

**COMMUNITY RESEARCH ENGAGEMENT GROWTH DEVELOPMENT**



## **SAINT JOHN, NEW BRUNSWICK RESIDENTS' OPINIONS ON SUPERVISED CONSUMPTION SITES**

BY MADISON HARTOS, DAVID MACDONALD, HAYLEY MCLELLAN, JACOB SHILLINGTON, AND DR. JULIA WOODHALL-MELNIK (SENIOR AUTHOR)

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## Executive Summary

This study provides an analysis and evaluation of Saint John residents' opinions on supervised consumption sites (SCS). The research team surveyed residents in the uptown Saint John area to explore their perceptions of SCS. SCS follow a harm reduction model, which provides increased safety in a respectful environment for individuals who use drugs. Further, these drugs reduce community harm as needles are properly disposed of after use. Residents of Saint John have taken to Facebook to express their concerns with the presence of discarded needles on streets and in public places (Kindred, 2019). However, there is presently no systematic understanding of Saint John residents' perceptions of SCS. The purpose of this study is to provide a preliminary exploration of Saint John residents' perceptions of SCS. This data could be used as a foundation in the future implementation of an SCS in Saint John, as no such sites exist east of Quebec.

The research team collaborated with Avenue B (formerly AIDS Saint John), an organization that runs Saint John's local needle exchange program and provides harm reduction supports to the local community. The researchers involved in this project were four fourth-year undergraduate Sociology students at the University of New Brunswick, Saint John. The study was a part of a seminar course titled "Special Topics in Health" which was overseen by Dr. Julia Woodhall-Melnik.

The research team administered a survey over a three-hour block at the Saint John City Market on Friday, March 1st, 2019. The paper survey included five questions; three of which collected background information of the respondents (age, gender and income) and two which solicited opinions on the potential for an SCS in Saint John. The fifth question was an open-ended question that allowed participants to voice their views freely on the subject. This study drew a convenience sample of 99 participants who passed through the front market entrance. The research team entered the survey results into SPSS for analysis.

The findings of this study indicate no relationship between age and opinion on a potential SCS in Saint John. There was also no significant correlation between gender and opinion on an SCS. However, there was a weak positive association between income and opinion on a potential SCS in Saint John. As amount of income increased, the number of no and unsure answers decreased. Open-ended responses to question five showed an overall positive response to the idea of a potential SCS opening in Saint John. 57% of respondents stated that it would create a safer environment for individuals and the community, it would prevent death and disease and keep used

needles off the street (see Appendix I). Those who were against the idea had strong opinions on SCS, stating that they do not address the real problem of drug addiction and that Saint John should invest in other avenues. Recommendations for future research include surveying a larger population in multiple sectors of the city. The research team recommends that health organizations be provided with additional resources for public education on SCS. Increased education will allow residents to form more concrete and informed opinions on supervised consumption. Additionally, we recommend that stakeholders and researchers extend this work to allow for a full census of public opinion in Saint John on SCS.

### Introduction

Supervised Consumption Sites (SCS) provide a multitude of services that are vital to the overall health of individuals who use substances. Further, SCS reduce the harm associated with drug use in communities (Health Canada, 2018). They provide a safe, clean environment to consume substances with less risk of violence or police confrontation (Health Canada, 2018). These sites also allow health care professionals and users to check drugs for deadly substances like

#### SCS have multiple goals once established:

- Prevention of death due to overdose
- Provide referrals into user treatment programs and basic community services
- Decrease risk of blood borne disease transmission
- Limit concern regarding public consumption and disposal of used equipment
- Decrease the impact on Emergency Medical Services (Canada Health Services, 2018).

fentanyl. These tests reduce the incidence of overdose (Health Canada, 2018). If an overdose occurs in a SCS, emergency medical care is available (Health Canada, 2018). These sites provide access to basic wound care, testing for infectious diseases, access to sterile equipment and safe needle disposal, and education regarding safe consumption. Community resources for housing, mental health, and social assistance are accessible through these sites

as well (Health Canada, 2018).

Although achieving the goals of an SCS would benefit the overall health of the community (Bayoumi & Zaric, 2008), the implementation of SCS are often met with opposition from local community members (Hedrich, 2004). In a study conducted in Sydney, Australia on the perceptions following the implementation of a supervised consumption site, the authors found that

the residents subscribed to the ‘honey pot effect.’ Subsequent studies have found no evidence that the honey pot effect occurs in areas with SCS (Freeman et al., 2005; Wood et al., 2006). Research also finds no evidence for the occurrence of concerns

related to NIMBY (Not

### **The Honey Pot Effect:**

The location of an SCS could bring drugs into the area and thus increase crime and drug circulation (Hedrich, 2004).

#### **NIMBYism:**

The presence of an SCS could lead to lower property value, safety threats to the neighbourhood, a tax burden on the residents and overall deterioration of the area (Davidson & Howe, 2014).

beginning to change.

The objective of this study is to understand the community perceptions of SCS in Saint John, New Brunswick. This paper answers the following question: what are Saint John residents’ perceptions of SCS?

### **Background**

Avenue B is a non-profit organization that provides the region’s needle distribution program. Avenue B provides naloxone education and training, STBBI testing and treatment information, a Peer Health Navigation team and awareness events in the local community. Avenue B was formerly known as “AIDS Saint John”. The change in name from “AIDS Saint John” to Avenue B occurred in 2018. Avenue B’s new name came from the East Village in New York City. In 1988 in Tompkins Square Park, between Avenues A and B, was known for its drugs, homelessness and HIV/AIDS. If Avenue B was in New York City, Avenues A and B would be the areas that they would cater to. Due to this, AIDS Saint John became Avenue B Harm Reduction Inc. This organization’s client base includes anyone who requires new supplies, treatment information or education on a variety of subjects. Avenue B places no age restrictions on its client base. Clients range in age from youth to older adults.

### **Methods**

This study is a community-based collaboration between Avenue B and students and their instructor from a 4th year Sociology seminar at the University of New Brunswick in Saint John. Initial community meetings indicated that Avenue B would find it useful to investigate residents’

perceptions of SCS. Avenue B hoped to gain a preliminary understanding of some of the residents' objections, thoughts, and opinions about opening a local SCS. Two of the students and their instructor went to the Uptown Market in Saint John to administer surveys to consenting individuals. Avenue B contacted management at the Uptown Market, and they gave the team permission to administer the surveys onsite.

The students and their instructor asked as many people as possible to complete the survey during one three-hour visit to the market in March 2019. The Uptown Market is a very busy location with a lot of foot traffic. The team gave respondents passing through the front entrance of the market details about the survey and asked for their voluntary participation. Those who agreed completed a consent form and then filled out a survey (n=99). The research team collected consent forms and participants placed their completed surveys into a box. This research received Research Ethics Board approval from the University of New Brunswick in Saint John.

The survey took participants two to five minutes to complete and consisted of five questions. The research team provided a neutral definition of SCS to assist people who were not familiar with the service. Further, the research team used the term "supervised injection site" on the survey as it is a more familiar term. Passersby included residents living in the uptown area, visitors, tourists, and those who commute work in the uptown area. Inclusion criteria included residency within a one-hour drive of uptown Saint John and being 19 years of age or older. There were no incentives for completing the survey. The survey included five questions. The first three questions on the survey gathered demographic information (i.e. age, gender, and annual gross income) on each participant. Participants reported their age and income in categories. In terms of gender, participants were able to identify as male, female, or other. The fourth question sought to establish whether participants thought that a supervised consumption site in Saint John would be a good idea or not. Participants selected from the options: "Yes", "No", and "Unsure". The final question was open-ended and provided participants with space to explain their answer to the fourth question.

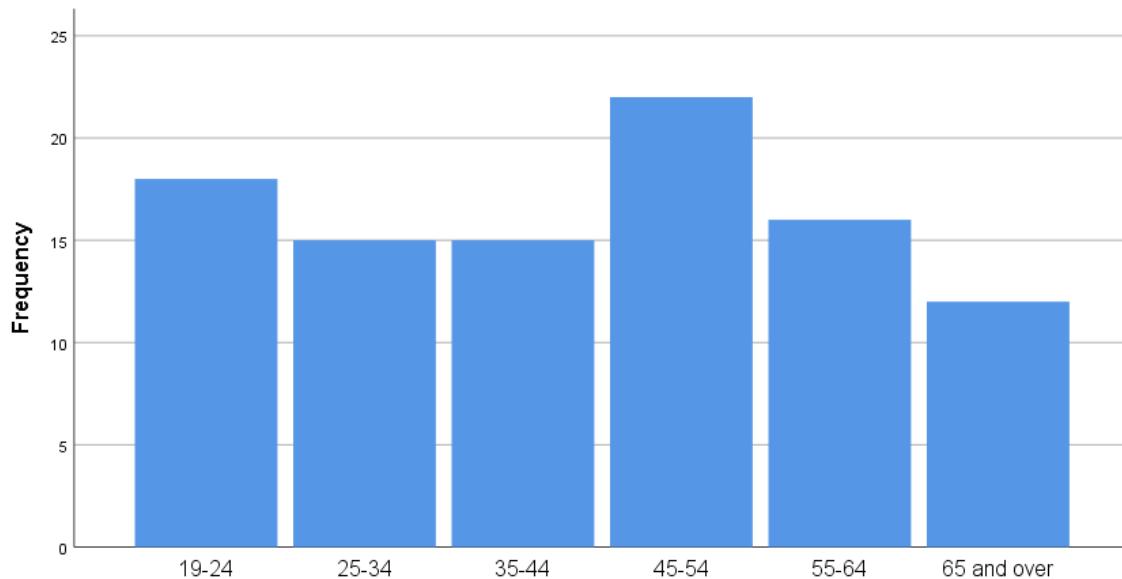
The research team entered the survey findings in SPSS for statistical analysis. Frequency tables, descriptive statistics, and chi-square tests were used to analyze findings from questions 1 through 4. All responses to question 5 were typed into a Microsoft Word table and were categorized as "positive opinion," "negative opinion," or "neutral." The responses were then

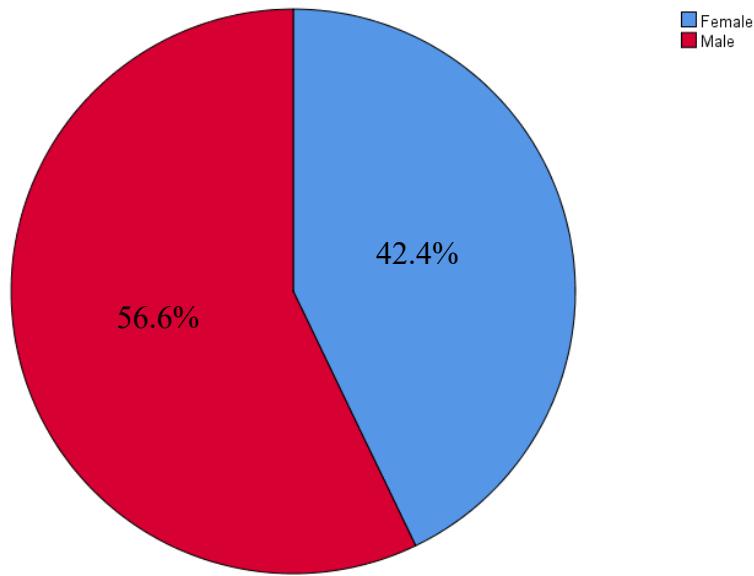
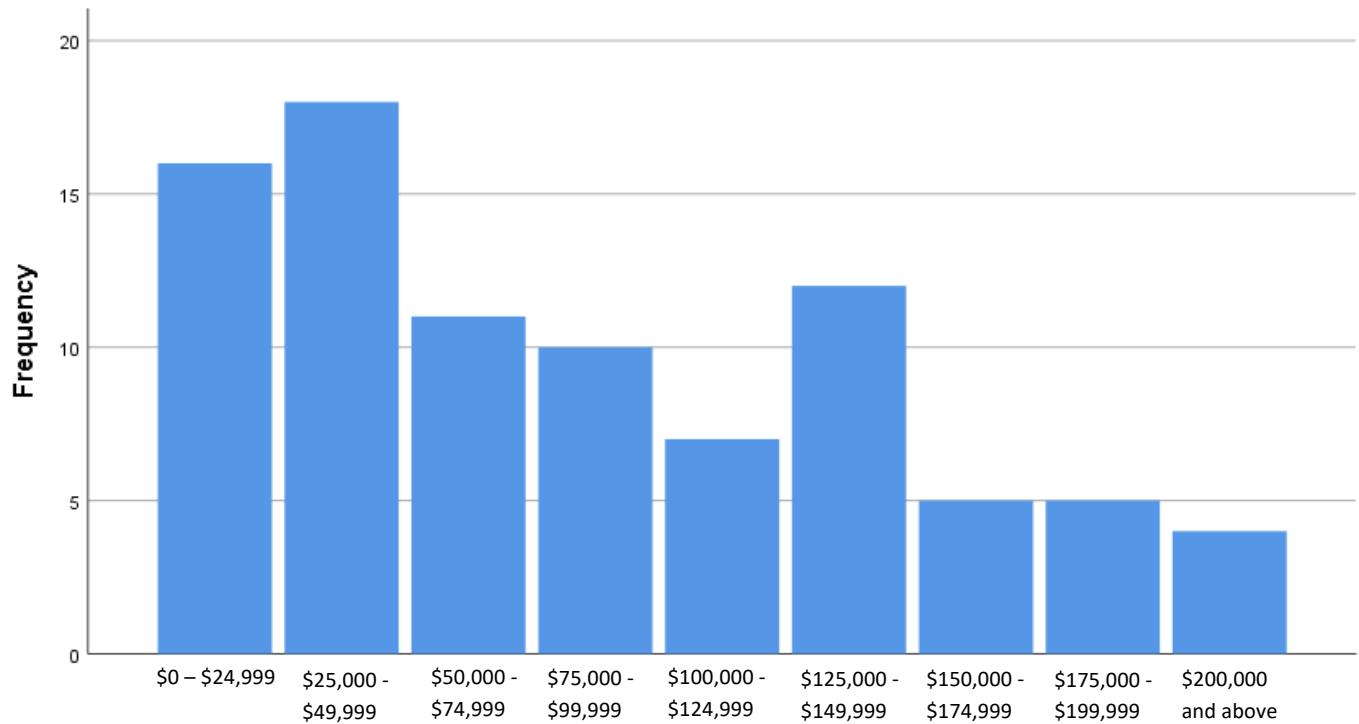
categorized into themes based. The results of this analysis and the specific thematic groupings are presented in Appendix I.

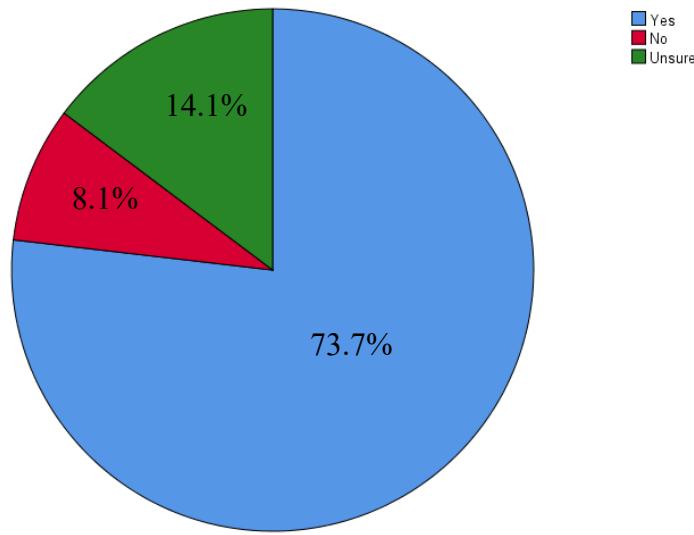
## Results

In total, 99 participants completed surveys. The most frequently occurring age category selected in the survey is 45-54 years (see figure 1). In terms of gender, 56.6% of participants identified as male whereas 42.4% identified as female (see figure 2). The most frequently occurring annual gross income category (see figure 3) was \$25,000-\$49,999 (26.2%). The non-response rate on income was quite high (34.35%) which indicates that many individuals were not comfortable with or did not want to answer this question. There was no significant relationship between the main outcome (perception of SCS) and non-response to income. Of the 99 participants surveyed, 73.7% thought that a supervised consumption site in Saint John was a good idea whereas 14.1% did not. 8.1% were unsure (see figure 4).

**Figure 1: Age of Respondents**



**Figure 2: Gender of Respondents****Figure 3: Income (Before Taxes) of Respondents**

**Figure 4:** Opinion on a Potential Supervised Consumption Site in Saint John

Preliminary analyses compared demographic variables (age, gender, income) with the main variable of interest (Opinion on a Potential Supervised Consumption Site in Saint John). A chi-square test of independence examined the relationship between age and opinion on a potential SCS in Saint John. As the age of respondents increased the number of no and unsure responses decreased (see Table 1). However, any observed relationship between these variables was not significant ( $\chi^2 (10) = 0.74$ ,  $p > .05$ ).

**Table 1:** Analysis Results of Age and Opinion on a Potential Supervised Consumption Site in Saint John

Age	Yes	No	Unsure	Total
19-24	15	0	3	18
25-34	10	2	3	15
35-44	10	3	2	15
45-54	16	1	4	21
55-64	12	1	1	14
65 and over	10	1	1	12
Total	73	8	14	95

A slightly larger association was found between gender and opinion on a potential supervised consumption site in Saint John; however, the results were not statistically significant ( $\chi^2 (2) = 0.38$ ,  $p > .05$ ). Although there was a relatively equal distribution of males and females,

more males responded no and unsure than females. However, too few respondents answered no or unsure to allow for meaningful significance testing (see Table 2).

**Table 2:** *Analysis Results of Gender and Opinion on a Potential Supervised Consumption Site in Saint John*

Gender	Yes	No	Unsure	Total
Female	35	3	4	42
Male	38	5	10	53
Total	73	8	14	95

The strongest association among the three crosstabulations was found with income and opinion on a potential supervised consumption site in Saint John. As income increased, the number of no and unsure answers decreased (see Table 3). However, this association was not significant at  $p > .05$  ( $\chi^2 (16) = 0.15$ ,  $p > .05$ ).

**Table 3:** *Analysis Results of Income and Opinion on a Potential Supervised Consumption Site in Saint John*

Income	Yes	No	Unsure	Total
Income	\$0 - \$24,999	10	2	4
	\$25,000 - \$49,999	16	1	0
	\$50,000 - \$74,999	8	1	1
	\$75,000 - \$99,999	6	3	1
	\$100,000 - \$124,999	4	0	3
	\$125,000 - \$149,999	11	0	1
	\$150,000 - \$174,999	3	0	2
	\$175,000 - \$199,999	4	0	1
	\$200,000 and above	3	1	0
Total	65	8	13	86

Respondents explained their opinions on SCS in Saint John (see Appendix I). The research team grouped these responses into positive, negative and unsure categories. The responses in the positive category indicated that people felt that SCS were safer for individuals who use drugs and the community as a whole. They also felt that SCS help reduce the number of needles that are improperly disposed of in public areas and that they encouraged individuals who use drugs to seek help. These residents felt that safety is a key concern and think that an SCS would promote safety.

The respondents who held negative views toward SCS had two main concerns. First, they felt that SCS supported or condoned drug use. The most common response among the negative responses was, “I do not support drug use.” There were concerns that SCS would promote drug use and that it would not encourage recovery from addictions. The participants’ whose comments were in the unsure category felt that they do not have enough information on SCS. They also felt that cost was an issue and thought that the money provided for an SCS could be spent in better ways. Others attributed their mixed feelings on SCS to experiences living near or accessing SCS in the past.

### **Discussion**

The results demonstrate a minor association between the demographic variables of age and gender relating to participants’ opinion on a potential supervised consumption site in Saint John. There was a strong association found with income and opinion on a SCS. As income increased, the number of “No” and “Unsure” responses decreased (see Table 3). This association is relevant as it demonstrates that most participants, regardless of annual income, agree with the potential implementation of an SCS. When analyzing the qualitative aspect of the survey, a common theme of safety emerged. Respondents felt that SCS could increase safety in Saint John. Currently, Saint John residents have been very vocal about the presence of used needles in public areas and parks (Kindred, 2019). Not only would SCS provide safe needle disposal, they also would provide education on safe consumption, basic wound care, testing for infectious diseases, and access to sterile equipment (Health Canada, 2018). This sentiment was expressed in the surveys.

Overall, explorations on the presence of SCS in Ontario (Strike et al., 2014) indicate that citizens generally support the SCS within the community. Also similar to Strike and colleagues (2014), one of the main issues the participants in the current study identified was the lack of information on the effectiveness of SCS (Strike et al., 2014). The main theme identified in the literature was uncertainty regarding the “balance of risk” (Strike et al., 2014, p. 99). Just as in the current exploration, the benefits of having a safer community were noted, however, individuals were interested in the effect this facility would have on taxes. Individuals who opposed SCS noted a preference for more traditional rehabilitation methods. Despite some opposition, participants still noted the general health benefits of having an SCS in the community and how SCS can decrease health risks in the community (Strike et al., 2014). However, as Hedrich (2004) and Freeman and colleagues (2005) discovered, the present findings reveal that some individuals subscribe to

NIMBYism and the honey pot effect. Individual's within the current exploration mentioned how the presence of an SCS would bring needles and drug use into the community to a greater degree than before. The responses vary from individuals not wanting to support drug use in general to individuals believing SCS normalize the use of drugs. The concern was mostly over money. Some participants were concerned about the amount of tax revenue that would be used to provide a SCS in Saint John. The present authors recommend that any SCS implementation attempts in Saint John should be accompanied by full financial reporting and a breakdown of costs and potential savings attributed to SCS.

There is lack of information and education on SCS that creates uncertainty on SCS within communities. This gap in knowledge on the subject can affect residents' perceptions of SCS. This is confirmed in the study's open-ended responses as 12% of respondents who answered question five stated they were unsure and did not know enough about the subject to form an opinion (see Appendix I). Strike and colleagues (2014) found that many of their participants asked why SCS were necessary when there were already other treatment options available. This could demonstrate a lack of understanding of the additional benefits of SCS. Misinformation on drug use, harm reduction, financing and SCS can also alter the opinions of resident's and contribute to negative opinions on SCS.

While public opinion polling is useful, it often cannot provide sufficient depth to explain why people support or oppose supervised consumption facilities. For example, researchers find that residents may support SCS facilities so long as they are not housed in their own neighbourhoods (Strike et al., 2015). Research also indicates that uncertainty arises from residents who are skeptical of the credibility of research evidence on the benefits of SCS for communities (Kolla et al., 2017). These residents were supportive of evidence-based claims on the health benefits of SCS; however, they expressed a desire for more evidence on the potential risks of SCS to communities. They believed that evidence on community risks was lacking and was not impartial (Kolla et al., 2017). The present study also finds that residents who did not support SCS were unsure of the impacts of SCS on their local communities or were concerned about negative effects.

### **Limitations**

This study had a few limitations. This study was exploratory, and the sampling strategy used for recruiting participants was not random. Although many people pass through the Uptown

Market each day, the research team cannot assume that the sample was representative of the general population of Saint John. Further, while conducting the survey, the research team noted that individuals who expressed disagreement with SCS did not want to participate in the survey. For example, individuals would stop to participate and when they heard the survey topic, they would sigh or scoff and leave. The ability to draw significant conclusions through the analyses was hindered by a low proportion of no and unsure responses. The research team believes that this may be due to self-selection bias. Researchers should be cognizant of this when designing future studies on SCS.

### **Conclusion**

SCS positively contributes to community public health and safety (Strike et al., 2014). However, their establishment in communities elicits many different reactions from residents. The majority of respondents who completed this survey were in favour of an SCS in Saint John. The findings suggest a need to provide residents with more education on harm reduction, drug addiction and SCS. Public education or awareness campaigns which counter beliefs that SCS encourage drug use and discourage treatment may be useful in changing unfavourable perceptions of SCS. These campaigns may also provide the public with a better understanding of the economic, social and legal benefits of SCS. Further research on public perceptions of SCS will benefit organizations such as Avenue B in their quest to counter opposition to the establishment of an SCS in Saint John.

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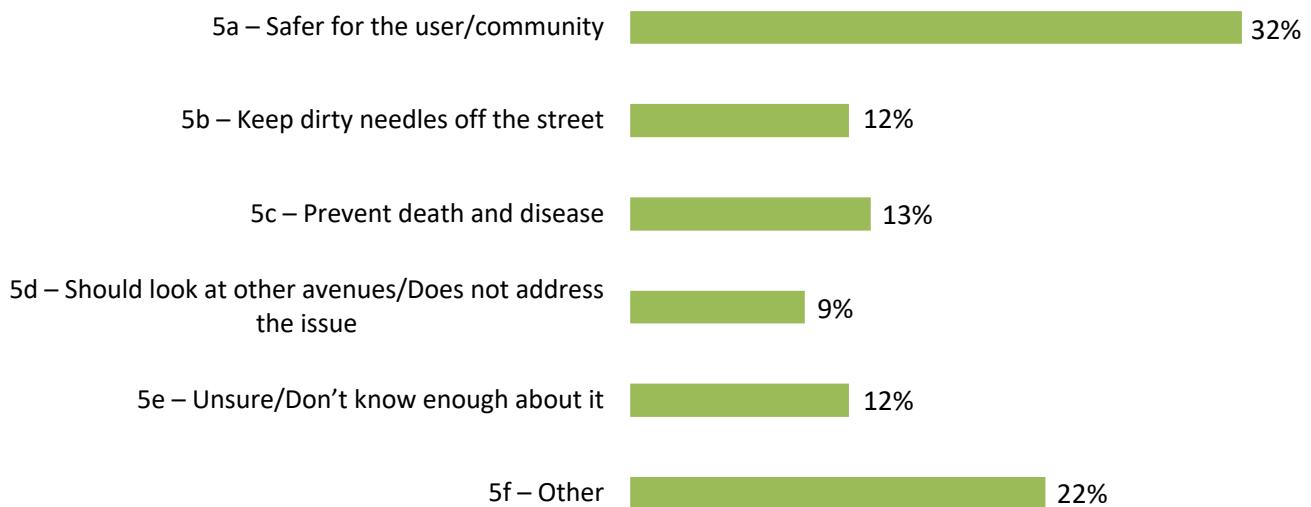
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### Appendix I: Responses to Open-ended Questions

The answers provided below are exactly as submitted by the survey respondent – no editing has taken place. Respondents were asked to provide an open-ended response to the question “Do you think it would be a good idea to open a safe injection site in Saint John?”. After the surveys were complete, the answers were reviewed, and themes were identified. Each response is provided in the table below, along with the response category indicated by an X that it was given to complete the summary analysis presented earlier in the report. The categories include:



### Appendix I: Responses to Open-ended Questions

Do you think it would be a good idea to open a safe injection site in Saint John?	5a	5b	5c	5d	5e	5f
Great idea to have a safe injection site.						X
Safer communities are important.	X					
To keep them out of trouble and more safe. If they are going to do drugs better to be safe.	X					
If there were it who want to recover.						X
To help people in a more positive way and try to avoid it by providing guidance.						X
Yes, if this prevents needles on the ground/prevention for kids. If this helps with overdose.	X					
You can't stop people, you can make it safer and offer other assistance programs			X			
I used to live on Waterloo street and would find uncapped dirty needles in my driveway, we need this.	X					
don't support people doing drugs						X
Just to keep people safe.	X					
If people had a safe place we wouldn't find them on the ground for our children to find.		X				
Having designated sites would allow people to have a safe place to go and hopefully keep the streets clean from disposed needles.	X					
I would support the normalization of drug use that would come with the use of safe injection sites. I'd prefer to see more emphasis put into treatment.				X		
It's better than being unsafe	X					
This is only successful when in conjunction with a recovery program. If you're only offering a site to use, you are only delaying an inevitable outcome to the users' demise. Coupled w/ gov. cost us other demographics that need financial assistance that can provide a positive output to the community.			X			
Don't know enough about demand.					X	
There are pros and cons to each. Promotion of drug use vs sanitation for current users, not enough info to decide???					X	
There is a significant intravenous drug problem in this city. Any help to keep people safe from infection is much needed!	X					
To help stop the spread of disease		X				
Qualify 'good'. Maybe, but I think the expected benefits and reasonable costs are not well-defined in the minds of typical citizens (nor in the minds of advocates, necessarily).					X	
Safe injection sites would be good. As long as it includes help towards getting away from addiction.						X
I believe that safe injection sites better protect those in need as well as promoting a better culture of safe drug use.	X					
It would save lives						X
If the cost of rehab + medical services would be less, when people have a safe haven to do what they are going to do anyway. Important intervention and help would be easily available.			X			
I am an RN who is very positive about harm reduction. I think safe injection sites provide a vehicle to assist users to services when they are ready to use them. It also prevents complications and deaths amongst users. Good luck with this initiative.			X			
Illegible						X
I have not looked into the issue enough to have an opinion.					X	
Keeps some control of the problem					X	

If you want to use those drugs do it at home (ok for legal drugs)					X
Yes I think that it would be a good idea to open a safe injection site because a couple of my buddies overdosed on unsafe injection and another couple of buddies like to hang around that stuff and seen people go to the hospital (ineligible past this point)		X			
I work in corrections and have seen too much death from opioids. This is a good idea.		X			
Haven't done research				X	
Allowing people access to safe place saves lives and introduces them to mechanisms to get better.	X				
It would be safer, people would not be exposed to dirty or used needles. Help stop the spread of diseases and make the community a safer place	X				
Keeping dirty needles & such off the street.	X				
Less needles in playground. Help/guidance for participants to lesser use	X				
There seem to be safety benefits for both users and the public. It also could help facilitate openness to recovery	X				
Because Saint John needs more resources for things like this.					X
It just seems like your putting it out there as it is O.K.					X
They're going to do it anyway, should be safe.					X
Harm reduction strategy - will reduce communicable diseases associated with IV drug use. - Safe injection techniques will be promoted. - I am a community health nurse - I have seen IV drug users with infections abscesses, also pericarditis.		X			
I do not know what it does to overall drug use.					X
I always better to have a safe place than out on the streets. - safe place to drop your needles instead of the ground or garbage. - opportunity to give people help/ options for addictions	X				
I believe there are a lot of people who can benefit. Anything to stop or help prevent unnecessary disease is a positive		X			
Getting to the core for the drug use seem paramount. The bandaid affect doesn't deal with the real problem			X		
Better to be safe, they're gonna to do it anyway	X				
There is a need for this device in the greater SJ area. Needle distribution stats confirm the same. Undertaking a safe injection site results in better health and wellness for the entire community.	X				
Safety and security of all community members is important	X				
Good for public health. Better for users and others	X				
Need safer communities, time for change	X				
Safer- should prescribe the drugs as well	X				
It would be safe for users. Controlled environment	X				
Just not a good idea. Put money towards people that need money					X
It improves the safety for people using drugs	X				
It has worked well in BC & other provinces. It is good for the well being of the user & society as a whole. It keeps them out of the allyways & such!		X			
Unsure the balance between a safe place for addicts and encouraging addictions				X	
Safe for everyone	X				
It would be better than someone OD-ing by themselves, this way someone is there to watch for OD's.					X
So that you know what is in the drug being used, it's not a mystery.					X

It would prevent fatal fentanyl overdoses. As well clean needles would prevent diseases such as HIV.		X			
People shoot up anywhere and everywhere parks, malls etc. At least there all the dirty needles would be away from kids and also prevent overdoses	X				
I would hope that it wouldn't encourage people who otherwise had no plans on trying injection drugs, however less OD's is always a good thing.				X	
I work at the Teen Resource Centre and we are always picking up needles around our building. This is a great idea.	X				
I think it would be a great thing, it would keep dirty needles and users off the street	X				
I lived in Vancouver when safe injection sites appeared on the downtown east side. The improved conditions for those suffering from addiction was marked. I fully support any proposition for a safe injection site in Saint John	X				
Because I am a born again CHRISTIAN. If you would stop to think, he jesus christ is the best high that love ever had. He is "Dr Jesus", DRUGS ARE WHAT ARE KILLING ALL DRUG USERS TODAY! It is too bad that all will not and do not trust in the LORD JESUS CHRIST. P.S. I will be praying for you all.					X
Yes but not just for addictions. Would like to see it for things like *not legible beyond this point*			X		
It's better if someone looks after this issue rather than doing this yourself					X
Healthiest and safest way to do it	X				
I think maybe there are enough people around here that could use it					X
I believe drugs will always be an issue and allowing people to use them more safely we could stop people from contracting infections and possible cutback on over doses	X				
Because it will clean the needles of the streets and parks		X			
Yes but I would also like to see how these sites might help people move forward without addiction. So, yes to safety but how do they eventually move away from addiction?				X	
They provide a safe, clean space for users to help themselves. This will also allow communities to become cleaner, safe and more positive.	X				
Areas like this could help control needle related diseases with uscihs clean needles but could also be an easy site for addicts to stay addicted			X		
Better way to track users and provide them with access to resources.					X
Reduces diseases and self harm			X		
I am not sure about the pros and cons of supervised injection sites.					X
It saves lives			X		
Encourages drug use. There is too much now. Put money into rehab. DO NOT PROMOTE IT!					X
A safe injection site would reduce the spread of infectious diseases and ultimately the number of deaths associated with injection drug users.		X			
I am not sure if an injection site would be accepting the issue, its not a permanent solution to the problem				X	
Safety. For everyone.	X				
Safety	X				
Never be too safe	X				
It would prevent people throwing needles in public places and hopefully a safe injection site would allow for some supervision	X				