

October 2025

**COMMUNITY IMPACTS OF THE
GUELPH CONSUMPTION AND
TREATMENT SERVICE (CTS)
CLOSURE: A MIXED METHOD REPORT**



WELLINGTON GUELPH DRUG STRATEGY

EXECUTIVE SUMMARY

The Community Care and Recovery Act (2024) mandated the closure of Guelph's Consumption and Treatment Services (CTS) site on March 31, 2025. The CTS site provided a wide range of low-barrier services that supported people who use drugs, prevented drug poisonings and connected individuals to health and social services.

This report explores the community impacts of the CTS closure, including local drug poisoning trends before and after March 31, 2025. These preliminary findings are intended to enhance understanding of community needs following the CTS closure and guide future planning and response efforts.

A mixed-methods approach is used, combining analysis of local surveillance (FAST) data on drug poisoning incidents with interviews with representatives of 14 community organizations that work with people who use substances. The quantitative analysis focused on drug poisoning data from April-June 2024 and April-June 2025, comparing the three-month periods before and after the CTS closure to observe any early changes in substance-related incidents. The quantitative data provided insight into trends and patterns, while the qualitative interviews highlighted community perspectives. Together, these methods provide a snapshot of the early impacts of the CTS closure.

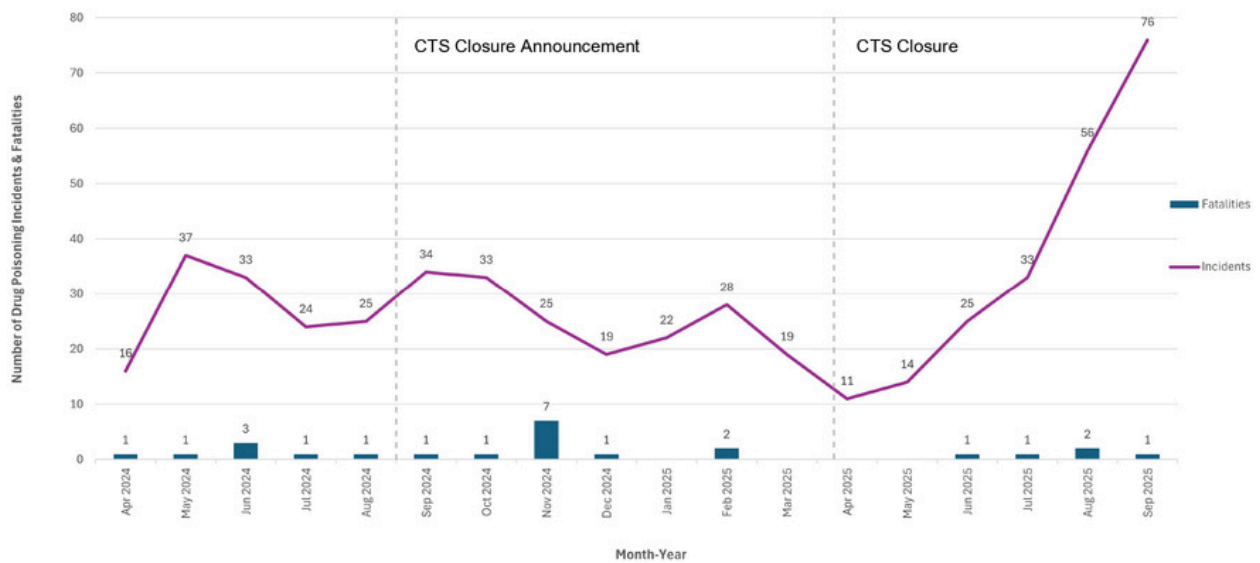
Please note: These findings reflect preliminary data and provide an early perspective on potential impacts post-CTS closure. Given that the service landscape is still evolving, further data collection and monitoring are required. Preliminary results should be interpreted cautiously.

KEY FINDINGS INCLUDE:

Quantitative Findings:

- From April–June 2025, following the Guelph CTS closure, the number of reported drug poisoning incidents was lower compared to the same period in 2024. This observed decrease should be interpreted with caution and not viewed as an indicator of the CTS's community impact.
- Many complex factors (i.e., access to services, current trends in the unregulated drug supply, and reporting practices) may influence the number and location of drug poisoning incidents. The unregulated drug supply remains highly unpredictable, and fluctuations in potency, composition, and availability can impact the number of poisonings at any given time.
- Fentanyl remained the most reported suspected substance in both time periods, involved in over half of all reported incidents.
- Downtown–Sunny Acres remained the neighbourhood with the highest number of reported drug poisoning incidents across April–June 2024 and 2025, indicating a potential hotspot for poisonings in Guelph. Increases were seen in Onward Willow and Waverly in 2025.

- Drug poisoning incidents occurred most often in private residences from April–June 2025, compared to outdoor public spaces in 2024, indicating changes in substance use patterns.



From April–June 2025, following the Guelph CTS closure, the number of reported drug poisoning incidents was lower compared to the same period in 2024. However, beginning in July 2025, a sharp and sustained increase was observed through to September. While this upward trend coincides with the period following the CTS closure, data should not be interpreted as direct evidence of causation. Continued monitoring will be needed to understand evolving trends.

Qualitative Insights from Community Partners:

- Respondents reported notable shifts in substance use patterns in the community involving more people using substances in isolated, hidden, or public spaces, often driven by stigma and the lack of alternatives.
- Organizations responded with adaptive strategies, including increased staff trainings, to address service gaps temporarily.
- Participants reported that staff are navigating unclear policies, limited coordinated care, and weakened relationships with clients, while also managing increasingly complex client needs.
- Widespread uncertainty and concerns about the operation of current and new services.
- Beyond providing a safe consumption space, the CTS fostered trust, connection, and access to broader supports; its closure has raised concerns about reduced access to care, the loss of critical relationships and pathways to support.

PROPOSED RECOMMENDATIONS

The findings have informed key recommendations for responsive strategies to address the impact of the CTS closure in Guelph. Recommendations include:

- **Strengthen Low-Barrier Options:** Establish drop-in spaces that reduce hidden/isolated use, and support informal connections to health and social services.
- **Enhance Data Collection and Ongoing Evaluation to Inform System Response:** Broaden FAST reporting partners, including lived/living experience perspectives, and strengthen real-time monitoring to inform evidence-based system planning.
- **Develop Targeted Interventions for Private Residences:** Expand supports (e.g., safer use kits, peer outreach, phone-based services) to address rising drug poisoning incidents in homes, shelters, and supportive housing.
- **Ensure Continuity and Communication During Service Transitions:** Implement clear communication and transition planning to minimize disruption and maintain trust when services are restructured or relocated.
- **Expand Outreach and Mobile Services:** Expansion of programs like the HOME outreach service can provide flexible supports in priority neighborhoods, informed by FAST data.
- **Address Stigma Through Community Education:** Advance community-wide education campaigns and health-focused policy approaches to reduce stigma and support safer, more inclusive responses to substance use.

ABOUT THE WELLINGTON GUELPH DRUG STRATEGY

The Wellington Guelph Drug Strategy is a coalition of cross-sectoral partner agencies and members of the lived and living experience community, who are working to implement a 4-pillar drug strategy in the municipalities of Wellington County and the City of Guelph. The pillars include prevention, community safety, harm reduction, and treatment & recovery.

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Your collaboration and support were essential to this work, and we are grateful for your commitment to advancing community health and wellbeing.

INTRODUCTION

BACKGROUND

Contextual Evidence

The early stages of the drug toxicity crisis in Canada were driven largely by the overprescribing of pharmaceutical opioids in the 2000s, which increased availability and use. By the early 2010s, rising diversion and unregulated production further expanded access, contributing to growing dependence, drug poisonings, and harms among people who use substances (Health Canada, 2024). In 2015-16, the unregulated drug supply became increasingly contaminated with potent synthetic opioids, such as fentanyl, leading to a sudden and continued rise in substance-related deaths (Health Canada, 2024).

Fentanyl and its analogues have remained the leading contributors to substance-related fatalities; however, the unregulated drug supply has grown increasingly unpredictable in recent years. From the 226 samples checked between February 22 and March 7, 2025, Toronto's Drug Checking Service identified high concentrations of benzodiazepines and veterinary tranquilizers, such as xylazine and medetomidine in the supply, which significantly complicates overdose response and heightens the risk of harms (Toronto's Drug Checking Service, 2025; Toronto's Drug Checking Service, 2024a). Similar trends in the drug supply have been observed in the Guelph-Wellington area, contributing to increased unpredictability and inconsistency in both the supply and in how services respond.

The drug poisoning crisis in Ontario continues to pose ongoing harm, with over 2,500 opioid-related deaths reported in the province in 2023 alone (AMO, 2024). Consumption and Treatment Services (CTS) sites played a critical role in mitigating substance-use related harms by offering supervised spaces for drug consumption, access to sterile supplies, emergency response, drug checking services, referrals to substance use treatment and other health and social services (WGDS, 2024).

Changes to Legislation and the Impact on Local Services

On August 20, 2024, the Province of Ontario announced the Community Care and Recovery Act within Bill 223 (Safer Streets, Stronger Communities Act, 2024), which mandated the closure of nine CTS locations effective April 1, 2025, including Guelph's CTS site (Community Care and Recovery Act, S.O. 2024). The Act explicitly prohibits municipalities from applying for federal exemptions under the Controlled Drugs and Substances Act, meaning decriminalization efforts or safe supply programs cannot be initiated without provincial approval (Community Care and Recovery Act, S.O. 2024).

The provincial government also introduced the Homelessness and Addiction Recovery Treatment Hubs, which would be focused on treatment-based approaches. Community partners submitted a proposal to the Ontario Ministry of Health in October 2024 to transition the Guelph CTS site to a HART Hub, which was approved in January 2025. Other harm reduction services, such as the Needle Exchange Program (NEP) and the Alternative Proscribing Program, will no longer be offered within the HART Hub model (Ontario Ministry of Health, 2025). In addition, a Ministry directive was issued in June

2025 to relocate existing drug checking and NEP services from their current location at 176 Wyndham Street N.

Transition to the HART Hub Model and the Potential Impacts of the CTS Closure

The Guelph Consumption and Treatment Services (CTS) site opened in 2018. Over its years of operation, it recorded 46,118 visits, reversed 342 drug poisonings, and made approximately 2,000 referrals to addiction treatment services. In addition to drug poisoning prevention, the CTS served as a low-barrier access point for a range of health and social supports, including primary care, peer support, wound care, and health education.

The proposed HART Hub model emphasizes integrated care through treatment, housing, and support for individuals with complex needs, and will include a phased approach to new services, such as Withdrawal Management Services (WMS) and crisis services. Additionally, the announcement of the closure of the Guelph CTS occurred alongside other significant service changes, including the removal of federal funding for the Alternative Prescribing Program based at the GCHC, effective April 1, 2025. These changes reduced low-barrier medical supports in Guelph that directly address drug toxicity, and may risk creating gaps in the continuum of support for people who use substances that HART Hubs may be unable to address.

CTS sites have been shown to significantly reduce the risk of drug poisoning, decrease public drug use, and serve as a connection to care for vulnerable populations (WGDS, 2024; Toronto's Drug Checking Service, 2024b; Toronto Public Health, 2025). CTS site closures may change service use patterns in areas such as emergency healthcare, harm reduction services, and housing supports (Toronto Public Health, 2025; ODPRN, 2024). In response, service providers, public health authorities, and municipal leaders have expressed concerns about increased drug poisoning incidents, greater pressure on emergency services, and reduced public safety (Guelph Today, 2024; Kelaher, 2024; Toronto Public Health, 2025; ODPRN, 2024).

The closure of Guelph's CTS site disrupts a proven harm reduction model and could have impacts on public health, individual safety, and community well-being, as seen in other communities. A study in Sudbury found that the March 2024 closure of a Supervised Consumption Site, due to lack of provincial funding and approval, led to reduced access to harm reduction services and negatively impacted community members' well-being (Tucker et al., 2025). Community members reported that the closure forced locals who use drugs to begin unsafe consumption practices, resulting in increased overdose risk, lack of connection to health services, social stigma, and physical health issues (Tucker et al., 2025).

WGDS CTS Closure Community Risk Mitigation Plan

In anticipation of the site's closure, the Wellington Guelph Drug Strategy (WGDS), in collaboration with community partners, developed a community-based risk mitigation plan. The goal of this plan was to identify potential risks associated with the closure and implement strategies to reduce harm and maintain critical services. This included:

- Community-wide communication efforts to keep the public informed of the transition to the HART Hub
- Changes to the drug poisoning alert system to improve timely and effective community responses during drug poisoning surges
- Information-sharing with service providers to ensure coordination of care
- Public education and capacity-building to promote local responses to drug poisoning incidents and sharps disposal to support community safety
- Ensure continued access to harm reduction services during the transition to the HART Hub model

To support this effort, this Community Impacts of Guelph's CTS Closure Report was developed to examine how the closure has affected the community.

PURPOSES AND OBJECTIVES

This research project aims to understand the early impacts of the CTS closure on the Guelph community and identify ongoing needs. The primary objective is to assess potential impacts of the closure on service utilization, substance-related incidents and fatalities, service delivery, and community well-being. To achieve this, the project utilizes a mixed-methods approach, including a quantitative component to analyze Wellington Dufferin Guelph Public Health's FAST (Flexible, Scalable, Accessible, and Timely) system data on drug poisoning incidents. Additionally, the qualitative approach provides valuable community insights through key information interviews with relevant partners and organizations.

METHODOLOGY: MIXED-METHODS APPROACH OVERVIEW

QUANTITATIVE ANALYSIS METHODS

FAST Data

The FAST (Flexible, Scalable, Accessible, and Timely) surveillance system is a platform designed to quickly collect information on substance-related drug poisoning events within Wellington-Dufferin-Guelph¹ to help service providers understand local trends (WDGPH, 2019). Its main goal is to provide community organizations with timely data that can be used to respond to surges of substance-related events (WDGPH, 2019). FAST collects data in real-time, quickly detects changes in drug supply, can capture events when emergency services are not involved, and supports communities responding promptly to emerging patterns of substance use (WDGPH, 2019).

Many partners contribute data to the FAST system, including community agencies and first responders such as the Guelph Police Service and EMS. In addition, the Office of the Chief Coroner of Ontario

¹ To stay consistent with the report's focus on Guelph, all quantitative and qualitative data included in this analysis is specific to Guelph and excludes data from Wellington County.

provides preliminary death data to WDGPH, which is then entered into the FAST system to support the detection and monitoring of fatalities (WDGPH, 2019). When a drug poisoning incident occurs, community partners record and submit the details to the FAST database (WDGPH, 2019). WDGPH staff analyze the data, share weekly reports with partners, and collectively determine when to issue health alerts (WDGPH, 2019). It's important to note that the FAST system may not capture every drug poisoning incident in Guelph, as some may be responded to in the community and without emergency service involvement. Additionally, information about the substances involved is not lab-confirmed but instead based on the best available evidence when entering the data.

Welcoming Streets Initiative Data

Additional data has been provided by the Welcoming Streets Initiative, a program working within downtown Guelph to support business owners in situations involving vulnerable populations that may not need police assistance. Welcoming Streets has data on sweeps for drug use equipment from April-June 2025. (Guelph CHC, n.d.; WSI, n.d.).

Time Frame of Interest

The time frames of April to June 2024 and April to June 2025 were selected to minimize influence from the August 2024 CTS closure announcement and changes in service utilization. Following the announcement, the CTS experienced a significant decrease in clients accessing the service (Buckmaster, 2024). Comparing these two periods before and after the closure date of March 31, 2025, provides a clearer understanding of the immediate impacts of the CTS closure without the results being influenced by behavioral shifts following the closure announcement. A time-series analysis will be conducted on FAST data from April to June 2024 and April to June 2025. Daily counts of substance-related events and fatalities occurring within Guelph have been compared between the two timeframes to determine whether the closure of the CTS on April 1, 2025, impacted the rates of substance-related events and fatalities (Jose, 2022).

QUALITATIVE ANALYSIS METHODS

To understand the community-level impacts of the CTS closure in Guelph, key information interviews were conducted with organizations and services operating within the downtown core, whose services may have been impacted by the closure.² Organizations received an interview request letter with information about the project, scope of the study, and confirmation of anonymity to encourage honest participation.

Nineteen interviews, comprised of 14 organizations, were transcribed and thematically analyzed using an inductive framework informed by a constructivist perspective (Jason & Glenwick, 2016). The process

² For a full description of qualitative methods, see Section A1 of Appendix A.

was guided by Community-Based Participatory Research principles which promotes collaborative action between researchers and community organizations to address health challenges through shared expertise (Tucker et al., 2025; Collins et al., 2018). Interviews from community partners directly informed this report and may be used to support future service delivery in Guelph. This approach encouraged the centering of local narratives and explored evolving community needs.

RESULTS

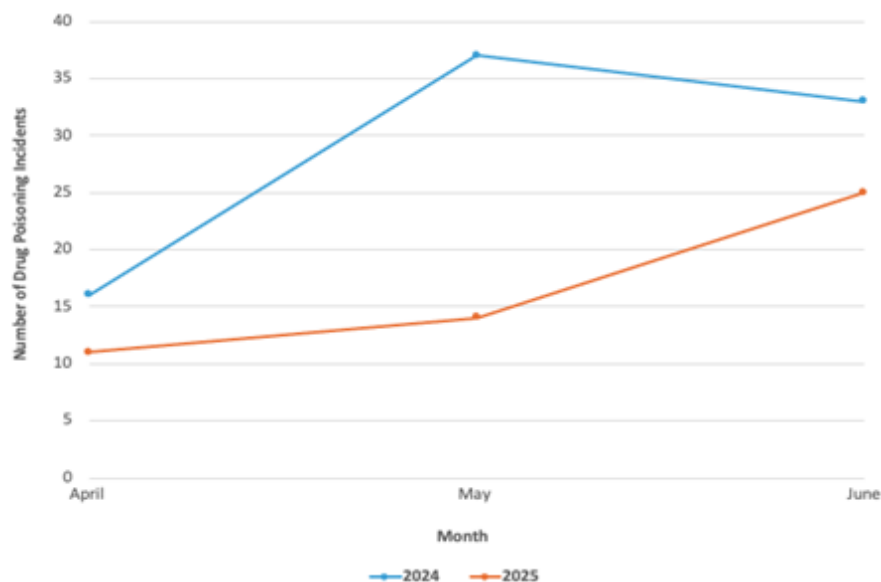
DISTRIBUTION OF DRUG POISONING INCIDENTS & FATALITIES

The analysis shows fewer drug poisoning incidents from 2024 to 2025 during the April–June period, changes in their timing, and a lower proportion of fatal cases. The average number of drug poisoning incidents per month declined from approximately 29 incidents/month in April to June 2024 to 17 incidents/month in April to June 2025. Figure 1 presents the monthly distribution of drug poisoning incidents for April to June 2024 and April to June 2025.

In 2024, the highest number of incidents occurred in May (n = 37, 43%), followed by June (n = 33, 38%) and April (n = 16, 19%). In contrast, 2025 has seen an upward shift in the number of drug poisoning incidents over time, with the majority of incidents having occurred in June (n = 25, 50%). In 2024, 5 fatalities occurred out of the 86 total incidents recorded from April to June, resulting in an approximately 6% fatality rate. In 2025, there was one fatality out of the 50 total incidents recorded from April to June, resulting in a 2% fatality rate.

FIGURE 1

Number of Drug Poisoning Incidents from April to June 2024 vs. April to June 2025



This graph shows the monthly distribution of drug poisoning incidents for April to June 2024 (in blue) and April to June 2025 (in orange). Overall, the number of incidents per month is less in 2025 compared to 2024, but there is an upward trend seen in the number of drug poisoning incidents over time in 2025. Ongoing monitoring is necessary to better understand long-term impacts.

Suspected Drug Type

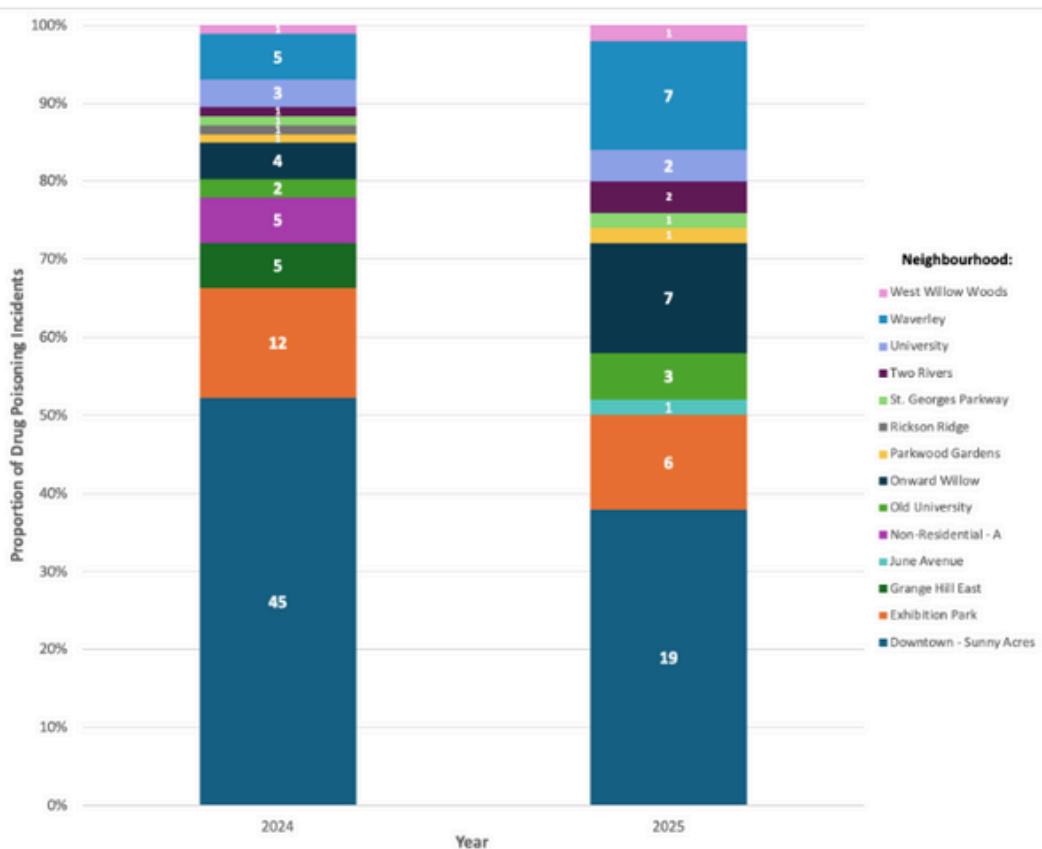
Fentanyl continues to be the predominant substance involved in drug poisoning incidents across both timeframes examined. From April to June 2024, fentanyl was identified as the most frequently reported suspected substance involved in drug poisoning incidents (n = 49, 57%), followed by unspecified opioids (n = 24, 28%). In 2025, fentanyl remained the most commonly reported suspected substance (n = 26, 52%), followed by unspecified opioids (n = 13, 26%).

Geographic Distribution of Drug Poisoning Incidents

In April to June 2024, the majority of incidents occurred in Downtown–Sunny Acres (n = 45, 52%), followed by Exhibition Park (n = 12, 14%). From April to June 2025, Downtown–Sunny Acres remained the neighbourhood with the highest number of reported incidents (n = 19, 38%), while Waverley and Onward Willow had the second highest number of incidents (n = 7, 14%). Figure 2 presents the distribution of drug poisoning incidents by the neighbourhood where the incident occurred from April to June 2024 and April to June 2025.

FIGURE 2

Drug Poisoning Incident Distribution by Neighbourhood from April to June 2024 vs. April to June 2025

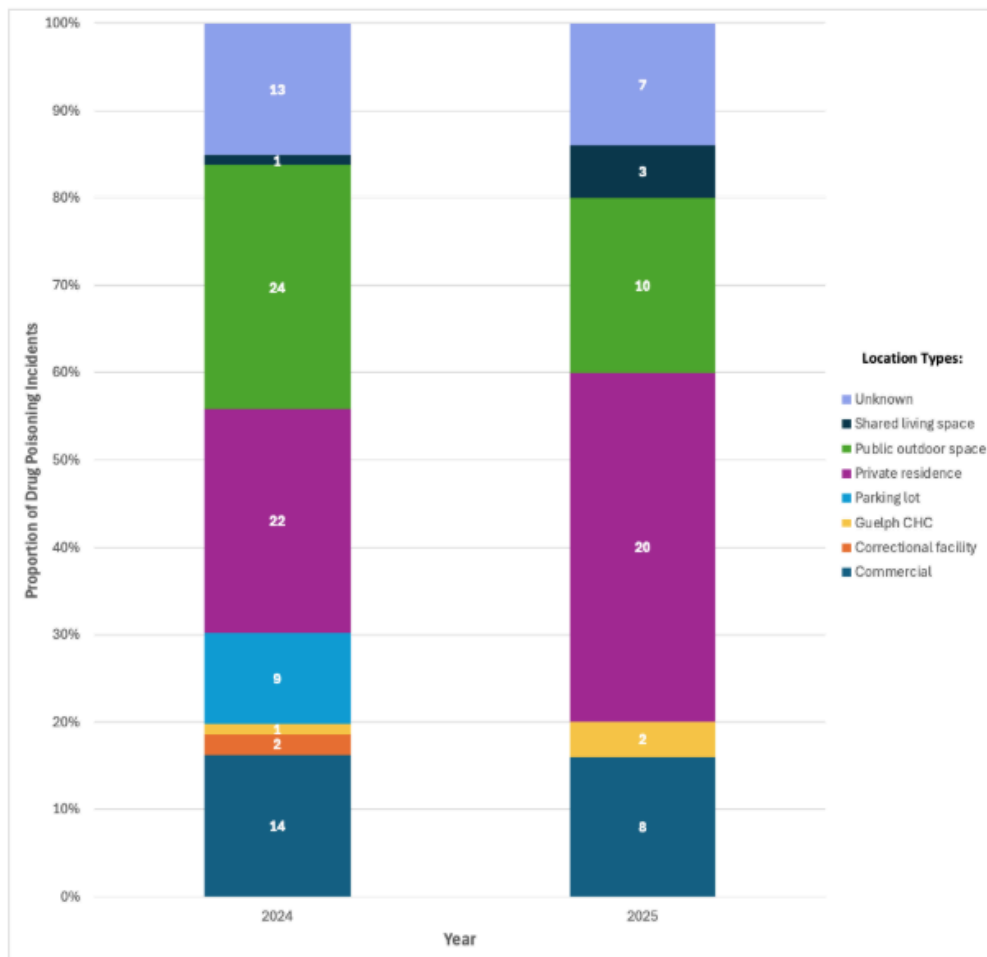


This graph shows the distribution of drug poisoning incidents sorted by neighbourhood from April to June 2024 and April to June 2025. Overall, the highest proportion of incidents occur in 'Downtown - Sunny Acres' in 2024 and in 2025.

Figure 3 displays incident distribution by the location of where the drug poisoning incident occurred. Table B1 in Appendix B details the grouping of different location types reported to FAST. In 2024, the most commonly reported location was public outdoor spaces (n = 24, 28%), followed by private residences (n = 22, 26%) and commercial spaces (n = 14, 16%). Contrastingly, in 2025, private residences were the most frequently reported setting of drug poisoning incidents (n = 20, 40%), followed by public outdoor spaces (n = 10, 20%) and commercial locations (n = 8, 16%).

FIGURE 3

Drug Poisoning Incident Distribution by Neighbourhood from April to June 2024 vs. April to June 2025



This graph shows the distribution of drug poisoning incidents sorted by the location type from April to June 2024 and April to June 2025. Overall, the highest proportion of incidents occur in a 'public outdoor space' in 2024 and in 2025 the highest proportion of incidents occur in 'private residences'.

Substance Use Equipment

Data from the Welcoming Streets Initiative (WSI) shows a 3% increase in the number of sweeps (i.e., routine checks for discarded drug use equipment) from April to June 2025, following the CTS closure.

During this time, WSI reported a 338% increase in discarded equipment found around the Guelph Community Health Centre, along with a rise in pick-up requests near downtown businesses (WSI, n.d.; Pace, 2025). In response, WSI staff have been carrying sharps disposal containers and actively responding to community requests for pick-ups to support safe disposal and promote public safety (Pace, 2025).

Contextual Considerations of Findings

Overall, the number of reported drug poisoning incidents was lower following the closure of the CTS in April-June 2025 when compared to the same period in 2024. While this may suggest a decline in drug poisoning events, external factors must be considered, including the unpredictability of an unregulated drug supply and fluctuations in drug potency and composition. These factors can influence the number of poisonings reported at a given time. Additionally, this evaluation looks at data from a short time period, long-term monitoring and fulsome data is required to gain a better understanding of substance use patterns and the impacts of the CTS closure.

QUALITATIVE ANALYSIS

Participant & Context Overview

A total of nineteen interviews were conducted with representatives from 14 community services and organizations with a variety of backgrounds. Participants represented agencies that engage with people who use substances in some capacity whether that be directly through harm reduction and healthcare services or indirectly through social and community support roles. Despite having diverse backgrounds, all participating organizations shared a commitment to being responsive to community needs, fostering ongoing learning, and working creatively within their capacities to meet community needs.

Through a thematic analysis of the interviews, we identified seven themes (Table A1) that reflect the ongoing responses, challenges, and observations following the closure of the CTS. These themes highlight the overall impacts on organizations, changing circumstances for people who use substances, and broader system-level considerations. The following themes were identified:

1. Resourceful Strategies for Addressing Service Gaps

- Organizations are actively adapting within limited resources to maintain client safety, though these solutions are often temporary and highlight ongoing systemic gaps.

2. Changing Substance Use Patterns and Observing Higher Risk Substance Use

- Shifts towards more hidden and isolated use underscore the ways people are adapting in response to reduced access to safe spaces and supports

3. Impacts on Direct Service Staff

- Staff from a wide range of organizations reported heightened stress and role strain, reflecting the professional challenges of delivering care amid reduced resources and changing service expectations

4. Anticipation of New Models and Emerging Trends

- Staff see potential in upcoming models, however, uncertainty has created challenges in adapting services to meet evolving client needs

5. CTS as More Than a Consumption Site

- The closure not only removed a safe consumption space but also disrupted opportunities for relationship-building and access to broader supports, emphasizing the CTS's role beyond consumption supervision.

6. Responding to the Multifaceted Challenges of Substance Use

- Increased demand and complexity of client needs reveal the full spectrum of challenges faced by people who use substances.

7. Loss of Connection and Continuity

- Disruptions in established relationships and service pathways have contributed to confusion and decreased continuity of care for both clients and service providers.

Theme Descriptions

1. Resourceful Strategies for Addressing Service Gaps

After the closure of the CTS, organizations have expressed their efforts to adapt existing resources within their means to help address needs. This demonstrates a display of resourcefulness, innovation, and compassion by community workers despite the expressed strain some organizations are facing. Participants proactively planned to meet emerging needs and create safer environments. As participant 1 said,

“We have tried to design our space in a way that is safe... to be proactive and make sure people are okay.”

Several organizations also collaborated with community partners to enhance their education and harm reduction training to be better prepared for substance-related incidents. Participant 8 said:

“We've done more trainings than we've ever done. Naloxone trainings and drug testing and best practices...”

Many organizations described shifting their models of care as a response to Ministry mandates (Community Care and Recovery Act, S.O. 2024). For some staff, adapting to service gaps meant navigating organizational constraints and creatively working within the boundaries of their roles. Participant 15 states:

“We are also constantly considering, what can I do that is not outside my role, that will still, you know, kind of be a loophole to help someone when I've been surrounded by red tape.”

This speaks to organizations often seeking out small but meaningful ways to support clients stemming from a felt responsibility to provide wraparound care despite system limitations. For example, many health and social service organizations increased their monitoring of clients in public and semi-private

spaces, such as washrooms. Participant 18 discussed how their team quickly implemented a new protocol:

“We had to come up with a policy pretty quickly on what do we do when someone's in the bathroom for longer than, you know, the average 5–10 minutes. We put up signage. We now knock on the door every 10 minutes saying, are you okay?”

These initiatives across organizations emphasize the care and dedication present among staff to help address emerging needs and promote safety. Despite these efforts, many participants expressed that these adaptations are attempts to fill needed gaps, but not long-term solutions. Many participants also expressed concern that ongoing funding limitations and delays, potentially slowing progress toward more sustainable alternatives.

2. Changing Substance Use Patterns and Higher Risk Substance Use

Since the closure of the CTS, participants observed shifts in substance use patterns. These shifts led to increased use in more isolated and public spaces, shifts in methods of use, and emerging service gaps. Participants observed substance use becoming more dispersed, turning to more hidden, isolated, and unsupervised settings such as alleyways, parking lots, bathrooms, and what some referred to as “trap houses.” As Participant 15 observed,

“There is a lot more secrecy... We still have people who are using the bathroom... but people are getting a lot better at hiding it.”

Building on this, Participant 17 emphasized how stigma and emotional distress are contributing factors,

“There's a lot more of this hidden use... going into parking lots and hiding from the public because there is a lot of shame and a lot of deep emotional feeling around substance use and those who are living rough and the stigma around it... leaves them in a very vulnerable and unsafe position.”

Participants noted an increase in substance use in more secluded settings and in public spaces downtown and some stated that this was specifically observed among unhoused or precariously housed individuals and in some cases led to legal repercussions. Participant 14 stated:

“There's been an increase in public use downtown or just kind of in more visible spaces and it's resulted in more arrests and more legal repercussions for folks who are using substances.”

Participants suggested changes in substance use patterns are complex and often tied to service gaps. As Participant 2 explained:

“It was easier to say, well, why don't you just come in and hang out in the post-use area [at the CTS]... now it's like, 'hey, don't use right by the rear exit,' and they're like, 'well, what else am I supposed to do?'”

This quote highlights the feelings of frustration and disconnection participants observed, as people are left navigating substance use with fewer options and in more isolated and unsupported environments. Community members have also noticed some shifts in substance behaviours and methods of use. One of the more visible signs of this shift has been the rise in improperly discarded substance use supplies. Participants from the interviews commented on the noticeable increase of improperly discarded supplies saying,

“There's lots of gear on the ground too... I've seen more stuff on the ground and picking up more of that.” (Participant 8).

Participant 6 pointed to the growing safety concerns that may be tied to this shift,

“Now I'm seeing a lot of really heavily used paraphernalia around those properties. So, I think more people are reusing needles.”

In addition, participants noted a rise in inhalation as a method of use over injection. While this shift could reflect natural changes in substance use trends, it may also relate to how people are adapting in response to service gaps following the CTS closure. As Participant 13 noted,

“As more people found out [about the CTS closure] smoking of substances had already kind of had an uptake, but it definitely like doubled or tripled around then. That's not to say that folks don't still utilize injection gear, but definitely like bowls and pipes and stuff like that has gone up.”

Additionally, some participants noted a decline in service access, particularly among women accessing safe supplies, raising concerns about gender-specific barriers and increased vulnerability.

“We've definitely noticed a lot less people coming to get supplies and specifically, a lot less women. I think we have in general seen a lot less women, just because, you know, it can be so much more dangerous.” (Participant 15).

3. Impacts on Direct Service Staff

The closure has had emotional and professional impacts on staff across community organizations. Many participants described a shift in their roles and felt tension between organizational policies and their commitment to client-centered care. Many participants expressed an increased pressure to monitor behaviour and work within strict limitations. Participant 2 captured this tension stating:

“Sometimes we have to enforce harsher policy as a consequence and we have less of benefit to offer them. It kind of creates this moral injury if you're not doing the work that you want to be doing, you feel like you're forced to police people that previously you had been caring for... It just kind of diminished the kinder client-centered things that we could do.”

This experience was further demonstrated by the frustration of working with fewer tools to support clients in meaningful ways. Participant 2 explained:

“You're trying to address behaviour that can't continue, but you have fewer incentives to offer. It begins to feel that all you're left with is to be more punitive. I don't like that, and it doesn't get our clients anywhere.”

The emotional burden of the transition after the closure was another common concern. Community service workers without formal training in health or emergency services, along with health providers, reported encountering more drug-poisoning incidents and high-stress situations throughout the community. As Participant 5 expressed:

“There is significant trauma for the staff who come across people and have to provide some life-saving stuff to them and it's not as clean and pretty as when you do your CPR training... there's a whole bunch of things that put a lot of stress on, let's say, a librarian.”

Participants also described a misalignment between their values and the current scope of their work. Many staff entered the field with a strong sense of purpose and now may find their responsibilities shifting. Participant 5 further mentions:

“Everybody who is at work believes in it so strongly and it has been a gut punch... I might have chosen to work in this job because it matches my values and what I'm now being asked to do... doesn't match my values quite the same way. Or if it does, I haven't figured out how that works yet. So, I've seen a lot of my colleagues struggling with that.”

4. Anticipation of New Models and Emerging Trends

Many participants expressed uncertainty about the CTS closure and shifts to new models of care, and how this would impact existing programs. While some saw potential in future services, others felt the transition lacked clear direction. This has created challenges for many respondents, including uncertainty around operations and a period of adjustment. Participant 5 states:

“What is [the new model] gonna look like and what programs are gonna run and what are the parameters? What are we gonna be allowed to do or not?”

This confusion expressed notes a general sense of uncertainty in the community. Staff also highlighted the delayed funding for future services, expressing that it adds to the uncertainty surrounding the impact on various community services and operations.

While some organizations expressed feeling immediate impacts of the closure, others felt that it was too soon to see the full effects of the closure and have not seen significant changes. Participant 3 noted:

“[One of the counsellors] hasn't really noted anything that would be remarkable... I can't say that I've had anything super noticeable in correlation.”

Despite the lack of immediate shifts among some organizations, most participants expressed concern about future challenges. As described in the first theme, some participants took proactive measures in anticipation of evolving client needs and potential service gaps. As Participant 3 shared:

“We have a quality improvement group, and I know that they were watching very carefully... We were already having conversations about kind of what that might look like...how that’ll impact us as a department.”

These proactive efforts may have contributed to the lack of immediate shifts among some organizations; however, these assumptions have not been determined. Some organizations noted a perceived reliance on emergency services since the closure. Participant 7 spoke to the anticipated impacts and strain:

“To me it’s not a good use of resources to call EMS or police every time you find somebody who is, you know, under the influence of substances, when we can easily and safely and cheaply monitor people.”

Although some reported a greater reliance on emergency services, others noted no increase in emergency calls. These differences in observations may be influenced by many complex factors including the potential underreporting of substance-related occurrences, as substance use appears to be occurring more often in isolated and dispersed settings. In addition, some participants expressed historical tensions between people who use substances and law enforcement possibly having an influence on this observation. Participant 19 explained:

“You’re seeing more [people] end up in emerge or community health centers maybe not calling 911 but getting themselves there because generally that community doesn’t always like a uniform.”

5. CTS as More Than a Consumption Site

Interview participants that worked closely with the former CTS site noted its importance not just as a safe space to use substances, but also as a low-barrier, accessible opportunity to connect with other services, develop relationships with providers and access additional supports within the substance use service continuum. Former CTS staff observed a decline in individual visits following the announcement of the CTS closure, noting that clients stepping back from this service and withdrawal from relationships early on was, for many, a necessary form of self-preservation. Participant 3 shared:

“The benefit of the CTS was having a way to keep meaningful connections with people who are using [drugs]. You know, it’s commonly said that connection is the antidote to addiction....The CTS was a vehicle where people knew that they could come and be safe and not be judged and talk to someone and seek help and all those things without the stigma.”

Participants noted that the CTS closure wasn’t just the loss of a consumption space; it was also the loss of a community and connection to services. Following the closure, participants noted difficulties for community members to explore treatment and support in ways that align with their needs and circumstances.

Some organizations identified misinformation about the CTS site as single service a contributing factor of increased community stigma. Participant 14 stated:

“I think my main take away from all of this has been the way that it reinforces harmful narratives around substance use. I think I've kind of seen an increase in more extreme conversations about it in the community because I think people feel emboldened to kind of speak a little bit more negatively about it, and [the CTS closure] had the opposite impact of what was intended because it has forced people into those more public, visible spaces.”

6. Responding to the Multifaceted Challenges of Substance Use

Nearly every interviewee noted the increased demand for social and healthcare services after the closure of the CTS site. Several participants noted the evolving volume and complexity of client needs, from addressing short-term (i.e., crisis intervention) to long-term supports like housing accessibility. Participant 7 noted that there are:

“More people, new people, more needs, more complex needs, more needs that we're not able to fill or refer [out] to or find any actual help for. So sometimes there's not much we can do except obviously like being with people, but... the needs are higher and the options are decreasing and the needs are increasing.”

Many organizations are trying to adapt to an increased demand from both new and existing clients, which can present challenges in capacity and service delivery.

Many interviewees also recognized the CTS as a safe space where community members could drop in, interact with others and have the opportunity to explore supports. Since the closure of the CTS, Participant 4 noted the importance of:

“...more of a drop in model where people can have conversations, even if they're not ready to explore treatment. To be able to just be around people who are willing to connect with them.”

Noted by participants, these low-barrier spaces provided an opportunity for engagement and promoted accessibility and exploration of supports and treatment for those that may not be ready. Participants expressed that one organization or substance use framework alone cannot support a community member from substance use disorder to abstinence-based recovery; this change requires comprehensive, wraparound supports to address these complex needs.

7. Loss of Connection and Continuity

A shift in relationships between direct service providers and people who use substances was noted by many participants. It was observed that this may be influenced by various factors, including increased tensions and frustration around the loss of access to the CTS. Participant 14 States:

“It's kind of difficult to reinforce safer ways of handling and managing substance use when the approach that's being taken here isn't necessarily reflected in the broader community.... it harms our relationships with clients because I think there's a sense with them that we don't really get it if we're trying to encourage like the buddy system and using somewhere where you can be found and making sure someone knows and all of those things”

Participants observed that the closure of the CTS may have contributed to feelings of frustration among some former clients, as previously available support has shifted. Before the closure, both individuals and organizations had a clear point of referral for harm reduction services. In its absence, participants described experiencing increased confusion and challenges in maintaining continuity of care. Participant 4 shared that,

“There was just sort of a psychological impact to our community members. A lot of frustration and kind of like despair is what we're seeing communicated.”

These impacts appear to be influencing interactions between staff and community members, with changes in the overall dynamic between service providers and clients.

DISCUSSION

INTERPRETATION OF QUANTITATIVE RESULTS

In the 2024 period, FAST data indicates that drug poisoning incident rates rise in May then decrease in June, while in the 2025 period this data indicates that drug poisoning rates are rising throughout this period (Figure 1). Although incident rates in the 2025 period are lower throughout than in the 2024 period, the rising trend may indicate that drug poisoning event rates are beginning to rise following the CTS closure (Figure 1). A possible connection between FAST data and interview participants can be seen in the observed decline in drug poisoning rates and interview participants' reports of increased hidden substance use and the possibility of under reported incidents that may not be captured in the FAST system.

Downtown–Sunny Acres remained the neighbourhood with the highest reported number of drug poisoning incidents across both timeframes, accounting for 52% of cases ($n = 45$) in 2024 and 38% of cases ($n = 19$) during the same period in 2025 (Figure 2). This highlights Downtown–Sunny Acres as a potential priority area for services.

The largest shift regarding the types of locations from 2024 to 2025 was the increase in incidents occurring in private residences from 26% to 40% (Figure 3). Concurrently, there was also a decrease in use in public outdoor spaces from 30% to 20% (Figure 3). Another potential link between the quantitative and qualitative data is that interview participants described substance use taking place more often in isolation, which aligns with FAST data indicating a potential rise in drug poisoning incidents occurring in private residences. (Figure 3).

QUALITATIVE INTERPRETATIONS

Following the closure of the CTS, participants expressed a decrease in accessible harm reduction services, increased pressures on staff, emerging client needs and health risks. Participants noted a shift towards higher-risk substance use patterns, with more people using substances in isolation. Many expressed these changes relating to the heightened social stigma, fear and punitive approaches related to substance use. Participants also described the closures impact on staff wellbeing, leading to service disruptions and uncertainty about both current services and future operations.

Interview participants recognized the importance of the CTS not just as a safe consumption site but as an informal space for service exploration, community building, and potential treatment. The loss of the CTS site has also contributed to an increased demand for wraparound supports, especially for complex cases. Respondents consistently noted that organizations are now responding to broader issues. Additionally, the closure of the CTS may also be impacting relationships between frontline staff and community members who use substances. Some individuals have expressed frustration toward staff, particularly around the loss of access to this service.

STRENGTHS & LIMITATIONS

STRENGTHS

The FAST system is a valuable tool as it aggregates a large amount of substance use-related data in one place. This comprehensive collection provides data on fatal and non-fatal poisonings to offer a picture of substance use health outcomes in Guelph. Additionally, FAST is timely and actionable, allowing for close to real-time surveillance and action by local health services.

The qualitative interview process had a number of strengths as well. First, the variety of interviews allowed researchers the opportunity to integrate many different perspectives into qualitative coding and thematic analysis. Of the 19 different interviews, 4 staff were from harm reduction services, 4 from social services, 3 from health services, 3 from mental health services, 3 from housing services and 2 from emergency services. Various disciplines from frontline workers to upper management were represented in these interviews. The dual coding and thematic analysis process was another benefit of the qualitative framework. With two researchers independently coding and developing themes before coming together to compare, the opportunity for biases was limited and each researcher acted as confirmation for the other.

LIMITATIONS

FAST is robust in its quantity of data, however, the majority of reports are currently inputted by Guelph Police Services and Guelph-Wellington Paramedic Services. Expanding the diversity of reporting partners may strengthen this system. It is also important to highlight the unpredictable potency and composition of the unregulated drug supply in Guelph, leaving researchers with limitations about the

types of substances contributing to drug poisoning incidents. Additionally, the quantitative data are limited to a short timeframe, restricting the ability to assess longer-term trends or fully understand how patterns in drug poisoning incidents may change over time.

This evaluation was conducted using a small window of time as its scope; all interviews took place over a five-week period two months after the CTS closure. As a result, no definitive conclusions can be drawn at this stage and ongoing monitoring on the community impacts of the CTS closure is needed. Additionally, due to the scope and time-limited nature of this project, it would not have been possible to receive ethics approval. As a result, this report was unable to capture qualitative data from former CTS clients.

PROPOSED RECOMMENDATIONS

Based on the integrated analysis of quantitative data from the FAST system and qualitative interviews with key community partners, the following recommendations are proposed to address the complex and evolving community needs following the CTS closure:

STRENGTHEN LOW-BARRIER OPTIONS

Many participants emphasized the closure of Guelph's CTS site removing a vital access point for safer substance use and informal health service engagement. Findings highlight increased hidden and isolated substance use, more incidents in private residences, and a rise in improperly discarded equipment, indicating the need for spaces that reduce risks and foster trust.

ENHANCE DATA COLLECTION METHODS AND ENSURE ONGOING EVALUATION TO INFORM SYSTEM RESPONSE

Enhance the diversity of FAST reporting partners to expand data collection methods and ensure incidents not captured within the fast system are included to strengthen real-time data collection to better capture trends in substance use and drug poisoning incidents. Both the quantitative analysis and staff observations emphasize the need for continuous monitoring, including input from people with lived and living experience, to guide responsive and evidence-based system planning. Given the shifting patterns of substance use trends, service access, and drug poisoning incidents following the closure of Guelph's CTS site, ongoing evaluation that meaningfully includes people who are most impacted by service changes is critical to understanding both short- and long-term impacts.

DEVELOP TARGETED INTERVENTIONS FOR UNREGULATED SUBSTANCE USE IN PRIVATE RESIDENCES

Both quantitative and qualitative findings show a clear shift toward more isolated use. Drug poisoning incidents occurring in private residences increased from 26% pre-closure to 40% post closure, reducing opportunities for timely intervention. Implementing harm reduction and support strategies that specifically address the growing number of drug poisoning incidents occurring in private residences, shelters and supportive housing is needed. This could include enhanced outreach, peer-led home visits, safer use kits, and promotion of virtual or phone-based services such as NORS.

ENSURE CONTINUITY AND COMMUNICATION DURING SERVICE TRANSITIONS

The closure of the CTS and concurrent service changes (e.g., de-funding of safer supply, relocation of drug checking and needle exchange) have led to challenges and impacted client-provider relationships during this time of transition. Enhanced and ongoing communication strategies, including coordinated public updates, cross-sector briefings, and accessible information for people who use drugs, can help maintain trust, support continuity of care, and enhance the effectiveness of community-wide responses.

ENHANCE OUTREACH AND MOBILE SERVICES

FAST data show a shift toward private residences as the most common setting for drug poisoning incidents reflecting increased hidden and isolated substance use. At the same time, qualitative findings highlight that service providers are experiencing greater difficulty reaching individuals who are no longer engaged with formal supports. Strengthening the capacity of existing programs, such as the HOME mobile outreach program, can help bridge these gaps and provide flexible responses where people may be most at risk. To maximize impact, data should be used to guide routes, with priority attention to neighborhoods consistently identified in FAST data as higher-incident areas, including Downtown–Sunny Acres, Waverley, and Onward Willow. By aligning outreach services with local patterns of need, mobile teams can support stronger pathways to care.

ADDRESS STIGMA THROUGH COMMUNITY EDUCATION

Interviewees noted that stigma may be contributing to more isolated and unsafe substance use, discouraging people from seeking support and increasing the risk of drug poisoning and other harms. Coordinated, community-wide education campaigns that frame substance use as a health issue and provide accurate information on Substance Use Disorder, drug toxicity, recovery, harm reduction, and the broader substance use health continuum, can support to reduce stigma-related harms. A coordinated approach will promote safer, more inclusive community responses to substance use.

CONCLUSION

This analysis reflects a limited timeframe and should be understood as an initial view into a rapidly changing substance use landscape in Guelph. The closure of the CTS site appears to have a wide range of both anticipated and unanticipated impacts on the community. While the total number of reported drug poisoning incidents decreased in 2025 compared to 2024, there is an upward trend in incident cases in 2025 demonstrating some concern in emerging patterns. Areas such as Downtown–Sunny Acres, Waverley and Onward Willow are neighborhoods with continuously higher drug-poisoning incidents, highlighting priority areas for support. Additionally, the analysis revealed riskier shifts in substance use patterns in 2025, with more incidents occurring in private residences and outdoor spaces. Community voices echoed these findings while emphasizing the role of increased stigma and lack of safe alternatives also contributing to more public visibility.

Qualitative findings emphasize that the CTS site was more than just a safe consumption space, it was a low-barrier hub for harm reduction, connection, and care. Its absence has created a gap that many organizations are working to fill, often without the resources or infrastructure to do so. Participants described growing complexity in client needs, heightened anxiety, and a sense of uncertainty as the community navigates transitions toward changes within the service landscape.

Based on this report's findings, recommended actions for addressing the changing substance use landscape include re-establishing low-barrier harm reduction services to help reduce the risks of isolated use, expanding mental health and housing supports, and making services more accessible through trauma-informed, culturally safe practices. Strengthening outreach and mobile services can better reach individuals in private residences and priority areas, such as Downtown–Sunny Acres, Waverley, and Onward Willow. Additionally, tackling stigma through public education can create more effective community responses. These findings highlight the need for responses that are grounded in empathy for both individuals who use substances, and the service providers who promote health and well-being in Guelph.

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APPENDIX A

Qualitative Materials: Description of Methods, Outreach Letter, Interview Script, Interview Questions, and Thematic Analysis Table

This appendix contains qualitative materials from key information interviews conducted with community organizations and service providers. These materials support the qualitative findings presented in the main body of the report and provide transparency regarding the data collection and analysis process. Included are the description of methods; outreach letter sent to potential community organization interviewees in the downtown Guelph region; the interview introduction script used to begin each interview; the list of interview questions used to guide discussions with participants; and the thematic analysis table summarizing key themes identified in the interview responses.

SECTION A1

Detailed Description of Qualitative Methods

A1.1 Applied Qualitative Framework and Perspective

The qualitative component of the project involves conducting key information interviews with community organizations and services within Guelph's downtown core whose operations and services may have been impacted by CTS site closures. We approached the analysis using an inductive framework to ensure that the themes created were directly informed by the data (Jason & Glenwick, 2016). This framework helped us to remain grounded in the perspectives of community participants rather than creating predefined concepts (Jason & Glenwick, 2016). Our analysis was guided by a constructivist worldview, which recognizes that reality is socially constructed and context-specific (Jason & Glenwick, 2016). This approach aligns with our project's goal of capturing the unique views of different community organizations on how the CTS site closure has affected them. Through key information interviews, we aimed to understand how the transition has either directly or indirectly affected local organizations and the populations they serve.

We acknowledge that our worldviews as public health students shaped how we interpreted participant responses and brought an implicit bias when analyzing the data. To help maintain transparency, two group members individually coded and developed preliminary themes, held ongoing discussions about assumptions, collectively determined themes, and received feedback from the Evaluation Advisory Committee. This perspective aligns with the WGDS values of evidence-based research, open and transparent communication, and collaboration by having honest conversations, recognizing and accommodating for bias where possible, valuing diverse voices, and learning from professional experiences (WGDS, n.d.).

A1.2 Community-Based Qualitative Study

To understand the community-level impacts of the closure of Guelph's CTS site, key information interviews were conducted as the project's qualitative component. The purpose of these interviews was to examine community partner perspectives on the CTS site closure, whose operations, clientele, and services may have been affected by this decision.

The interviews aimed to understand how the closure of the CTS site may have impacted the Guelph community, focusing on changes in service delivery, organizational operations, substance use trends, public safety, and overall community well-being. Participants shared their experiences and observations to help identify key challenges and opportunities following the closure, complementing the quantitative findings in this report.

These community insights ensure that local voices and frontline experiences are meaningfully represented, offering valuable perspectives on community needs and well-being. Input from community partners will directly inform this report and help support future public health programs, harm reduction strategies, and substance use services in Guelph.

An Evaluation Advisory Committee was established to guide and support this work, and membership included community health and social service providers, public health and peer representation who we met monthly. This Committee helped to edit and inform the development of the outreach letter, interview introduction and questions, prospective interviews list, project methods, and report writing. Some specific suggestions from the Committee included having a standard introduction script for the interviews as this was not previously established and editing the language of our content to be more clear, open-ended, and to be as least leading as possible. In addition, the University of Waterloo Student's and the WGDS meet weekly to address and discuss any emerging questions, concerns, highlights or occurrences throughout the project.

A1.3 Community-Based Participation

The qualitative process was guided by principles from the Community-Based Participatory Research (CBPR) approach (Tucker et al., 2025). This research strategy focuses on collaborative action between researchers and community members to tackle health challenges (Collins et al., 2018). By valuing the unique knowledge, strengths, and experiences of key community organizations and researchers, CBPR blends research with real-world action to build positive social change (Collins et al., 2018). Using this approach, interviews with community organizations were analyzed to identify relevant themes and trends related to the closure of the CTS site. These findings aim to reflect local perspectives and support future public health programs and substance use services in Guelph.

An Evaluation Advisory Committee was established to guide and support this work, and membership included community health and social service providers, public health and peer representation who we meet monthly. This Committee helped to edit and inform the development of the outreach letter, interview introduction and questions, prospective interviews list, project methods, and report writing. Some specific suggestions from the Committee included having a standard introduction script for the

interviews as this was not previously established, editing the language of the outreach letter and interview questions to be more clear, open-ended, and to be as least leading as possible. In addition, the University of Waterloo students and the WGDS met weekly to address and discuss any emerging questions, concerns, highlights or occurrences throughout the project.

A1.4 Qualitative Interview Recruitment

Upon the development and approval of the outreach letter, a prospective interview list was developed. The WGDS had previously established strong relationships with other organizations in the Guelph community which helped to inform prospective interviewees. This list was made up of community partners that primarily operate in downtown Guelph and have some relationship to individuals who use substances. Prospective interviewees included healthcare providers, social services, non-profits with mandates to support marginalized communities, and more.

Initial emails, along with the outreach letter, were sent to potential interviewees by Jean Hopkins, supervisor for this project and manager at WGDS. Interested parties were asked to follow up with the student researchers to book an interview. Individuals who did not respond received multiple follow-up emails to gauge interest and ability for interviews until the interview deadline, July 7th. Interviews were completely voluntary, and consent could be withdrawn at any time, including during the interview itself. Participants were informed that their responses would be completely anonymized and, if their organization was to be directly quoted in the final report, they would have the opportunity to review and approve these quotes prior to publication.

A1.5 Data Collection

Nineteen interviews were completed between May 30th and July 7th, 2025. One interview was conducted in person while the other seventeen took place over Microsoft Teams. Interviews were administered by two of the four student researchers. A standard introduction script was read before the interview began; it reviewed the purpose for the interview, who was involved in the project, where data would be stored, and a reminder that the interviewee had full control over whether the interview took place or not. Upon completion of the introduction script and verbal consent from the interviewee, the interview began and was both transcribed and recorded for later review. Each interview consisted of a standard list of key, probing, and closing questions related to the CTS site closure. Interviewees were encouraged to answer questions in as many or as few words as they deemed appropriate. Once interviews were completed, both the transcript and video recording were stored with Guelph CHC using their SharePoint platform.

A1.6 Data Analysis

After each interview was completed and stored in SharePoint, two student researchers began the coding and thematic analysis process. The transcript of each interview was copied into an Excel spreadsheet, with each question in its own column and each subsequent answer added below in rows.

The researchers utilized an inductive coding system so as to develop codes, and thus themes, directly from the source material as opposed to beginning with pre-determined codes. The two student researchers individually analyzed the data to develop codes before coming together. Their results were compared and decided on the final seven themes together.

DOCUMENT A I

[DATE]

Dear [recipient's name],

We are writing to invite you to participate in an interview for a community research project, with the purpose of examining the impacts of the Consumption and Treatment Services (CTS) site closure on the Guelph Community. We are reaching out as a group of Master of Public Health Students from the University of Waterloo, working in collaboration with the Wellington Guelph Drug Strategy (WGDS).

The goal of the interview is to hear your thoughts and experiences so we can better understand the impact of the closure and the role of the CTS site. Your insights will inform a community-based report that reflects community perspectives and aims to support future public health programs and substance use services in Guelph.

As a separate part of our research project, we will also be conducting a quantitative analysis on the impacts of the CTS site closure on drug poisoning incidents through monitoring data sources, such as the FAST Reporting System.

We would be grateful if you would share your perspective through a brief interview, which should take approximately 30 minutes to complete. Some examples of interview questions include:

- Has the closure of the CTS site affected your organization? (i.e, operations, services, staff experiences or day-to-day activities).
- What have been your overall observations related to the community impacts of the CTS closure?

If you wish to participate in an interview, please contact Kaitlyn Ferreira via email at k3ferrei@uwaterloo.ca. Please let us know if you are willing to participate in person, virtually or by phone and if you are comfortable with the interview being recorded. While your name will remain anonymous, your organization may be identified in the final report.

If you would like more information before committing to an interview, please contact Jean Hopkins, Wellington Guelph Drug Strategy Manager.

Thank you for your time and consideration.

Sincerely,
[Sender's Signature]

SCRIPT A I

Interview Introduction Script

Hello, My name is ___ and this is ___, and we are Masters of Public Health students at the University of Waterloo.

First, we would like to thank you for taking the time to contribute to our research project on the closure of Guelph's Consumption and Treatment Services (CTS) site.

The purpose of today's interview is to develop an understanding of the impacts of the CTS closure on the Guelph community from the perspective of service providers and downtown organizations. This interview is part of the qualitative analysis aspect of our research, in which we will be asking you about your perspective as an individual working within a Guelph organization whose operations and services may have been impacted by CTS closures.

This research is a collaboration between the Wellington Guelph Drug Strategy, Wellington Dufferin-Guelph Public Health, and the University of Waterloo graduate students as part of a capstone project to complete our MPH degrees. Wellington-Guelph Drug Strategy will be overseeing this project, and Wellington-Dufferin-Guelph Public Health will also be providing support on analyzing quantitative data related to drug poisoning rates.

The information from today's interview will be stored with the Guelph Community Health Centre using their secured SharePoint platform and analyzed alongside interviews from other Guelph community members to determine relevant themes and trends in community experiences regarding CTS closures. Findings will be shared with the Wellington-Guelph Drug Strategy and Wellington-Dufferin-Guelph Public Health to inform a community-based report that reflects community perspectives and aims to support future public health programs and substance use services in Guelph.

With your permission, I would like to record this interview so that we can accurately reflect on what you share with us today. While your name will remain anonymous, your organization may be identified in the final report. Your participation in this interview is voluntary and can be withdrawn at any time. There are no known risks to participating in this interview. Before we begin, do you have any questions? (Confirm interviewee consent to interview & recording).

Script A2

Interview Questions

Key Questions:

- What is your role, and how does it relate to substance use services in Guelph?
- Within your role, how do you engage with people who use substances?
- How has the closure of the CTS affected your organization? (i.e.: operations, services, staff experiences and/or day-to-day activities).
- What have been your overall observations related to the community impacts of the CTS closure?
 - What changes have you observed in substance use patterns or behaviours in the community?
 - What changes have you noticed in the way people who use substances access support?
 - How have the ways in which you engage with people who use substances in our community changed?

Probing Questions:

- Have there been any changes in the types of services provided and/or approaches used by your organization?
- Have there been any changes in service demands at your organization?

Closing Questions:

- What would you like decision-makers and/or the general public to know based on your experiences since the CTS closure?
- Based on your observations, what supports or services should be available in the community to aid people who use substances?
- Is there anything else you would like to add?

Thank you for your time and for sharing your perspectives with us today.

Table A1

Thematic Analysis Table

Themes	Associated Codes
<p>Resourceful Strategies for Addressing Service Gaps</p> <p>Description: Organizations adapted existing resources and utilized community partnerships to help address client needs following the CTS site closure. These efforts include increased proactive strategies such as harm reduction training, outreach services, monitoring clients, and wraparound services.</p>	<ul style="list-style-type: none"> • Wraparound supports • Proactivity • Collaboration with existing community partnerships • Increased monitoring of clients in public and semi-private spaces • Outreach efforts • Funding limitations affecting services and sustainable alternatives

Table A1 (Continued)

Themes	Associated Codes
<p>Resourceful Strategies for Addressing Service Gaps</p> <p>Description: Organizations adapted existing resources and utilized community partnerships to help address client needs following the CTS site closure.</p>	<ul style="list-style-type: none"> • Wraparound supports • Proactivity • Collaboration with existing community partnerships • Increased monitoring of clients in public and semi-private spaces • Outreach efforts • Funding limitations affecting services and sustainable alternatives
<p>Changing Substance Use Patterns and Higher Risk Substance Use</p> <p>Description: Participants observed shifts in where and how people are using substances. This includes more use in isolated, public, or dispersed spaces, increased smoking, and a rise in discarded paraphernalia. These changes reflect both a lack of safe consumption spaces and growing stigma.</p>	<ul style="list-style-type: none"> • More dispersed, hidden and isolated substance use (private residences, bathrooms, & alleyways) • More visibility of public substance use due to lack of private/safe alternatives. • Increased stigmatization and criminalization of substance use • Rise in public substance paraphernalia sightings • Greater smoking-based substance use • Decline in service access, especially among women
<p>Impacts on Direct Service Staff</p> <p>Description: Participants expressed emotional distress, moral conflict, and role misalignment. The closure increased demands on staff to enforce policies and manage crises often without adequate tools or support.</p>	<ul style="list-style-type: none"> • Pressure to enforce policy • Having fewer tools to provide support • Emotional toll from witnessing drug poisoning-related incidents • Disconnect between values and current service limitations

Table A1 (Continued)

Themes	Associated Codes
<p>Anticipation of new model and emerging trends</p> <p>Description: Organizations described a sense of uncertainty about current services and future operations. While some noted early impacts of services, others are anticipating challenges, with mixed expectations and concern about long-term outcomes.</p>	<ul style="list-style-type: none"> • Uncoordinated service transition • Uncertainty of current and future operations • Mixed responses to closure: some felt impacts were premature to assess, others prepared proactively • Anticipation of future challenges • Shifts in emergency service use shaped by trust and social dynamics
<p>CTS offering more than safe consumption</p> <p>Description: Organizations noted that the CTS was so much more than a place for substance use; it acted as a ‘third space’ where folks could access services, create community and explore treatment should they choose to do so. Unfortunately, misinformation and public stigma painted the CTS as a single-service space.</p>	<ul style="list-style-type: none"> • Low-barrier opportunity for connection to other services (service gateway), opportunities to explore treatment • Supports all stages of the substance use spectrum • Public misinformation/Increased community stigma • Fragmented care pathways- struggle with System navigation and coordination of services
<p>Addressing the comprehensive and complex needs of substance use</p> <p>Description: Participants emphasized an increased demand for wraparound services to meet a growing range of client needs. Many organizations were unprepared for the complexity and volume of cases. The loss of accessible, stigma-free spaces has further reduced opportunities for engagement and self-directed support.</p>	<ul style="list-style-type: none"> • Increased complexity and volume of client needs • Loss of low-barrier engagement spaces • Importance of wrap-around supports • Gaps in mental health and housing supports • Increase need for harm reduction supplies

Table A1 (Continued)

Themes	Associated Codes
<p>Loss of Connection and Continuity</p> <p>Description: Interviewees identified increased tension between frontline workers and community members that use drugs. Experiences vary from general frustration with loss of care to direct blame placed on staff for CTS closures.</p>	<ul style="list-style-type: none"> • Loss of relationships between workers and those who use drugs • Blame put onto frontline workers/organizations • Frustration with changes to available supports • Lack of continuum of care

APPENDIX B

Quantitative Description of Location Types

Table B1

Description of Grouped Location Types

Grouped Location Type	Examples of Reported Location Types from the FAST System
Private residence	"Home (yours, your friend's, your family's)" "Apartment/Condo, Building" "House/Town House"
Shared living space - shelter, long-term care, congregate living	"Long-Term Care Home/Home (yours, your friend's, your family's)" "Congregate living/Home (yours, your friend's, your family's)"
Parking lot	"Parking lot" "Street/Highway/Road/Other: Parking Lot" "Other (Describe in Remarks)/Other: Parkade" "Single Store/Strip Mall/Other: Parking lot"
Commercial - mall, office building, store	"Other (Describe in Remarks)/Other: Commercial" "Single Store/Strip Mall/Other: Commercial"
Public outdoor space	"Other: Sidewalk" "Other: Sidewalk/Street/Highway/Road" "Public place (e.g., park, bathroom)/Fairground/Park/Other (Describe in Remarks)"
Correctional Facility	"Jail/Prison"
Unknown	"Apartment/Condo. Building/Other: Commercial" "Other: Commercial/Private residence" "Other: Commercial /Shelter/hostel/Other (Describe in Remarks)" "Community drop-in centre/Other: Commercial/Other (Describe in Remarks)" "Overdose Prevention Site/Other: Commercial/Single Store/Strip Mall" "Other (Describe in Remarks)"

Table B1 (Continued)

Grouped Location Type	Examples of Reported Location Types from the FAST System
<p>Private residence</p>	<p>“Home (yours, your friend's, your family's)” “Apartment/Condo, Building” “House/Town House”</p>