narcotic overdose, there are varying degrees of acceptable practice, if that makes sense. So what our practice is, is not necessarily what [PHR's] practice is. So just sharing that information so we understand where each other is coming from." As well, E6 expressed an interested in understanding more about the SCS and establishing a referral process.

Leadership and Governance

Interviewees spoked to the need for strong SCS leadership both within the SCS and on the board of directors. This leadership includes advocating for the SCS and PWAS, creating partnerships with relevant services and supports, and ensuring financial and legal oversight.

Organizational Data and Learning

Upgrading the SCS database could support organizational learning and planning. Some staff report that the current database needs an upgrade, pointing out that it is "starting to get some bugs" (S1) and "it was designed to have a couple hundred PWAS" (S1) but the database now holds over 1,500 unique PWAS. However, other staff see the database as sufficient.

Additionally, some SCS staff suggested a need for more training in data analysis and evaluation.

All factors considered, sustaining the SCS and its positive outcomes requires sustainable and flexible funding, considering additional services and facility capacity, maintaining staff recruitment and retention, extending hours of operation, fostering inter-organizational collaboration, enhancing advocacy and awareness, ensuring strong leadership and governance, and possibly upgrading organizational data and learning systems. These measures would help ensure the SCS can continue operations and meet the needs of PWAS. However, addressing some of these areas – such as funding, facility capacity, and hours of operation – requires action from multiple sectors and systems.

4. Limitations

This section details limitations to the evaluation, their impact on evaluation findings, and potential mitigations.

Attribution of SCS Outcomes

The SCS and other services collectively contribute to common outcomes. Therefore, when evaluating the outcomes of the SCS, it is important to recognize that the SCS has some influence but is not the sole cause of these outcomes. However, since PHR's SCS is the only supervised consumption site in Saskatoon, it is sensible to assumed it plays a strong role in the substance use-related outcomes of PWAS (e.g., reduced substance use-related harms).

One interviewee (E10) captured these points in the following quote: "I think these outcomes, they don't exist in a vacuum. And I don't think they can be attributed to just one singular organization. Most individuals who are service users are going to be accessing multiple organizations and agencies ... And I think obviously nobody else is providing supervised consumption right now, and you know, I also don't want to overstate you know, how important supervised consumption is because I think it is one tool in combating the overdose crisis but uh, but I think there's lots of tools, right?"

External Influences on Evaluation Participants

The evaluation of the SCS was subject to external influences that may have impacted the experiences and responses of evaluation participants.

First, the hours of operation for the SCS changed over the evaluation period. Limited hours can significantly hinder access, affecting the experiences of both PWAS and staff. Consequently, interviewee comments may reflect different periods of organizational strain and demand.

Second, some interviews were conducted during colder months of November 2023 – January 2024 (100% of staff interviews, 30% of external stakeholder interviews, none of the PWAS interviews). The SCS experienced its highest demand during this period, which may have influenced interviewee responses regarding access to the SCS and safety from cold weather. Additionally, increased site visits and associated staff fatigue during winter may have particularly impacted staff responses, as well as their availability for interviews.

These factors should be considered when interpreting the findings of this evaluation, as they may have introduced biases or variations in the data collected.

Distinguishing Between SCS and Other PHR Services

Interviewees were not always able to distinguish between the SCS and other PHR services. For example, some PWAS reported receiving naloxone training at the SCS, while data shows only one instance of such training at the SCS, indicating it may have occurred at other PHR services like the drop-in centre. Similarly, interviewees reported that some days the SCS saw multiple overdoses, indicating there may have been more overdoses than the 44 recorded in SCS data. However, SCS staff clarified that overdoses in other parts of PHR or outside of the site are recorded in other PHR areas instead of the SCS. Although this limitation is mitigated by using multiple data collection methods and sources, there may still be instances where SCS outcomes are either understated or overstated, remaining unchecked by other data sources.

Limited Data for Some Findings

As noted in the findings above, some of the intended outcomes are addressed by interview data only. While interview data provides in-depth understanding about the "how" and "why" of SCS outcomes (e.g., *how* the health of PWAS improves by accessing the SCS), it may not be able to address areas better suited for quantitative data, such as how prevalent an outcome is (e.g., *the proportion of* PWAS that experience improved health following SCS access). However, an SROI analysis of the SCS has been completed and will be published (Williamson et al., 2025). The SROI results will be combined with evaluation results in a summary document, offering a quantitative element to the value of the SCS. Additional methods were considered during evaluation design to provide a more comprehensive understanding, such as photovoice and surveys. However, these methods could not proceed given available resources and feedback from the University of Saskatchewan's Behavioural Research Ethics Board. The reliance on interview data alone for certain findings may affect their robustness, as they lack triangulation from multiple data sources, but they still provide valuable insight to how the SCS impacts PWAS, the local community, and other stakeholders.

5. Recommendations

This section provides recommendations, categorized by select stakeholder groups. The recommendations are based on evaluation data, including interviewee suggestions, and are presented as points for discussion.

Recommendations for PHR

Community and Stakeholder Engagement

Recommendation	Description	Supporting Evidence
Explore Options for Improving Stakeholders' Knowledge of SCS Services	PHR may wish to explore new or expanded efforts to educate external stakeholders on what the SCS offers, why, and how to access services. Such efforts could include information sessions, communication materials that clearly describe services, and detailed information and FAQs on PHR's website and social media.	Interview data suggests negative perceptions from some community members, but more positive perceptions of the SCS after engaging with it. Additionally, some interviewed partners asked for more info on SCS services.
Ensure All SCS Benefits are Promoted	For external stakeholders to fully understand the SCS' value, educational efforts should promote the full range of benefits that PWAS experience, such as identifying and progressing toward recovery goals (including reduced substance use), engaging with health and social services, improved health, and less interactions with emergency services.	Interview data suggests some external stakeholders are not aware of the full range of benefits that PWAS experience.
Continue Meaningfully Engaging PWUD	Involving PWUD in SCS development, delivery, and evaluation supports the site's effectiveness and relevance to PWUD. Engagement can include employing peer supports, opportunities for PWUD to provide feedback, and participation in decision-making processes.	Interview and document review findings suggest the SCS meaningfully engages PWUD, and interviewees highlighted the importance of continuing this practice.
Review Indigenous-specific Data Collection	While collecting Indigenous-specific data at SCS intake would raise concerns about privacy and data stewardship or ownership, collecting it could improve understanding of Indigenous Peoples' experiences at the SCS.	Indigenous-specific data, such as ethnicity, is not currently collected at SCS intake, preventing related insights.
Review Advocacy Efforts for	PHR may wish to consider interviewee suggestions for a more collaborative and constructive approach to advocacy efforts,	External interviewees suggested PHR adopt advocacy efforts that are more

Government Support	particularly with provincial government. Such messaging could emphasize shared goals of improving public health and reducing harm, with a focus on partnership and positive engagement.	collaborative and less adversarial.

SCS Reach

Recommendation	Description	Supporting Evidence
Consider Outreach to Additional PWUD Groups	The SCS may wish to explore strategies to better reach groups who are not currently accessing the site, such as middle-class, housed, and recreational users. These groups may be unaware of SCS services or may avoid them due to stigma associated with substance use or the SCS. Therefore, additional outreach could focus on targeted awareness campaigns for these groups or collecting feedback from them to better understand their barriers and needs. However, encouraging more access to the SCS may not currently be feasible, given high PWAS volumes.	Data from SCS intake and interviews suggests the SCS is reaching its primary intended client base – those most in need. This data also identified other groups that could be better reached (middle-class, housed, and recreational users), and barriers to reaching them (awareness, stigma).

Expanded and Additional Services

Recommendation	Description	Supporting Evidence
Include Indigenous Supports in the SCS Operational Manual	The SCS supports for Indigenous PWAS are not included in the current version of the SCS Operational Manual. Such supports could be added to future revisions of the manual, along with any specific policies or resources for Indigenous PWAS.	A review of SCS documents found that the SCS supports for Indigenous PWAS are not included in the SCS Operational Manual.
Explore Enhanced Aftercare	To support the safety of PWAS who experience an overdose, PHR may wish to review options for aftercare. For example, the SCS could schedule debriefs with PWAS following overdoses or formalize the practice of PWAS leaving in groups to accompany PWAS who leave following an overdose.	Interview data suggests sufficient aftercare can be difficult to provide when there is a lack of physical space, limited hours, or a preference by PWAS to leave the SCS.
Consider Expanded Roles in Housing and Treatment	To better serve the full range of PWAS needs, PHR could expand its role in providing support services such as housing and abstinence-based treatment, either directly or through services offered by	Interviewees suggest a need for more comprehensive support services, and feel PHR is well-positioned to take a larger role given the trust

	other organizations. However, it may not be feasible for the SCS to expand into these areas at this time due to high client volumes and limited funding.	between SCS staff and PWAS, and the PHR's approach to low-barrier access.
Explore Options for PWAS Transportation	To address transportation barriers for PWAS who cannot easily access the SCS, particularly during winter months, PHR could look into the feasibility of supports such as providing bus tickets, partnering with local transportation services, or offering shuttle services.	Interview data suggests that transportation barriers limit access to the SCS, especially in winter. Many PWAS rely on walking. Transportation support would help PWAS reach the SCS safely.
Continue Promoting Drug Checking Services	The SCS may explore ways to boost drug checking rates, as resources allow (e.g., staff, supplies). Actions could include promoting the benefits of drug checking services and ensuring a sufficient number of staff are trained to operate the spectrometer.	SCS drug checking data shows that over the evaluation period, 3.8% of substances used were tested. Drug checking is particularly important given the high rates of contaminated substances.
Continue Pursuing Resources to Increase SCS Capacity	Securing funding or other resources to expand the SCS capacity is essential for meeting the needs of PWAS. This includes sufficient hours of operation and physical space for services. Evaluation data recommends aiming for 24/7 availability and additional injection booths, inhalation rooms, bathrooms, and spaces for PWAS to gather post-consumption.	Interviewees identified limited hours and insufficient facility size as barriers to SCS access. If they cannot access the SCS, PWAS may resort to using substances in less safe spaces. Expanded hours and a larger facility would help reduce public substance use and improve safety for PWAS.

Staff and Training

Recommendation	Description	Supporting Evidence
Ensure Support for Ongoing Staff Training	SCS staff are seen as providing excellent care to PWAS. Supporting ongoing training will help staff to continue this high level of care, including keeping them updated on emerging drug trends, local supports and services, and best practices.	Interview data suggests staff are effective and require continuous training to continue to meet PWAS needs.
Consider Expanding Internal Capacity for Data Collection and Analysis	Upgrading the SCS database and providing more training for data analysis and evaluation could better support organizational learning and planning. To address this recommendation, PHR may be able to leverage their relationships with educational institutions (e.g., student	Some interviewees suggested the current SCS database would benefit from an upgrade to address "bugs" and better accommodate the number of PWAS accessing the site, and

	practicums and projects, researchers who have funding for relevant activities).	some staff are interested in more training in data analysis.
Confirm Professional Boundaries	PWAS find a sense of community at the SCS, feeling that staff and other PWAS are friends or even family. In addition to providing this valuable outcome to PWAS, defined boundaries between SCS staff and PWAS provide safety and professionalism.	An interviewed PWAS stated the importance of SCS staff maintaining a safe boundary with PWAS, though they did not report experiencing any issues related to boundaries.

Drug Alerts

Recommendation	Description	Supporting Evidence
Consider Dated Drug Alerts	PHR drug alerts could be improved by including posting dates on the drug alert images to avoid confusion between old and new alerts.	Interviewees suggested adding dates to the alerts.

Recommendations for Government

SCS Funding

Recommendation	Description	Supporting Evidence
Provide Sustainable Funding for SCS Operations	Long-term and flexible funding is required for the SCS to continue providing services that address substance-related harms, at a time when such harms have substantially increased in Saskatoon and across the country. Sustainable funding would also benefit the surrounding community by better enabling SCS success through expanded and reliable hours of operation, as well as better staff recruitment and retention.	SCS demand is evidenced through SCS client volumes and public reports that show increasing houselessness and drug toxicity. Additionally, interview data highlights several ways in which the SCS creates health, social, and financial benefits, but requires funding to improve hours of operation and staff recruitment and retention.
Consider Additional Funding to Expand Access to SCS Services	While the SCS' central location means it is accessible to many people, high demand can mean wait times to access its services, especially for the inhalation room as PWAS are increasingly smoking drugs over injection. Additionally, there is a need for SCS services in other areas of the city, and province overall. In May 2021, the Nēwo Yōtina Friendship Centre overdose prevention site opened in Regina with support from provincial government.	SCS intake data shows increasing demand for the site, while public reports show increasing houselessness and drug toxicity. Additionally, interview data indicates a need for services in areas that are outside of close proximity to the SCS.

	Funding to increase capacity at PHR's SCS (e.g., in a larger facility) and set up additional sites in other locations would expand access, preventing substance-related deaths and other harms.	
Explore Funding Options to Address Public Safety Concerns	Concerns about the SCS' impact on public safety relate mainly to people congregating outside the SCS. Actions to address these concerns could include a larger facility, a designated outdoor space separated from the sidewalk, improved outdoor lighting, and security personnel. However, these ideas require further assessment and cannot be funded by the SCS alone given their current level of funding.	External stakeholders voiced public safety concerns about people congregating outside the SCS and suggested solutions.

Policy

Recommendation	Description	Supporting Evidence
Expand Support for Harm Reduction Supplies	Access to a wider range of harm reduction supplies would better meet the needs of PWUD related to the various substances used and consumption methods. For example, there could be better access to short-tip syringes, hammer pipes, and springs to use as filters. As an initial step, provincial government could reverse its January 2024 policy decisions to prohibit using public funds for new pipes and require people to exchange used needles for new ones.	Peer-reviewed literature and interviewee data suggests that low-barrier access to a wide range of harm reduction supplies reduces substance-related harms such as overdose and disease transmission.

Recommendations for Organizations in the Substance Use and Addiction Support System

Recommendation	Description	Supporting Evidence
Maintain and Strengthen Partnerships	The SCS is just one part of the broader continuum of substance use and addiction supports that includes community organizations, public services, and private practitioners and organizations. Strong inter-organizational collaboration and coordination is required for client success, which depends on addressing immediate	Interview data suggests a need for strong inter-organizational collaboration and understanding. For example, the SCS and emergency services must understand each others' processes and

	needs as well as underlying factors in substance use and addiction (e.g., housing, food, financial assistance). Actions to support these partnerships could include regular coordination meetings, integrated service plans, shared training events, and data sharing agreements.	protocols in responding to an overdose.
Clarify Responsibility for Drug Alert Communication	Both PHR and SHA release public drug alerts. Unless both organizations are already clear on each other's roles and responsibilities for drug alerts, continued discussion could provide clarity and ensure that health system partners receive alerts.	It is not clear from evaluation data which organization(s) should be responsible for providing drug alerts to health system partners, such as emergency departments.
Roles in Improving Stakeholder Awareness and Support	To support the SCS, and harm reduction overall, as vital pieces of substance use and addiction support systems, knowledgeable organizations may wish to explore new or expanded efforts to educate stakeholders on the SCS and harm reduction – what they are, their value, and how to access services. Such efforts could include website or social media content, content in educational materials, staff training, and staff visits to the SCS.	Interview data suggests negative perceptions of the SCS and harm reduction from some stakeholders. Also, some interviewed partners were not aware of how to access the SCS or all the services it offers. Lastly, the increasing politicization of harm reduction has reduced support for it, based in part on misinformation and disinformation.

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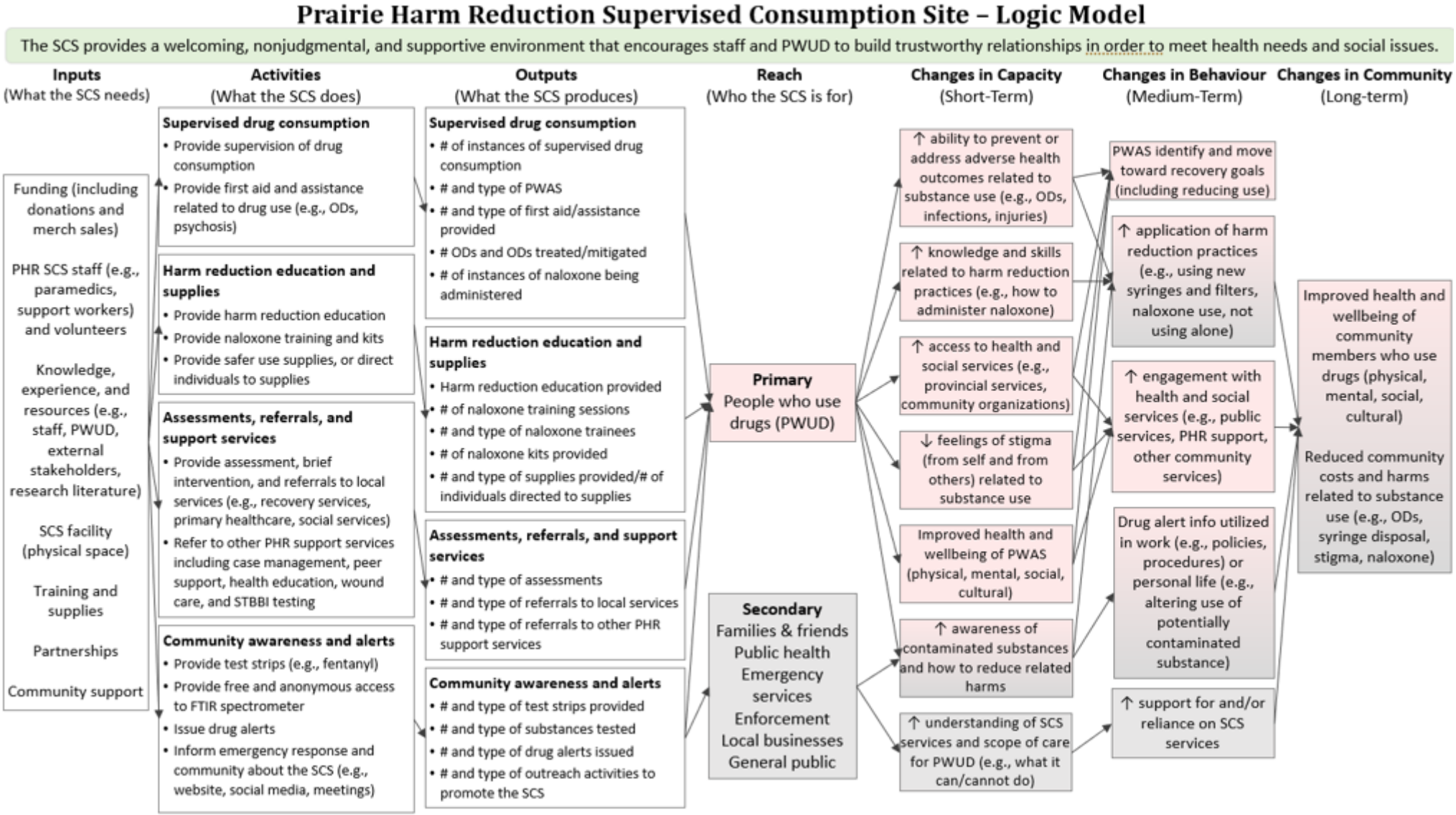
Appendix A: SCS Logic Model



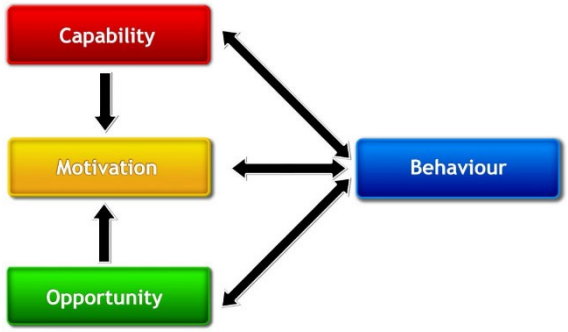
Description of the Logic Model

The following is a description of the SCS logic model. The description follows the categories from the logic model (inputs, activities, reach, outcomes, and assumptions) and each section includes relevant assumptions that must be met for the SCS to operate as planned and achieve its intended outcomes.

The logic model was developed from a review of project documents, a literature review, and engagement with PHR staff. The logic model also aligns with the COM-B Model of Behavioural Change,[48] which was designed specifically to support the development of behavioural interventions. Research supports the COM-B model's utility in designing health-related interventions.[49] This model outlines three factors involved in changing behaviour:

- **Capability**: the ability of individuals to engage in the behaviour, both *psychologically* (e.g., knowledge) and *physically* (e.g., skills).
- **Opportunity**: factors outside of the individual that affect behaviour, including *physical* opportunity (e.g., location, time, finances) and *social* opportunity (e.g., social norms and influences).
- **Motivation**: brain processes that energize and direct behaviour, including *reflective* processes (e.g., planning, judgement) and *automatic* processes (e.g., emotions, impulses).

Figure 3. The COM-B Model of Behavioural Change.



Examples of how the COM-B model is applied to the SCS logic model are included throughout the below description. This narrative describes how the SCS *is meant to function*. How the SCS *currently functions* was assessed through the evaluation.

Inputs, Activities, and Reach

To function, the SCS requires resource/inputs, such as funding (including donations and merchandise sales), PHR staff (including support workers and nurses) and volunteers, physical space, training and supplies, partnerships, support from local communities, and knowledge, experience, and resources (e.g., knowledge and experience of staff, PWUD, external stakeholders, and research literature).

[48] Michie et al. (2011).
[49] Willmott et al. (2021). Capability, opportunity, and motivation: An across contexts empirical examination of the COM-B model. *BMC Public Health, 21*(1), 1014-1031.

The SCS activities are divided into four broad categories:

- Supervised drug consumption
- Harm reduction education and supplies
- Assessments, referrals, and support services
- Community awareness and alerts

These SCS activities are detailed above in section, The SCS. The SCS is intended primarily to reach PWUD in Saskatoon. However, SCS activities, particularly the drug alerts and information about SCS services, are also meant to reach secondary stakeholders, including families and friends of PWUD, public health, emergency services, enforcement, local businesses, and the general public.

Inputs, Activities, and Reach: Assumptions

To reach PWUD, the SCS must be accessible (e.g., location, hours). Additionally, PWUD must be aware of the SCS and have a means of transportation to reach it (e.g., walk, car, bus, ride share).

Outcomes

The SCS activities are intended to lead to a series of short-, medium-, and long-term outcomes.

Changes in Capacity (Short-Term Outcomes)

In the short-term, the SCS is meant to improve the ability of PWAS to prevent or address adverse health outcomes related to substance use. Specifically, by employing staff to provide non-judgemental and supportive supervision of substance use (e.g., advice and support on safer use practices), and by providing drug testing services, the SCS reduces adverse health outcomes for PWAS such as overdoses, infections, and soft tissue injuries (e.g., abscesses).

By providing harm reduction education and supplies, the SCS also looks to increase the knowledge and skills of PWAS related to harm reduction practices (e.g., using new syringes and filters, naloxone use).

The assessments, referrals, and support services the SCS offers are meant to increase PWAS access to health and social services, including those operated by the health authority, PHR, and other community organizations.

The health and wellbeing of PWAS is thought to improve from supervised drug consumption, as well as assessments, referrals, and support services (e.g., peer support, wound care.

Components of health and wellbeing improved from SCS access include social connectedness, emotional support, stress reduction, and feelings of safety/security. [50]

SCS information that PHR provides to secondary stakeholders is intended to increase their understanding of SCS services and its scope of care for PWUD (e.g., what roles the SCS can and cannot fill). For example, one research study suggests that some emergency responders (e.g., firefighters, paramedics, police): [51]

- expect SCS' to have on-site nurses at all hours.
- expect to find physically aggressive clients at SCS.
- are unaware of SCS services and site layout.

Addressing these knowledge gaps may improve relationships with stakeholders and the timeliness of emergency responders to SCS emergencies.

Additionally, the drug alerts posted to social media are expected to increase public awareness of contaminated substances, informing PWUD and other stakeholders of the increased potential or harm from substances that they or others around them may encounter.

Across all SCS activities, PWAS are intended to experience reduced feelings of stigma related to substance use, both from others (i.e., enacted stigma) and themselves (i.e., internalized stigma).

These short-term changes address the capability component of the COM-B model of behaviour change by building the psychological capabilities (e.g., knowledge about harm reduction, health outcomes, and health services) and physical capabilities (e.g., physical skills and harm reduction practices) of PWAS.

Changes in Capacity (Short-Term Outcomes): Assumptions

For these changes in capacity to occur, there must be meaningful engagement of PWUD in the development, delivery and evaluation of the SCS. Meaningful engagement should ensure that the SCS addresses needs voiced by PWUD, that the SCS is staffed by PWUD as employees or volunteers, and PWUD are members of the steering committee for this project.

[50] Kerman et al. (2020). "It's not just injecting drugs": Supervised consumption sites and the social determinants of health. *Drug and Alcohol Dependence, 213*, 108078.

[51] Perlmutter et al. (2023). "Another tool in the toolkit" – Perceptions, suggestions, and concerns of emergency service providers about the implementation of a supervised consumption site. *International Journal of Drug Policy, 115*, 104005.

Engaging PWUD will also help fulfill another assumption – that the education materials and supplies provided by the SCS meet the needs of PWAS (e.g., the preferred types of syringes, pipes, and cookers).

Lastly, for the drug alerts to raise people's awareness of contaminated substances, they must have internet access and view PHR's social media accounts.

Changes in Behaviour (Medium-Term Outcomes)

Achieving the above capacity changes is intended to lead to changes in behaviours of PWAS. By improving their ability to prevent or address adverse health outcomes and gaining harm reduction knowledge and skills, it is expected that PWAS will increasingly engage in practices that reduce harms (e.g., using new syringes and filters, naloxone use, not using alone), and will identify and move toward recovery goals (including reducing use).

As PWAS gain increased access to health and social services through assessments and referrals, they are anticipated to increasingly engage with these services (e.g., primary healthcare, community organizations).

The decreased stigma from self and others that PWAS should experience in the short-term will also facilitate the occurrence of these behaviour changes.

The increased awareness of contaminated substances is thought to result in people utilizing drug alert information in their work or everyday life. For example, PWUD may adjust their dose or avoid use of substances that have tested positive for unexpected substances (e.g., through test strips or spectrometer). Additionally, public policy staff may use drug alert information to guide research or practice (e.g., researching a new contaminant detected in the drug supply or increasing the locations where testing strips can be accessed). Similarly, enforcement and emergency service staff may base policies or practices on drug alert information (e.g., understanding the signs of overdose and responding appropriately). The general public may also utilize drug alert information by sharing the information with friends, family, or others who may use substances.

Finally, improved understanding among secondary stakeholders of SCS services and its scope of care for PWUD will ideally lead to increased support for, and/or reliance on, SCS services. For example, as emergency responders learn more about the SCS, and perhaps have a chance to tour the site and become familiar with its layout, they may feel more comfortable responding to calls at the SCS and increasingly rely on it for appropriate functions (e.g., directing PWUD to SCS services).

Changes in Behaviour (Medium-Term Outcomes): Assumptions

For changes in behaviour to occur, PWAS must receive opportunities to apply their new knowledge, skills, and abilities. As identified in the COM-B model, opportunities can be both physical (e.g., location, time, finances) and social (e.g., social norms and influences). For example, an individual can only use harm reduction supplies if they are able to obtain the supplies (*physical opportunity*) and find it socially appropriate to use them (*social opportunity*).

To realize the medium-term outcomes, PWAS must also be motivated to apply their new knowledge, skills, and abilities, in alignment with the COM-B model. For example, PWAS may form intentions to apply harm reduction practices or access health services because they feel motived by new personal beliefs or goals developed from accessing the SCS (*reflective motivation processes*). Or PWAS may experience positive emotions or feelings upon using harm reduction practices or accessing health services, motivating them to continue doing so in the future (*automatic motivation processes*).

Tied to motivation, the intended SCS outcomes also assume that peers of PWAS will utilize harm reduction practices or be supportive of them. For instance, it is important that PWAS see their friends or family members value the knowledge and skills that PWAS gain from the SCS.

Lastly, for PWAS to adopt behaviours aligned with the above medium-term outcomes, they must have positive experiences with SCS facilities, supplies, staff, and volunteers.

Changes in Community (Long-Term Outcomes)

Changes in the behaviour of PWAS are meant to eventually lead to larger scale changes in Saskatoon communities, such as improved health and wellbeing of community members who use drugs (physically, mentally, emotionally, spiritually), including gaining access to housing, employment, managing chronic health conditions, and social engagement.

The SCS is also intended to reduce the community costs and harms related to substance use. Research suggests that SCS access is associated with reduced drug-related fatality and overdose rates, public drug consumption, public disposal of injection equipment, STBBI transmission, stigma, and ambulance calls related to drug use, with no increase in crime rates in the vicinity of an SCS.[52, 53] Additionally, community members can benefit from PWAS sharing the skills and knowledge gained from the SCS (e.g., the importance of naloxone and how to administer it). PWAS may provide information to their friends, family members, or others in the community.

[52] Rapid Response Service (2021). *A review of structural, process, and outcome measures for supervised consumption services*. The Ontario HIV Treatment Network.
[53] Region of Waterloo Public Health and Emergency Services (2016).

Changes in Community (Long-Term Outcomes): Assumptions

For these changes in community to occur, the new knowledge, skills, abilities, and behaviours of PWAS must be sustained over time. That is, if PWAS forget what they have learned, do not continue to practice their new skills, or face social pressures that oppose harm reduction (e.g., friends are family members not supportive of harm reduction practice), it will be difficult for the benefits of the SCS to go beyond PWAS to have an overall community impact in Saskatoon.

Unintended Outcomes

The above outcomes describe what is *intended* to result from the SCS. However, evaluation of the SCS must also assess for *unintended* outcomes of the SCS. For example, by interacting with each other at the SCS, PWAS may experience benefits that are not explicit goals of the SCS. Unintended negative effects are also vital to explore through evaluation of the SCS as some researchers have noted that SCS evaluations tend not to report on possible unintended negative consequences such as reducing local property values or normalizing drug use for others in the community.[54]

[54] Caulkins et al. (2019). Caulkins, J. P., Pardo, B., & Kilmer, B. (2019). Supervised consumption sites: A nuanced assessment of the causal evidence. *Addiction, 114*(12), 2109-2115.

Appendix B: Data Collection Methods and Sources

Data analysis and interpretation were carried out from May 1, 2024 to December 24, 2024.

SCS Administrative Data Review

The SCS records client information as part of daily operations, including at intake and during drug checking. Specifically, the following data was collected from May 2023 to April 2024:

- SCS intake data from 8,323 total visits across 866 unique PWAS, including client age range, gender, substances used, consumption method (e.g., injection, inhalation), other PHR services accessed, and referrals.
- Results from 728 drug samples tested with the spectrometer.
- Results from 343 fentanyl test strips, 342 benzodiazepine test strips, and 65 xylazine test strips.

The data was exported from the SCS database to a Microsoft Excel file. Descriptive statistics were used to summarize the data and analyze trends.

This data was reviewed to help assess project reach, effectiveness, and the extent to which project outputs were achieved.

Interviews

Interviews were conducted with 26 individuals from June 23, 2023, to January 17, 2024, across three participants groups:

- Interviews with ten PWAS took place September 26, 2023 – October 6, 2023. PHR oversaw the recruitment of PWAS interviewees, given their trusting relationship with PWAS, inviting PWAS who had accessed the site regularly or recently.
- Interviews with ten external stakeholders took place September 18, 2023 – December 18, 2023. A purposive sample of external interviewees was chosen by the project team, selecting organizations, from a range of sectors, who interact or share client with the SCS. External interviewees included members of primary care services, emergency services, community-based organizations, and public health.
- Interviews with six SCS staff members took place November 16, 2023 – January 17, 2024. A convenience sample of SCS staff included both employed paramedics and four other staff that were available when interviewers visited the SCS.

Demographics of interviewees were not recorded as approval for collecting this data was not obtained from the University of Saskatchewan's Behavioural Research Ethics Board.

Audio recordings of interviews were transcribed to Microsoft Word documents by project team members and University of Saskatchewan students contracted with project funds. Transcription documents were uploaded to NVivo software for thematic qualitative analysis.

Interview data helped assess all aspects of the evaluation and was particularly useful in a assessing the "how" and "why" of SCS outcomes, assumptions, and sustainability.

Interviews with PWAS and SCS staff took place at PHR, while external stakeholder interviews took place online via Zoom. Interviews were conducted by members of the project team who have past experience working with SCS staff and PWAS. Interviewers followed an interview guide based on the SCS logic model, evaluation questions, and SROI analysis (separate report). Interviewees were provided with questions ahead of the interviews. Interviews followed recommendations and best practices for evaluation interviews, including interviewing only those who provide informed consent.[55]

Social Media Analysis

Instagram Insights metrics were collected for seven drug alerts posted on the PHR's Instagram account (@prairieharmreduction) from May 2023 to April 2024. The data was extracted from Instagram's analytics tool, which provides information in areas such as reach, interactions, and profile activity for each post.

The collected data was organized into a Microsoft Excel spreadsheet to facilitate analysis. Descriptive statistics were used to summarize the data. The average and range for each metric were calculated to provide an overview of the performance of the drug alert posts, particularly the reach of the drug alert posts and their role in building awareness of contaminated substances and how to reduce harms.

Document Review

A review the SCS Operational Manual was undertaken by examining it for information relevant to the evaluation questions. Relevant information in the manual were also compared with interview data to provide data triangulation, especially on whether the SCS was operating as intended (i.e., the manual described how the SCS is meant to operate and interviewees described SCS operation in reality).

Rather than employing a systematic data extraction process, key findings from document review were summarized directly in the evaluation report.

[55] Patton, M. Q. (2015). *Qualitative research and evaluation methods (4th ed.)*. Sage.

Focused Literature Review

Relevant literature was gathered to support two stages of the evaluation – logic model development and interpretation of evaluation findings. The focused literature review included a search for peer-reviewed literature and grey literature (e.g., published evaluation reports) on PubMed, Google Scholar, and the University of Saskatchewan's USearch.

Inclusion criteria included literature published within the last ten years and focused on supervised consumption sites and the evaluation questions. Exclusion criteria included articles not available in full text and studies older than ten years unless highly cited or relevant. Literature was not restricted based on methodology or country of publication.

The search terms used were a combination of keywords relevant to the SCS logic model, the evaluation questions, and topics with mixed findings (e.g., community safety). Example search terms include "supervised consumption site", "overdose prevention site", "drug checking", "evaluation", "outcomes", "indicators", "safety", and "crime". Emphasis was placed on reviewing literature on a wide range of SCS outcomes—positive, negative, and otherwise.

Abstracts and summaries were reviewed for relevance, and relevant literature was reviewed in full. Reference lists of reviewed literature were used to identify additional literature.

Rather than employing a systematic data extraction process, key findings from relevant literature were summarized directly in the evaluation report.