

# Supporting Library Safety and Service Delivery Amid Complex Community Needs

Evaluation of the Central Library Card Access Pilot



Hamilton  
Public  
Library

Released: June, 2026

## Truth and Reconciliation Land Acknowledgement

The City of Hamilton is situated upon the traditional territories of the Erie, Neutral, Huron-Wendat, Haudenosaunee and Mississaugas. This land is covered by the Dish With One Spoon Wampum Belt Covenant, which was an agreement between the Haudenosaunee and Anishinaabek to share and care for the resources around the Great Lakes. We further acknowledge that this land is covered by the Between the Lakes Purchase, 1792, between the Crown and the Mississaugas of the Credit First Nation. Today, the City of Hamilton is home to many Indigenous peoples from across Turtle Island (North America) and we recognize that we must do more to learn about the rich history of this land, so that we can better understand our roles as residents, neighbours, partners and caretakers.

## Acknowledgements

Hamilton Public Library Leadership acknowledges and thanks our dedicated Staff, without whom the implementation and day-to-day operations would not have made the pilot possible. Their invaluable insights help us evaluate the impacts of the pilot. Our Staff is the backbone of our organization.

Thank you to those in the community who utilize our services, support our efforts and continue to hold us to high standards. Thank you for your feedback and suggestions during the pilot.

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## Executive Summary

### Context

Hamilton Public Library (HPL), like many public institutions across Canada, has experienced the impacts of increasingly complex community challenges related to homelessness, substance use and mental health.

In 2023, Hamilton declared a state of emergency related to homelessness, opioid addiction and mental health<sup>1</sup>, reflecting pressures being experienced across the community. These broader challenges have also affected public spaces and community-serving organizations, including libraries.

As a community hub, HPL provides access to services, programs, resources and community spaces for residents across Hamilton. The library has long recognized its role in supporting individuals facing complex challenges while maintaining safe, welcoming, and inclusive environments for Members, Staff and visitors. In response to evolving community needs, HPL has made significant investments in supports and services, including Community Connectors, Social Workers, Peer Support Workers, community agency partnerships, enhanced staff training, harm reduction measures, security resources, wellness checks, and ongoing collaboration with health and social service providers.

Despite these efforts, challenging conditions at Central Library escalated significantly in late 2025 and early 2026. Staff observed increasing levels of illegal drug use, drug distribution activity, emergency responses, and other incidents that undermined the library's ability to consistently provide a safe, welcoming, and service-focused environment for Members and Staff. The situation reached a point where closure of the facility was being considered.

Rather than closing Central library and disrupting access to important community services, the Hamilton Public Library Board supported implementing a temporary Library Card Access Pilot as an operational response to improve safety, maintain service delivery and keep the Central Library open to the community.

The pilot was designed as a targeted intervention to address behaviours that were affecting the library's ability to safely deliver services, while continuing HPL's broader commitment to partnerships, social supports, harm reduction and advocacy for improved community supports.

The pilot did not require a library card to enter Central Library. Many services remained available without a library card, including first-floor programs and services, community partner and Social Worker support and holds pickup. Individuals under the age of 18 were also exempt from the card access requirement.

## Card Access Pilot Objectives

The Central Library Card Access Pilot was implemented from March 16 to May 17, 2026. The pilot was designed to:

- Improve safety and comfort for Members and Staff
- Reduce incidents requiring intervention or emergency response
- Support the intended use of library spaces, programs and services
- Reduce operational disruptions and resource pressures
- Enable Staff to focus on delivering library services; and
- Maintain public access to library resources while avoiding facility closure

The pilot was intended to address behaviours and conditions that were affecting Members' and Staff's ability to safely use and deliver library services, including to vulnerable populations. It was implemented solely as a temporary operational measure in response to a significant, escalating safety and service-delivery challenge.

## Evaluation Findings

The evaluation demonstrates that the pilot successfully achieved its intended objectives.

During the pilot period, Central Library experienced significant reductions in suspected illegal drug use, 911 calls, naloxone administration and other operational disruptions. Naloxone administrations decreased by more than 90 per cent, the rate of 911 calls decreased by 67 per cent and the rate of suspected illegal drug use was reduced by more than half compared to the period immediately preceding implementation.

Importantly, the pilot enabled the library to maintain service delivery during a period when the facility's closure was being considered. During the pilot, library membership increased, with 1,768 new library cards issued at Central Library during the pilot period, a 34.7 per cent increase over the same period in the previous year.

The evaluation found no evidence that the challenges experienced at Central Library were transferred to other HPL branches during the pilot period.

Collectively, these findings suggest that the pilot contributed to a safer, more predictable environment for Members and Staff while supporting the library's ability to focus on its core mandate of providing programs, collections, learning opportunities, community connections and public services.

## **What We Heard**

The evaluation included feedback from the public, library Staff, community partners and interested organizations.

A total of 1,989 members of the public participated in the survey.

Respondents represented a broad range of ages, lived both within and beyond the Central Library catchment area and provided written feedback regarding their experiences and perspectives.

The findings indicate that most respondents had a clear understanding of why the pilot had been implemented. The majority reported being moderately or extremely aware of the reasons for the pilot, and most correctly identified its purpose as improving safety for Members and Staff and reducing illegal drug activity within the library.

Public support for the pilot was generally strong. Nearly three-quarters of respondents expressed support for the initiative, with an average support rating of 7.6 out of 10. Among those who visited Central Library during the pilot, many described the process as simple, straightforward, and minimally disruptive. Others reported feeling safer and more comfortable using the library because of the pilot.

The evaluation also identified concerns regarding barriers, inclusion and the potential impact on vulnerable populations. These perspectives are important and reinforce the need for ongoing dialogue with community partners and continued investment in supportive services.

At the same time, many respondents acknowledged that the issues being experienced at Central Library reflected broader gaps in housing, mental health, addiction and social services that extend beyond the library's mandate and require coordinated action by multiple sectors and levels of government.

Public feedback further suggests that the pilot was broadly understood by users and achieved its primary objective of improving perceptions of safety while maintaining access to library services.

## **Conclusions and Recommendations**

The evaluation demonstrates that the Library Card Access Pilot was an effective operational intervention that improved safety, reduced incidents and supported continued delivery of core library services during a period of significant operational challenge.

However, the evaluation also recognizes that access controls alone cannot address the broader and complex social issues that contributed to the need for the pilot. Challenges related to homelessness, substance use, mental health, poverty and housing insecurity require coordinated community responses, sustained investment and long-term policy solutions.

Based on the evaluation, HPL recommends that library card access remain available as an interim operational tool within HPL's existing incident response and service continuity framework. Its use should be guided by established thresholds and criteria related to safety, service disruption and operational impacts and should be considered only when other interventions have proven insufficient to address escalating conditions.

The pilot should remain one component of a broader response that includes Staff training, community partnerships, social work and peer support services, harm reduction approaches, ongoing monitoring and engagement with community stakeholders.

The evaluation further recognizes HPL's role as a community partner and advocate. While the pilot proved effective in addressing behaviours that were affecting safety and disrupting the delivery of library services, it is not a solution to the broader challenges facing vulnerable populations. HPL will continue to work alongside community organizations, health and social service providers, municipalities and all levels of government to advocate for the supports, services, and investments needed to address persistent service gaps and improve outcomes across the community.

The findings of this evaluation suggest that no single intervention can fully address these complex challenges. However, the Library Card Access Pilot demonstrated that targeted operational measures, when used appropriately and alongside broader community supports, can help maintain safe, welcoming and functional public spaces while preserving access to essential library services.

The detailed evaluation report that follows presents the supporting evidence, analysis, and feedback used to assess the pilot's effectiveness and inform the conclusions and recommendations outlined above. Together, the quantitative and qualitative findings provide a comprehensive assessment of the pilot's impact on safety, service delivery, library operations, and the experiences of Members, Staff and community partners.

## Background

In 2023, the City of Hamilton declared a state of emergency related to homelessness, opioid addiction and mental health. Like many communities across Canada, Hamilton continues to experience increasing pressures related to substance use, mental health challenges and housing insecurity. These complex and interconnected issues affect many public institutions, including libraries, which are among the few indoor public spaces that are free, welcoming and accessible to everyone.

As demand for social, health and community supports has increased, public libraries have increasingly become places where people seek safety, connection, information and access to essential services. Hamilton Public Library (HPL) is committed to providing equitable access to services, collections and spaces while maintaining safe and welcoming environments for Members, Staff, volunteers and community partners. Many people experiencing homelessness, mental health challenges or substance use disorders are valued Library Members who use HPL appropriately and benefit from its services every day. The challenges discussed in this report relate not to an individual's circumstances, but to behaviours and activities that create safety concerns or interfere with the Library's ability to provide services for everyone.

In response to these growing community challenges, HPL has implemented numerous initiatives, partnerships and safety measures over several years to support Members and Staff. These efforts include enhanced partnerships with community agencies, investments in specialized staffing and training, and a range of operational and safety measures intended to balance equitable access with the need to maintain safe public spaces. These efforts are described in the following section, *Supporting the Community's Broader Needs*.

While libraries play an important role in supporting community well-being, they are not designed or funded to function as healthcare providers, shelters, addiction treatment centres or mental health service agencies. The broader challenges associated with homelessness, substance use and mental health require coordinated responses from governments, healthcare providers, social service agencies and community organizations. Libraries can contribute to these efforts, but they cannot replace the systems and services required to address them.

Despite HPL's ongoing efforts, conditions at Central Library worsened significantly in late 2025 and early 2026. Staff observed increasing levels of suspected drug use within the facility, including incidents involving the distribution of illegal substances and a significant increase in naloxone administrations. The frequency and severity of incidents raised concerns about the safety of Library Members, Staff and visitors, while also affecting the delivery of Library services.

As conditions continued to deteriorate, the Senior Leadership Team began exploring options to address the situation while maintaining public access to Central Library. Among the options discussed was a temporary closure of the facility. The Hamilton

Public Library Board requested that Staff explore alternatives that would allow Central Library to remain open while addressing the growing safety concerns.

As a result, HPL implemented a temporary Library Card Access Pilot from March 16 to May 17, 2026. The pilot required Members to present a valid Library card before accessing most areas beyond the main area of the first floor of Central Library. The pilot was intended to determine whether requiring a library card would reduce illegal drug use, improve accountability and support a safer environment for Members, Staff and visitors while maintaining access to library services.

This report presents the findings from the pilot evaluation, including feedback from the public, Staff, community partners and interested organizations, as well as an analysis of key operational metrics.

## Supporting the Community's Broader Needs

HPL recognizes that homelessness, substance use and mental health challenges are complex community issues that require coordinated responses from governments, healthcare providers, social service agencies and community organizations.

Over the past several years, HPL has implemented and expanded many initiatives designed to support vulnerable community members, reduce barriers to services and assist Staff in responding to increasingly complex situations. These efforts continue to evolve in response to community needs and feedback from Members, Staff and partners.

### Partnerships and Community Supports

HPL works closely with community organizations and service providers to connect people with support and reduce barriers to accessing services.

- **Community Connectors** – Two full-time staff work six days a week, helping connect Members with resources within the Library and throughout the community<sup>2</sup>
- **Community Partner Desk** – Approximately 20 community agencies provide on-site support and referrals at Central Library, averaging more than 100 service hours per month.
- **Peer Support Program**– A peer support worker is on site at Central Library six days a week<sup>3</sup>
- **Social Workers** – Two part-time Social Workers provide support and referrals at Central Library six days a week.<sup>4</sup>
- **Community Agency Partnerships** – Ongoing collaboration with organizations including the Canadian Mental Health Association, City of Hamilton Harm Reduction Team, Crisis Outreach and Support Team (COAST), Goodwill Amity, Hamilton Housing Help Centre, Mishka Social Services and others.

### Staff Training and Capacity Building

HPL invests in training to help Staff safely and effectively respond to a wide range of situations.

- Lifesaving Society and St. John Ambulance First Aid training
- Naloxone administration training provided by Positive Health Network and SOPEN Hamilton<sup>5</sup>

- De-escalation training by Ryan Dowd<sup>6</sup>
- Mental health de-escalation training provided by the Greater Hamilton Health Network
- Verbal Intervention Training provided by Crisis Prevention Institute<sup>7</sup>

### **Safety and Security Measures**

To support safe environments for Members, Staff and visitors, HPL has implemented a range of operational and security measures.

- Security guards on site at Central Library during all open hours
- Roving by Library Management and Security Staff throughout the building
- Customer Service Step System Program to support coordinated responses to incidents
- Short- and long-term suspensions for disruptive or illegal behaviour
- Reinstatement meetings for Members serving one-year suspensions
- Wellness checks in washrooms
- Automated External Defibrillators (AEDs)
- Twenty-four-hour security camera monitoring
- HALO Smart Sensors and other washroom safety measures, including occupancy indicators and remote locking capabilities

### **Continuous Improvement and Collaboration**

HPL continues to review and adapt its approach through collaboration, consultation and learning.

- Ongoing consultation with community agencies and service providers
- Central Task Force established in 2024, which contributed to the implementation of the Peer Support Program
- Visits and discussions with other public libraries, including Kitchener Public Library, Guelph Public Library and Brantford Public Library, to learn from their experiences and identify best practices
- Ongoing evaluation of services, supports and operational approaches

Together, these initiatives reflect HPL's commitment to supporting community well-being, maintaining equitable access to Library services and creating safe and welcoming spaces for all Members.

## Key Metrics

The evaluation found that the pilot achieved its intended objectives.

Of note, during the pilot period, Central Library experienced significant reductions in suspected illegal drug use, 911 calls, naloxone administration and other operational disruptions. Naloxone administrations decreased by more than 90 per cent, the rate of 911 calls decreased by 67 per cent, and the rate of suspected illegal drug use was reduced by more than half compared to the period immediately preceding implementation.

All measures compare the pre-pilot and pilot periods in 2025 and 2026. It is important to note that the pilot period is approximately two weeks shorter than the pre-pilot period. This difference may influence comparisons, as a longer period allows for more incidents and service interactions.

The pre-pilot period includes all of January, all of February, and the first half of March in each year. The pilot period includes the latter part of March, all of April, and the first half of May.

### *New Members*

During the pilot, 1,768 new Members registered for Library cards at Central Library. This is 34.7 per cent higher than the number registered last year ( $n= 1,313$ ) in the same period. In the early part of this year, before the pilot, the number of new Members registered at Central Library was 2 per cent lower than the pre-pilot period of 2025 (1,353 cards in 2026, compared to 1,380 cards registered in 2025).

## Visitors

Every person who enters an HPL facility is counted. This is performed by an electronic camera that tracks footfalls. With this, we can see changes in visitor traffic to our facilities. Daily and weekly visitor numbers are highly variable due to random events (e.g., programming, statutory holidays and bad weather) and random decisions by Members. We do tend to see monthly and quarterly trends from one year to the next. More visitors tend to come to the Library in Quarter one (January through March) than in Quarter two (April through June) each year.<sup>8-9</sup> March tends to be the busiest month for the entire system in the first two quarters of the year.

Table 1 shows the monthly visitors to Central Library during the first four full months of 2025 and 2026, and for the pilot phases of May 2025 and 2026. January and February of this year saw increases in visitor numbers compared to last year. In March, April and May, we see that this year's visitor count is lower than last year's. Some of these differences may be accounted for by the fact that this February Central Library no longer opened on Sundays and changed our opening time from 8 a.m. to 9 a.m. the rest of the week. However, some of the decreases are likely due to the pilot implementation.

For example, looking at the March visitors, 2025 had 99,144 visitors, and 2026 had 88,678. If we want to compare these under similar circumstances, we could remove the Sunday and 8 a.m. numbers from 2025. This would result in a higher number of visitors this March, as we would now have 83,904 in March last year. It is not possible to know whether or how much of the decrease in 2026 is because of the reduction in the hours we were open, or the implementation of the pilot. **It does, however, appear that the pilot may have had a negative impact** on the number of people who visited Central Library.

*Table 1: Monthly visitor numbers at Central Library*

<b>2025</b>	<b>Total Visitors</b>	<b>Visitors 8-9a.m.</b>	<b>Sunday Visitors</b>	<b>2026</b>	<b>Total Visitors</b>	<b>Visitors 8-9a.m.</b>	<b>Sunday Visitors</b>
January	96,250	8,418	5,537	January	108,584	8,291	6,224
February	82,545	7,084	3,900	February	84,804	--	--
March	99,144	8,294	6,946	March	88,678	--	--
April	87,883	8,246	3,838	April	70,600	--	--
Mid-May	49,149	4,886	2,298	Mid-May	33,991	--	--
Pre-Pilot	227,690	19,466	7,953	<b>Pre-Pilot</b>	<b>235,223</b>	<b>8,291</b>	<b>6,224</b>
Pilot	187,281	17,462	9,029	<b>Pilot</b>	<b>151,434</b>	<b>--</b>	<b>--</b>

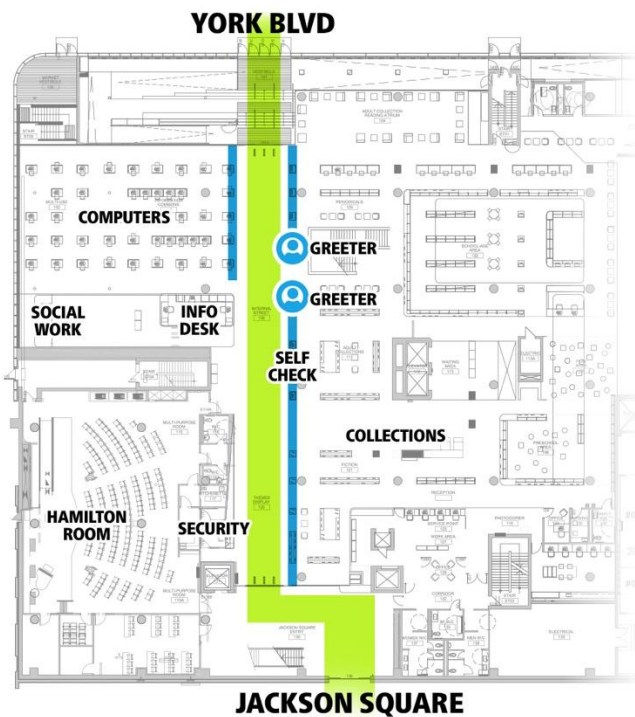
### *Pilot Visitors*

The visitors who entered Central Library during the pilot were counted by the sensors upon entry. This includes, but is not limited to, people who:

- Use the First Floor computers
- Pick up print jobs at the printer
- Use the photocopier
- Pick up their holds
- Visit the first-floor Information Desk
- Return materials to the temporary book return bin
- Attend programs in the Hamilton or Wentworth Rooms (e.g. Noon-Hour Concerts)
- Visit community partner desks that were set up in front of the stanchions
- Visit the Social Worker on the First Floor
- Were met at the greeter station by a partner and taken upstairs
- Work at the Library or City and use the Staff elevator to get upstairs
- Are under the age of 18
- Use the Library as a pass-through into Jackson Square

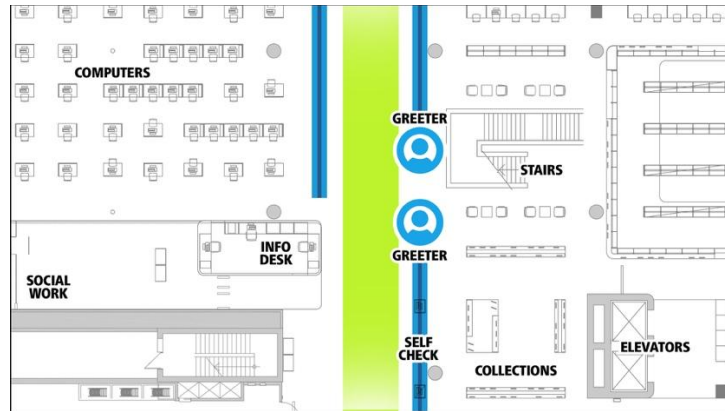
None of these people were required to show their Library Card at the greeter station, either because they were not going further into the Library space, were exempt because of age, or worked at Central Library.

The sensors counted 151,434 visitors to Central Library during the pilot. This number is 19.1 per cent lower than the same period in 2025 (total visitors 187,281). Without Sunday and 8am visitors, last year's number would have been 160,790, which means that we still saw a slight decrease in the overall number of visitors to Central during the pilot period.



For those individuals who wanted to visit another floor in the Library, and had to show their card, there was a greeter station inside the Library near the stairwell. At this station, Staff greeted the individual and asked to scan their card. If the individual forgot their card or did not have one, they were redirected to the First Floor Information Desk to obtain a temporary card or to register for a new one. If the scanned card indicated that it was not an active Library card (possibly a suspended Member) then the individual was also redirected to the Information Desk.

Image 1: Central Library first-floor layout showing location of greeter stations during pilot



*Image 2: Close-up view of greeter station locations on first floor at Central Library*

Greeters kept an hourly count of how many cards they scanned positively (people going through) and how many people were redirected. At the Information Desk Staff keep a count of how many people approached the desk and

- (1) were suspended,
- (2) had no suitable documentation to get a card,
- (3) disagreed with the policy to need a card, or
- (4) or other reasons the individual chose not to sign up for a Library card.

These counts were all collected and aggregate numbers are provided.

Greeters successfully scanned 48,897 cards during the pilot, approximately one-third of Library visitors had their cards scanned at the greeter station (32.3%). This number is lower than the number of people who passed the greeter station, as we did not count, for example, children and teens under 18, or Staff (as mentioned above), who were excluded.

Greeters redirected 1,037 people to the Information Desk, which is less than one per cent of the total visitors to Central Library.

## In-Person Circulation

Members check out physical items (e.g., books, CDs, DVDs) every day that HPL is open. The quantity of items checked out on any given day, week, or month is variable. However, there tend to be similar trends year to year by each month. There are exceptions when outside forces change this pattern, for example the COVID pandemic and the cyber-security incident in 2024.

Members can check out their physical items at an HPL location (in person), then renew them several times. Renewals may not happen in person and, in fact, can occur automatically if the item is nearing its return date. Since renewals that occur online or automatically are not necessarily a measure of activity within an HPL location, only in-person checkouts and renewals are discussed in this report.

In-person circulation depends on the number of visitors, who is visiting, the time of year and factors outside the Library's control. For comparison purposes, we have calculated rates of the number of items circulated in person per 10,000 visitors. This standardizes circulation based on the number of visitors and is a better measure for comparison than raw numbers.

Table 2 shows the monthly number of items Members checked out in person from Central Library, along with the rate per 10,000 visitors. The table also shows the number of items circulated between 8 a.m. and 9 a.m. and on Sundays each month (where appropriate). The number of items checked out on Sundays and between 8 a.m. and 9 a.m. accounts for about ten per cent of the monthly check-outs when these hours were available.

We see similar monthly rates in 2025, despite variability in the total number of items circulated. The highest rate last year occurred in January at 2,396.16 items checked out per 10,000 visitors. The rates for the first three months of 2026 are between 300 and 600 items fewer compared to last year. The exceptions to this are April 2026, which saw only 6.71 fewer items circulated, and mid-May 2026, when 112.88 more items were circulated than last year. Mid-May 2026 was the best period in either year.

In-person circulation rates during the pilot this year are lower than last year, 2,137.24 items as compared to 2,172.46 items. They were also lower prior to the pilot this year than last year (1,859.73 vs. 2,350.35 items). The decreases may in part be influenced by the situation during the winter months that Central Library experienced and what led to the pilot. They may also, in part, be due to the renovations to move the Children's area to the second floor, which have required the relocation of those physical items. However, we cannot confirm this, and if they are contributing factors, we cannot determine how much influence either situation has had on the decrease.

*Table 2: In-person circulation numbers at Central Library*

<b>2025</b>	<b>Total in-person circulation</b>	<b>Items per 10,000 visitors</b>	<b>8a.m.-9a.m.</b>	<b>Sunday in-person circulation</b>	<b>2026</b>	<b>Total in-person circulation</b>	<b>Items per 10,000 visitors</b>	<b>8a.m.-9a.m.</b>	<b>Sunday in-person circulation</b>
January	23,063	2,396.16	658	2,049	January	19,652	1,809.84	551	1,419
February	19,068	2,310.01	513	1,175	February	16,342	1,927.03	--	--
March	21,872	2,206.08	469	1,897	March	16,783	1,892.58	--	--
April	18,899	2,150.47	594	1,269	April	15,135	2,143.77	--	--
Mid-May	11,299	2,298.93	312	699	Mid-May	8,198	2,411.82	--	--
Pre-Pilot	53,515	2,350.35	1,437	4,406	<b>Pre-Pilot</b>	<b>43,745</b>	<b>1,859.73</b>	<b>551</b>	<b>1,419</b>
Pilot	40,686	2,172.45	1,109	2,683	<b>Pilot</b>	<b>32,365</b>	<b>2,137.24</b>	<b>--</b>	<b>--</b>

## Incidents

We looked at incidents\* this year and last year for 911 calls, suspension violation, suspected illegal drug use, and naloxone administrations (suspected drug poisonings). We provide the numbers and calculate the rates per 10,000 visitors monthly for 2025 and 2026, pre-pilot, and during the pilot. This allows us to compare like timelines of both periods last year. The rates were calculated for Central Library. HPL reviewed the total number of incidents last year for the same period January, February and mid-March (up to March 15, 2025) as considered comparable to our pre-pilot this year, and March 16 on, all of April and mid-May (up to May 18, 2025) as comparable to during the pilot this year.

### 911 Calls

Any time Staff call 911 emergency services during an incident. The calls may or may not be related to illegal drug use, suspension violation or potential drug poisoning. Incidents are counted as 911 calls even if they are subsequently cancelled before emergency services arrive. Call numbers indicate the need for professional intervention on-site. Incidents are not included here if someone other than Staff made the call. Non-emergency incident calls are not included in these numbers.

Prior to the pilot, Central Library made on average, more than one call per day to 911 in both January and February of 2026. The rate of calls per 10,000 visitors was nearly double that of January 2025 and more than double that of February 2025. In March of both years, the number of incidents (20 compared to 19) and the rates (2.02 compared to 2.14) were similar. Figure 1 shows the number of monthly incidents, while Figure 2 shows the rates per 10,000 visitors.

During the pre-pilot period, the number and rate of calls is much higher this year than last (4.63 compared to 2.33 per 10,000 visitors). For 2025, the rates during the comparable periods are similar.

In 2026, we experienced a greater decrease. This year, the rate for the pilot period is 67.2 per cent lower than the pre-pilot period rate (a rate of 1.52 compared to 4.63). The rate is even slightly lower than last year's pilot period (1.60 per 10,000 visitors). The sharp decline in part reflects the serious issues Central Library faced in January and February this year.

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\* HPL's Incident Reporting system is open and fluid. The numbers presented in this report are based on incidents submitted by 17:00 on 5.22.2026.

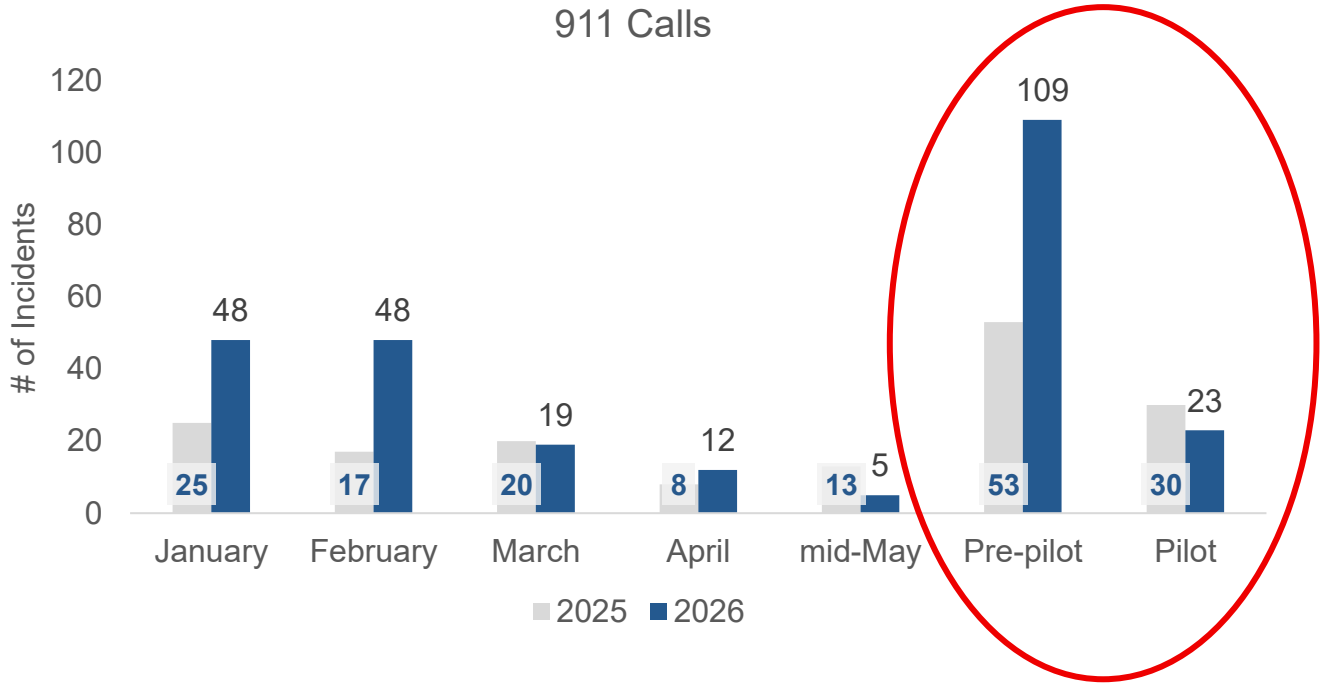


Figure 1: Monthly 911 call incident numbers for Central Library

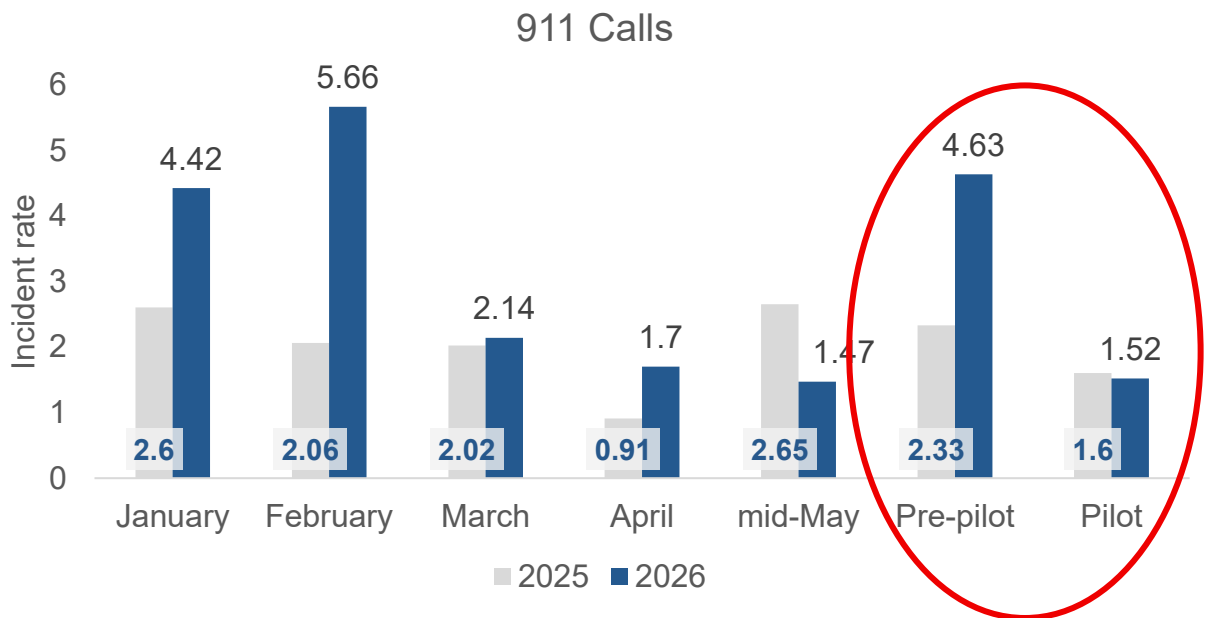


Figure 2: Monthly rate of 911 calls per 10,000 visitors

## Suspension Violation

Suspension violation incidents are events when a person enters a Library branch while under HPL’s short- or long-term suspension.

Suspension violation numbers and rates in January and February were similar in both years. In March 2026, there was a spike in suspension violations at Central Library compared to March of 2025. This year’s pre-pilot numbers and rates are a little higher than last year. However, the rate during the pilot period this year is 54.6 per cent higher than last year’s, despite only five additional incidents. Both years’ pilot rates and numbers are lower than the pre-pilot rates for either year. This suggests that incidents of suspension violation are less likely to be influenced by the pilot and more influenced by outside factors.

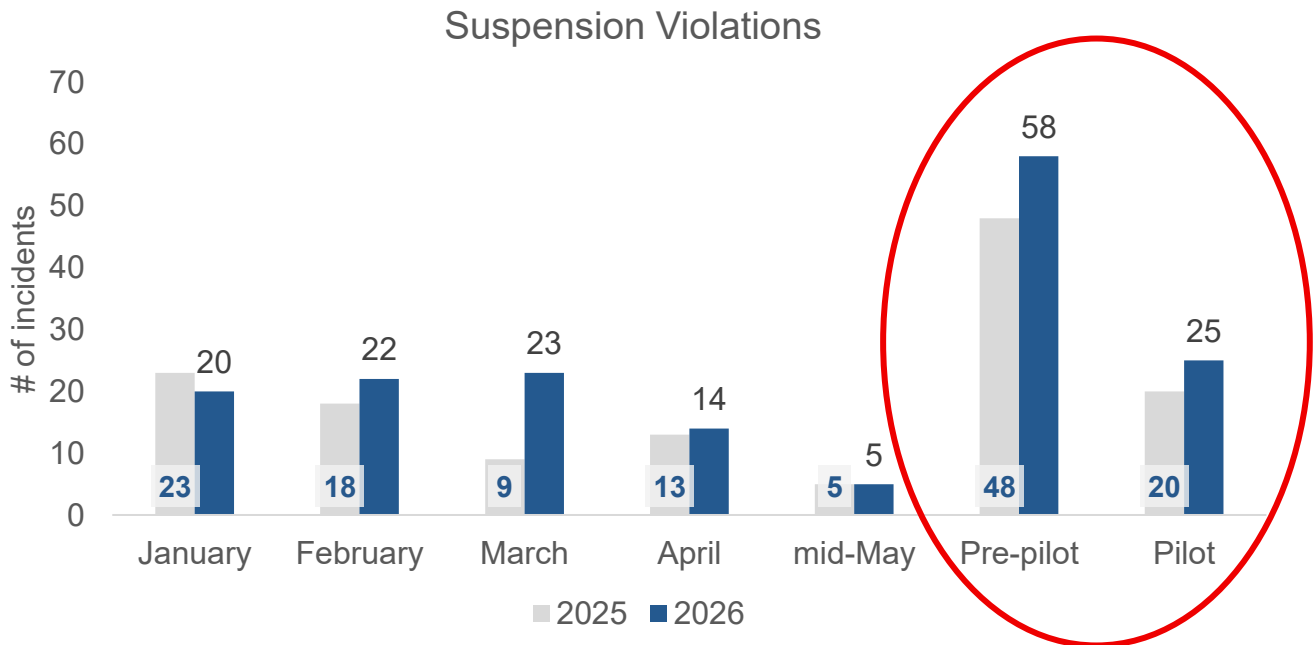
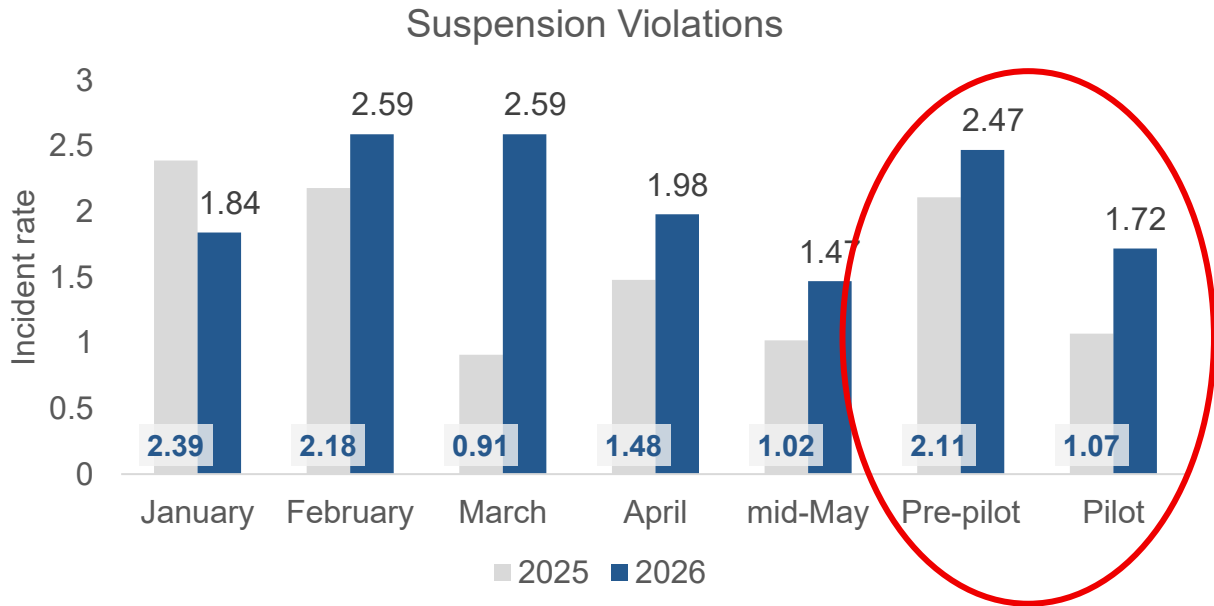


Figure 3: Monthly suspension violation incident numbers for Central Library



*Figure 4: Monthly rate of suspension violation incidents per 10,000 visitors*

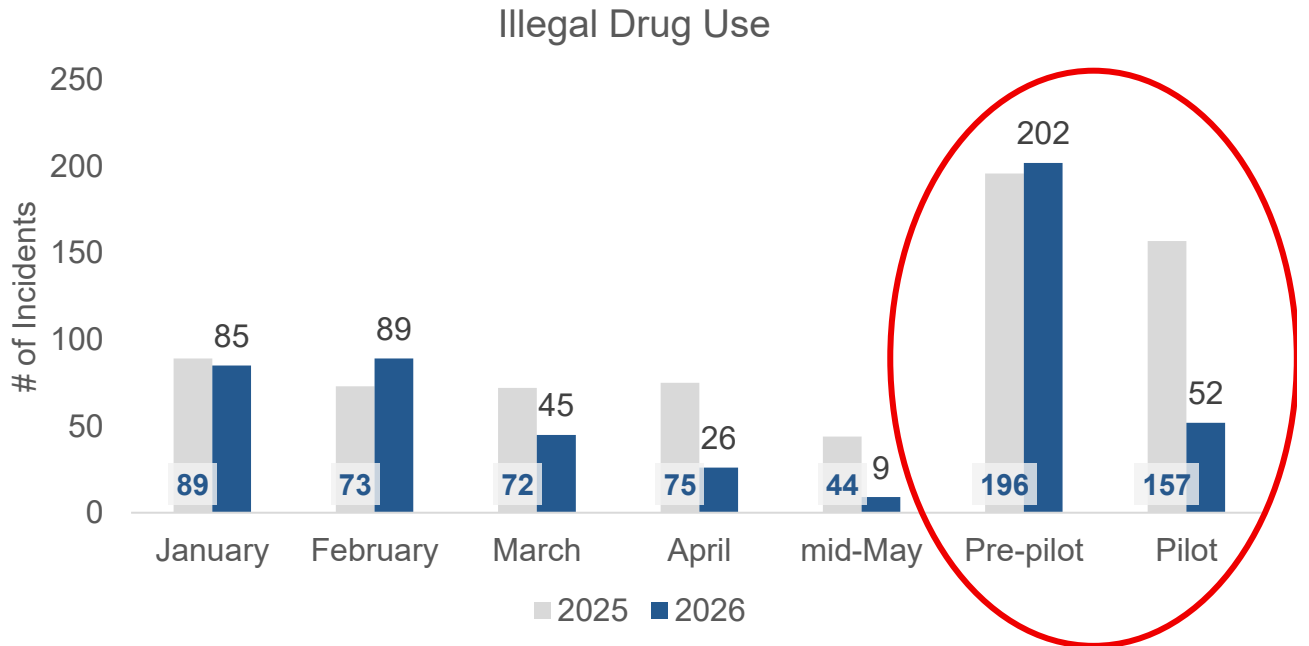
### Suspected Illegal Drug Use

Suspected illegal drug use is an instance where Staff indicate that they witness someone using illegal drugs or distributing illegal drugs on HPL premises. This label also applies when someone indicates having consumed illegal drugs, or when Staff suspect illegal drug use on site because they find drug residue (e.g., white powder) or drug paraphernalia (e.g., broken or intact pipes, used needles). It does not refer to incidents when legal substances (e.g., alcohol, cigarettes, or marijuana) are used or consumed, which is illegal to do within our Library. This also does not include incidents involving prescription drugs.

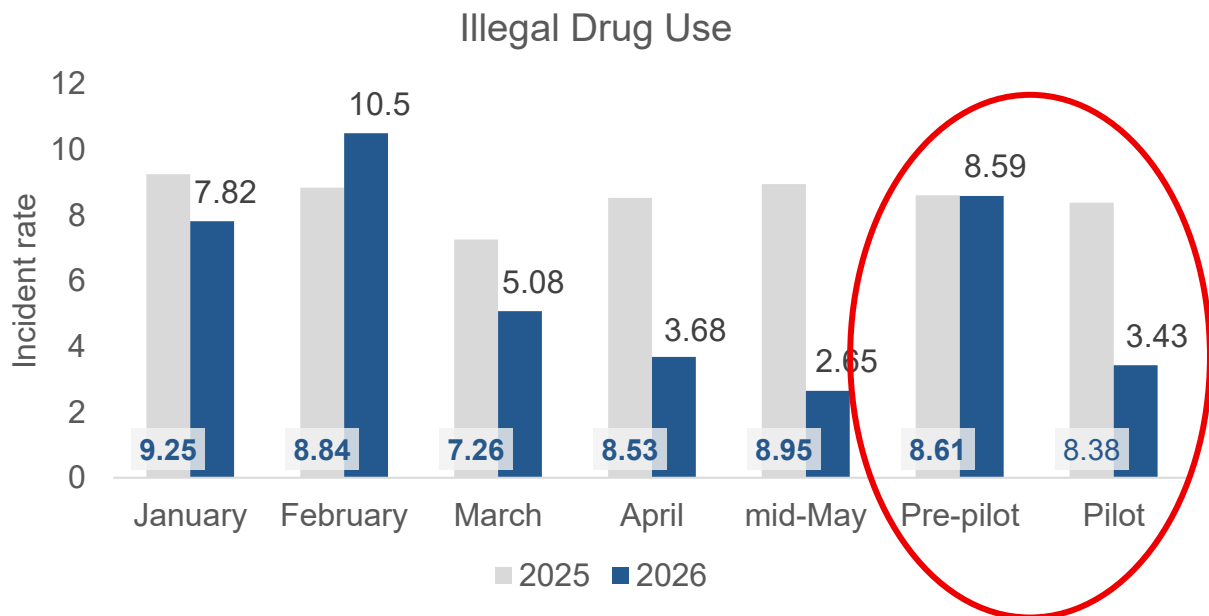
In 2025, the total number of reported incidents was 196 during the period comparable to the 2026 pre-pilot period. This represented a rate of 8.61 per 10,000 visitors. This year (2026 pre-pilot), the number of incidents is 202 for a rate of 8.59. Last year, the pre-pilot and pilot rates were similar: 8.61 and 8.38 incidents per 10,000 visitors, respectively. When we compare this year's pilot rate, we see a substantial difference. Between March 16 and May 17, 2026 (the pilot period), the incident rate for suspected illegal drug use was 3.43 per 10,000 visitors. **All the other rates are more than double the 2026 pilot period rate. This suggests that the pilot had a positive impact; it helped reduce suspected illegal drug use at Central Library.**

In incident reports between January and February 2026, Staff reported nine times that they witnessed people selling/distributing drugs or preparing drugs for supply (cutting up, weighing and dividing drugs into individual doses) at Central Library. There is one

report of drug distribution in November 2025. **There were no reports of distribution at Central Library after the pilot was implemented.**



*Figure 5: Monthly suspected illegal drug use incident numbers for Central Library*



*Figure 6: Monthly rate of suspected illegal drug use incidents per 10,000 visitors*

## Naloxone administration

Naloxone/NARCAN administration incidents refer to instances when Staff administer at least one dose during suspected drug poisoning, or when Staff provide naloxone to someone else (e.g., paramedics) who administers the dose. The number of incidents is not the same as the number of administrations. For example, multiple administrations may be needed within one incident. Furthermore, naloxone/NARCAN administration incidents are not necessarily all counted as suspected illegal drug use incidents, as in some cases where naloxone was administered, there was no indication that illegal drugs were used on HPL premises.

What is apparent from naloxone administration incidents is that the drug supply was significantly more potent in 2026 than in 2025. By the end of February 2026, HPL Staff administered naloxone in 39 incidents; in 2025, naloxone was only administered in four incidents in the first two months (see Figures 7 and 8). This means that naloxone was administered at a rate that was 520.5 per cent higher this January, and 1,652.1 per cent higher this February compared to the same months last year, respectively. In March 2026, we observed a significant drop in naloxone administrations at Central Library. However, the rate is still 347.2 per cent higher per 10,000 visitors than it was for March 2025. The rate of naloxone administrations in the pre-pilot period for 2026 was 713 per cent higher than the same period last year.

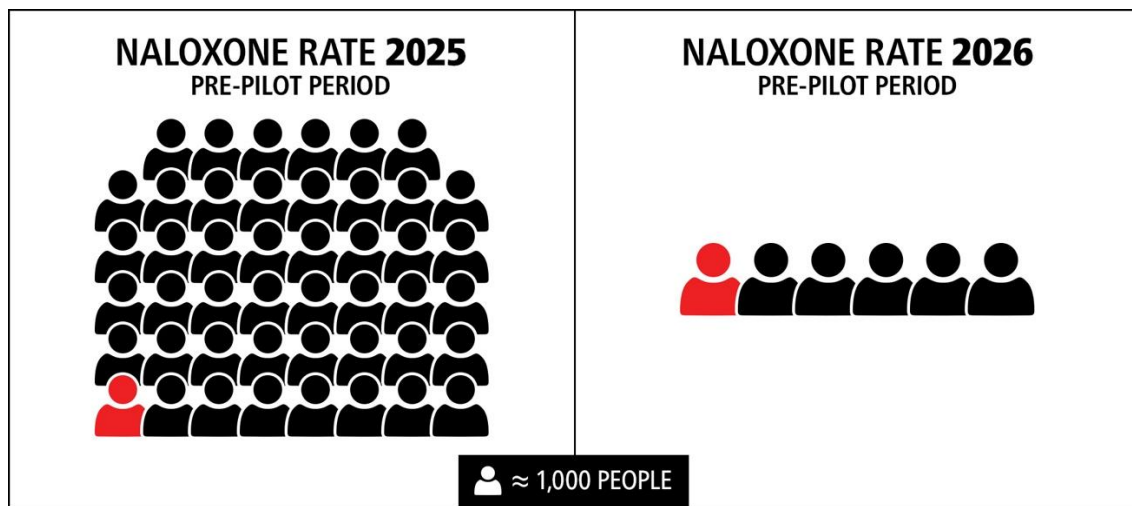


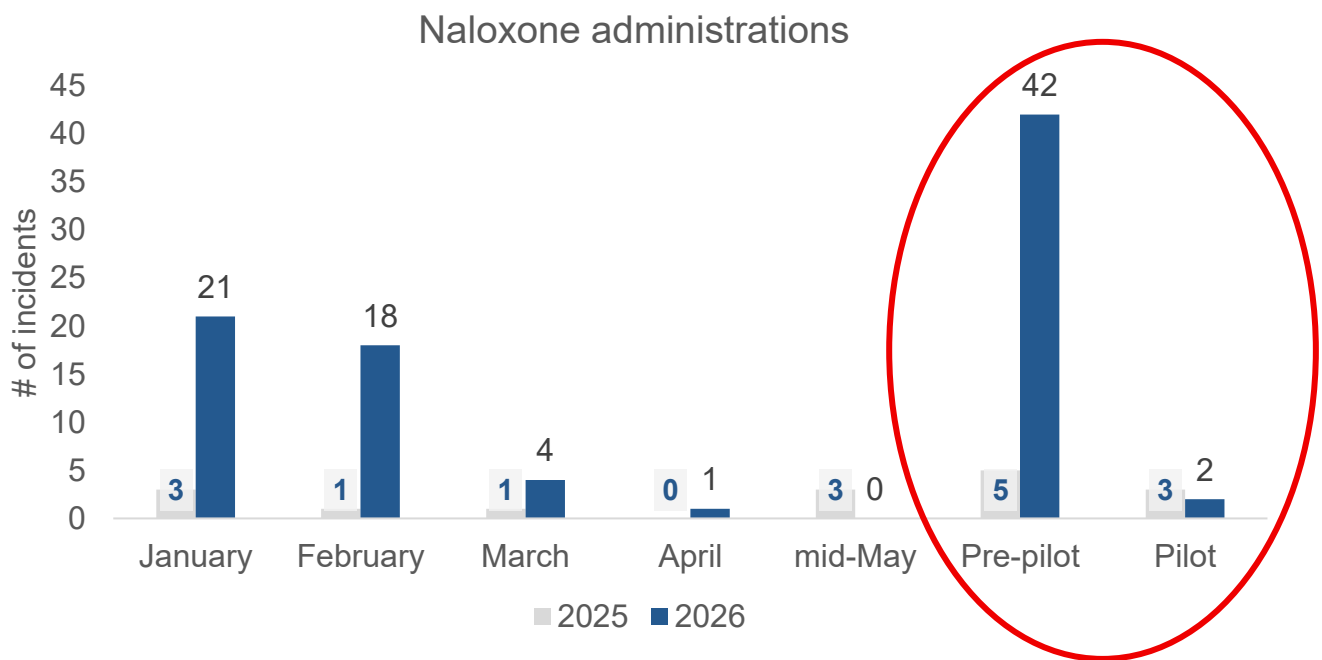
Image 3: Infographic representation of the number of visitors to Central before an incident requiring administration of Naloxone

During what can be considered the equivalent pre-pilot period for 2025, naloxone was administered five times for a rate of 0.22 administrations per 10,000 visitors. During the

pre-pilot period in 2026, naloxone was administered 42 times, for a rate of 1.79 administrations per 10,000 visitors.

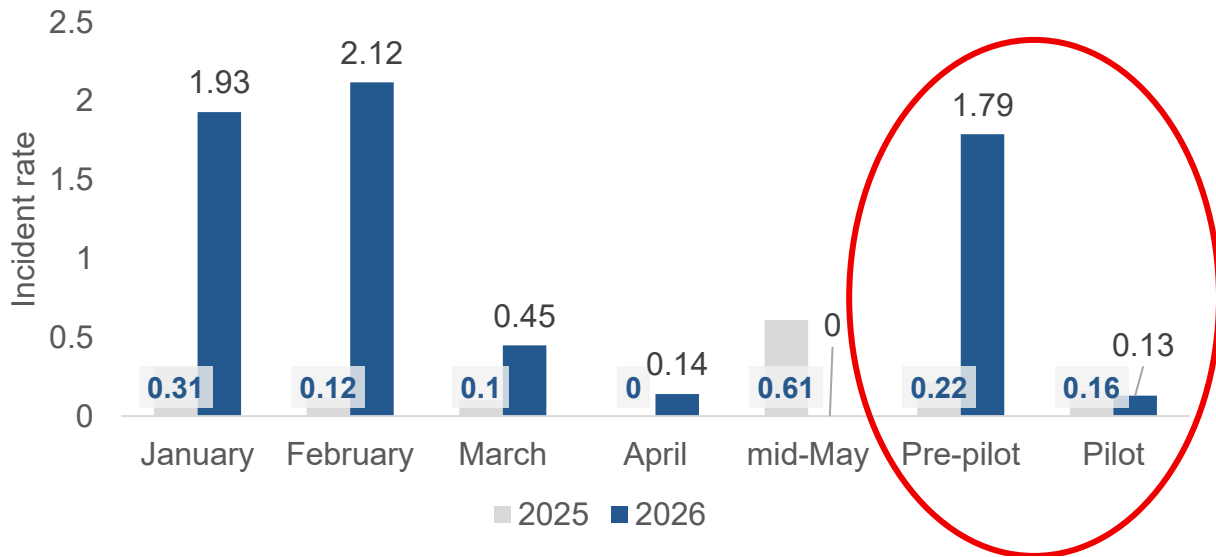
**To clearly highlight how difficult the situation was this year compared to last, there was one incident where naloxone was administered for every 45,538 visitors to Central Library in the first part of 2025, while this year, there was one naloxone incident for every 5,601 visitors to Central Library. This demonstrates the level of crisis HPL was facing prior to the implementation of the pilot.**

During the 2026 pilot, naloxone administration rate dropped dramatically (by 92.6%) from the pre-pilot rate. This year's pilot and last year's comparable period administration rates are similar (0.13 as compared to 0.16, respectively).



*Figure 7: Monthly naloxone administration incident numbers for Central Library*

### Naloxone administration



*Figure 8: Monthly rate of naloxone administration incidents per 10,000 visitors*

### Weather

There has been an ongoing assumption that illegal drug use occurs in public libraries more in colder months than in warmer months. Using HPL incident data for 2025 and 2026, we test whether our data supports this hypothesis. 3 shows trends in suspected illegal drug use by month and the average daily temperature on those days. The average daily temperature is calculated based on the actual hours Central Library was open each day, not all hours of the day\*. The temperature was calculated using the Weather Station located at the Royal Botanical Gardens<sup>10</sup> in Hamilton.

Table 3 shows how many days each month from January 2025 until mid-May 2026 (the end of the pilot) Central Library had zero drug incidents, and how many days we had reports of one or more suspected illegal drug incidents. It shows the average daily temperature on those days. It also shows the greatest number of incidents reported on any one day each month, how many times this occurred in the month and what was the highest and lowest temperature for that day (when it occurred more than once).

\* This does include hours when the Library was open for Study Hall, a service offered in 2025 from 8pm until midnight at Central Library.

*Table 3: Monthly incident trends and temperature at Central Library*

Month	Average daily temp for month	Total drug incidents	Days with zero drug incidents	Avg. temp on zero days	Days with at least one drug incident	Avg. temp on days with at least 1 incident	Most incidents in one day	Number of times occurred	Highest/Lowest temp
Jan. 2025	-4.9°C	89	9	-1.44°C	21	-5.25°C	8	2	-4.7°C/-8°C
Feb. 2025	-3.9°C	73	7	-3.83°C	18	-1.83°C	10	1	-5.1°C
Mar. 2025	2.8°C	72	10	3.89°C	21	4.28°C	8	1	0.9°C
Apr. 2025	7.5°C	75	8	9.26°C	19	8.13°C	7	4	14.6°C/2°C
May 2025	12.5°C	59	10	15.61°C	18	13.45°C	6	2	13.1°C/12.8°C
June 2025	19.8°C	42	10	22.09°C	19	22.18°C	7	1	20.1°C
July 2025	23°C	44	13	27.03°C	17	27.48°C	6	1	28.9°C
Aug. 2025	20.7°C	31	16	26.37°C	12	21.54°C	6	1	22.1°C
Sept. 2025	17.3°C	33	10	21.17°C	19	19.87°C	4	2	16.2°C/15.6°C
Oct. 2025	11.6°C	29	17	13.60°C	12	14.98°C	4	1	17.6°C
Nov. 2025	4.1°C	64	9	6.97°C	21	4.53°C	7	1	1.8°C
Dec. 2025	-3°C	87	6	-0.38°C	21	-2.4°C	12	1	-0.1°C
Jan. 2026	-5.8°C	85	9	-0.97°C	21	-5.51°C	8	1	-12.4°C
Feb. 2026	-4.4°C	89	3	0.27°C	20	-2.38°C	11	1	-0.5°C
Mar. 2026	2.6°C	45	7	7.98°C	19	3.54°C	6	1	-5.6°C
Apr. 2026	7.9°C	26	10	8.66°C	14	7.61°C	8	1	2.3°C
May 1-17, 2026	10.7°C	9	7	12.96°C	7	13.10°C	2	2	10.7°C /10.3°C

Note: the total number of days with zero incidents and with at least one incident will not equal the total number of days in the month due to days when the Library was closed (e.g., statutory holidays, weather related closures, Sundays in 2026).

Our data does indicate that more suspected illegal drug use incidents are reported by Staff in colder months. However, there are a similar number of days in most months with at least one suspected drug use incident occurrence. Even in warmer weather, we can see clusters in a single day, and these can happen on relatively warm days. The warmest day with at least one reported incident in 2025 was 32.8°C. The warmest day with a reported incident in 2026, so far, was 21.4°C (only goes to the end of the pilot). Using the statistical program R (v4.5.2) we tested whether there was a statistical relationship between the number of reported incidents and the average daily temperature in 2025.

Our results show that there is a moderate negative relationship in 2025 (Pearson's  $r = -0.35$ , 95% CI\* -0.44 to -0.25  $p > 0.001$ ; d.f.† = 341) between the average daily temperature and the number of suspected illegal drug use incidents on those days. This means that as incident numbers increased (in 2025), the temperature tended to decrease.

Illegal drug use at Central Library does have some association with cold weather. However, taking the clustering data into account, we should be cautious in stating that a crisis can only occur in winter. For example, in July last year, we had 17 days with at least one incident of illegal drugs and the average temperature on those days was 27.5°C; we had one day with six incidents (the average temperature that day was 28.9°C). Also, considering naloxone administration at Central Library last year during the warmer months (four times in May, three times in June, and once in July), it is possible that reporting is more random than attributable to temperature alone.

### *Dispersal of Incidents*

One concern that Staff suggested before the pilot was that it would lead to incidents at other locations. We analyzed data for the rest of the system, and the cluster of five branches closest to Central Library to determine whether the pilot was dispersing these types of incidents to other locations. Using 2025 and 2026 data, there is nothing to suggest that during the pilot, this occurred (see Table 4).

In 2025, the rates for each incident type of concern were similar pre-pilot to pilot. Illegal drug use at other locations last year was slightly higher (38%) during the warmer months of the pilot (end of March, April to May 2025) than in January to the start of March. The impacts of these incidents were felt disproportionately at the five closest locations to Central Library. Drug use at Barton (BA), Kenilworth (KE), Locke (LO),

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\* CI = confidence interval

† d.f. = degrees of freedom

Parkdale (PA), and Westdale (WE) was 60 per cent higher in the period that would have been the pilot last year, compared to the pre-pilot phase.

*Table 4: Monthly incident numbers, incident rate (per 10,000 visitors), visitors and in-person circulation trends at other HPL Locations*

Month	All Locations	Five Nearest Branches to Central	All Locations	Five Nearest Branches to Central
	<b>Pre-pilot 2025</b>		<b>Pilot phase 2025</b>	
Visitors	368,754	71,778	314,390	61,267
In-person circulation	353,581	62,492	275,508	52,809
In-person circulation rate	9,588.53	9,413.3	8,763.26	8,619.49
911 call incident rate	0.49	1.95	0.22	0.49
Suspension violation incident rate	0.71	0.84	0.92	1.47
Illegal drugs incident rate	0.46	1.53	0.64	2.45
Naloxone incident rate	0.05	0.28	0.03	0.16
	<b>Pre-pilot 2026</b>		<b>Pilot phase 2026</b>	
Visitors	450,568	83,894	385,484	76,052
In-person circulation	332,958	62,492	276,883	53,650
In-person circulation rate	7,389.74	7,448.92	7,182.74	7,054.38
911 call incident rate	0.51	1.67	0.60	1.05
Suspension violation incident rate	0.31	1.07	0.31	1.18
Illegal drugs incident rate	0.80	3.81	0.52	2.50
Naloxone incident rate	0.2	0.60	0.03	0.0

In 2026, the rates for other locations, prior to implementing the pilot, were all higher (with one exception, suspension violation) than the 2025 rates. The suspension violation rate this year was lower than last year (0.31 compared to 0.71), except at the five closest locations (1.07 2026 vs. 0.84 2025).

The rate of suspected illegal drug use at other locations (excluding Central Library) was 73.3 per cent higher, while the naloxone administration rate was 268.3 per cent higher than the same period in 2025. After implementing the pilot, the rates do not increase, in fact, they decrease at the other locations, including the nearest five locations of BA-KE-LO-PA-WE. Suspected Illegal drug use at HPL's other locations dropped by 35 per cent and the rate of naloxone administration incidents dropped by 87 per cent during Central

Library's pilot as compared to the 2026 period before the pilot. At the five closest locations, the rate of suspected illegal drug use dropped by 34.5 per cent during the pilot and although it is 2.0 per cent higher than last year for the same period. No naloxone was administered during the pilot at the five closest locations.

In 2025, for the pre-pilot period, for every 184,377 visitors outside of Central Library, we had one incident where naloxone was administered; In 2026, for every 50,000 visitors, we had one incident where naloxone was administered. For the 2025 period of the pilot, we administered naloxone only once while seeing 314,390 visitors. In 2026, we had one reported incident in which we administered naloxone, while seeing 385,143 visitors.

On a positive note, we see an appreciable increase in visitors at the other locations. There was a 22.2 per cent increase in visitors in 2026 over 2025 for the period prior to the pilot, and a 22.5 per cent increase during the pilot. In-person circulation rate was higher per 10,000 visitors at other HPL locations than at Central Library. However, the 2026 rates at the other locations are lower than they were in 2025. For example, for the pre-pilot phase in 2025, we circulated 9,588.53 items per 10,000. In 2026, during the same period, we circulated 7,389.74 items circulated per 10,000 visitors.

The decline in circulation rates is greater than that seen at Central Library. Central Library had approximately 490 items fewer, while at the other locations, there were 2,200 items fewer per 10,000 visitors. The actual number of items taken out during the pilot at the other locations increased slightly compared to last year, but because the number of visitors did too, the rate is still lower than last year. The increase in the number of items did not keep pace with the number of visitors. This suggests that, as we are aware, library spaces are used for borrowing physical items and much more.

## Public Feedback

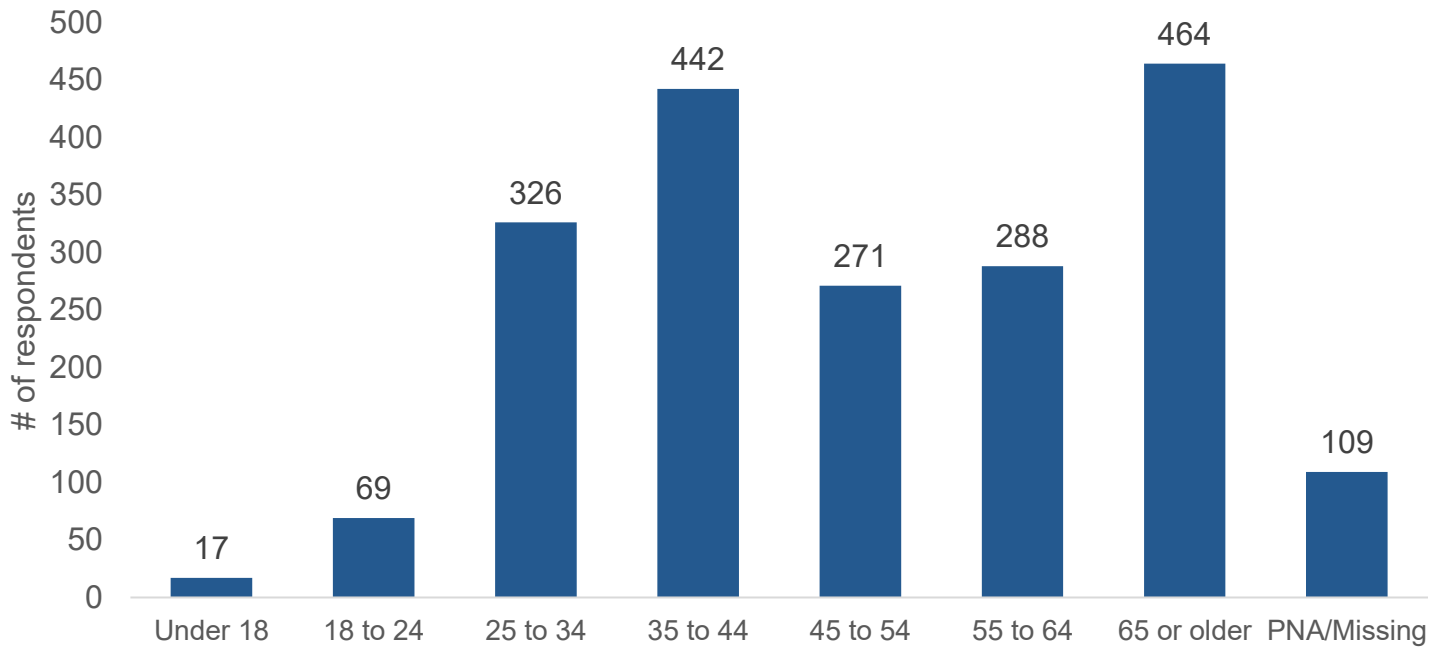
The public was invited to participate in an anonymous survey during the pilot study, which closed on May 17, 2026. In total, 1,989 people responded. Open-ended questions were thematically analyzed. There were not any pre-determined themes. All themes were organically developed while reading through each question's comments. Comments are grouped by the main theme rather than broken into all the various themes that exist in any one comment.

Verbatim survey comments have been compiled in Appendix A and are not included in the body of this section to maintain clarity and consistency with the findings. Each individual comment has been shared with HPL's Senior Leadership Team (SLT).

Most of the survey respondents identified as girls/women (n = 1,241; 62.4%). People who identified as boys/men accounted for nearly one-quarter of respondents (23.7%; n = 472). The rest self-identified with another gender identity or chose not to identify their gender. We had respondents representing each of our age categories. However, the youngest two age groups appear to be underrepresented compared to older groups. Using respondents' postal codes, we determined that 25.5 per cent of people live within the catchment for Central Library (n = 508).

*A note on limitations related to survey evaluation:* Open-ended comments were grouped by main theme, even though some lengthy comments may have contained multiple themes. Analysis of a large number of comments means that some nuances may not be captured in full.

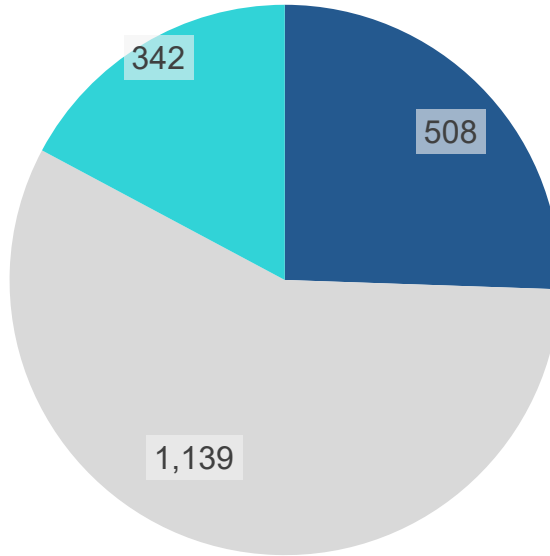
Comments were assessed and assigned a theme by one reviewer due to time limitations. Typical practice for qualitative analysis would have two reviewers independently assign themes and reach consensus. The analysis nevertheless provides useful insight into the views and experiences of those who chose to participate.



*Figure 9: Survey respondents' age\**

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\* PNA = Prefer not to answer



■ Live Around Central   ■ Elsewhere in Hamilton   ■ Outside Hamilton/Unknown Residence

*Figure 10: Place of residence using provided postal code\**

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\* Unknown residence includes those people who wrote NFA (No Fixed Address) or did not provide a postal code.

## Experience Entering the Library

Slightly more than one-third of respondents (35.3%) indicated they visited Central Library during the pilot. Those who did were asked to share their experience while at the Library. Written comments were provided by 603 people.

The most frequent thematic response was that it was a **simple, easy process** (n = 285 people). Representative examples of these responses are provided in **Appendix A1**.

The next most frequent theme was that the pilot was a **barrier** (n = 148 people). For some, they had a personal experience of being excluded or witnessed others being turned away from the greeter station. For others, this was a broader perception of the pilot as a barrier to using the Library. Representative examples of these responses are provided in **Appendix A2**.

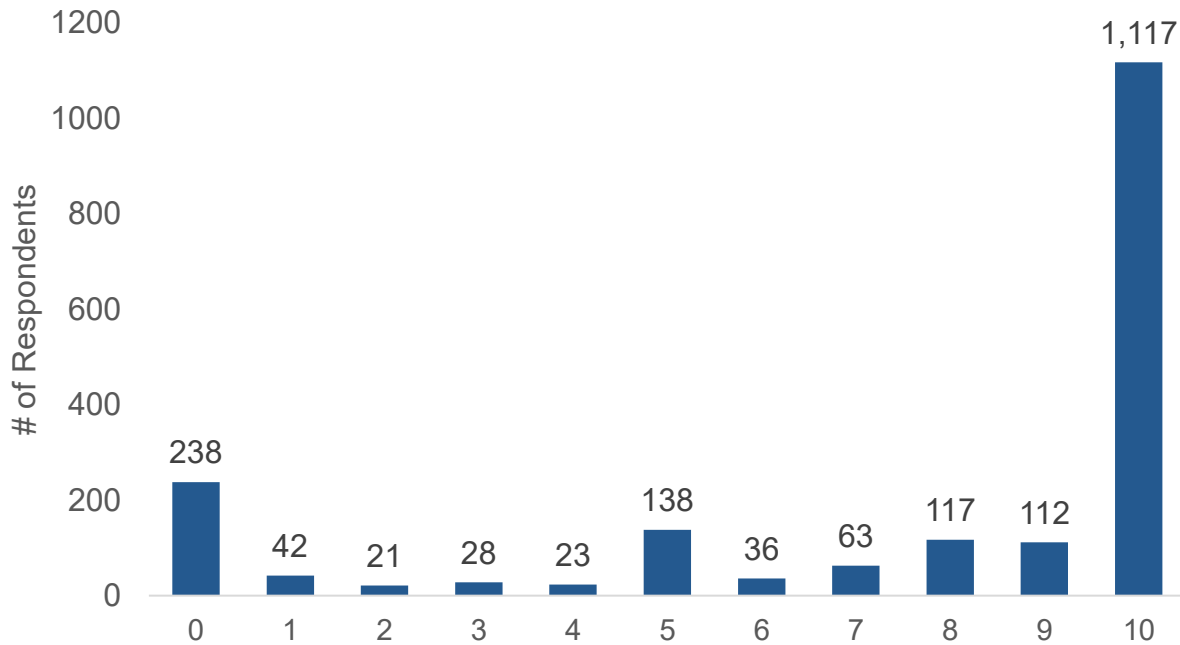
Some people discussed that the pilot had **no impact** on them (n = 55), either because the services they were using did not require showing a Library card or they were using the space in a limited way. Representative examples of these responses are provided in **Appendix A3**.

Other people felt that the pilot made their experience feel **safer** and that the space was calmer (n = 76). Representative examples of these responses are provided in **Appendix A4**.

The final theme identified was that the pilot was **needed** and viewed as a simple response to a complex problem (n = 39). Representative examples of these responses are provided in **Appendix A5**.

## Support of the Pilot

Survey respondents were asked to rate their level of support for the pilot from 0 to 10, with zero representing not supporting the pilot at all, ten being complete support. The question was not required, so not everyone answered. Of those who did, the average score was 7.61 (SD\* = 3.58; median = 10). This means that three-quarters of people supported the pilot (74.7% with a score of 6 or more) and about one in five did not (18.2% with scores of 4 or less; see Figure 11).



*Figure 11: Number of members of public who responded with each value of support from zero to ten.*

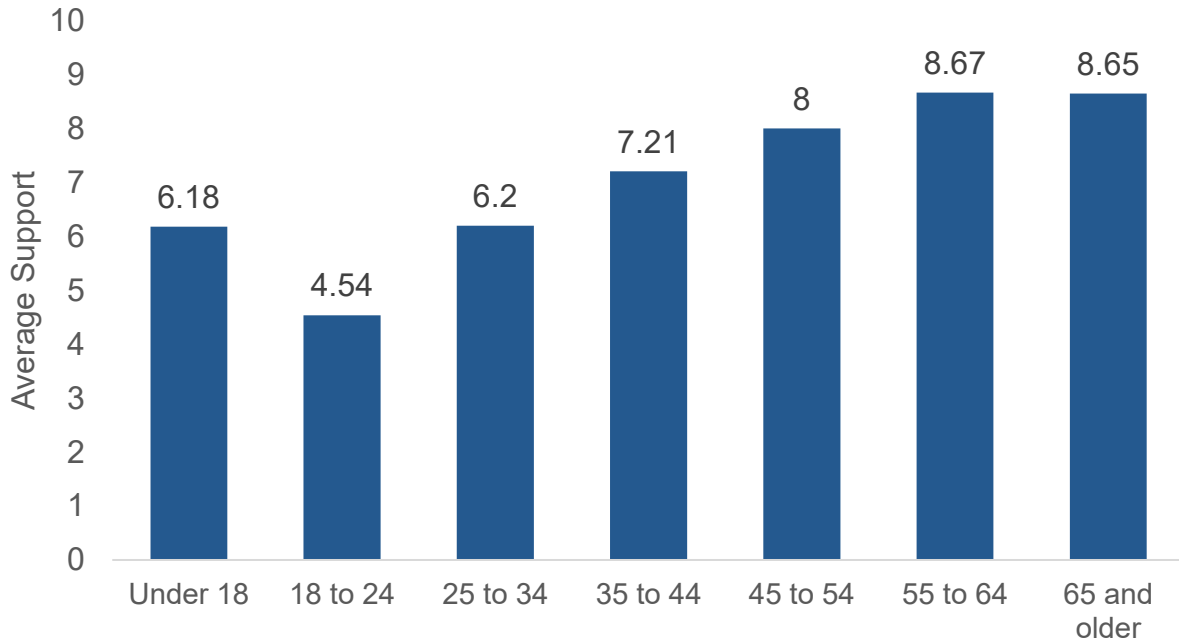
People living within the Central Library catchment were less likely to support the pilot than those living elsewhere in the City of Hamilton (an average of 7.46 compared to 8.01). People who did not provide a postal code or live outside of the City of Hamilton had the lowest score on average ( $\bar{x}^\dagger = 6.49$ ). Respondents who identified as boys/men were more likely to support the pilot ( $\bar{x} = 8.35$ ) than those who identified as girls/women ( $\bar{x} = 7.88$ ) or people who identified with another gender identity (or did not provide a gender identity; average of 5.09).

We examined the support for the pilot by age of our respondents (see Figure 12). Our younger respondents report less support, with 18- to 24-year-olds reporting the lowest average support for the pilot ( $\bar{x} = 4.54$ ). Support for the pilot increases in a linear fashion

\* SD = standard deviation

†  $\bar{x}$  represents the mean or average

by age after this group, until a slight decrease between our oldest respondents and those people aged 55- to 64 years old.



*Figure 12: Average support score by age of respondents (minimum score possible zero, maximum score possible ten).*

### *Alternative Options*

Respondents were given the opportunity to suggest an alternative to the pilot; 1,018 people (51.2% of respondents) responded.

Most frequently, writers said they did not have an alternative the Library could undertake or wrote something that did not answer the question (n = 312).

Representative examples of these responses are provided in **Appendix A8**.

The next most suggested alternative was increasing the level of police presence, and/or increased security presence on site (n = 202). Adding or increasing the use of strategies such as bag checks, locking washrooms, having security or police in washrooms, the use of drug-sniffing dogs and metal detectors were also mentioned. Increasing the level of suspensions and considering lifetime suspensions were also suggested as enforcement strategies. Representative examples of these responses are provided in **Appendix A8**.

Some respondents (n = 121) felt that HPL should increase the level of support Staff and training Staff receive. This included hiring more Librarians and increasing the number of Peer Support Workers, community partners, or on-site Social Workers. It also included more extensive training in de-escalation, harm reduction and mental health. Representative examples of these responses are provided in **Appendix A8**.

Some people mentioned that this issue is bigger than HPL and not something the Library can address on its own (n = 126). These respondents often indicated that the responsibility lies with broader systems, including municipal, provincial, or federal levels of government. Representative examples of these responses are provided in **Appendix A7**.

Some respondents suggested that the Library should become more “club-like” (n = 117). Suggested approaches included card scanners at entrances, controlled access points, restricted areas, or requiring a card to access any part of the location. Representative examples of these responses are provided in **Appendix A8**.

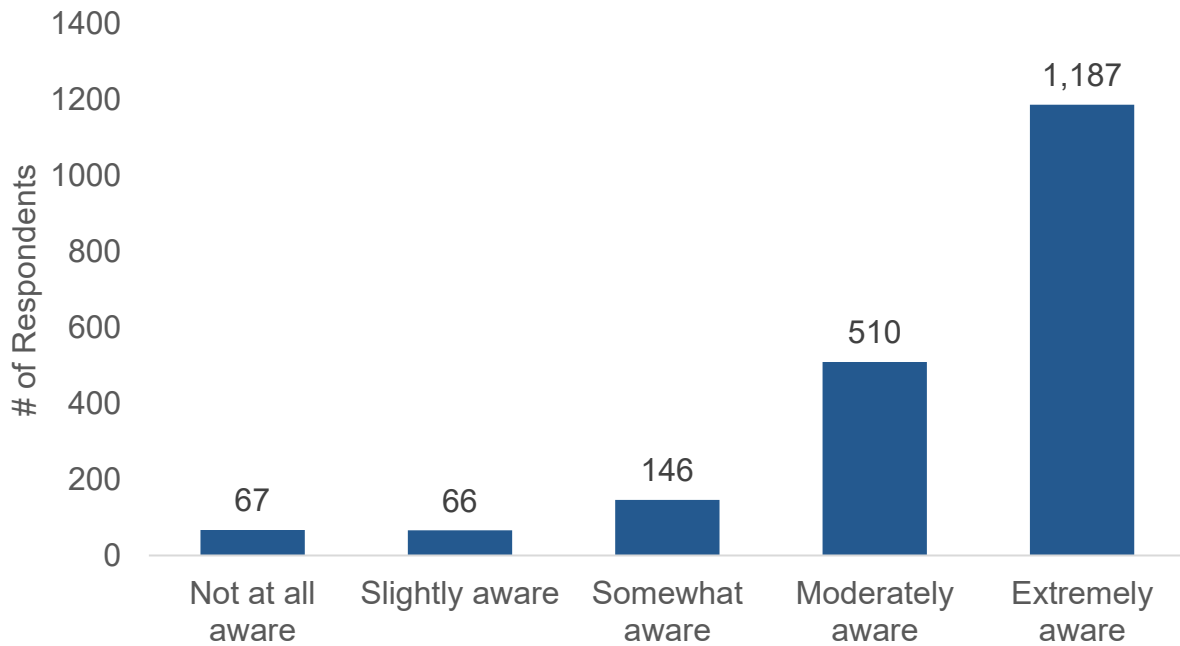
A small number of respondents suggested that the Library or a nearby space should include a safe consumption site (n = 32). Comments reflected ideas for dedicated areas with appropriate supports available. Representative examples of these responses are provided in **Appendix A7**.

Other ideas discussed included:

- Conducting further consultations with community agencies and the public (n = 44),
- Improving communication about the pilot and how it works (n = 28),
- Relocating services within the building or moving the Library (n = 18),
- Reducing services or adjusting hours (n = 10), and
- Closing the Library (n = 8).

## Awareness of Issue

Respondents were asked how aware they were of the reasons for implementing the pilot. Most people felt extremely aware of the reasons (n = 1,187) or moderately aware (n = 510; see Figure 13). When asked, most people suggested that the purpose of the pilot was to improve safety for Members and Staff, and/or reduce the use of illegal drugs at Central Library. Some people believed that the pilot was targeting unhoused people or people living precariously to keep them out of the Library or discriminate against other vulnerable groups. A few individuals said they do not know why the pilot was implemented.



*Figure 13: Public level of perceived awareness of the reasons for implementing the pilot*

## Impact on the Public

Survey respondents were asked what impact the pilot has had on their use of the Library. In total, 1,666 respondents provided a written response (83.8% of respondents). Most respondents said that the pilot implementation has had no impact on their use of the Library (n = 953 people). That they continue to go to Central Library, or they continue to avoid the location because they are uncomfortable or feel unsafe. Some stated there was no impact because they use online services or go to other HPL locations. Representative examples of these responses are provided in **Appendix A3**.

The second most frequent theme was that people feel more comfortable or safer now because of the pilot coming to Central Library or that they are more willing to consider visiting Central Library (n = 393). This includes people who are uncertain but are considering and evaluating the service but feel like they may go to Central Library because it's safer. Representative examples of these responses are provided in **Appendix A4**.

Conversely, some people said that implementing the pilot has led them to decide not to go to the Library at all, or to reduce their frequency of visits (to Central Library or other HPL branches) (n = 119). Representative examples of these responses are provided in **Appendix A6**.

For some people, the impact of the pilot is that they have a less favourable opinion of the Library now. They have a negative impression of the pilot and the decisions and strategies taken that led to the pilot (n = 157). Representative examples of these responses are provided in **Appendix A6**.

A few people simply said that the decision to implement the pilot impacted them, without providing how or providing an answer that could not be included with any other themes (n = 44). Representative examples of these responses are provided in **Appendix A3**.

## Staff Feedback

At the start of the pilot, HPL Staff and HPL Security Staff were invited to provide their input on the pilot and the anticipated impacts, if any. As a result of time constraints, this survey was not launched before the pilot commenced and was opened in the second week of the pilot. As such, some of the findings from this survey and comments provided reflect this and do not represent a true pre-test of the pilot. Staff were already potentially seeing and experiencing real-time impacts in the Library space, on themselves and their work.

In the last week of the pilot, a post-survey was provided, inviting Staff to reflect on the pilot and to see whether they felt the pilot had had an impact and whether their view of it had changed. Similarly, Staff may have answered the survey before the pilot finished and may have had an experience afterwards that could have altered their impressions. The results are important but should be interpreted with some caution.

The surveys were anonymous. We do not know whether those people who responded to the pre-survey also responded to the post-survey. So, any noted changes by Staff from the start of the pilot to the end of the pilot do need to be understood accordingly. All comments from the Staff survey have been shared with HPL Senior Leadership, with a few ethical exceptions to protect the identity of the writer. Representative examples are provided in **Appendix B**.

## Pre-Pilot Results

The survey at the start of the pilot was answered by 145 Staff (about 30% of HPL Staff and Security); 51 per cent of the Staff worked at Central Library, the rest worked at other HPL locations.

When asked whether they supported the decision to implement the pilot on a scale of 0 (do not support the decision at all) to 10 (completely support the decision), the average score for Staff was 6.45 (SD = 3.51; median = 7). Figure 14 shows the number of responses for each score; some of the scores were collapsed because the counts are too small and may unintentionally identify respondents.

Staff who responded with a score of zero through four were invited to explain their concerns with the decision to implement the pilot. The comments can be broadly grouped into three main concerns (1) that the need to scan cards would put added stress on Staff and put them in situations where they could be attacked verbally or physically by the public; (2) that the need for checking library cards created barriers for people who are already experiencing barriers; and (3) that the pilot would cause the incidents to migrate to other HPL locations.

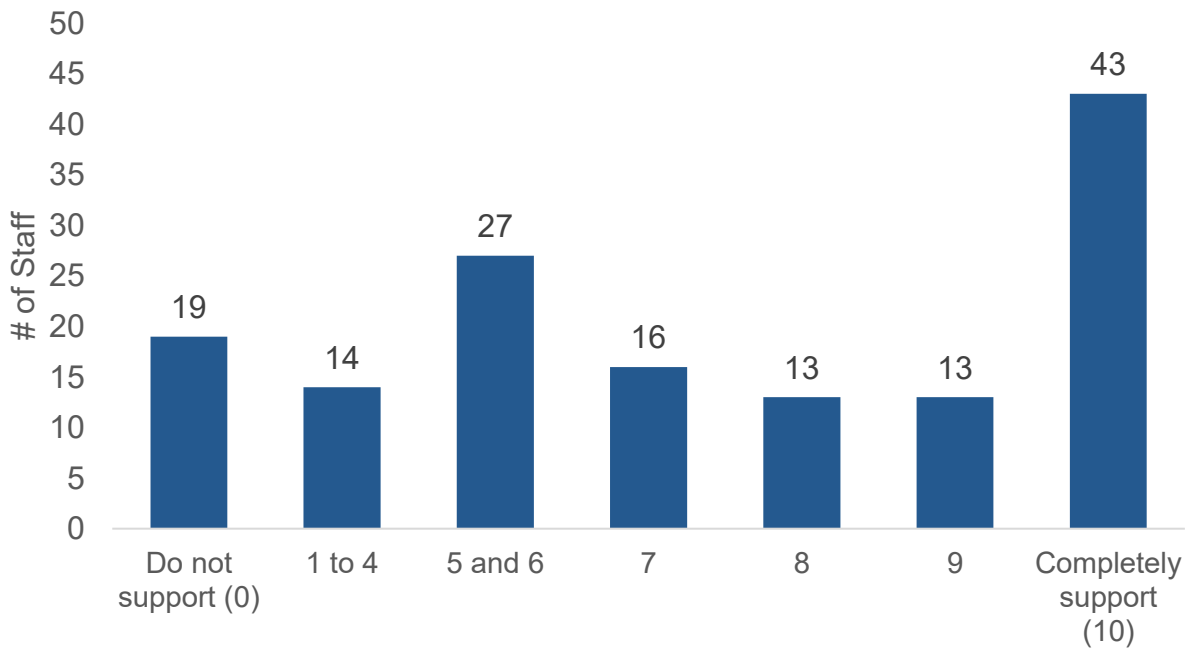


Figure 14: Number of Staff who responded with each value from zero to ten.

## *Impact*

Staff mostly agreed (64.4% responded agree or strongly agree) that the pilot would help to reduce the level of illegal substance use and suspected drug poisonings that Central Library experiences. Some Staff were uncertain/neutral about the potential impact with 17.8 per cent choosing this; the remaining 17.8 per cent of Staff disagreed or strongly disagreed.

Staff were also invited to write about the personal impacts they would experience as a result of the pilot's implementation. Their comments can be broadly grouped into the following seven main themes (1) no impact at all; (2) that it goes against their personal and/or professional values (**Appendix B4**); (3) that it will move the incidences and problems elsewhere (within HPL or to other places in the city) (**Appendix B6**); (4) implementing the pilot has increased the workloads of Staff (**Appendix B2**); (5) implementing the pilot has increased the risks that they face due to being at greeter stations including hearing discriminatory and dehumanizing language (**Appendix B3**); (6) that the environment at Central Library is safer and more welcoming – the pilot has made a difference (**Appendix B1**); and (7) some Staff are conflicted they see the early positive impacts that the pilot has had, but worry about the costs personally and/or organizationally (**Appendices B2 and B5**).

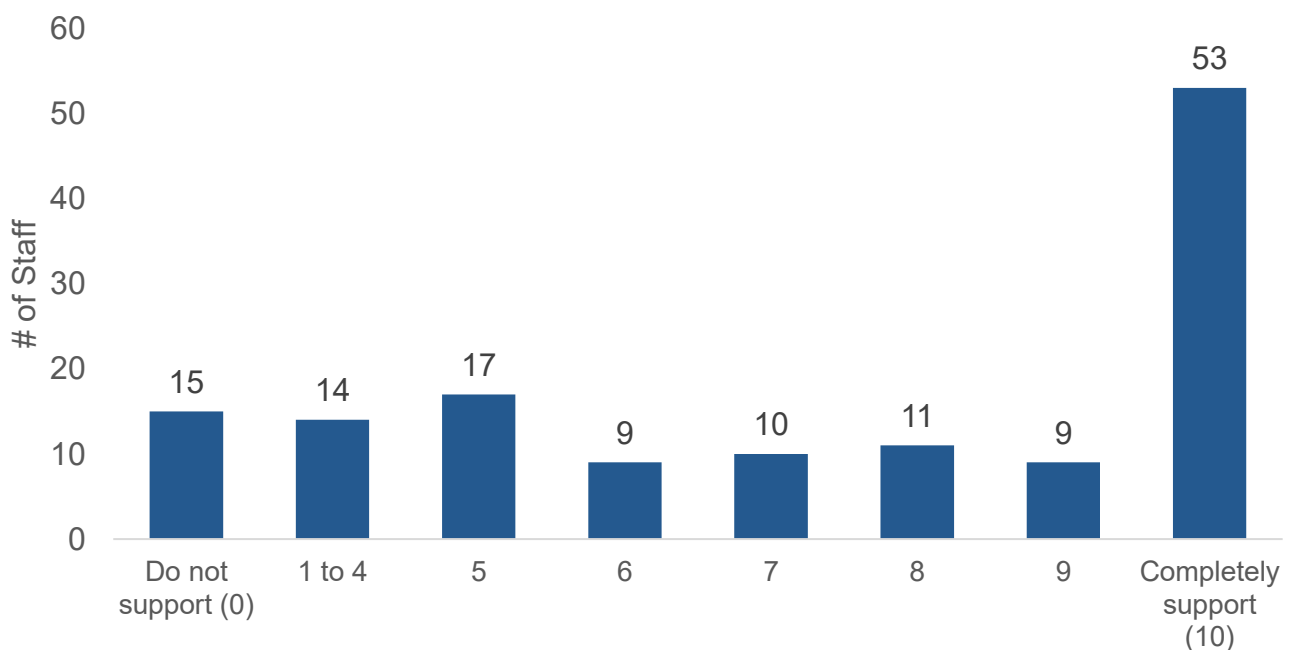
Representative examples of these responses are provided across **Appendix B**.

## Post-Pilot Results

Staff were asked about potential changes in their opinions and whether they supported or opposed the pilot. They were asked if they would permit the use of any of their open-ended responses in this report. All responses have been shared with HPL Senior Leadership.

The survey was answered by 143 Staff (about 30% of HPL Staff and Security). When asked if their opinion of the pilot had changed, 14.1 per cent said yes, and 85.9 per cent said no. For those whose opinions had changed, they were invited to tell us why. There are two main reasons why. The first was that the pilot had its intended impact and they were not previously expecting this (**Appendix B5**). The second type of response was that they felt the pilot may have been positive but created other concerns for the Library (**Appendix B2**).

Staff were asked to assess their level of support post-pilot for the approach taken, from zero to ten. The average score was 6.84 (SD = 3.45; median = 8). This score is slightly higher than the pre-pilot survey score (6.45) but is not statistically different. Figure 15 shows the number of responses for each score. Some of the score responses were collapsed because counts are too small and may unintentionally identify respondents.



*Figure 15: Number of Staff who responded with each value from zero to ten (post-survey)*

## *Impact*

Staff were asked to assess how much they agreed or disagreed that the pilot helped to reduce illegal substance use and suspected drug poisonings. Staff mostly agreed (70.7% agreed or strongly agreed). Some Staff were unsure whether the pilot had an impact (15.8% neutral responses) and a few disagreed or strongly disagreed that it helped (13.5%).

When asked if the pilot created a safer environment, most Staff agreed (62.7% agreed or strongly agreed). A few disagreed or strongly disagreed (14.9%) and a few Staff were uncertain (22.4% neutral responses). Representative examples are provided in **Appendix B1**.

Staff were invited to provide any other feedback on the pilot. Staff recommended ways to improve the pilot. This included moving the location of the check-in, having two check-ins, recognizing the increase in Staff workloads (**Appendix B2**) and having Security closer to the Greeters to reduce the verbal abuse Greeters experienced (**Appendix B3**). Some Staff were also adamant that this should not be implemented again and that HPL should find another way as this was discriminatory (**Appendix B4**). Some Staff feel that any impact from the pilot would be due to changes in weather rather than the pilot itself (**Appendix B6**).

## *Future Use*

When asked if HPL decided to implement the Library Card check-in again would they support this decision, 58.4 per cent of Staff said they would, 19.7 per cent were uncertain, and 21.9 per cent would not support card check-ins again.

Those who would not support were asked what other options HPL should consider. There were a few different suggestions; the most frequent ideas were hiring additional Staff, increasing advocacy with the municipality and province, increasing the presence of various Staff on the floor, and meaningfully collaborating with other organizations. Representative examples of these responses are provided in **Appendices B7 and B8**.

## Partner Feedback

HPL partners with numerous organizations around Hamilton to support our work in the community. Partner organizations play a vital role in extending the Library's reach and impact. They bring specialized expertise, resources, and connections that enhance program quality and ensure services remain relevant and responsive to local needs. Through collaboration, partners help us deliver diverse, inclusive programming, connect Members to critical support, and maximize the use of shared community assets. These relationships strengthen HPL's ability to serve Hamilton residents, reduce service duplication and build a more coordinated and resilient community network.

To gather partner feedback, we invited representatives from HPL's partner organizations and community groups that were actively engaged with Central Library during the pilot period to complete a survey. A total of 173 individuals from 98 organizations and groups were asked to share their perspectives on the pilot's impact to understand their impressions of the pilot, explore alternatives and see what further support they would be able to offer HPL. *It is important to recognize that their views may or may not reflect those of their organization and/or their colleagues.*

There were too few responses (n= 21) to perform analyses that would continue to protect their identities. All their responses have been shared with HPL's SLT so that they can follow up.

## Interested Organizations Feedback

While HPL has many partners, there are numerous organizations HPL does not actively work with that may have been impacted by the decision to implement the pilot. To understand these impacts and seek input on solutions that might mitigate the need to implement this again, HPL issued an open invitation to representatives of interested organizations to voice their opinions. These individuals were asked to answer the same questions as HPL partners.

There were too few complete responses (n= 5) to perform an analysis. The responses have been shared with HPL SLT for their consideration.

## Final Operational Considerations

The evaluation found that the pilot was effective in achieving its intended objectives.

The findings provide clear evidence of the pilot's impact on safety, service delivery, and overall library operations.

- HPL has established incident response protocols and operational thresholds to guide decision-making during periods of elevated safety concerns
- Future operational responses will be informed by these protocols, along with current conditions and specific circumstances
- Access control measures, such as card-based entry, are one of several tools used to support safe, accessible, and effective library operations

Together, these findings position HPL to continue making informed, responsive decisions that support both safety and service excellence moving forward.

## References

1. Peesker S. Hamilton becomes latest Ontario city to declare state of emergency over homelessness, other crisis: City council voted unanimously Wednesday to make declaration. CBC. April 13, 2023. Accessed June 4, 2026. <https://www.cbc.ca/news/canada/hamilton/state-of-emergency-declared-1.6808884>
2. Tuck A, Hayes Z, Hines L, Gauthier S. *Building Belonging: Community Connectors at Hamilton Public Library*. Hamilton Public Library. Accessed June 5, 2026. <https://www.hpl.ca/sites/default/files/HPL%20-%202026%20-%20Building%20Belonging%20-%20Community%20Connectors%20at%20HPL%201.pdf>
3. Gordon L. *Peer support in public libraries: Summary of key insights*. McMaster University; 2026. Accessed May 11, 2026, <https://www.hpl.ca/sites/default/files/Peer%20Support%20in%20Libraries.pdf>
4. Dalmer N, Marsdin B. *Evaluation of the Social Work Program at Hamilton Public Library*. McMaster University; 2026. Accessed May 11, 2026, [https://www.hpl.ca/sites/default/files/Evaluation%20of%20the%20Social%20Work%20Program%20at%20Hamilton%20Public%20Library%20Report\\_0.pdf](https://www.hpl.ca/sites/default/files/Evaluation%20of%20the%20Social%20Work%20Program%20at%20Hamilton%20Public%20Library%20Report_0.pdf)
5. SOPEN. *SOPEN: Substance Overdose Prevention and Education Network*. Accessed April 21, 2026. <https://sopen.org/>
6. Empathy Studios, LLC. *Online De-escalation Training for Employees*. 2026. Accessed April 21, 2026. <https://homelesstraining.com/>
7. Crisis Prevention Institute. *Verbal Intervention Training*. 2026. Accessed April 21, 2026. <https://www.crisisprevention.com/en-CA/our-programs/verbal-intervention/>
8. Hamilton Public Library. *2024 Year End Metrics Report: Appendix 4 – 2024 Quarterly Reports*. 2025. Hamilton, Ontario. Accessed April 1, 2026. <https://pub-hpl.escribemeetings.com/FileStream.ashx?DocumentId=702>
9. Hamilton Public Library. *2025 Year End Metrics Report: Appendix 4 – 2025 Quarterly Reports*. 2026. Hamilton, Ontario. Accessed April 1, 2026. <https://pub-hpl.escribemeetings.com/FileStream.ashx?DocumentId=2876>
10. Government of Canada. *Historical Climate Data*. 2026. Accessed May 19, 2026. [https://climate.weather.gc.ca/historical\\_data/search\\_historic\\_data\\_e.html](https://climate.weather.gc.ca/historical_data/search_historic_data_e.html)

## Appendices

The following appendices provide representative comments from public and staff surveys, organized by key themes identified in the evaluation. These excerpts illustrate the range of perspectives that informed the findings presented in this report.

### Appendix A: Public Survey Comments

#### A1. Ease and Simplicity of Process

“It was a quick simple process, and the staff were very friendly. It had zero effect on my ability to enjoy the library.”

“It is not a big deal. I had to reach into my wallet for 5 seconds and pull out a card.”

“It was perfectly fine - it really only took a few extra seconds for the librarian to check my card, and they were quite pleasant.”

“It was seamless and I had no issues. I brought my three year old because I knew that she would have a safe experience, including using the bathrooms.

#### A2. Perceived Barriers to Access

“Felt like I was at a border or police checkpoint. I opted out of spending more time at the library because of it.”

“I witnessed other individuals that expressed need to use the washroom denied access and turned to the other staff to make a library card. They left the library.”

“I went in to attempt to have a space to sit and be alone but most of the library was cut off and a clear line was drawn to prevent those the most in need from it. I was disgusted by this.”

“Inconvenient to rifle around for my card while pushing my baby stroller; my mother-in-law from out of town had to get front desk access...”

“The library did not feel like a communal space anymore.”

#### A3. No Impact / Neutral Experience

“I actually didn't need to show my card because I was just picking up a book on hold...”

“I was there for an event so I was prepared to have my card scanned but as the scanned area did not include the rooms I did not need to.”

“You do not need a card to access the library you only need it to access the shelves...”

#### **A4. Increased Sense of Safety and Comfort**

“It was calmer, I felt safer and was able to enjoy Central library like it was 2019 again.”

“No issues, appreciated that we could come in with our kids without worry.”

“Great! The library felt safer and calmer.”

“It was very easy and gave me a sense of security.”

“I hadn’t felt like that in the past couple of years.”

#### **A5. Support for the Pilot**

“Common sense solution to a difficult problem.”

“Took a bit to figure out the process. Felt strange...but LONG OVERDUE.”

#### **A6. Concerns About Inclusion and Equity**

“I will no longer go to the central library or recommend using the library's services to friends. I do not feel comfortable supporting the library...”

“As I said, I no longer go to any branch. I miss my programs very much but I want to do my part to support the unhoused...”

“I will never use the library again if it is restricted to card-holders only. it is a disgusting and harmful decision.”

“It has made me distrustful of the leadership at HPL.”

“Not impressed with how we conduct ourselves around the vulnerable members of OUR society.”

“My opinion of HPL being a leader and example for library service in Canada is, quite frankly, gone now.”

“I’m impacted in a way that my patience with the Hamilton Public Library system is at a boiling point.”

## **A7. Broader System Issues**

“This is definitely a city/province issue... HPL is doing the best with an issue they cannot fix.”

“It’s obvious that the problem is caused by underfunded social services and lack of support services...”

“I don’t think this should all be on the burden of the library.”

“I struggle with that. The city and the province need to make bigger contributions...”

## **A8. Suggested Alternatives**

“I have no idea. I really don't like the policy but I understand that something needed to be done...”

“I am not sure, I actually think this step was genius...”

“I really don't know, unfortunately.”

“Keep a Hamilton police officer on duty near the entrance.”

“Bag checks, wand wave downs.”

“Metal scanners at door for concealed weapons.”

“There needs to be more support staff who are trained...”

“Trauma informed care. More mental health and harm reduction workers.”

“Have experienced people to assist in harm reduction...”

“Perhaps divide the library into general access and member only areas...”

“Lock the doors so people buzz to come in.”

“Open a safe consumption site on the premises.”

“Providing an area where safe injections can take place...”

## **Appendix B: Staff Survey Comments**

### **B1. Perceived Impact on Safety and Environment**

“I didn't think it would make a difference but I was wrong. The library was easier to work and I didn't need to be on my guard all the time just some of the time.”

“I believe that it has had positive benefits for staff and other members alike. The bathrooms are cleaner. There is less of a permanent urine smell on the first floor bathrooms. There is less broken drug paraphernalia lying around.”

“I think the pilot had a positive impact on the space. I felt safer and Members shared with me that they did as well.”

## **B2. Operational and Workload Impacts**

“At first, I thought this would be an effective way to reduce drug-related incidents. While these incidents have definitely decreased, I'm concerned about the slow foot traffic in Central, and if it is corresponding to reduced usage and circulation...”

“I came to see some value to the program but felt execution hampered the overall results. My biggest complaint came to be lost productivity in other areas owing to more public service shifts at greeter station.”

## **B3. Staff Safety and Risk**

*(Note: fewer direct quotes in report — implied through themes; include representative ones if needed from full dataset)*

## **B4. Alignment with Values and Equity Concerns**

“It is my opinion that requiring library cards to access public spaces goes against the values of what it means to be a public library and the values that I love in HPL.”

“I have seen how the library card pilot displaces people from our spaces into more dangerous situations, and makes some people feel excluded from places they should feel belonging.”

## **B5. Effectiveness of the Pilot**

“I didn't think it would make a difference but I was wrong.”

“I believe that it has had positive benefits for staff and other members alike.”

## **B6. Displacement and Other Contributing Factors**

“...I'm not sure the information collected is entirely useful, as the pilot launch coincided with the weather getting milder, and the warmer months already see fewer incidents than the winter....”

### **B7. Suggestions for Improvement**

“Peer-security. More open collaboration with outreach teams in the city, amping it up more as winter approaches.”

“Having outreach teams in the library more often, in line with our PSWs, SWs, and Community Connectors.”

### **B8. Views on Future Use**

“Seeking further funding from provincial and municipal governments, advocating for the reopening of safe injection sites...”

“Consulting with community partners who work with unhoused people...”



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