

# SPLITTING & SHARING IN OVERDOSE PREVENTION AND SUPERVISED CONSUMPTION SITES

## Survey Results



Corey Ranger RN BN

V4.0

2021-05-09

# Acknowledgements

A special thank you to the Canadian Association of People Who Use Drugs (CAPUD), participants of the Splitting & Sharing Working Group, The Dr. Peter AIDS Foundation, and the team at the SCS/OPS Service Providers Community of Practice for their contributions.

Thank you to those who contributed to the development and interpretation of this survey: Natasha Touesnard, Matthew Bonn, Kim Brière-Charest, Sophie Wertheimer, Gillian Kolla, Sandra Ka Hon Chu, Clem Fong, and Patrick McDougall.

Most importantly, thank you to each and every respondent – particularly those with lived/living experience – for sharing their feedback and invaluable insights.

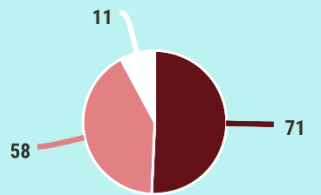
# TABLE OF CONTENTS

<b>SNAPSHOT OF RESULTS</b>	4
Purpose and Background of Report	5
What is Splitting and Sharing	6
<b>DETAILED RESULTS</b>	6
Relation to OPS/SCS	7
Should We Allow Splitting & Sharing?	7
Specific Conditions	8
Thresholds & Amounts	9
Issues Associated w/ Restrictions	11
Obstacles Associated w/ Restrictions	16
Provincial Representation	16
Final Thoughts	17
<b>SUMMARY, LIMITATIONS &amp; RECOMMENDATIONS</b>	17
Appendix A	22
Appendix B	27
Appendix C	31
Appendix D	40
Appendix E	42



# Splitting & Sharing

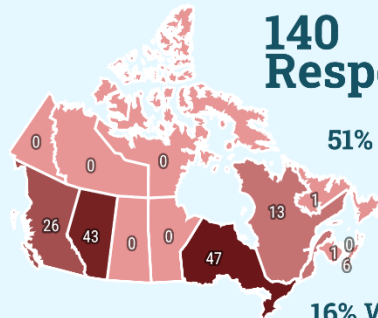
## Snapshot Survey Response Results



● Yes ● Yes, but under conditions ● No

### 92%

of respondents are in favor of allowing splitting and sharing, either with conditions or no conditions



## 140 Respondents

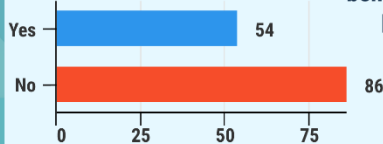
51% Worked in an OPS/SCS

16% Have accessed OPS/SCS services

16% Worked in and have accessed OPS/SCS

87 Individuals (62%) identified as a person with lived/living experience.

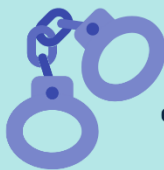
### Should there be limits on amounts shared?



### 61%

believe there should be no limitations to the amounts shared.

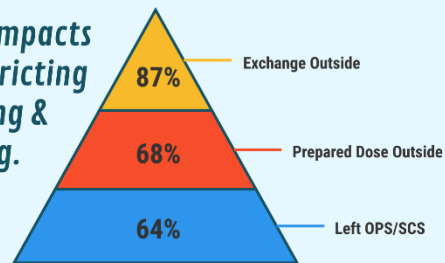
*"I think splitting/sharing is an important part of drug culture. If someone's sick, we share - we are our community and this piece is such a beautiful thread to cling to - in the horror of the overdose epidemic and COVID-19 - please help foster this practice."*



### 62%

of respondents have encountered issues related to restrictions on splitting and sharing.

### Top 3 Impacts of restricting splitting & sharing.



*"People who share drugs in the site are placed on a 24 hour exclusion from service at our SCS. If they prep drugs for the intention of sharing they have to go outside across the street to share. Then come back and wait in line. A lot of the time this results in people just using outside of the site and overdosing outside. Requiring either EMS or our outreach team to respond (if they are on site)."*

**"ALLOW SHARING IN SCS! People's safety depends on it."**

## **PURPOSE AND BACKGROUND OF REPORT**

Over the past 2 years, Health Canada has been in consultation with overdose prevention site (OPS), supervised consumption site (SCS) operators and communities of people who use drugs around potential changes to regulations governing OPS/SCS operations in Canada. One of the issues that has continued to emerge is related to the splitting and sharing of drugs for personal use within OPS/SCS; currently, the regulations governing the OPS/SCS exemptions from Health Canada do not allow splitting and sharing of small amounts of drugs for personal use to occur within an OPS/SCS.

After some preliminary engagement and consultation, Health Canada held a Knowledge Exchange Series (KES) inviting a wide variety of stakeholders from healthcare professionals, medical and legal academics, law enforcement, OPS/SCS operators, and people with lived/living experience (PWLLE). The KES took place in October 2020 and was held weekly every Thursday for 2 hour sessions. During these sessions, there were speakers ranging from national and international key informants such as PWLLE and people working at sites outside of Canada. Splitting and sharing was one of many different suggestions made but it was a key point brought up by a variety of stakeholders and a suggestion that was deemed feasible before any large regulatory barriers had to be changed.

A national working group has since been formed through the SCS/OPS Service Providers Community of Practice to highlight the impact of current regulations and suggest pathways towards policy change on this issue. The first initiative this group undertook was the development and distribution of a survey for individuals who work at or are clients of OPS/SCS across Canada. The working group used an online survey tool (google forms) to collect survey data between March 8<sup>th</sup>, 2021 and April 1<sup>st</sup>, 2021. A total of 140 responses were collected from across the country; 87 individuals (62% of total respondents) identified as a PWLLE of criminalized substance use. PWLLE were compensated \$20 for their participation via electronic transfer.

This survey demonstrates that staff and clients of OPS/SCS believe that restrictions on splitting and sharing within these sites pose a barrier to accessing life-saving services and increase the risk of harm for people who use drugs. There are examples of countries outside of Canada (i.e. Australia and Switzerland) that allow splitting and sharing within OPS/SCS with no reported negative outcomes.

The purpose of this report is to detail trends in the survey responses and to outline recommendations and next steps for the Splitting and Sharing Working Group.

## **SPLITTING AND SHARING DEFINITION**

“Many people who use drugs buy together and split it amongst themselves, which we refer to as "splitting & sharing". While this is a common practice, restrictions related to splitting and sharing in overdose prevention services (OPS) or supervised consumption services (SCS) settings create barriers to accessibility and heighten risk for people accessing these services. We are hoping to gather feedback from OPS/SCS workers or participants across Canada on their experience.” – Splitting and Sharing Survey

## **DETAILED RESULTS**

The following section provides the results from the Splitting and Sharing Survey. The survey was available in both English and French, and French results were translated and amalgamated into this summary report. Only minor alterations have been made to the results, including: (1) removing duplicate responses, (2) minor spelling/grammar corrections, and (3) rounding any decimals to the nearest whole number. A list of every response can be found in the document **Appendices A-E**.

## QUESTION ONE

“What is your relation with OPS/SCS?”

This purpose of this question was to identify respondents’ experience with OPS/SCS. Overall, 86% of respondents (116 out of 140) stated that they either worked in and/or used drugs in OPS/SCS.

<b>Relation with OPS/SCS</b>	<b>Number of respondents (%)</b>
<b>I work in OPS/SCS</b>	<b>71 (51%)</b>
<b>I have used drugs in an OPS/SCS</b>	<b>23 (16%)</b>
<b>I have worked and used in an OPS/SCS</b>	<b>22 (16%)</b>
<b>I do not have access to an OPS/SCS</b>	<b>11 (8%)</b>
<b>I have considered using these services but I have not yet used drugs in an OPS/SCS</b>	<b>8 (6%)</b>

## QUESTION TWO – ALLOWING SPLITTING & SHARING

“Do you believe people should be allowed to split and/or share in OPS/SCS?”

Overall, 92% of all respondents believe splitting and sharing should be allowed with or without conditions. Among the 140 respondents, 71 (51%) believe splitting and sharing should be allowed in OPS/SCS and an additional 58 (41%) believe splitting and sharing should be allowed under certain conditions.

Of additional note, among those who stated ‘no’, 73% (n=8) identified being from Alberta and 73% (n=8) reported having previously worked in OPS/SCS. Only one respondent who answered ‘no’ reported having any past or present experience with substance use.

Do you believe people should be allowed to split and/or share in OPS/SCS?

140 responses

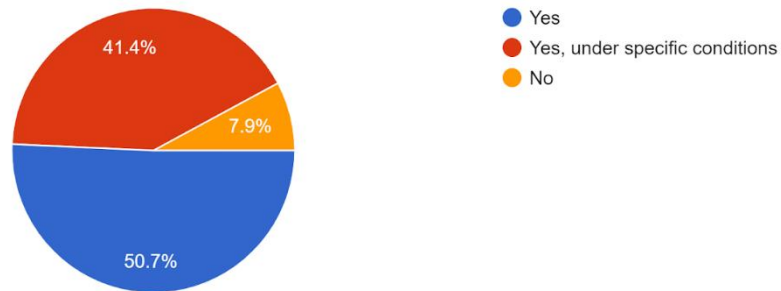


Figure 1: Question Two - Allowing Splitting & Sharing

## QUESTION TWO B - OPEN ENDED RESPONSES

“If you answered yes to specific conditions, can you elaborate on what those are?”

Several major themes were identified regarding the conditions under which splitting and sharing can occur within OPS/SCS. The major response categories are outlined below, with all responses available in **Appendix A**.

- *Sharing should occur between clients who come in together with the intention to share*
- *OPS/SCS staff must be made aware of the intention to share*
- *There should be no pressuring people to share, and rules against attempting to coerce someone to share or split with them*
- *No money or other form of payment should be exchanged onsite in the context of splitting or sharing*
- *Sharing should be allowed in the context of peer assisted injection*
- *Drugs should be tested before sharing or splitting*



## QUESTION THREE - LIMITATIONS

“Do you believe there should there be limitations on the amount that can be split and/or shared in OPS/SCS?”

Question three begins the line of questioning related to specific thresholds, and whether splitting and sharing should only be permitted below certain amounts. The survey found that 86 respondents (61%) believe that there should be no limitations on amount—this is an important statistic, as the topic of thresholds comes up in parallel conversations related to decriminalization.

Do you believe there should there be limitations on the amount that can be split and/or shared in OPS/SCS?

140 responses

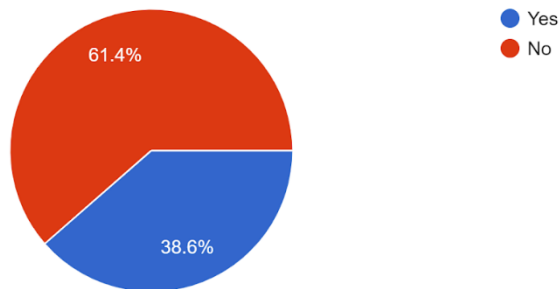


Figure 2: Question Three - Limitations

## QUESTION THREE B – OPEN ENDED RESPONSES

“If you answered yes to limiting amounts, can you elaborate on what amounts should be permitted?”

Overwhelmingly, respondents believed that personal use amounts, or the amount they would use within that visit, was an appropriate amount. For example, one respondent noted:

*“If two people are splitting with each other, whatever amount of a substance two people would reasonably use in a smash/shot. Clients should not be splitting drugs above and beyond what they are intending on using in that moment/that day. If two or several people all pitch money for a substance and need a safe place to divide that substance, I think that would be acceptable.”*

Other respondents provided amounts (e.g. “limit should be 2 uses per visit” or “One point”) however, it’s important to note that people have different tolerances, and that the amount used may vary dramatically between different types of drugs (i.e. stimulants vs. opioids). Putting in place strict guidelines on limits risks limiting the access of people who have high tolerance and who may be at high risk of overdose.

For the full list of responses to this question, please see **Appendix B**.

## QUESTION FOUR – STAFF ISSUES

“Have you or your team encountered issues related to restrictions on splitting & sharing in OPS/SCS settings?”

This question was directed towards people who have either worked in or who have both worked in and used drugs in OPS/SCS setting. Overall, 78% of respondents who met this criterion stated that they had previously encountered issues related to restrictions on splitting & sharing in OPS/SCS settings.

Have you or your team encountered issues related to restrictions on splitting & sharing in OPS/SCS settings?

140 responses

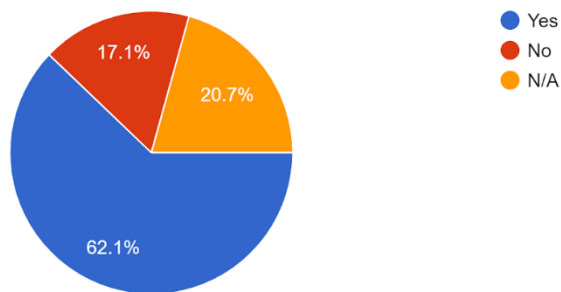


Figure 3: Question Four - Staff Issues

## QUESTION FOUR B – CLIENT ISSUES

“If you have used in an OPS/SCS setting before, have you ever encountered issues related to restrictions on splitting & sharing substances in that setting?”

The second component of question four was specifically directed towards those who had no previous experience working in OPS/SCS, but had previously used drugs in one of these services—57% (n=80) selected ‘N/A’. Among those who did meet this qualifier (n=60), 52% (n=31) had previously encountered issues related to splitting and sharing in OPS/SCS.

If you have used in an OPS/SCS setting before, have you ever encountered issues related to restrictions on splitting & sharing substances in that setting?

140 responses

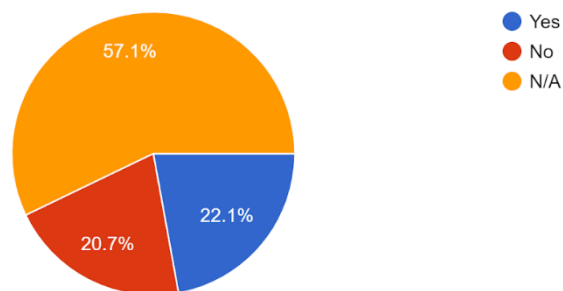


Figure 4: Question Four B - Client Issues

## QUESTION FOUR C – DESCRIBING ISSUES

“Can you describe briefly an incident that occurred to illustrate this issue?”

When asked to describe incidents illustrating the issues that they had encountered, a common theme was that people described having been kicked out of or restrict from OPS/SCS for sharing or splitting drugs with friends or family members.

- *“I was removed from a site for passing drugs to my husband”*

The restriction on splitting and sharing also led to situations where people were asked to go outside to split their drugs, exposing them to the risk of criminalization:

- *“Clients who have forgotten to split before coming in are told to split outside, where they are at risk of criminalization, or may not be able to come back inside to use”*

People also highlighted how splitting and sharing impacted on people with disabilities, and intersected with policies on assisted injection:

- *“People that are not able to inject their own drugs due to limitations or disabilities are excluded.”*

Respondents also highlighted how the restrictions on splitting and sharing led to unnecessary conflict between staff and clients:

- *“Many incidents, enforcing a no splitting/passing rule is a significant source of conflict between staff and service users that provides no benefit. The rule is based on assumptions that stopping passing/splitting reduces dealing. It inhibits positive relationships between.”*

For the full list of responses to the question, please see **Appendix C**.

## QUESTION FIVE - IMPACTS

“Have you or your team observed any of the following impacts in relation to restrictions on splitting & sharing?”

To better understand specific impacts related to restrictions on splitting and sharing, we asked about whether the following situations had been observed. Among the 116 respondents, the top impacts noted were:

<b>Impact</b>	<b>Number of respondents (%)</b>
<b>People had to exchange their drugs outside the OPS/SCS</b>	<b>101 (87%)</b>
<b>People prepare their doses outside the OPS/SCS</b>	<b>79 (68%)</b>
<b>People left the OPS/SCS since they couldn’t split or share</b>	<b>74 (64%)</b>
<b>People have been barred (permanently or temporarily) for splitting &amp; sharing in the OPS/SCS</b>	<b>72 (62%)</b>
<b>People have increased experience of stigma, discrimination, and/or violence</b>	<b>61 (53%)</b>
<b>People left because the restrictions do not reflect what happens in community</b>	<b>55 (47%)</b>
<b>Overdose(s) occurred near the OPS/SCS following a restriction based on splitting &amp; sharing</b>	<b>45 (39%)</b>
<b>People have been apprehended or criminalized due to splitting and sharing outside of the OPS/SCS</b>	<b>29 (25%)</b>

## **QUESTION SIX – OPEN ENDED**

“If you have encountered issues related to splitting and sharing in OPS/SCS as someone using at the site, please share your experiences below. If not, please skip.”

Respondents of this question noted a myriad of harms generated by splitting and sharing restrictions within OPS/SCS, including reduced access to OPS/SCS and overdose:

- *“Often, I ended up not going to the SCS because I was using and splitting with someone else”*
- *“People leaving safe environment because they needed supplies, got kicked out, or couldn’t wait”*
- *“Both overdosed”*

For the complete list of responses to question six, see **Appendix D**.

## QUESTION SEVEN - OBSTACLES

“Which of the following obstacles do you associate with restrictions over splitting & sharing in OPS/SCS? (Select all that apply)”

In this question, respondents identified the major risks and barriers faced by SCS clients due to restrictions on splitting and sharing. These included:

Risk and Barriers	Number (%)
Increased safety risks, including the risk of overdosing unsupervised outside the OPS/SCS	88 (76%)
Increased risk of criminalization outside the OPS/SCS	85 (73%)
Barriers for certain populations like women, people with disabilities, or people who require assistance injecting	84 (72%)
Increased preparation of substances outside OPS/SCS, leading to risks of injections or misdosing	84 (72%)
Barriers of OPS/SCS accessibility (restrictions drive people away from services)	83 (72%)
Decreased access to assisted injection	72 (62%)
Disconnect in continuity of services	63 (54%)

## QUESTION EIGHT

“What province/territory are you located in? (optional question)”

Province of respondent	Number (%)
Ontario	47 (34%)
Alberta	43 (31%)
British Columbia	25 (18%)
Quebec	13 (9%)
Nova Scotia	6 (4%)
Newfoundland and Labrador	1 (1%)
New Brunswick	1 (1%)



## QUESTION NINE – ADDITIONAL COMMENTARY

“Is there any information you would like to add?”

Respondents were given one final open-ended opportunity to offer their insights related to splitting and sharing within OPS/SCS. Answers to this question can be found in **Appendix E**.

## SUMMARY, LIMITATIONS, & RECOMMENDATIONS

Responses from this survey highlighted what many working in and using harm reduction services already know: that restrictions on splitting and sharing within OPS/SCS create a barrier to accessing lifesaving services. Research has also documented the ways in which rules banning splitting and sharing creates barriers to access. These barriers to access can have fatal consequences in the midst of the current overdose crisis: among the most notable statistics in this report, 45 respondents reported that ‘overdose(s) occurred near the OPS/SCS following a restriction based on splitting & sharing’, while 29 respondents also reported that ‘people have been apprehended or criminalized due to splitting and sharing outside of the OPS/SCS’.

“I remember that I couldn’t split and share inside an OPS site. We had to go outside to share what was split inside the OPS. This made it difficult because there were always Police sitting outside ready to arrest if that was seen by them as well as persons ready to rip you off. Felt very stigmatized and scared of getting arrested. I saw others do that and get arrested. Made me not was to use in this safe area for risk of violence and discrimination as well as arrest. Took away from my means of survival.”

In addition to risk of criminalization and overdose, the survey’s quantitative and qualitative responses paint a picture of these restrictions generating significant barriers to access—whether it is people leaving an OPS/SCS early, preparing a shot outside, or

experiencing further stigmatization and discrimination, restricting splitting and sharing is an oppressive and illogical practice. It is already known that OPS/SCS are largely inaccessible to women and gender diverse people, and this survey further highlights how restrictive policies can worsen accessibility issues.

**“I was removed from a site for passing drugs to my husband”**

Of particular note, this survey also highlights how restrictions to splitting and sharing can lead to accessibility issues for those seeking assisted injection. It is counterintuitive to allow for assisted injection without acknowledging this commonly requires splitting and sharing to occur. Respondents, both via quantitative and qualitative responses, noted the link between splitting and sharing and assisted injections.

**“Please allow exemption for splitting with parameters. I would also like to see peer assisted injections at my site.”**

While not everyone agreed with splitting and sharing, there were important themes to note related to this specific response cohort. First and foremost, only one of these respondents had reported a history of criminalized substance use, which also means 86 of the 87 respondents with lived/living experience were in favour of allowing splitting and sharing. This breakdown in the responses may be an example of the power imbalance that exists between service providers and those accessing services. Additionally, the majority of respondents not in favour of allowing splitting and sharing also resided in Alberta, a province that has experienced significant push back related to harm reduction both from the public and government alike.

**“Any attempt by a state, organization or individual to regulate how another individual or individuals procure and administer anything that willfully enters their own bodies is: punitive, unjustified and unethical.”**

There are a number of limitations related to this survey and subsequent report. First, the survey was conducted online. People who do not have access to a computer or internet may not be well represented among survey respondents. Second, questions related to gender, race/ethnicity, and other demographics were omitted to reduce unnecessary

intrusiveness. However, 84 respondents identified ‘barriers for certain populations like women, people with disabilities, or people who require assistance injecting’ as a result of splitting and sharing restrictions, it may have proven beneficial to seek out this data.

Lastly, the provincial representation from respondents is missing one critical variable. While the respondents primarily come from provinces that actually have sanctioned OPS/SCS, there were no respondents from Saskatchewan. Further research is needed related to splitting and sharing, and it should be designed and delivered to incorporate representation from every province that has an OPS/SCS. Like the data that arose from Albertan respondents, it would be important to note trends from each province that offers OPS/SCS.

This survey documents some of the challenges and issues surrounding the ban on splitting and sharing within OPS/SCS. Overwhelmingly, respondents believed that this policy should be changed, as it was causing harm to clients.

“Two clients came in who bought drugs together thinking they could split them in the site. The one client without drugs got banned for being in the space without drugs - even though they were unaware of the rule.”

The ban on splitting and sharing was enacted in the absence of evidence, and this survey adds to existing research that documents the harms of any OPS/SCS rules and regulations that limit access to OPS/SCS. Given the harms outlined here, a pilot program – similar to the peer assistance pilot – would be one option for generating evidence on how to implement splitting and sharing within OPS/SCS.

When creating OPS/SCS rules and regulations, it is important that community practice be reflected as much as possible, to ensure that people who are most at risk of overdose and potential drug-related harms are able to access OPS/SCS. Any regulations and rules on splitting and sharing within OPS/SCS should be developed with the full participation of people who use drugs and people who use OPS/SCS, with their needs and concerns centred in the policy under development. As one respondent noted:

“The ban on splitting makes no sense on the ground, and does not concord with current drug use practices in the community. Excluding this practice results in the exclusion of people who are at increased risk of overdoses, and it also decreases the possibility for our team to reduce risks when dose sharing and preparation occurs. The motives behind the ban are misunderstood by many users and perceived as counterproductive by the team that must apply this rule in practice, without adhering to it.”

It is important to note that on the topic of thresholds, the majority of respondents (61%) believe there should be no limitations to the amount that could be split or shared in OPS/SCS. There are likely multiple reasons for this. The first reason is that thresholds create yet another artificial practice within the OPS/SCS. The less an OPS/SCS acts and feels like what happens out in the community, the less accessible it is to people who use drugs. There is also a tendency to vilify people who sell drugs, despite the fact that they are also often clients or participants of these services, and people who also deserve access to harm reduction services.

Should there be a need to create thresholds for splitting and sharing, the amount should be large enough to make simple determinations. At no time, should allowing splitting and sharing lead to OPS/SCS staff having to police those seeking to access services. It should not require staff to weigh substances, or punish clients/participants for exceeding an arbitrary amount. There are power dynamics at play, and allowing splitting and sharing should be done through the lens of drug user liberation, not further oppression.

Given the results of this survey, the national working group (which includes people who use drugs and people who use OPS/SCS) is embarking on several steps. The first is the creation of a policy brief that outlines why the restriction on splitting and sharing should be removed, along with strategies for how it could be implementing within OPS/SCS. This policy brief will centre the perspective of people who use drugs and who use SCS/OPS to ensure it reflects community practices as much as possible. It will include a sample protocol for OPS/SCS operators. Additionally, it will call on Health Canada to

expand the Section 56 exemption currently in place for OPS/SCS to allow include splitting and sharing to occur on site within OPS/SCS currently in operation.

## Appendix A

### Question Two – Open Ended Responses

“If you answered yes to specific conditions, can you elaborate on what those are?”

- *I believe they should be allowed to split it under certain conditions. For example, two clients must come in together to split, they would not trade/sell drugs or split drugs in form of a payment.*
- *Drugs are tested before consumption to indicate what is in them.*
- *Drugs were bought between several people*
- *Obviously being shared either before being mixed or with clean tools many people forget that using a dirty cop is enough to transmit so maybe with reviewed education. Also my initial concern of Overdose potentially having strong drugs what a better place to be than in an OPS. I think the only fear I have is that in some communities SCS's community hubs and people greatly desire continued access for it generally the only way to get kicked out is by being aggressive towards staff screaming yelling etcetera I worried that leaves some room for bullying into sharing drugs or having Moochers sit there asking everybody coming in or the potential 4 debts to be settled by force by having people wait outside. I may be generous once but if I can expect people asking me every time I go in it would caused me to avoid*
- *something to prevent clients from pressuring each other*
- *protecting against risk of violence or coercion; should be splitting for the purpose of consumption at that visit (not for future use)*
- *No passing of money in site and not buying drugs inside of OPS just so people are not bringing street business into site or claim 'territory'*
- *No buying or trading*
- *If they are peer injecting, if they are a couple or roommates (live together/split financing of their drugs), if there is no money exchange.*

- *A substance both users are familiar with, and have used prior to. Lessening the chance of OD.*
- *Once substances have been tested etc.*
- *If the clients feel they should share with another client we shouldn't stop them from doing so but any sharing that is to happen should happen outside the building prior to entering.*
- *Under watch of staff while ensuring that all people are clearly informed and it is clearly documented to avoid confrontations and/or altercations at a later date.*
- *If the staff split it up instead of the client*
- *If they are allowed to do it together at the same time together, or the quantity is divided properly.*
- *That it's not forced or dealings within the site*
- *Couples who show up should definitely be allowed, people who split the cost of the drugs, how the split it is being done should be stated as well with staff to avoid arguments*
- *If you can trust a person (don't do it with a stranger). Strangers may mess with someone intentionally if they split with someone they don't know.*
- *Passing to share but not to sell*
- *A separate area to split before entering the sis*
- *It gets tricky when money is being exchanged. I would like for couples or friends to be able to split their dope up in the space. Whether they are spitting up the powder or pills or if one person is cooking up the drugs for the 2 of them (in 2 different syringes), they can then pass the capped syringe to their friend/partner to use.*
- *Limitations like: no dealing/grinding, through a worker perhaps.*
- *Shared between partners, one party preparing shot for another client/friend.*

- *During COVID, they should be in a "bubble", family group, or relationship. Sharing tables or doses should be done under hygienic circumstances, and clean gear should always be used.*
- *In cases where the drugs have been tested, or in cases where a user is experiencing withdrawal symptoms*
- *Small amounts, no transfer of money, products or services. Can only share with one person to prevent dealers from setting up inside.*
- *Amounts and types of drugs should be monitored to make sure those who are already intoxicated do not risk further impairment or death. Or if a known sample is tainted it should be restricted from others who are not in the know.*
- *For the purpose of testing toxicity and overdose prevention*
- *In small quantities, still working to limit dealers from taking advantage.*
- *Doing it in the consumption room*
- *Splitting and sharing would be allowed if the SCS staff were able to test the purity of the substance before use.*
- *Allowed to split/share only with the individuals they presented to the site with during that visit.*
- *Must not accept money or goods in exchange for same inside the site.*
- *Must only be in the form of raw substance (not pre prepped). -Must ensure site staff are aware of transactions/witnessed by staff.*
- *Must do so in a manner that does not disrupt co-clients, including going over allotted time.*
- *Must be split/shared prior to entering the consumption room OR may only occur while in consumption space.*



- *Not entirely sure... But I recognize the barrier/safety risk it can create for clients when we ask them to "go outside and across the street" to split and share with each other, instead of just being able to do this in site*
- *Private space to do so within the consumption site, but away from other areas*
- *Arguments, paranoia surrounding sharing and splitting of drugs*
- *No exchange of money; splitting with the purpose to use on site for safety reasons*
- *Informing staff of substance intending to consume, no exchange of money/other*
- *I realize it's complicated with the legality of sharing, because the act of passing substances to another person is considered illegal. However, if the clients enter the site together, and they both corroborate the story of going in on a purchase of substances together but weren't able to divvy up their respective amounts because of x y z outside (usually they say there's no safe spot, they don't want to divide drugs up in the open, they don't have a second container, etc.), they should be allowed to divide their dose in SCS.*
- *I believe a healthcare worker should be able to observe people sharing and need to be told what substance is being shared to prevent and prepare for possible adverse reactions.*
- *If they are known to split and share with each other. This is to prevent any issues that might occur between 2 parties*
- *Passing to be done inside and not in the SCS.*
- *Staff should be aware*
- *Hygiene, family groups*
- *Sanitary, romantic couples or live together*
- *Respectfully, to do no harm*
- *If they are in a couple*
- *Staff supervised.*

- *not coercive, not strangers, should be family or friends or in a relationship*
- *No sale or solicitation*
- *Before preparing the injection*
- *Have a clear process in place*
- *People should arrive together and splitting should be done in the consumption room*
- *To do a fentanyl test*
- *No exchange/promise of exchanging services/resources/money (basically no transactions)*
- *- Under supervision and no splitting/sharing in the consumption room*
- *Sharing is declared, is done in the presence of a staff member*

## Appendix B

### Question Three – Open Ended Responses

“If you answered yes to limiting amounts, can you elaborate on what amounts should be permitted?”

- *I think the limit should be 2 uses per visit.*
- *ops and SCS are a safety hub. it could lead to it being a drop off point. splitting an oz. would be ridiculous. I think what can be consumed on site should be shared. Most people know what they need to be safe and feel well. I would hate to see cops be allowed access because of it turning into a drug selling hub also what about that you know a drug dealer can sit there and rack up debt with brand new client knowing that they can freely share and then in the client is discouraged from coming in and knowing that their drug dealer might sitting there all day that they owe Honey 2*
- *That would depend on how many people are able to split with each other. If two people are splitting with each other, whatever amount of a substance two people would reasonably use in a smash/shot. Clients should not be splitting drugs above and beyond what they are intending on using in that moment/that day. If two or several people all pitch money for a substance and need a safe place to divide that substance, I think that would be acceptable. I do not think large amounts of drugs being split amongst large groups of people would be acceptable.*
- *One point or under*
- *given the rate of OD in street supply of drugs it's important that people split little amounts at a time. e.g. two people can share a ball or a point of fentanyl*
- *Personal use amounts*
- *reasonable personal amount/sharing amounts*
- *Spilt of the substance of agreed, but only use the site for the limitations on how many shots per visit.*

- *I don't think SCS or ops should be an open drug market. Slitting and sharing should be for the intent and purpose to use at the amount at the visit*
- *People will take advantage/misuse this idea and SCS will look more like a drug dealing site instead of the intended purpose of establishing these sites*
- *One syringe per visit*
- *This is a tough question; it depends on the nurses.*
- *No more than what could fit in a small baggie (baggie size 3inches by 3inches)*
- *One shot/syringe*
- *A personal, one time use amount.*
- *Not sure, depending on environment*
- *No more than 2g should be present*
- *Enough that will be used in that moment.*
- *Not dealing*
- *Safe dosage amount*
- *An amount needed only for intoxication, thus forbidding large drug transactions i.e. dealing on site*
- *Enough for one use at a time*
- *I answered yes but do not condone it due to the unknown properties of illicit substances. This is not a pharmaceutical grade product. So I do not believe in two people possibly overdosing.*
- *In any situation of splitting/sharing, the amount shared should be no more than the amount to be used at that given time.*
- *Limiting amounts as previously specified. This prevents one individual/group from "controlling" the site for purposes of drug trafficking/distribution. Volume of substance being split or shared should only be what is reasonable for personal use*

during that visit. If one wishes to acquire more substance for later they must do so out of site.

- *Also not entirely sure... One thing that comes to mind is asking clients only to split/share whatever would be used for THAT visit, and to have a limit on how many people can split/share from one person (to prevent massive dealing within site, but to allow logistics around sharing to be easier for people for whom this will increase their safety or ability to access site)*
- *Personal use between parties only*
- *1 dose, for immediate use. Then loop around to repeat the process.*
- *Personal use amounts*
- *Just what's being used by the receiver immediately*
- *Amount/quantity, transparency of substance shared with staff.*
- *Half a dose*
- *1 split per visit*
- *None, questions about scale accuracy, amounts, payment etc. will cause contention, aggression and violence among clients.*
- *Shouldn't be allowed*
- *Well probably not an ounce or anything. But anything that can be justifiable to users and staff as splitting and sharing rather than splitting and selling.*
- *If it's a first time use for someone the person sharing and the person using maybe need further support re: safe amounts.*
- *Maybe a point*
- *I think it could be easy for folks to deal within the OPS/SCS and be sold to staff as sharing / splitting.*
- *No trafficking- just enough for 2 peoples' personal consumption*

- *Current drug use only (Sophie editorial note - I imagine they mean the amounts that are being used at present by each party for their personal use)*
- *One time only (Sophie editorial note: I extrapolate that the person means that amounts should be limited to personal use for one visit at a time)*
- *One point of heroin and a half of coke*
- *Personal use*
- *The equivalent of one use/dose*
- *Shared doses must be equivalent to maximum daily usage*

## Appendix C

### Question Four C – Open Ended Responses

“Can you describe briefly an incident that occurred to illustrate this issue?”

- *I was removed from a site for passing drugs to my husband*
- *friend tossed from SCS for splitting*
- *I think the line between splitting and selling is very fine so some clients may be confused if they can split then they can deal.*
- *When money has been given to one person and other folks are waiting they get agitated.*
- *COVID being an additional reason for attempts to control and regulate relationships while at the ops. I've also seen generosity and gifting, when someone is having a hard time with withdrawal.*
- *Fact: People share drugs purchased. Many do not have the means not to do so. It is ridiculous that staff must direct people out of the service to do this outside, only to come back in right away. It is less hygienic to split drugs outside and also less safe (others may see this interaction and this may make the person more of a target to be robbed, possibly assaulted for their drugs. If allowed to split and share drugs within an SCS/OPS, this is more discreet, more hygienic and really, another opportunity to decrease barriers and increase support and relationships with those using the service. Another risk is people simply not coming back and using often in a less safe environment. Sometimes people get angry with the staff for these rules which is damaging to the relationship.*
- *Clients who have forgotten to split before coming in are told to split outside, where they are at risk of criminalization, or may not be able to come back inside to use*
- *I sharing client nods and the other sharing client can't access substance until the other sharing client can confirm it is shared*

- *Dealers come into the SCS stating they are there to 'split' with a friend, however funds are being exchanged before or later. Example: one client comes into the SCS and splits with multiple co-clients during their visit, or multiple clients approach one client and ask to 'split' with them.*
- *Someone bought a large amount they, both paid the same amount so 50/50 but one person allegedly owed this person so the other person got a small amount when they were told they would get half We didn't know what situation was so when they asked us (staff) to help we said it's between them so the person that was getting less stole the other person's phone & rest of drugs as the person was on the 'nod'*
- *There are frequent attempts to sell*
- *Simply handling, storing or assembling for someone else is policed by staff. Also, staff shouldn't have to police where the drugs are and how much there is*
- *Health Canada does not cover us for trafficking, so it's impossible to know if people are splitting/sharing, or dealing in the CTS, and trying to differentiate the two is too difficult for staff to monitor. It would lead to favoritism, or outing of dealers.*
- *Client with limitations when it comes to ambulating having to leave the SCS, go outside and back in the SCS. Even more so in extreme cold temperatures, when booth time is limited to 30 minutes, and time doesn't stop to "split and share"*
- *People that are not able to inject their own drugs due to limitations or disabilities are excluded. The bathroom then is used for injection those that cannot inject themselves and this is not a supervised space. Also people that have attempted to share have them been excluded from service which totally defeats the purpose!*
- *All of the clients comply with the no-splitting rule in the sites but if this idea gets implemented it could lead to more conflicts within the sites*
- *Community members splitting substances upon entry then receiving service restriction due to action taken placing them at risk due to service restriction.*
- *Created violence and swearing at staff when told no*



- *Folks come in to sell their substances on the pretense of sharing/splitting. If they were to purchase together wouldn't they split it before entering knowing that sharing is not permitted?*
- *Risky*
- *Issues in sites where splitting isn't allowed: buying drugs with someone, even a partner, and having to have one person go in ahead and split the drugs up for both people means that the person going in after is forced to wait to use and doesn't get control over their own dose and seeing exactly what they are using before it's cooked up. In my personal experience and what I've seen working at sites, when it comes to het couples, this seems to disproportionately impact the women. Issues in sites where splitting is allowed: defining the lines between selling, soliciting, or just offering/splitting/sharing drugs can be hard and make enforcing the rules difficult since the differences can seem arbitrary to people using the space.*
- *Have not had the opportunity to be part of an OPS/SCS*
- *No I can't as we do not have either in our city yet*
- *uncomfortable situations where people are trying to split, share sell in secret*
- *Concerns that it was trafficking*
- *Some places they don't allow you to go from table to table, probably worse now under COVID. As a user, I share with people I trust freely.*
- *We have had issues where perhaps the police are in our parking lot facing our site so clients don't want to pass right in front of said police.*
- *Clients who were warned not to pass continued to do so and then were restricted because of it.*
- *People will spit and then end up with a service restriction because it is against the rules for dealing. I don't want people to be restricted for that, people will usually get a warning first though. Another issue is if the person spitting gives them bad or poor quality drugs, that can result in a conflict in the space. (Not sure how that could be avoided though)*

- *Many incidents, enforcing a no splitting/passing rule is a significant source of conflict between staff and service users that provides no benefit. The rule is based on assumptions that stopping passing/splitting reduces dealing. It inhibits positive relationships between.*
- *kicked out for splitting*
- *It has caused clients to leave and use outside in dangerous settings.*
- *Many clients believe they can split or share drugs between two people, and we constantly have to reinforce the site policy, which causes conflict between staff and clients*
- *People were not permitted to share doses or tables, however, people can share washes*
- *N/a*
- *Individuals had to leave the SCS to share and they did not want to return*
- *People who share drugs in the site are placed on a 24-hour exclusion from service at our SCS. If they prep drugs for the intention of sharing they have to go outside across the street to share. Then come back and wait in line. A lot of the time this results in people just using outside of the site and overdosing outside. Requiring either EMS or our outreach team to respond (if they are on site).*
- *Clients have received exclusions limiting their access to the site due to passing or sharing drugs.*
- *Clients have to leave premises to share substances and may not come back. Risk of overdose offsite increases. May be caught by police in the area and substances reprimanded.*
- *End up in a suspension for the patient*
- *Clients are more likely to pass substances either outside the SCS or within the waiting area. Either situation can result in either trafficking charges or an exclusion from*

*using the SCS. This mean's client's may use away from the site resulting in possible OD death's.*

- *Sharing or splitting of substances currently results in a exclusion from service preventing both parties involved from safely accessing services. This has resulted in escalation and in some cases physical aggression and property damage. Ultimately, this may prevent an individual or group of individuals from accessing a safe place to use in the future.*
- *24-hour exclusion for passing/sharing/splitting, this puts clients at further risk of adverse impact of using unregulated substances such as using alone or using in an unsupervised space.*
- *Issues with dealers hanging out*
- *Barring clients from the site temporarily, creates a therapeutic barrier between staff and clients*
- *clients have left site because they have not been able to split I also think them leaving the site to split causes issues as it takes away from the allotted time in the booth*
- *People straight up left...Usually not easily.*
- *A client attempting to share substances with another client in which that client could not be certain what the substance was, leading to concern about a potential overdose.*
- *Increase chance of consuming outside of CTS, overdose unsupervised*
- *A husband and wife both went in on opioids and were both in withdrawal when they came into the site. They are regular clients and the wife is in a wheelchair, the husband is the primary caretaker. When the husband realized he couldn't pass his wife's dose to her due to the rules of SCS, he was incredibly frustrated, especially because he felt vulnerable outside the walls of SCS and was scared to pull out his entire purchase and divide it up just somewhere out on the street, where is both at the mercy of other clients and taking a gamble that a police officer won't drive by near the site and see him. It took them a long time to get situated, and then once told they had to leave to split up their dose, they were even more frustrated (especially because*

*they were in withdrawal and had worked all day for their dose, in withdrawal and not they were so close to getting their drugs into them and ANOTHER obstacle showed up) that when they finally left, they didn't come back for the rest of the day. They obviously went to go use in the street, and put themselves at further risk for overdosing, because they weren't able to split their dose.*

- *A client passed drugs in the waiting room to someone they didn't know well. The second person was relatively new to injecting and likely had a much lower tolerance than the person who shared. The second person had a hard overdose with limited response to naloxone, likely due to the presence of benzodiazepines in the opiate, resulting in removal by EMS to the ED.*
- *Buddy brought dope to OPS to split/share as it's safer to do this in an enclosed area, away from police and out of sight of people who target vulnerable individuals when splitting/sharing occurs on street. Buddy banned from using OPS for 24 hours; placed him and his buddies at risk of overdose death.*
- *Using dirty needles or cookers*
- *Went to hand my friend the other half of my paper of heroin. I was told we could not share. What was stupid was that we walked out of the injection room where I handed over the other half and then re-entered the injection room. Waste of time.*
- *This issues arise more so when folks say they're splitting but hidden context includes threatening or bullying to split, or expecting payment after a split was offered*
- *Friends who come in together and wish to share or splitting were not allowed because of policy*
- *EPS was on site when clients were outside to pass - which could have led to them being questioned and possibly arrested by EPS*
- *Difficulty having clients understand the policy*
- *Not enough space as we only allow for one sharing at a time*
- *Client disagreement surrounding the amount and payment escalated to needing to involve protective services officers, and carried on outside in the public street.*

- *Clients shared drugs at booth, they booth overdosed and we were short staffed*
- *N/A*
- *Dropped dope in bin, but were not permitted to come back by the table to search for it*
- *Got kicked out for sharing dope*
- *People sharing outside the site, stairwells, corner of room etc.*
- *I remember that I couldn't split and share inside an OPS site. We had to go outside to share what was split inside the OPS. This made it difficult because there were always Police sitting outside ready to arrest if that was seen by them as well as persons ready to rip you off. Felt very stigmatized and scared of getting arrested. I saw others do that and get arrested. Made me not was to use in this safe area for risk of violence and discrimination as well as arrest. Took away from my means of survival.*
- *Person was kicked out*
- *Folks splitting or sharing that results in an overdose*
- *not allowing to share with a partner or best friend*
- *Many suspensions from use for passing.*
- *In the local and only ops site splitting and sharing is completely forbidden. This is concerning because it has impacted efforts to establish a safe supply line apart from the one brought in by Health Canada which does not provide actual options for stimulant users. I haven't personally witnessed any incident of anyone being in trouble for s/s but that is because of infrequent (and now no attendance) at the OPS room and that I do not share my products as I have the very rare fortune of having access to the regulated form of my doc (not legally however as it is not an approved medication in Canada.) but I have heard lots of stories and I know at least 2 people who do not attend any longer because they were accosted for doing so (and they are partners in a romantic relationship and often buy and share.)*

- *Two clients came in who bought drugs together thinking they could split them in the site. The one client without drugs got banned for being in the space without drugs - even though they were unaware of the rule.*
- *decreasing time in the booth*
- *Barred from service*
- *People want to share because they don't want to wait and they get mad when they can't*
- *Splitting doses for resale, other users get involved*
- *Some people did not return.*
- *Having to ask two people to leave for the day since they slit their doses in the OPS, asking people to go outside (where they can be seen by the neighborhood and possibly the authorities) to split their doses*
- *o A quarrel between a user and the staff, much coming and going (preparing the drugs in the SCS, going outside to split, coming back to use), injections done faster to save time/to avoid making the other person wait*
- *One person did not complete their registration to access the SCS and left on account of the strict rules around splitting and sharing when a friend (feminine) had convinced them to come on account of their previous history and potential risks of overdose.*
- *Two people came close to being intercepted by the police because they were splitting their doses outside the SCS.*
- *Some people left without coming back since they couldn't share their doses in the SCS when they had come to use together in the room.*
- *Often, users arrive together having already agreed to share their purchase, to name just one type of arrangement, they have to gather their things, go back outside, share and come back, which makes the process and lot more complex, discouraging them from coming back (especially in winter) and exposing them to potential solicitation*

*when they are outside. In the case of assisted injection when the two parties already take part in each step of the process, it's a waste of time and makes no sense to anyone.*

- *o I decided to inject myself in the alley because the person that I was with didn't trust me to go in first to share.*
- *Couples, friends, people who want to share a tablet... Obligation to go and share in a location that isn't covered by the exemption and thus to expose one's self to criminalization.*
- *The issue is that splitting could become a transaction.*
- *Deciding not to go to the SCS because it's too complicated to split ahead of time so might as well do it in the alley.*

## Appendix D

### Question Six – Open Ended Responses

“If you have encountered issues related to splitting and sharing in OPS/SCS as someone using at the site, please share your experiences below. If not, please skip.”

- *Too many to mention*
- *People come in together and are told they can't sit together.*
- *I kind of touched on one above, but also in sites not allowing splitting - ending up missing last call/closing time while waiting for the other party to split the dose inside the site and use their portion and having to use outside. in sites that do allow splitting - having people ask you for your drugs when you have them out on the table, making it harder to say you don't have enough and possibly feeling pressured into giving some. (it can be hard to define the line between asking and offering when sites are a social space and many of us are friends and know each other and are happy to help each other out, or when staff can overhear every conversation happening. it can be easier to say no when a blanket rule is in place, but sometimes I want to be able to help out my friends who are sick).*
- *Trafficking concerns*
- *The issue is what is passing and what is dealing*
- *as a young male who has to hide his substance use I wouldn't feel comfortable using the one site available in Halifax. if there was an additional barrier related to splitting and sharing then I certainly couldn't imagine using the site.*
- *We require people to exit the building to split drugs...this is inconvenient and silly, taking up time from the half hour limit at the sis booth, also doesn't work when someone wants to fill a syringe for their partner, also puts people at risk in community...i.e. to split in public*
- *They were concerned with the issue of dealers hanging out there*



- *I spit and share at a site in Toronto, and it saved so much hassles and harms. The dope came right there and I didn't have to give my money to the middle man.*
- *Several years ago, my best friend and I forgot we couldn't split our dose inside one day and had to head out onto the street outside the SCS to split our dose, resulting in another trip around and exposure outside. We were scared we were going to get arrested, and felt some shame. Basically, it broke the illusion of SCS that it's a safe community for us, and felt like "you can only use drugs in this one certain way or you're bad." It feels weird being asked to leave the only place you're allowed to be a fuller version of yourself in, when you're in the trap of addictions.*
- *Both overdosed*
- *People getting banned for using bins which then forces them outside into unsafe situations*
- *People leaving safe environment because they needed supplies, got kicked out, or couldn't wait*
- *had to leave to split*
- *People get mad and it makes the vibe aggro and everyone gets tense*
- *Often, I ended up not going to the SCS because I was using and splitting with someone else*
- *The service users accept the rules because they prevent many other problems that could occur outside*
- *Many people prefer not to use the SCS because they have a drug use partner and they want to stay with this person*

## Appendix E

### Question Nine – Open Ended Responses

“Is there any information you would like to add?”

- *good work change is vital*
- *These sites are supposed to assist with supplies, and people to help inject. Most addicts share their drugs and not creating a better way to do this is causing people to not want to use the sites or feel they can't for fear of being told to leave. There needs to be a new policy in place.*
- *Kind of unrelated but I think I answered most of the questions in the other boxes. I see a lot of issues with why ops are not being used. When my experiences doing Outreach we had so many people just straight-up refuse to use our ops for anything other than collecting clean supplies. We had a 6 to 1 smoking to injection rate when we interviewed in Nanaimo as well as my handed out supplies. Drugs are so potent a lot of people aren't injecting anymore because you should just take the taster. Our area is also heavily policed due to the Wesley street is disbanding and its heavily discouraged people from going near it*
- *Theft is common for folks who are splitting and sharing if they nod off. Another is if someone is splitting a dose that's mixed up or splitting a shot then there's the risk of someone getting just water for there shot*
- *grateful for the safe consumption sites*
- *Any attempt by a state, organization or individual to regulate how another individual or individuals procure and administer anything that willfully enters their own bodies is: punitive, unjustified and unethical.*
- *The issue is more about sales where I am. people can share and help each other shoot too, but selling is against the rules*

- *Splitting/sharing is a grey area that can be utilized for dealers to sell their wares on the pretense of sharing/splitting. Has caused violent episodes in the past whereas the individual forgot they shared after a shot and things got heated.*
- *Good survey*
- *I hope to see OPS/SCS within our city soon as possible*
- *I'm an Indigenous woman who's been using for several decades.*
- *We need to define the difference between dealing and passing!!!!*
- *I wish there was more inclusive sites for youth in Halifax*
- *Splitting should be allowed but not in a public area; i.e. should be a special private room so they have privacy, won't get busted...one of the problems with splitting etc. is dealers using the booth time to make flaps (points of drugs) which takes up their injection time which causes line ups...so splitting should be splitting of drugs for a couple or two people who bought it together, not for making flaps...*
- *We do not want dealing at the site as that does seem to bring violence. That being said there are a lot of times where people are asked to leave (usually for the day) because they were just splitting drugs with a friend or partner.*
- *Please allow exemption for splitting with parameters. I would also like to see peer assisted injections at my site.*
- *I have personally split & shared many times using the current system, and the only thing I'd like to add is, if splitting & sharing were not allowed at all, there would be much more "hidden" passing inside the facilities. I know this because several people have tried to pass to me inside the facility, and, wanting to adhere to the rules, I informed each person that we are allowed to pass, however, we must do it outside the building.*
- *It nice to be able to use these services we can be accepted*
- *Almost every single time I have gone to an OPS, I've shared with friends (usually we split it up outside of the building, or in someone's car). I have a lot of friends that*

*can't afford drugs, but they are dope sick, so I've shared with them. I think we should be allowed to split and share in OPS and SCS.*

- *Thank you for doing this survey. It's valuable.*
- *Splitting and sharing while important is not the most crucial issue at hand as drugs can be divided before entering OSC. Testing said drugs before split consumption and minimizing for sale transactions in the an OSC environment are more important IMO*
- *Allowing splitting and sharing falls directly in line with harm reduction. SCS users are friends and family of one another and rely on those connections to keep each other safe. Allowing them to interact within the site as themselves will break down even more barriers, allow more room for rapport, and reduced stigmatization.*
- *I am a proponent of a safe supply. I do not feel splitting and sharing has a place in an SCS.*
- *I would agree that a safe policy for splitting/sharing could be beneficial for all individuals.*
- *The biggest risk, in my opinion, of sanctioned distribution of substance in an SCS/OPS is the risk for "turf wars". Clients with knowledge that they will be able to indefinitely obtain substances in site may result in an increase in visit volume and potentially further community disturbances. However, best to have the client accessing service than not. Another requirement to consider may be for clients to only be permitted to share/split if signed up to access services/use in site.*
- *Thank you for this work! We have so much growing and change that needs to occur within harm reduction services.*
- *It's as easy to keep many addicts safe as it is to keep one, so let's not create more barriers please.*
- *Offering OPS/SCS without allowing splitting/sharing is like offering someone a bicycle with no wheels; it's like providing OPS/SCS without ensuring safe supply of people's substances of choice, void of stigma, labelling, criminalization. It's entirely unrealistic, unwise and unsafe.*

- *There are many reasons people have to share. Many couples rely on one person to inject. (Usually the male which leads to an uneven playing field for women.) Another issue is people who have a limb or part of a limb missing. Many users have lost limbs due to infections so they can no longer inject by themselves.*
- *We peers in Nanaimo started a safe consumption tent funded by mental health grants.... the city and school board had RCMP continually harass and move us. finally closed us down with threats of \$250,000 fines to the head of the non profit involved. disgusting behavior by a city council in the middle of a crisis. our city council in Nanaimo have been quoted as saying all the homeless are addicts and need to be in institutions and when a homeless camp was set up had the acting mayor quoted as saying we want to turn downtown into a people type place...*
- *While NL doesn't have an OPS/SCS at this time, I can see the ability to not split and share being an issue. In NL, many folks are paid in drugs in exchange for their labour. This can happen on an exploitative level and at a closer acquaintance level. As a result - I can see people wanting to split and share on site at the end of the day. NL'ers are known to travel in packs, whether it's one buddy or 10 buddies; especially women. Harassment and assault aimed at women and gender diverse individuals is quite high in NL, as a result folks travel with a friend and rarely alone. These more targeted populations certainly wouldn't use alone at an OPS; and potentially not even use it at all out of very legitimate fear.*
- *Should be down to individual discretion esp. with couples & families who may already be fluid bonded*
- *Ya that and people should be able to do whatever they want as long as they are not causing anyone stress*
- *More flexibility on a case by case basis*
- *Splitting and sharing in OPS would greatly lower risks associated with criminalization and violence as well as infection of HIV related to preparing before entering into sites.*

- *Thank you for doing this survey-this information and service needs to be available to everyone who uses SCS services. Making services as accessible as possible is important to reducing as much harm as possible.*
- *I am a person with lived experience--currently still use*
- *I hope it was okay that I participated in this survey. I am a person who uses substances daily but due to connections and experiences I don't often face some of the challenges my peers do. I don't participate in the 'lifestyle' of my peers, which by that I am meaning I don't have personal friendships with 99% of them. This is due to being gainfully employed in a professional capacity in a similar field (wherein I do work in harm Reduction but not as a direct service provider) and people do not generally know I use substances. I am privileged to be removed from some of the vulnerabilities my peers face regularly in general society and at the local ops site. S/S is demonized for silly and uneducated reasons and is inhibiting me and my fellow peers' initiatives to establish a buy in safe supply for amphetamine users and many more.*
- *I think splitting/sharing is an important part of drug culture. If someone's sick, we share - we are our community and this piece is such a beautiful thread to cling to - in the horror of the overdose epidemic and COVID-19 - please help foster this practice. Don't let them die out in the advent of the SCS.*
- *this is a really important and like complex issue that's hard to talk about overall it's more like a case by case thing*
- *The ban on splitting makes no sense on the ground, and does not concord with current drug use practices in the community. Excluding this practice results in the exclusion of people who are at increased risk of overdoses, and it also decreases the possibility for our team to reduce risks when dose sharing and preparation occurs. The motives behind the ban are misunderstood by many users and perceived as counterproductive by the team that must apply this rule in practice, without adhering to it.*

- *Asking users to carry out additional steps to maintain appearances in the SCS when these practices are widely in use in the community increases the distance between their lived experience and the safe experience that they wish to access.*
- *It's a good idea to try to authorize sharing of substances in injection sites! This is a great initiative*
- *I answered the questionnaire as a frontline service provider in a safe consumption space in Switzerland, we have an experience of about 3 years regarding splitting and sharing. I will leave you my email if you need other information.*
- *ALLOW SHARING IN SCS! People's safety depends on it.*