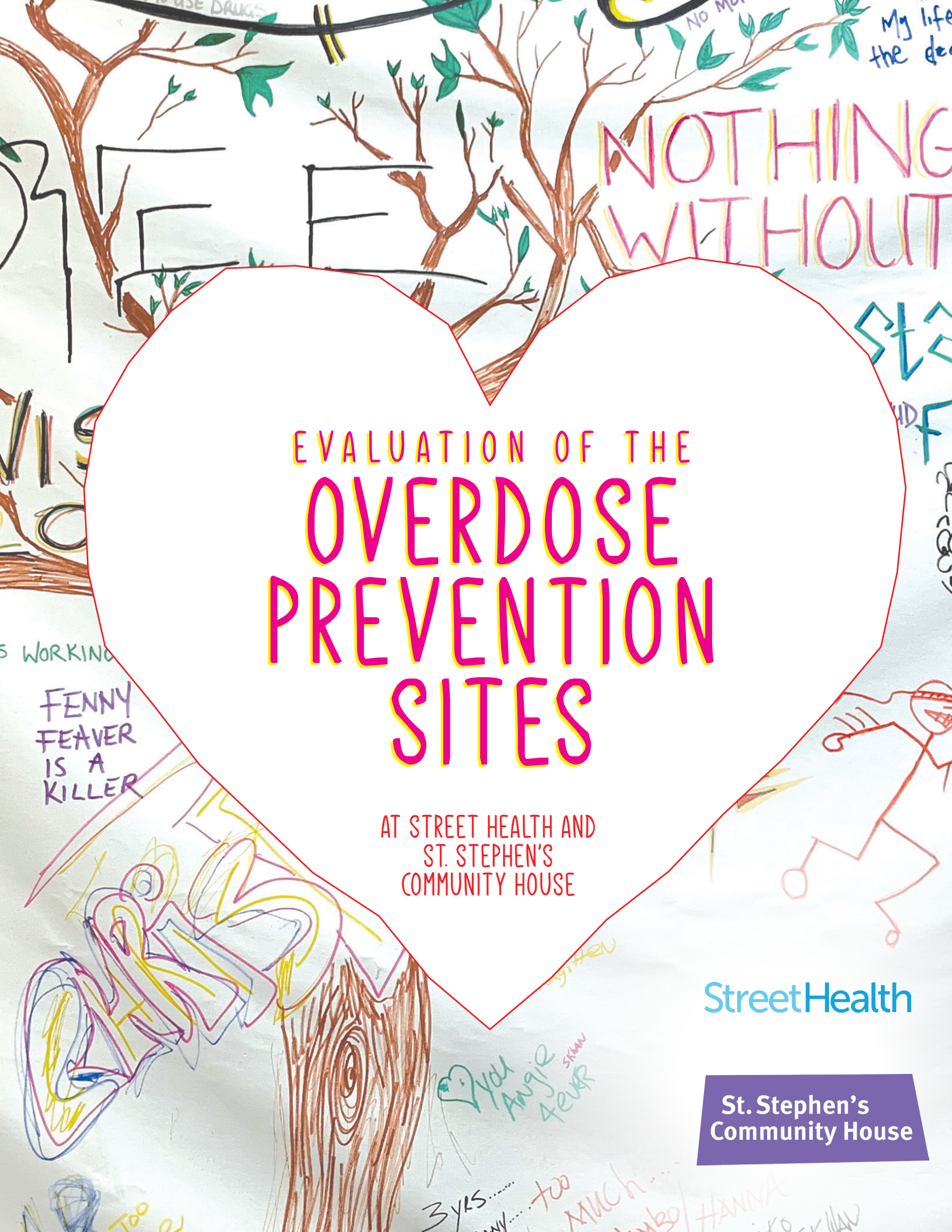


# EVALUATION OF THE OVERDOSE PREVENTION SITES

AT STREET HEALTH AND ST. STEPHEN'S COMMUNITY HOUSE

StreetHealth

St. Stephen's Community House

# ACKNOWLEDGEMENTS


## PROJECT PARTICIPANTS

We would like to thank the people who participated in the interviews and focus groups for this evaluation, and who generously shared their thoughts, experiences and time with us. This includes the substantial contribution of people who use drugs and use the overdose prevention sites, the staff at Street Health and St. Stephen's Overdose Prevention Sites, and their supervisors and managers. Their contribution is gratefully acknowledged.

## PROJECT TEAM

Gillian Kolla developed the facilitation guide with input from staff at Street Health and St. Stephen's Community House, and conducted the focus groups and interviews with staff members and people who use OPS services. Gillian Kolla, Rebecca Penn, and Cathy Long conducted analysis of the data, and contributed to writing and editing this report. Graphic design by Ryan White, R.G.D.

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## SUGGESTED CITATION

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**November 2019**


StreetHealth

St. Stephen's Community House

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# SECTION 1: EXECUTIVE SUMMARY

Street Health and St. Stephen's Community House have long histories of providing services to marginalized people in their neighbourhoods who use drugs and are experiencing homelessness. Both agencies recognized the need to address the risk of overdose and related harms that their clients were facing in the context of a worsening opioid overdose crisis. In 2018, each organization received funding under the Ontario provincial government's Overdose Prevention Site program to open a small overdose prevention site (OPS) onsite.

This evaluation was undertaken to examine the provision of services within these two OPS, focused primarily on the impacts on clients using the OPS. In the context of the withdrawal of funding by the provincial government, this evaluation also sought to explore the potential impacts if the OPS at Street Health and St. Stephen's were forced to close. Furthermore, the report examines the implementation process, as well as the service delivery model to identify what worked well, and the challenges encountered. The ways in which both OPS work with priority populations such as people experiencing homelessness, women and members of the LGBTQI2S population, and people who inject stimulants like crystal methamphetamine is examined. Finally, staffing considerations are explored.

## STREET HEALTH'S OVERDOSE PREVENTION SITE

Street Health's OPS opened on June 27th, 2018. The Dundas-Sherbourne intersection, where Street Health is located, is the epicentre of the overdose crisis in Toronto. It sees the 2nd highest rate of overdose calls to paramedics in the City of Toronto for suspected overdoses, which often occur in alleyways, building stairwells, and in shelters and drop-in centres. It is a small OPS, with only 2 spaces for injection. The OPS is open from 9:30am - 4pm, Monday to Friday, except on Tuesday when they open from 11am - 4pm.

**3,134** total visits

**56%** clients identifying as women + **43.5%** clients identifying as men + **0.5%** clients identifying as trans, gender non-conforming or non-binary

**Number of overdoses successfully reversed: 50**

**Average number of visits per month:[1] 272**

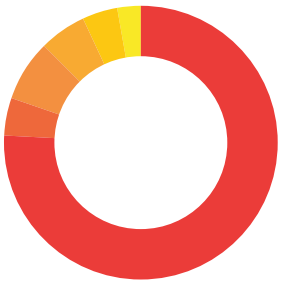
**Average number of referrals per month to healthcare including substance treatment:[2] 53**

**Average age of clients: 36 years old**

**Peer-to-peer assisted injections: 12.9%**

[1] Average number of visits per month from January – August 2019
[2] Average number of referrals per month from April – August 2019

### PRIMARY DRUG CONSUMED



- Fentanyl **76.1%**
- Heroin **4.4%**
- Other opioids* **7.3%**
- Crystal methamphetamine **5.5%**
- Crack cocaine **4.2%**
- Other drugs **2.6%**

* oxycodone, hydromorphone, etc.

## ST. STEPHEN'S OVERDOSE PREVENTION SITE

St. Stephen's OPS opened on April 25th, 2018. St. Stephen's is in the Kensington Market area, a neighbourhood that sees the 5th highest rate of overdose calls to paramedics in the City of Toronto for suspected opioid overdoses. The opening of an OPS there filled a service-gap in the west end of downtown Toronto. The OPS is open from 8am - 2pm, Monday to Friday, and Sunday and offers 3 spaces for injection.

**2,357**
**total visits**

**36%**
**clients identifying as women**

+

**64%**
**clients identifying as men**

+

**0%**
**clients identifying as trans, gender non-conforming or non-binary**

**Number of overdoses successfully reversed: 17**

**Average number of visits per month:[1] 154**

**Average number of referrals per month to healthcare including substance treatment:[2] 37**

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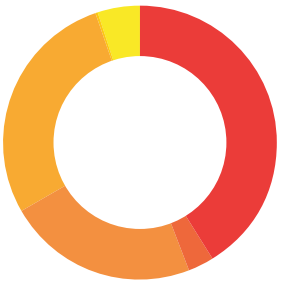

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- Other opioids* **22.5%**
- Crystal methamphetamine **27.9%**
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- Other drugs **4.9%**

* oxycodone, hydromorphone, etc.

## HEALTH AND SOCIAL IMPACTS ON CLIENTS USING THE OPS

Using at the OPS at Street Health and St. Stephen's has led to several positive health and social impacts for OPS clients, including:

- **Reduced overdose-related harms:** Staff are onsite and immediately able to intervene to reverse overdoses.
- **Increased safer drug use:** Clients using the OPS are able to consume drugs slowly, and use sterile equipment and safer consumption practices. Additional safety comes from not having to use drugs in public locations like alleys and stairwells, or in the washrooms of agencies or local businesses.
- **Improved engagement in wrap-around care:** Provision of OPS services for clients facilitates access to other healthcare and social services, both on-site and through referrals to community partners.

## POTENTIAL IMPACTS OF OPS CLOSURE

Study participants anticipated the following potential outcomes of OPS closures:

- **Increased drug use and overdoses in public spaces:** This includes the potential for increased need for overdose response in public spaces such as alleys, stairwells, alcoves, and washrooms within businesses and other agencies in the community. Clients said that they would return to using drugs in public spaces, as well as agency and public washrooms, as they did prior to the opening of the OPS.
- **Increased risk of overdose and related harms, including death:** Risks associated with overdose are increased when people use alone and/or in spaces where they are unable to get help. Risk of harm increases in the absence of immediate intervention.
- **Loss of accessible overdose prevention options for people who use drugs:** Clients expressed a strong preference for the small, quiet OPS located at St. Stephen's and Street Health. The noise and high-impact of other SCS would dissuade them from using those sites. This is particularly relevant for people who use stimulants, women, and members of the LGBTQI2S community.
- **Interruption of connections to wrap-around care:** The OPS provides an entry point and connection to other health care and social services. Without the OPS, clients may not frequent the agencies and will lose connection to wrap-around services.
- **Loss of a safe space with a supportive community:** Staff worried that closing the OPS would feel like rejection and abandonment for the vulnerable people using the OPS, who they had worked hard to build relationships with.
- **Loss of jobs and income for people working in the OPS:** Staff with lived experience feared that they will have difficulty securing other employment and will face financial and personal insecurity. In addition to income, OPS jobs also provide people with lived experience with a sense of purpose, pride, and way to help members of their community reduce drug-related harms.

## IMPLEMENTATION OF OPS

The implementation of OPS within both agencies was facilitated by several factors:

- **Extended harm reduction services and filled a service gap:** The OPS at Street Health and St. Stephen's are an extension of and complement to existing harm reduction services offered by both agencies. The addition of an OPS filled a service gap and responded to a need voiced by clients, staff members, and some members of the community.
- **Built on established relationships with people who use drugs:** Both agencies have well established relationships with people who use drugs in their communities, and they built on these relationships to encourage existing clients to use the OPS, and to attract people who use drugs in the community who were unconnected to health and social services.
- **OPS as low-threshold and safe spaces:** The OPS were designed to be safe and welcoming spaces located onsite in agencies where people who use drugs were already receiving services and supports.
- **Increased options for supervised drug use:** In both agencies, the opening of an OPS allowed staff members to divert people from using in public spaces in the community, in public washrooms and in agency washrooms.

## OPS SERVICE DELIVERY MODEL

There are several key elements of the OPS service delivery model at Street Health and St. Stephen's that are notable:

- **Integrated:** Both OPS are small sites integrated into a larger, multi-service agency, providing a wide array of health and social services. This facilitates OPS client access to comprehensive wrap-around services including access to on-site health and social services, and external referrals to other agencies in the community. Supports for clients interested in treatment and detox services are also facilitated by this model.
- **Accessible:** The design of the OPS space and operational policies emphasized accessibility through the development of a low-threshold model of service delivery. A significant finding of this evaluation was learning that clients prefer the small, calm, and non-clinical environment in these two OPS, in comparison to other larger OPS and SCS in the city. This finding highlights the importance of multiple models of OPS/SCS – larger, busier sites as well as smaller sites integrated into agencies offering a wide range of services. A range of models is critical for meeting the diverse needs of people who use drugs.
- **Staffed by people with lived experience:** OPS staff members are primarily people with lived experience of drug use. Having staff with lived experience of drug use reduced barriers to services, and ensured that services were relevant and responsive to client needs.

### Challenges in service delivery

- **Lack of shelter beds or treatment/detox space:** Central to the OPS model at both sites is the provision of wrap-around care through onsite or community partner services to address the wider health and psychosocial needs of their clients. However, OPS staff reported frustration about the lack of essential services requested by OPS clients, particularly shelter beds, and detox or treatment beds.
- **Lack of supervised smoking facilities:** Lack of supervised spaces for people who smoke their drugs is a health equity issue. Smoking is a common mode of consumption of opioids and stimulants that the OPS are currently not able to accommodate.
- **Funding insecurity:** The major organizational challenge affecting service delivery was the uncertainty around long-term funding. Efforts to keep the programs operating required balancing service delivery with the considerable time and human resource demands dedicated to securing funding and developing contingency plans if the sites were to close.
- **Community response:** Street Health faced an additional challenge from the community reaction to their OPS, even prior to its opening. Street Health has worked with community groups to respond to longstanding concerns in the neighbourhood, including loitering and public drug use. The lack of shelter space and drop-ins aimed at people experiencing homelessness is exacerbating this issue.

### Potential areas for improvement

- Offering bereavement counseling for clients dealing with grief and trauma from overdose-related losses.
- Providing Safer Supply programs to divert people from the illegal drug supply.
- Adding supervised smoking services to current OPS services.
- Extending hours of operation to include access seven days per week and in the evenings.
- Expanding the OPS spaces to include larger waiting and chill out areas.
- Need for additional small, low-barrier OPS located directly in neighbouring Toronto Community Housing buildings, in shelters, respite centres, and drop-in centres in the Sherbourne/Dundas area.

## WORKING WITH SPECIFIC POPULATION GROUPS

The service delivery model of the OPS at Street Health and St. Stephen's is designed to be low-threshold and accessible to the diverse population of people who use drugs.

### Working with people experiencing homelessness

- **Providing a safe space and services for people experiencing homelessness:** The addition of an OPS at both agencies provides people who are homeless with supervision and support with safer substance use practices and access to additional wrap-around services.
- **Lack of shelter and respite space:** A major external challenge to working with people experiencing homelessness is the current extreme lack of services for this group, exacerbated by a lack of space in shelters and respite centres. OPS staff spend a significant amount of time attempting to secure space in shelters/respites for clients.

**Working with women and members of LGBTQI2S communities**

- **Creating welcoming environments that reduced barriers to access for women and members of LGBTQI2S communities:** While both agencies recognize that this is a priority, a majority of the clients at Street Health's OPS are women (56% of all client visits). This gender breakdown is notably higher than many other harm reduction programs and OPS/SCS in the city of Toronto. Participants credited the non-clinical character of the Street Health OPS, complete with magazines, plants, and art, as contributing to making it a welcoming space. Participants also highlighted that much of the OPS staff team are women with lived experience of drug use.
- **Addressing gendered harassment, homophobia and transphobia:** Staff members at both agencies noted the need to proactively address issues that may keep women and members of the LGBTQI2S communities from using the site, such as gendered harassment, and homophobic and transphobic comments.

**Addressing the needs of people who use stimulants**

- **Focus on the unique needs of people using stimulants:** St. Stephen's OPS sees a high proportion of people who inject crystal methamphetamine (used in 27.9% of all OPS visits). Participants highlighted the work that St. Stephen's has accomplished in developing programs and services directly for people who use crystal methamphetamine.
- **Providing calm environments and programs adapted to meet stimulant users' needs:** Clients described the positive impacts of having a quieter OPS with smaller capacities at both Street Health and St. Stephen's for people who inject stimulants. More dedicated programming for people who use stimulants, like the Crystal Meth project at St. Stephen's, is necessary.

## STAFFING AN OPS

There are several key aspects of the staffing model at both Street Health and St. Stephen's that are notable:

- **Privileging of lived experience of drug use:** Staff and managers at both agencies described the staffing model where frontline staff have lived experience of drug use and play a central role in the operation of the OPS as a key strength.
- **Non-hierarchical staffing structure:** Street Health established a non-hierarchical staffing structure where all OPS staff are given the same job title and are evenly compensated.
- **Support for front-line staff:** Staff at both agencies reported that they feel well supported by their team and managers. However, given the emotional demands of front-line work in an OPS, the need for ongoing specialized supports was identified as a key priority.
- **High levels of competence at overdose response among front-line staff:** Many OPS staff at both agencies received extensive training prior to their hiring as volunteers at the Moss Park Overdose Prevention Site. They also received extensive training from their agency upon hiring. Ongoing training opportunities such as those offered by the Moss Park Skill-Share were appreciated.

**Challenges**

- **Need for ongoing training and support:** Participants emphasized the need for ongoing training and support for staff members, particularly training for staff on addressing gendered harassment, homophobic, transphobic, and inappropriate behaviours and fostering a safe space. Training in trauma-informed care, conflict resolution and restorative justice would be useful. Adequate training opportunities should be available to all staff including part-time and relief staff. Funding for on-going training is a key difficulty.
- **Ensuring adequate pay and benefits for all staff:** Participants stressed the importance of providing compensation that reflects the high level of skill and expertise required for the difficult and intense work in the OPS. Adequate sick and vacation days were identified as being crucial. While full-time staff at both Street Health and St. Stephens receive benefits, part-time or relief staff may not. The particular needs of part-time or relief workers who are receiving social assistance must also be considered in decisions around pay and benefits.

# SECTION 2: BACKGROUND

## CANADA'S OVERDOSE CRISIS AND THE DEVELOPMENT OF THE OVERDOSE PREVENTION SITE MODEL

Canada is facing a devastating overdose crisis; over 12,800 people have died from opioid-related overdose between January 2016-March 20191. The overdose crisis is driven primarily by illicitly produced fentanyl (and fentanyl analogues) that now predominate the illicit opioid supply in many parts of the country, including Ontario. In 2018, the presence of fentanyl was detected in 74% of opioid-related deaths in Ontario; however as of early 2019, fentanyl was detected in fully 86% of opioid-related deaths in the province[1].

The Overdose Prevention Site (OPS) model was developed in direct response to the rising number of overdose deaths. In response to government inaction and bureaucratic delays in mounting an effective public health response to the mounting crisis[2-6], OPS emerged in the Canadian provinces of British Columbia (B.C.) in 2016 and Ontario in 2017. They began as unsanctioned, low-threshold services run by volunteers and community members and in makeshift environments, such as tents and trailers. It is important to note that when the first unsanctioned OPS was launched in September 2016 in B.C., there were only two supervised consumption sites (SCS) in Canada (both in Vancouver) that had received an exemption from Health Canada to operate. The process for receiving an exemption to operate from federal authorities and subsequent funding from provincial health officials had been repeatedly criticized as too onerous[3], which led to the opening of unsanctioned OPS.

Municipal and criminal justice actors did not intervene to shut down the unsanctioned sites in BC and Ontario. Instead, health authorities in both provinces quickly introduced provincially sanctioned OPS program models, although their methods differed. In B.C., the provincial government had declared a state of public health emergency in relation to the overdose crisis on April 14, 2016. Frustrated by the lack of government action on the overdose crisis, an unsanctioned OPS was opened by activists from the Overdose Prevention Society in September 2016. The public health emergency was then used to sanction the opening of additional OPS at organizations already providing frontline services to people who use drugs in December 2016[2,3].

In Ontario, the first unsanctioned OPS opened in August 2017 by volunteers from the Toronto Harm Reduction Alliance and the Toronto Overdose Prevention Society[4,5]. In January 2018, the Ontario government announced a program model for OPS within the province, after obtaining a class exemption from federal health authorities to approve OPS within the province[7]. It is important to note that in both B.C. and Ontario, government and public health authorities sought to formalize an OPS program model that had already been functioning as an unsanctioned service by volunteers and community members, with integral input and leadership from people who use drugs. The involvement of people with lived experience in the development of OPS has been documented as a strength of such services, promoting safety and engagement among clients[8,9]. Significant input from the frontlines of the overdose crisis was incorporated into the Opioid Emergency Task Force that designed the OPS model, through the presence of front-line harm reduction workers (including organizers who had been running the unsanctioned OPS in Moss Park) and people with lived experience of drug use on the task force.

The original OPS model developed by the province of Ontario privileged a low-threshold approach to operations, and was designed to allow agencies providing services to people who use drugs to quickly apply for and receive funding from the provincial Ministry of Health to open a new service, with a response to OPS applications provided within two weeks of application submission7. The OPS model that was announced in January 2018 provided no funding for capital expenses, outlining a model where existing agencies would open bare-bones supervised drug consumption sites within existing facilities, with limited funding designed to pay primarily for staffing costs. One advantage of the model was that there was considerable flexibility in the ways that agencies could choose to operationalize the model; this allowed individual agencies leeway to develop service models adapted to the needs, resources, and values of their organization. Models included those that utilized a registered healthcare provider (such as a registered nurse) to supervise drug consumption; alternately, many agencies chose not to have a nurse within the injection space and utilized people with lived experience of drug use as program staff. In practice, and compared to the federal SCS model, this process resulted in greater flexibility of the model and an approach that was more strongly shaped by the needs and practices of the people who would be using these sites.

Following an election in the summer of 2018 that led to a change in government, the new Minister of Health, Christine Elliott, announced a review of the evidence on SCS and OPS in August 2018[10]. In October 2018, this review culminated with the announcement of a 'Consumption and Treatment Services' (CTS) model, which dismantled the previous OPS model, and replaced it with an approach that allowed supervised injection services to continue only if they implemented a 'comprehensive enforcement and audit protocol' and a 'new focus on connecting people with treatment and rehabilitation services'[11]. The new model also included an arbitrary cap of 21 on the maximum number of sites allowed to function in the province, and required all CTS applicants to also apply to the federal government for an exemption as an SCS[12]. After having completed a burdensome application process for the new CTS model in December 2018, and operating on precarious month-to-month extensions from October 2018 to March 2019, the Ontario government announced on March 29, 2019 that 15 existing OPS/SCS had been approved as CTS. One SCS in Ottawa was denied funding, along with two OPS in the city of Toronto also being denied funding – the Street Health OPS and St. Stephen's Community House OPS[13-15]. Since March 2019, the Street Health OPS and St. Stephen's Community House OPS have been able to remain open after receiving a Section 56 exemption from the federal government, and through generous donations from community members.

## INTRODUCTION TO THE AGENCIES: STREET HEALTH AND ST. STEPHEN'S COMMUNITY HOUSE

### Street Health

Street Health Community Nursing Foundation has been operating for over 30 years as a non-profit community agency, focused on the health of homeless and under-housed people in the neighbourhood surrounding the corner of Sherbourne and Dundas streets in Toronto. This area is estimated to have a poverty rate double the City of Toronto average, and has one of the largest concentrations of homeless shelters and drop-in centres for street-involved people in Toronto; for example, a 24-hour emergency respite and a large drop-in for people experiencing homelessness and extreme poverty are both located directly across the street from Street Health. As a multi-service agency that emphasizes low-threshold service delivery, Street Health provides mental and physical health programs and services, including access to nurse practitioners and registered nurses, as well as social services (intensive case management, street outreach, harm reduction programs, mail services, and ID storage and replacement) to a population experiencing high levels of extreme poverty, chronic unemployment, trauma, homelessness, and food and income insecurity.

According to data from Toronto Public Health on calls for paramedics for cases of suspected opioid overdose from January 1, 2018 – June 30, 2019, the intersection of Dundas and Sherbourne was the intersection with 2nd highest level of overdose calls in the entire City of Toronto[16].

Street Health's OPS opened on June 27th, 2018. The OPS operates out of a coach house that is located in a courtyard immediately behind Street Health's main building on Dundas Street East (close to the corner of Sherbourne). It is a small OPS, with only 2 spaces for injection. There is no nurse within the OPS, with trained overdose prevention site workers staffing the OPS. It was originally open from 11am-4pm, from Monday to Friday, due to funding limitations, and to match the hours of operation of the larger agency and allow for easy referrals to other services provided within the agency. Since May 27th, 2019, the OPS is open from 9:30am - 4pm, Monday to Friday, except on Tuesday when they open from 11am - 4pm.

**St. Stephen's Community House**

St. Stephen's Community House has been operating since 1962 as a non-profit, community-based social service agency, serving the needs of the Kensington Market area adjacent to downtown Toronto. St. Stephen's works with individuals and communities in the city of Toronto to identify, prevent and alleviate social and economic inequality by creating and providing a range of effective and innovative programs and services. They aim to address the most pressing issues in their community, including poverty, hunger, homelessness, unemployment, HIV and AIDS, youth alienation and the integration of immigrants. The Overdose Prevention Site at St. Stephen's operates within the department of Urban Health and Homelessness Services, which serves approximately 5000 individuals each year and supports approximately 350 visits every day through a range of services, including: a drop-in program that provides nutritious hot food, showers, laundry or socializing 6 days per week; primary health care services from on-site nurses, doctors and psychiatrists; information and support finding affordable housing, HIV/AIDS and Hep C prevention and education services, mental health support; voluntary financial trusteeship; peer training and development programs, and substance use counselling and access to harm reduction services. The Urban Health and Homeless Service focuses on the provision of comprehensive, integrated services that meet immediate and sustained wellness needs for individuals living with complex issues, including substance use, mental health issues, poverty and isolation. Most recently, St. Stephen's Community House worked with people who use drugs to develop a Crystal Methamphetamine strategy, involving the implementation of a series of individual and group services including an innovative amphetamine replacement therapy service.

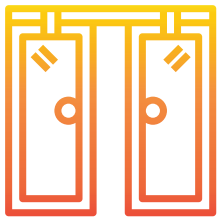
According to data from Toronto Public Health on calls for paramedics for cases of suspected opioid overdose from January 1, 2018 – June 30, 2019, the Kensington-Chinatown neighbourhood received the 5th highest number of overdose calls in the entire City of Toronto[16].

St. Stephen's OPS opened on April 25th, 2018. The OPS was originally operating in a small room off the main drop-in space in the basement of the building on Augusta Avenue in Kensington Market. It is also a small OPS: the original OPS space only had 2 spaces for injection, with a small space leading into the injection room that functioned as the entry and post-consumption chill space. There is no nurse within the OPS, and trained overdose prevention site workers staff the OPS. It was originally open from 8am - 11:30am, Monday to Friday and Sunday, to match the hours of operation of the drop-in. In June 2019, the OPS moved upstairs to a larger room adjacent to the main entry for the agency. Due to the increased size of the new space, a 3rd consumption space was added. The hours also shifted to opening from 8am - 2pm, Monday to Friday, and Sunday.

# SECTION 3: IMPACTS OF THE OPS

## PROGRAM USAGE STATISTICS

**Street Health Overdose Prevention Site:**
Visits and client demographics, June 27th, 2018 to August 31st, 2019



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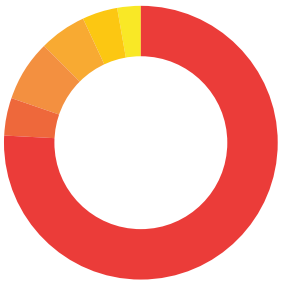

- Fentanyl **76.1%**
- Heroin **4.4%**
- Other opioids* **7.3%**
- Crystal methamphetamine **5.5%**
- Crack cocaine **4.2%**
- Other drugs **2.6%**

* oxycodone, hydromorphone, etc.

**St Stephen's Community House Overdose Prevention Site:**
Visits and client demographics, April 24th, 2018 to August 31st, 2019

**2,357** total visits

**36%** clients identifying as women

+

**64%** clients identifying as men

+

**0%** clients identifying as trans, gender non-conforming or non-binary

**Number of overdoses successfully reversed: 17**

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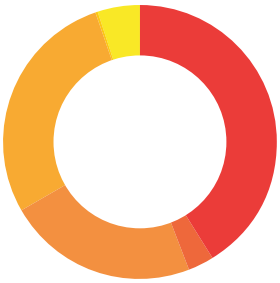

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* oxycodone, hydromorphone, etc.

## HEALTH AND SOCIAL IMPACTS ON CLIENTS USING THE OPS

### Easy intervention when overdose occurs

The major health impact of using an OPS is when an overdose occurs. Because trained staff are available to immediately intervene, an overdose that may have otherwise been deadly in a public location, in the community, or in a private residence are able to be quickly reversed. As one client remarked on their own overdose that occurred in an OPS:

> *"I'm alive today because of it."*
> (FOCUS GROUP WITH CLIENTS, STREET HEALTH)

Staff members in the OPS also frequently remarked on the impacts they have observed from overdoses reversed within the OPS:

> *"Well one of the big things that people have told me is that they're very fortunate that we are here and... most of them have had friends that have overdosed and some of them have friends that have died so they say they're very fortunate to have this place so we can keep an eye on them and make sure."*
> (INTERVIEW WITH STAFF, ST. STEPHEN'S)

> *"We've had lots of overdoses here, but they haven't been big crises, because the staff are calm and confident. It's really just been easy. It's been a simple, nice addition. It's been quite amazing."* (INTERVIEW WITH MANAGEMENT, ST. STEPHEN'S)

### Reductions in public drug use

In addition to the impacts from having quick intervention by trained staff available in case of overdose, participants also spoke of how having access to an OPS impacted their use of drugs in public spaces; most importantly, participants frequently described how they reduced using drugs in public spaces like washrooms, parks, and public stairwells due to having access to the OPS at Street Health and St. Stephen's:

> *"It hasn't affected if you're talking about amount wise, no, it hasn't affected that. But it has affected it positive, where it gives me a safe place to use and not have to do it in a washroom."* (FOCUS GROUP WITH CLIENTS, STREET HEALTH)

> *"I think it's a good service; it'll help get people out of washrooms and stuff like that. Cause like, imagine you take your kid to the subway and you come into the washroom and you find someone dead. Well, instead, now they have these places to use, somewhere safe, right?"* (FOCUS GROUP WITH CLIENTS, ST. STEPHEN'S)

> *"I'm awfully happy they're here, because I haven't had to use in these washrooms for a while. I just find one of these places. Cause they're all, conveniently in the places where people use a lot, right? So, my drugs are usually in the areas of these sites, so, it makes it pretty good that way."* (FOCUS GROUP WITH CLIENTS, ST. STEPHEN'S)

### Reducing the impacts of overdose among people who have recently been housed

According to the Public Health Ontario and the Office of the Chief Coroner of Ontario[17], a very high proportion of fatal overdoses occur in private residences, when other people are not present and able to intervene if an overdose occurs following drug use. Staff in the OPS recognized that people who were recently housed following periods of homelessness were at high risk of overdose, and that by offering OPS services, they could address this risk:

> *"We know that people are dying in their units soon after they get housed, we know that people are at high risk for overdose when they are housed and using alone. I think that there is a proportion of our folks who recognize that risk of using alone in their space, so even if they're housed, they'll come and used a supervised consumption site, which is great." (Interview with management, St. Stephen's)*

### Impacts on drug use and broader injection-related health behaviours

While quick intervention in case of overdose is a major health benefit of using OPS, there are other impacts on drug use and health-related behaviours. Participants described how being able to use in safer conditions allowed them to go slower, and use practices to decrease their risk of overdose, particularly when compared to using alone or in public:

> *"It decreases the risk of criminalization. It decreases the risk of overdose that people face because they have access to different tools that help them dose. They don't have to rush their dose, they can split it up into 2, 3, however many shots they want to do. They can test their drugs. They can get access to information. If people do overdose, we have access to all of the equipment that we need to reverse an opioid overdose. We have access to healthcare, so people have much more direct [access] to detox, to treatment, as best as we can get in the city, we have that."* (INTERVIEW WITH STAFF, STREET HEALTH)

*"To be honest, my using has slowed down. I've learned to use around people more. And if, cause, I watched people overdose in front of me now, like, at the site, and, but then I've seen the help that they get while being at the site. So, if it just, makes me want to, if I was to ever go down, to be here while it happened."*
(FOCUS GROUP WITH CLIENTS, STREET HEALTH)

Additionally, having access to sterile injection equipment and trained staff within the OPS improved both injection-related education and behaviours, which could impact on HIV and hepatitis C risk:

*"I'm more educated [on HIV and hepatitis C] because of it."* (FOCUS GROUP WITH CLIENTS, STREET HEALTH)

### Impacts of experiencing non-judgmental and accepting provision of care

The experience of stigma and discrimination among people who use drugs is well-documented, particularly within healthcare settings. The experience of stigma and discrimination when receiving health and social services can be profound, and previous negative experiences can influence people's willingness to access services. Experiencing welcoming and non-judgmental services can have substantial positive impacts for people who use drugs. Participants in this evaluation spoke frequently of their positive experiences accessing care in both OPS:

*"Everybody here cares. Once you start at reception and talk to the ladies behind the counter, very peaceful, nice people, very welcoming, encouraging and then you get through all the staff and everybody's very positive."* (FOCUS GROUP WITH CLIENTS, ST. STEPHEN'S)

*"They're very friendly and welcoming. They're not judgmental. They're like, I feel more they're friends than staff. And this is more at this site. When I come in this site, I don't look at this guys as staff. I look at them as associates or acquaintances. Or even friends, like, [staff member] is definitely my friend."*
(FOCUS GROUP WITH CLIENTS, ST. STEPHEN'S)

The provision of non-judgmental OPS services within multi-service agencies that were already providing a wide variety of services to people experiencing marginalization had an unexpected impact of bringing people who were not open about their drug use into the OPS, and allowing staff to make connections with them. This was an important step in beginning to counter the impacts of stigma, and work on connecting them with appropriate services:

*"I think there are a number of people, people who've been coming here a long time, and we didn't know they were injecting drugs."*
(INTERVIEW WITH MANAGEMENT, ST. STEPHEN'S)

*"The OPS staff were able to make that connection with them, because in the drop-in it's like, well, what do you need? I don't need anything. I've got my coffee, I'm good. But what they did need was some real harm reduction support and space to use and be accepted for what they were using, and because of stigma, they didn't want to talk about it in the drop-in, which is totally understandable, but having the OPS meant that now they have a place that's theirs and then they can start to get connected to other services."* (INTERVIEW WITH MANAGEMENT, ST. STEPHEN'S)

### Help connecting to other services

These positive connections and experiences of receiving care and support within the OPS can facilitate the ability of staff to connect clients to services, both within the agency, and in partner agencies in the community. According to clients:

*"They're good providing other services...like housing or treatment, stuff like that."*
(FOCUS GROUP WITH CLIENTS, STREET HEALTH)

*"I think it's a good location because of the services. If you come in here and you're struggling you have somebody to talk to. If you want to seek out treatment they have programs for that. If you need housing you can get housing. If you need a meal you can get something to eat. They have washers and dryers. Everything you could possibly need is all in one location unlike some of the other sites is just a site."*
(FOCUS GROUP WITH CLIENTS, ST. STEPHENS'S)

In the focus groups, participants described how the implementation of an OPS provided a new and critical service to existing clients. Equally, people who were not previously clients of Street Health or St. Stephen's came to the agency first to use the OPS, and then they began to access other services. In this way, offering an OPS onsite can be a way to connect with people who are not otherwise connected to services or care:

*Participant 1: "Yeah. I started to use Street Health before the injection site.*

*Participant 2: I found out about the injection site first, and then Street Health."*

(FOCUS GROUP WITH CLIENTS, STREET HEALTH)

## IMPACTS ON STAFF MEMBERS WORKING IN THE OPS

Staff members from the OPS also reported strong impacts from their work in the OPS. These impacts are notable because both Street Health's OPS and St. Stephen's OPS privilege lived experience of drug use as a key criteria and area of expertise when hiring staff members. There are three major areas of impact on staff members working in the OPS identified: ability to make a difference in the midst of a crisis, personal growth and fulfillment from their job, and having access to job opportunities that recognize their expertise.

### Making a difference in the midst of a crisis

While participants underlined how difficult working in the OPS could be (for more information, see Section 7), another theme identified in the narratives of the front-line staff working in the OPS was that they felt that they were making a difference in the middle of a major public health crisis. This is particularly notable because of how common an experience of having lost family, friends, co-workers and clients to the overdose crisis is for people.

> *"Yeah, I've saved somebody's life. That's the feeling I go home with that day. Even right now it affects me. I'm starting to choke up a little bit... I've gone through so much stuff in my life and if I can help one person to not go through what I went through it's worth it to me."* (INTERVIEW WITH STAFF, ST. STEPHEN'S)

### Personal growth and fulfillment

The feeling of making a difference through their work was complemented by a feeling of personal growth and fulfillment. Participants noted that one of the major impacts of their work was on their own personal growth and development:

> *"I have learned so much about life. Not even just about working in an OPS, but so much about life and my life has changed drastically, and my thinking. Being loving and accepting, and non-judgmental. I've met so many beautiful people. The stories that I hear in there from participants that come in there, and oh my god. They're so beautiful. I've learned so much."* (INTERVIEW WITH STAFF, ST. STEPHEN'S)

> *"The whole thing has been a positive experience. It's just helped me all around. To just try and help people on the same journey as I am, support people where they're at, advocate for this movement, I guess, to keep going. I've always felt like I didn't really have much of a purpose or a passion in life. So, since finding social services work, I just love it. You know? I enjoy going to work. And without this, I don't think that I would be off of substances, I feel like it does give me a purpose and it gives me a reason to want to keep moving forward"* (INTERVIEW WITH STAFF, STREET HEALTH)

### Job opportunities

It is important to note that for many people who use drugs, their experience of drug use can be extremely detrimental to their ability to find rewarding and well-remunerated employment. The expansion of OPS and supervised consumption services more generally has provided employment opportunities for people with lived experience of drug use within community-based agencies that value their expertise:

> *"One great thing with having injection sites around the city is that there have been more opportunities for folks to use their personal experience as a way to get them a job. So that has been really great, actually, for some of our clients. You know, injection spaces have not only given them a space to use safely, but for some people, it's also given them opportunities to start a career."* (INTERVIEW WITH STAFF, STREET HEALTH)

# SECTION 4: POTENTIAL IMPACTS OF CLOSING THE OPS

On March 29, 2019, St. Stephen's Community House and Street Health received news that the Ontario Ministry of Health and Long-Term Care denied their application to transition to a Consumption and Treatment Service (CTS). Both agencies were informed late on a Friday afternoon that they were expected to not open again, with no ability to give notice to clients or develop a transition plan for clients that had been using these life-saving services:

> *"It was four pm. It was hard. I was like, 'Okay, what do we do?' It was scramble. The service was already closed. We couldn't tell anybody. We were supposed to be open on Sunday."* (INTERVIEW WITH MANAGEMENT, ST. STEPHEN'S)

> *"Our application to the province for consumption treatment service was not accepted. They told us on Friday and expected us to close on Monday. And we were not prepared to do that. That's unethical. We have people who count on this service, and it's a lifesaving service, so to simply say 'Now we're closed'? We just weren't able to do that."* (INTERVIEW WITH MANAGEMENT, STREET HEALTH)

In response to this news, the agencies scrambled to figure out how to continue these life-saving services for people who were at high risk of overdose related harms, including death. This was particularly hard as both agencies provided services to a marginalized group of people with whom they had worked hard to build trusting relationships. While the federal government provided St. Stephen's and Street Health an emergency exemption that allowed them to continue providing overdose prevention services, they were left without stable, long-term funding. Both agencies have been forced to rely on donations from community members and a small amount of short-term federal funding to continue operating this essential health service. Despite the pressures of not knowing if they would have a job the next day, staff sprang into action to work on fundraising and on applications for alternative funding opportunities.

> *"We have a fantastic fundraiser...I think it's very, very tough on people's psyche to have to fundraise for a health care service that should just be a core operation."* (INTERVIEW WITH MANAGEMENT, STREET HEALTH)

The clear need for OPS services and the huge impact these services have on community members who use them is most evident in the way that even clients of the sites – frequently people living in intractable poverty – were attempting to make donations to keep the sites open:

> *"[We are] honest with clients about what we're dealing with, with government and all the stuff that we're going through with. Clients try to offer whatever support they have, even if it's like, their last $5, wanting to donate. Something sweet. Beautiful moments with clients. That's my favourite."* (INTERVIEW WITH STAFF, ST. STEPHEN'S)

Luckily, both agencies were able to stay open and mitigate the potentially disastrous effects that an abrupt closure would have had on their clients:

> *"I also think a real commitment, at that point, as well, to find a way to make it work. I was really thankful that our executive director and our board felt the same way. We couldn't shut the service down now. The community wanted it, our service users wanted it, people needed it, were relying on it, so we had to keep it open."* (INTERVIEW WITH MANAGEMENT, ST. STEPHEN'S)

Unsure how much longer they will be able to stay open, the OPS staff members have been engaging in contingency planning. This has included talking to clients about what they can do and places that they can go to use as safely as possible should the OPS close given the context of a highly toxic and unpredictable drug supply and overdose crisis.

> *"We're starting to have conversations with people, like, 'If we're not here, what are we going to do? Like, let's make a plan. Have you used other sites? Like, let's integrate you into other spaces where you can start to feel comfortable there.'"* (INTERVIEW WITH MANAGEMENT, ST. STEPHEN'S)

Despite this planning with clients, there remains considerable concern among staff members around the potential impacts on clients if the OPS at Street Health and St. Stephen's are forced to close. Major areas of concern will be explored below, including the fear that not all clients will transition to other sites, that clients will begin using in public again, that clients will start using in bathrooms within the agency again, and that the trust that was built with clients will be destroyed.

## POTENTIAL IMPACTS OF CLOSING THE OPS ON CLIENTS

### Increase in overdose and overdose-related deaths

> *"I wouldn't have a safe place to use and I could overdose."* (FOCUS GROUP WITH CLIENTS, ST. STEPHEN'S)

The primary concern of all study participants is that the closure of the OPS at Street Health and St. Stephen's will result in an increase in overdoses and the harms that stem from unsupervised overdoses, including death. Without access to a reliable and regulated pharmaceutical alternative, people who use drugs are vulnerable to harm stemming from the increasingly unpredictable and toxic illegal drug supply. OPS staff monitor clients so that they can respond to overdoses that result from the contaminated drug supply.

> *"These places save lives. They are a necessity and a staple to our community and we need them. People will die if these places close. These places literally are what keeps, like, we're all here right now, because the site is open."* (FOCUS GROUP WITH CLIENTS, STREET HEALTH)

> *"They're going to go back to doing what they did before, they're gonna use in the washrooms or in the alleyways which opens up more chances of overdosing and dying."* (INTERVIEW WITH STAFF, ST. STEPHEN'S)

> *"People don't even care if we die. That's how this society views us. They won't even fund the service that literally saves our lives."* (INTERVIEW WITH MANAGEMENT, ST. STEPHEN'S)

### Difficulty in transitioning clients to other SCS or OPS

Clients of both OPS know about other sites in the city, and most have used at least one other site. However, staff members who participated in this study voiced concerns that many clients would not go to other sites regularly and that clients do not have the relationships with other agency OPS that they have with the OPS staff at Street Health and St. Stephen's.

> *"Yes, there's other sites, but it's not their site. We can take people over to Queen West. It's a great site, but different, right? We have people who walk across the city to use this site. They just like it, you know?"* (INTERVIEW WITH MANAGEMENT, ST. STEPHEN'S)

> *"They know about all of the supervised consumption sites in the city, because we share that information with them, all the time. So if they're not already going there, it's because they choose not to."* (INTERVIEW WITH MANAGEMENT, ST. STEPHEN'S)

Many clients highlighted how much they preferred the quiet environment within the smaller sites at Street Health and St. Stephen's, and the feeling of safety and security they had there. OPS staff also highlighted that the other OPS tend to be busier, and that larger sites that may not appeal to clients who sought out the small, safer and secure atmosphere at the small OPS.

> *"We have a better opportunity to connect with the people here than at some of the other sites that are a bit more busy."* (INTERVIEW WITH MANAGEMENT, ST. STEPHEN'S)

Study participants also noted the importance of location of an OPS for clients, with many preferring to stay within certain areas or needing to avoid other areas. Location is also important regarding proximity to other services, including shelters, respites, drop-ins, and other community-based services.

> *"Some of our clients use Moss Park already so it's not like they'll never use Moss Park. But we have a subset of clients that only go to our site."* (INTERVIEW WITH MANAGEMENT, STREET HEALTH)

> *"I know when I picked up my drugs, if there wasn't an OPS very close by, I would just use in a stairwell. So, to go to the trouble of finding another OPS and becoming comfortable there, is like a whole other issue, let alone travelling there."* (INTERVIEW WITH STAFF, ST. STEPHEN'S)

### Increase in public drug use and unsupervised use within agency bathrooms

Clients who participated in this study said that if the OPS were to close, they would go back to using alone and in places where they used prior to the opening of overdose prevention services, such as public spaces such as in alleys, washrooms, parks, and stairwells.

> *Participant 1: Go to another site maybe. Most likely I'd go down the hall in the bathroom.*
>
> *Participant 2: I'd be out in the woods or in the alley when it's dark and no one is there.*
>
> (FOCUS GROUP WITH CLIENTS, ST. STEPHEN'S)

It is important to note that Participant 1 above stated that they would simply return to using drugs in the bathroom of the agency that houses the OPS currently. This was a common sentiment among participants in the focus groups – they noted that prior to the OPS opening, they would use (and occasionally overdose) in the bathrooms within agencies. Many agencies decided to open OPS because clients were already using drugs within their bathrooms and quiet areas (such as stairwells and alcoves) – despite rules against this. Many clients would simply return to using in the bathrooms and other unsupervised areas if the OPS were to close, increasing their risk of harm (both from using in unsanitary conditions and from unsupervised overdose). In addition to the harms to clients, the reversion to concealed

drug use within agencies has detrimental effects on staff (such as having to respond to unwitnessed overdoses in suboptimal conditions such as bathrooms) and increase the potential for an overdose death to occur within agencies.

### Increased criminalization

In addition to returning to use in public spaces (e.g. stairwells, parks, and alleyways) in the case of OPS closure, clients reported that they would also be spending more time in public spaces because there would be fewer places available for them to go to spend time off of the street. This would increase their chances of arrest for offenses such as drug possession, loitering, trespassing, and mischief, amongst others.

> *"There's this push right now to clean up the neighbourhood, and that just means more criminalization of people. So, you're waking up from overdose to getting arrested for trespassing for overdosing in an alleyway. So, people will be at risk of both things, overdose and criminalization."* (INTERVIEW WITH STAFF, STREET HEALTH)

### Severing connections and reducing opportunities for connections to health and social services

The OPS have provided a space for staff members to nurture and build trusting relationships with clients. Participants identified the closure of the OPS as potentially damaging to those relationships.

> *"Clients would see it as another example of society shitting on them. It would be a real blow to the relationships that we've built, because they'd see us as complicit in taking away this service, so that trust that we have built up would be, for some people, that'd be it. We would be done."* (INTERVIEW WITH MANAGEMENT, ST. STEPHEN'S)

> *"We are very concerned with the idea of abandoning people who have come to depend on us."* (INTERVIEW WITH MANAGEMENT, STREET HEALTH)

> *"I think it would feel like a rejection for our clients. I think it could potentially lead to people taking more risks."* (INTERVIEW WITH MANAGEMENT, ST. STEPHEN'S)

> *"They'd feel shit on again because here they've got something, it's established, it's working for them, and our government is taking it away."* (INTERVIEW WITH MANAGEMENT, STREET HEALTH)

Study participants were concerned that the closure of their OPS would reduce client access to other healthcare and social services at the agencies, including just offering clients a safe place to be off the street.

> *"Shutting this down, you're severing the opportunity of people that potentially can go forward. If you sever good programs like this and shut them down, then people's opportunities are never gonna be realized."* (FOCUS GROUP WITH CLIENTS, ST. STEPHEN'S)

> *"I think a lot of the folks that we see in other programs that are coming through our OPS wouldn't come here anymore. The trust would be broken."* (INTERVIEW WITH MANAGEMENT, STREET HEALTH)

> *"I'd be very worried about their healthcare. Because this is an access point for a lot of people's healthcare."* (INTERVIEW WITH STAFF, STREET HEALTH)

## POTENTIAL IMPACTS OF OPS CLOSING ON STAFF MEMBERS

### Impacts of job loss from OPS closures

For many staff members, working at the OPS is more than 'just a job'. They care passionately about their work and their clients, and are committed to providing accessible and compassionate services to people who use drugs.

> *"I know that our staff are very committed and invested in the site, so I think it would be pretty devastating for them."* (INTERVIEW WITH MANAGEMENT, ST. STEPHEN'S)

The majority of OPS staff members are people with lived experience of drug use, including those who currently use drugs. For many, the work is very personal: they are providing a service that saves the lives of other people who use drugs, and they know that without these services, members of their community are at higher risk of overdose related harms, including death.

> *"It would be a real blow. I think they would see it as one more example of how society doesn't care about them and the people that they care about. That would really be the biggest psychological blow."* (INTERVIEW WITH MANAGEMENT, ST. STEPHEN'S)

> *"I'm just so tired of losing people and not having anything I can do about it, and being able to do something is really so important. I've brought a lot of friends through this space, too, to access services as well. It's really nice to be able to do that."* (INTERVIEW WITH STAFF, STREET HEALTH)

### Loss of social support

Study participants voiced their fears that with the closure of the OPS, they would lose the sense of family and community that they had found amongst their OPS team.

*"Aside from the practical pieces around money, and there was also, like, the team had also become a family, right? And so, the threat of breaking up the group, that felt really rough."* (INTERVIEW WITH MANAGEMENT, ST. STEPHEN'S)

*"Finding a whole new job is just stressful. Like, I love St Stephen's. I love their philosophy. I love their values. I love my team. I love how we support each other."* (INTERVIEW WITH STAFF, ST. STEPHEN'S)

Others feared that with the loss of their job, they would lose an important stabilizing factor in their lives that gave them a sense of purpose and helped them feel like a productive member of society.

*"The OPS isn't just helping clients. It's giving people that have lived experience an opportunity to work and an opportunity to be members of society, and you know, pay taxes and all that stuff that the government wants us to do. So like, now you're going to want to take that away from us?"* (INTERVIEW WITH STAFF, STREET HEALTH)

*"I really love my job, and I put a lot of myself into it. I think that without my job, I would fall deeper and deeper into drug use that I don't want for myself."* (INTERVIEW WITH STAFF, STREET HEALTH)

### Loss of income

Many of the OPS staff members have faced barriers to accessing and retaining employment. Their job as front-line staff in the OPS, which values their lived experience, would be difficult to replace. They also worried about how they would get by without income.

*"It would be extremely stressful, not only from the point of being unemployed, but also from having lost something that we worked really hard to build up."* (INTERVIEW WITH STAFF, STREET HEALTH)

*"I would probably freak out about not having a job, not having any money."* (INTERVIEW WITH STAFF, STREET HEALTH)

## IMPACTS OF OPS SITES CLOSING ON THE AGENCIES RUNNING THE OPS

There were three main concerns that participants had about how the closure of the OPS would affect the agencies.

### A return to unsupervised drug use within agencies

The major concern for agencies was, as mentioned above, that drug use would simply return to bathrooms and unsupervised areas of the agency. Agencies had long histories of attempting to prohibit drug use within their walls prior to opening an OPS. They also had long histories of being forced to respond to overdose in their bathrooms and other quiet areas of their agencies – a stressful situation for staff and a dangerous situation for clients. The potential for closure of the onsite OPS raised the concern that they would have to return to the sub-optimal state of attempting to prohibit drug use that they knew would occur anyway:

*"If it closed, people will still see this as a place where people use drugs, so they'll use in the washroom, in our parking lot, and then we'd start having these more adversarial relationships with them saying, 'You can't use in our washroom. This is illegal, you're going to get us in trouble, plus you might die in here.' We'll lose all of that good stuff that we've built up with people."* (INTERVIEW WITH MANAGEMENT, ST. STEPHEN'S)

This quote also highlights a second concern for agencies – that conflict between staff and clients will result from the closure of the OPS, as staff will be forced to return to enforcing rules that prohibit drug use on site. There is concern that this would be particularly detrimental to the trust and relationship-building that occurred within the OPS, where staff were able to meet clients where they were at in their drug use.

### Negative impacts on relationships with people who use drugs

The third concern that was raised was that the closure of the OPS would have a negative impact on the reputation of the agency as a provider of harm reduction services and as being responsive to the needs of their community members. Study participants also discussed their concerns that the closure of the OPS might also lead to further program cuts.

*"I think we'd have an influx of clients who would be angry and frustrated and disappointed and discouraged. We'd have to devote a lot of time and energy and resources to reestablishing trust with clients. Because this organization made a promise to the community."* (INTERVIEW WITH STAFF, ST. STEPHEN'S)

*"I worry that the agency, slowly, will start to fold more and more to doing things like changing and making compromises, and in the end, it would be the clients who are suffering due to that."* (INTERVIEW WITH STAFF, STREET HEALTH)

## POTENTIAL IMPACT OF THE OPS CLOSING ON COMMUNITIES

### Potential for increases in deaths in the community

Study participants stated that the most significant impact of OPS site closures would be the potential for an increase in deaths of community members, and in businesses and other areas of the community, from overdoses:

*"The community's terrified. We've had some deaths in the neighbourhood... A lot of our clients go into the businesses around here, and for the most part, they're welcomed, so they get to know them. They're part of the community. You don't want to put those lives at risk and lose people."* (INTERVIEW WITH MANAGEMENT, ST. STEPHEN'S)

*"I don't even think we're at the tip of this, quote unquote 'overdose crisis.' And, you know, without huge reform, I can't see it getting better fast. And so, closing these spaces, and specifically this space, will be pretty devastating for everybody."* (INTERVIEW WITH MANAGEMENT, ST. STEPHEN'S)

### Potential for increases in public drug use

Study participants were unanimous in the view that closing the OPS at Street Health and St. Stephen's would result in an increase in public drug use. Additionally, participants commented that the loss of the OPS would result in the loss of a safe place for people to be off the street. With public drug use comes additional concerns, such as increases in public disorder, loitering, and discarded paraphernalia.

*"There's just going to be increased public use.... And what do you think is going to happen when we no longer have access to this bathroom for eight hours a day? More public defecating. Like, there is no one else to go. People aren't doing it for fun...There's just nowhere to go."* (INTERVIEW WITH STAFF, STREET HEALTH)

*"We'll see more drug use in the community, on the streets and in the alleyway. There will be more discarded works. The businesses in the area will be dealing with people in their washrooms again, which was an issue in the past."* (INTERVIEW WITH MANAGEMENT, ST. STEPHEN'S)

*"This neighbourhood, there's people using all the time, and we're just going to see more of it, unsafely in the alleys and the buildings and the other services. They would not have a safe place to be, not just to necessarily use, they would not have a safe place to be."* (INTERVIEW WITH STAFF, STREET HEALTH)

Despite being asked about potential positive impacts from OPS closure, none of the participants in this evaluation were able to produce a single example of a positive impact that may come about from the closure of the OPS at Street Health or St. Stephen's. The overwhelming view was that these potential closures would have a devastating and potentially deadly effect on clients due to the loss of supervised spaces to use drugs, the loss of access to a crucial entry point to health and social services, and the severing of relationships of trust that had been built with clients. Additionally, the potential for negative impacts on staff members who would be losing their jobs was noted, as well as the negative impacts on agencies due to conflicts with clients stemming from a return to having to prohibit drug use within their agencies, and monitor their bathrooms for drug use and potential overdose. Finally, closure of the OPS would provoke negative impacts in the surrounding community due to increases in public drug use, drug use in neighbourhood businesses, and the increased potential for overdose deaths in the community from unsupervised drug use.

# SECTION 5: THE IMPLEMENTATION PROCESS

In this section, the implementation process will be explored, including an examination of aspects of the implementation process that worked well, what some of the implementation challenges have been, and areas of improvement.

## IDENTIFYING THE NEED FOR AN OPS AT EACH AGENCY

### What worked well

#### Extends harm reduction services and fills a service gap

In addition to the positive impacts on clients and staff in the OPS detailed in the previous section, participants in the evaluation also identified positive impacts for agencies as they began offering OPS to clients. Both Street Health and St. Stephen's were eager to provide a safe space for supervised consumption and overdose response to reduce the risks of death and harms faced by their clients. As both agencies were already offering harm reduction-focused services for people who use drugs, the addition of an OPS within both agencies responded to community needs. It enabled both agencies to divert clients from using in public spaces (e.g., alleyways, parks, stairwells), and for St. Stephen's, to more effectively respond to drug use already happening on site (primarily in bathrooms). In this way, offering an OPS was a natural evolution and complement to the services already being provided:

> *"It just rounds out our package of services that we can offer. It felt like something was missing before. Because we've had this history of growing our harm reduction base here, it wasn't always a strong harm reduction agency, that's really taken time, and this just feel like such an important part of that in terms of welcoming people here who use drugs and growing our own knowledge."* (INTERVIEW WITH MANAGEMENT, ST. STEPHEN'S)

#### Located in areas of high rates of overdose, as well as high concentrations of homeless and marginalized people

Both Street Health and St. Stephen's have long histories of providing services to marginalized people in their neighbourhoods who use drugs and who are experiencing homelessness. Street Health is located in an area known to be the epicentre of the overdose crisis in Toronto. The Dundas-Sherbourne intersection has amongst Toronto's highest volume of calls to Paramedics for suspected overdoses, which often occur in alleyways, building stairwells, and in shelters and drop-in centres.

> *"This neighbourhood has the highest density of residences and shelters and services for homeless people in the city and because Street Health has been operating in this context for so long, we were very much aware that our clients were being affected by the poisoned drug supply and experiencing overdoses."* (INTERVIEW WITH MANAGEMENT, STREET HEALTH)

> *"It's absolutely essential that Sherbourne and Dundas have an OPS. We know that people are using and experiencing overdoses in the shelters and the buildings and alleys that surround us so, yeah, I think it's key that we be right where we are."* (INTERVIEW WITH MANAGEMENT, STREET HEALTH)

St. Stephen's is located in Kensington Market, a neighbourhood for which there was a high volume of calls to Toronto Paramedic Services for suspected opioid overdoses in 2017-2018. The opening of an OPS there filled a service-gap in the west end of downtown Toronto.

> *"We have our finger on the pulse here in the market. Lots of things go on in the alleyways here right behind us, people sleep there, people live in the alleyways and in the parks so I think it's an ideal setting."* (INTERVIEW WITH STAFF, ST. STEPHEN'S)

#### Community support for an OPS in the neighbourhood

Neighbours, businesses, and the community school in Kensington Market embraced the opening of an OPS at St. Stephen's, recognizing the potential benefits to the community in terms of reduced public drug use and overdoses, as well as reduced drug use related litter (e.g., used needles).

> *"We're in a really unique position here in that the community loves us, they love our site. They are mostly socially-minded businesses, but also they're concerned about people using in their washrooms and in the alleys and discarded supplies, so they've been really happy to have the site."* (INTERVIEW WITH MANAGEMENT, ST. STEPHEN'S)

> *"Friends of Kensington Market [a citizen's group] set up a YIMBY rally, saying 'Yes In Our Backyard', saying we want this service here."* (INTERVIEW WITH MANAGEMENT, ST. STEPHEN'S)

> *"The principal at the local school has also been amazingly supportive, has said that they saw a real decline in the number of discarded needles since they opened their site. That's pretty amazing, really."* (INTERVIEW WITH MANAGEMENT, ST. STEPHEN'S)

### Challenges

#### Community reaction

For almost a century, Dundas and Sherbourne has been a hub of social services. In recent years, this neighbourhood has experienced considerable gentrification, accompanied by the development of a vocal residents' association that expressed their opposition to the very idea of an OPS at Street Health before the service opened. This organization has continued to advocate for the closure of the OPS, despite it being the same size and having the same level of service usage as the OPS at St. Stephen's.

> *"There's been a fair amount of push back from a small group of very vocal neighbours who have focused their attention on the OPS as a cause of crime and disorder and social unrest and all these sorts of things. It's pretty clear that it's visible poverty that they have the real issue with and that their ultimate goal is to gentrify this neighbourhood."* (INTERVIEW WITH MANAGEMENT, STREET HEALTH)

Street Health has been participating in community meetings and working to address community concerns, such as by establishing a gate to reduce loitering at the front of the agency.

### Potential areas of improvement

The opening of more OPS in the neighbourhood, including sites with smoking facilities, may address community concerns about loitering, public drug use, discarded drug use equipment, and public disorder. More OPS would also address concerns from clients about waiting times and having quiet, safe spaces to use drugs.

> *"The problem isn't that there is one site at Dundas and Sherbourne, the problem is that there's only one site."* (INTERVIEW WITH STAFF, STREET HEALTH)

> *"The biggest issue that this intersection is that there isn't any place for people to go. If there were many sites at this intersection, a lot of those 'problems' that people are pointing at and are saying are there because of us would actually be vastly diminished."* (INTERVIEW WITH STAFF, STREET HEALTH)

## DEVELOPING THE OPS AND OPENING ITS DOORS

### What worked well

#### Program design process

OPS program design was a team effort at both agencies. Staff members participated in the development of OPS policies and the determination of how the programs would work. Emphasis was placed on creating a low-threshold, accessible, and welcoming service (further details are available in section 5, Service Delivery Model). Staff members appreciated the autonomy that they had in designing and implementing the programs, and acknowledged the importance of getting –and responding to – input from clients.

> *"We've had a lot of autonomy in creating the space, what it looks like, how it feels. Being able to take a lot of feedback from folks who are coming in to use the space and incorporate that as we see fit... being able to take that feedback from people and try to create a space where people feel comfortable."* (INTERVIEW WITH STAFF, STREET HEALTH)

#### Established relationships with people who use drugs

Both Street Health and St. Stephen's have well-established programs and services for people who use drugs. Adding the OPS filled a service gap for their existing clients. St. Stephen's is a community centre in which clients already come to access services such as the drop-in centre, trustee program, mental health services, case management, and meals. Street Health provides a wide array of low-barrier health services, as well as mental health supports, intensive case management, and ID replacement and storage services. When commenting on the implementation of OPS services within their agencies, several participants noted how 'easy' the implementation process was, as part of a natural fit within the services already being provided by these multi-service agencies. Provision of OPS services was also an acknowledgement of the fact that clients were already using inside of the agency prior to the OPS being open, and sent a strong message to clients that they did not have to hide or be ashamed of their drug use:

> *"I think we were all amazed with just how easy it was to implement it. It just fit in with the drop in. I think it did work well, having it attached to the drop in, because it was just another service we were offering, it was no big deal, it was a space where people were already coming in and some people were using in the washrooms. That worked really well."* (INTERVIEW WITH MANAGEMENT, ST. STEPHEN'S)


### Addressing public drug use

Finally, offering OPS services was also a way for agencies to assist with addressing injection drug use within the community. By opening an OPS, both agencies were able to proactively offer a place within their communities for people injecting drugs in public to do so in a supervised environment, thereby reducing public drug use. Additionally, they were able to work with community members – in this example, a local school, to address discarded injection equipment:

> *"Yes, I definitely. I think it's been positive. Like I said, a lot of the clients were … before the OPS was here I mean a lot of their clients they still were using. I mean they didn't start using when we opened up. They were using a long time before we got here … and using and needles were all over the neighbourhood. We've helped that so much. We even went to the school over here and we teach the janitors how to use tongs because they were finding needles on the grounds. The first people on the scene in the morning is the janitors."* (INTERVIEW WITH STAFF, ST. STEPHEN'S)

## Challenges

Opening the doors to the services was mostly seamless, however there were challenges.

### Overcoming fear of stigma and criminalization of drug use

Experiences of discrimination and criminalization have led to distrust and fear about injecting around other people. Staff found that for some people, it took some time to dispel myths and build trust that would enable people to feel more comfortable using the service, and to not hide their substance use.

> *"A big challenge was getting clients comfortable using the site. We still struggle with building trust with folks that are like, 'I don't trust any regulated space.' There's zero trust with the law and that sort of thing."* (INTERVIEW WITH MANAGEMENT, ST. STEPHEN'S)

> *"Everybody's so used to having to hide their drug use and be on the lookout, watching for the cops and everything like that. And it's so hard for people to get their head around that idea, right?"*
> (INTERVIEW WITH STAFF, STREET HEALTH)

When the OPS first opened at Street Health, the police demonstrated support and understanding for the need of an OPS.

> *"When the cops were parked outside, we'd go out and talk to them, and say, by parking out here, you're scaring people away, and they're potentially dying. And they'd be like, 'Oh, you're right!' and they'd move away."* (INTERVIEW WITH STAFF, STREET HEALTH)

However, this support was short lived. A recent study[18] in Toronto found that police presence near SCS and OPS impacts clients' access to sites. This finding was illustrated in the concerns expressed by this study's participants. They commented on the seemingly 'antagonistic' approach that the police have towards the site, the OPS staff, and clients, which scares clients away:

> *"They came and took pictures of our entranceway a few months back, and wouldn't stop when we asked them to. They're always coming into sites, refusing to wait outside, and they won't move from being parked out front. They're just not working with us anymore. I don't know what that's about, but it's really shitty."* (INTERVIEW WITH STAFF, STREET HEALTH)

### Insecure funding

The major organizational challenge affecting OPS service delivery at Street Health and St. Stephen's is the uncertainty around long-term funding for the OPS. Participants spoke of how stressful the precarity of the funding situation is for clients, staff, and management at both agencies. Staff members described the tension that arises while building relationships with clients and working to bring them into the OPS, yet knowing that it could be closed. Efforts to keep the programs operating required balancing service delivery with the considerable time and human resource demands dedicated to securing funding and developing contingency plans if the site were to close.

*"It's a tough balance between creating this service that people feel a part of, and that they feel connected to, and also knowing that this could go away, you know, in any minute. It's really stressful."* (INTERVIEW WITH MANAGEMENT, ST. STEPHEN'S)

*"The political structure we are functioning under has been amazingly stressful. We kind of knew as we were opening that the service was precarious. We opened knowing we only had six months of funding, generally speaking, so even as we started out, we put a lot of ourselves into this space, and that's a lot to do personally and professionally in a space that you know and a service you know might be short-lived. You're building relationships with people, setting up services that might not exist in a very short period of time. Again, building those relationships and offering those services in and of itself can be stressful, but it's a different kind of stress than offering those things while at the same time trying to, I guess reconcile how things are going to be in the medium to long term, when these services might go on indefinitely, they might end next month, they might end tomorrow... that's been very challenging."* (INTERVIEW WITH STAFF, STREET HEALTH)

### Repeated applications to multiple levels of government

Participants highlighted how the continuous application process was stressful and increasingly convoluted. First, an application to Ontario Ministry of Health and Long-term Care as part of the original OPS model in early 2017 was required. And then later that same year, a much more cumbersome application was necessary as part of the application process for the Consumption and Treatment Services (CTS) model in late 2017, which included the need to also apply to Health Canada at the federal level for a SCS exemption. As one participant noted:

*"It just felt like jumping through a lot of hoops that kept getting higher."* (INTERVIEW WITH MANAGEMENT, ST. STEPHEN'S)

*"I wrote three applications in the space of nine months. We had to write, I had to write, the OPS application, and then we decided that it would be smart to also get the SCS exemption, not rely on the province, so we did that, I wrote the SCS exemption, and then the CTS application came through. That was really all-consuming for that nine months, it was all OPS all the time."* (INTERVIEW WITH MANAGEMENT, ST. STEPHEN'S)

### Potential areas for improvement

- Sufficient and secure funding was cited as the most important resource for improving the implementation of the OPS.
- SCS and OPS in Toronto, including Street Health and St. Stephen's provide information and education about overdose prevention services to Toronto Police Services to reduce barriers for their clients.
- Decriminalization of drugs is a structural change needed to reduce barriers to health and social services for people who use drugs.

# SECTION 6: OPS SERVICE DELIVERY MODEL

This section outlines the OPS service delivery model, including its strengths, challenges, and potential areas of improvement. There are three key characteristics of the OPS model at St. Stephen's and at Street Health:

1. **Integrated:** they are small sites that are integrated into a larger, multi-service agency;
2. **Accessible:** they emphasize accessibility through the provision of low-threshold services that are well-integrated into the agency;
3. **Staffed by people with lived experience:** the OPS staff members are primarily people with lived experience of drug use.

## INTEGRATING OPS INTO MULTI-SERVICE COMMUNITY AGENCIES PROVIDING WRAP-AROUND SERVICES

### What works well

#### Having OPS onsite, but separate from busy spaces

Having the OPS integrated into St. Stephen's has facilitated both introducing the OPS to existing clients, and introducing additional agency services to new clients. In the beginning, the OPS at St. Stephens was in a small room in the basement, located right next to the drop-in program, which made it easy to connect with people coming in for food and other services. It was later moved to a bigger space upstairs, adjacent to the front entrance, with the drop-in still easily accessible.

At Street Health, the OPS is located in a coach house that is just behind the main building where service provision occurs. A backyard, described as 'an oasis', separates the coach house from the main building. This calm spot is an area used by both clients and staff members, and place where they are able to connect.

#### The ability to provide wrap-around care

While using the OPS, clients build relationships with staff and begin to discuss their needs and goals and learn about resources and services, both onsite and in the community. Having services onsite creates a 'one-stop shop' for clients. In addition to OPS services (which include the provision of harm reduction supplies and education; drug testing services; observed injection, oral and intranasal consumption; and overdose response using oxygen and naloxone), Street Health and St. Stephen's provide access to a wide range of healthcare and psychosocial services, both onsite and through community partners.

> *"I think it's a really easy catch-all service for any issues that come up as a drug user, too, that wasn't there before. Like my abscess from injecting, I can just walk in, or I need someone to call detox with me, whether I get in or not, and someone to talk with me... I can just walk in. So many things can fit under the umbrella, and you know it's all going to be judgement-free."*
> (INTERVIEW WITH STAFF, STREET HEALTH)

> *"People come here to use drugs but it's like a one stop shop where we'll try to get all of their social and health needs met. So I think just knowing we'll kind of be here and we'll kinda like jump through the hoops and are willing to do that work for them is really key."* (INTERVIEW WITH MANAGEMENT, STREET HEALTH)

Both agencies also have healthcare providers on staff to provide quick and easy access to healthcare, which is crucial since the population accessing the OPS often lack access to primary care:

> *"We're very lucky in that we have a nurse four days a week, and then a doctor here one day a week, so if we have people come in who need some wound care or something, we just take them to see the nurse."*
> (INTERVIEW WITH MANAGEMENT, ST. STEPHEN'S)

> *"Street Health really does embody the low threshold, low barrier model or spirit of delivering health care. I can think of many situations where someone came in initially to consume substances, they had a pressing health issue. We have a nurse practitioner on site, we have registered nurses on site. Those people also have connections in the broader health care system and the broader hospital system."*
> (INTERVIEW WITH MANAGEMENT, STREET HEALTH)

Additionally, both agencies provide access to substance use treatment either onsite by their healthcare providers, or through referral pathways to agencies in the community providing these services:

> *"Our nurse practitioner can also prescribe methadone and Suboxone. People are occasionally interested in that. Many of the people we see have already had long experiences with methadone and Suboxone but just in terms of having that treatment available right here I think that's very key."*
> (INTERVIEW WITH MANAGEMENT, STREET HEALTH)

Examples of onsite programs and services include:

- Primary care
- Drop-in program
- Foot care
- Laundry and shower programs
- Hepatitis C / HIV rapid testing
- Clothing and basic needs
- Mental health services
- Peer programs
- Methadone and Suboxone prescribing
- Housing help
- Toronto Community Addiction Team
- Financial trustee programs
- Case management
- ID and health card clinics
- Counselling and support
- Computers, telephones, and mail registries

### Referrals to external agencies

At both the Street Health OPS and St. Stephen's Community House OPS, OPS services are very low-threshold, with minimal intake process and many clients leaving with multiple referrals to services that address the wide variety of health and social needs faced by clients, including homelessness, entrenched poverty, need for access to health and social services, and desire for supports around substance use. Both agencies work closely with community partners and agencies in the community to ensure that clients are linked up to available health services, social services, and drug treatment and detox services when desired.

> *"Methadone and Suboxone, that kind of thing, we have a lot of connections in the community to places that provide that. Like both kind of more traditional, high volume methadone clinics and some of more connected to primary care, rapid access addiction medicine clinics in hospitals. We have pretty strong connections to Anishnawbe Health. They offer an indigenous focused opioid treatment program so that's helpful."* (INTERVIEW WITH MANAGEMENT, STREET HEALTH)

Staff members also link clients to services in the community, such as addictions treatment (e.g. to detox services, rapid access addictions medicine clinics), shelter beds, and culturally specific programs. They facilitate urgent health care for needs that cannot be met on site. Referral success is based on building trust over time and connecting clients to access existing resources within the agency and the larger community.

> *"We're looking at, like all of the elements that contribute to a successful referral from point A to point B and really trying to find all the supports and ways to make those referrals successful."* (INTERVIEW WITH STAFF, STREET HEALTH)

Examples of services provided through referrals:

- Healthcare – primary care
- Dental care
- Healthcare – specialists
- Food Security/food banks
- Sexual health
- Shelters/respites
- HIV/hepatitis C specialized care
- Support finding housing
- Mental health care
- Landlord/tenant relations
- Crisis intervention/crisis centres
- Immigration services
- Treatment – detox
- Education and employment services
- Treatment – opioid agonist treatment
- Skills training
- Treatment – rehab
- Volunteer opportunities

### Challenges

OPS staff members reported frustration in trying to secure shelter beds and detox beds, stating that they frequently spend many hours trying to find available beds for clients desperate for these essential services.

> *"When it comes to detox and treatment, it's rare that there's a bed or a program ready when that person is ready. It's often the case of spending the whole day on the phone waiting for a cancellation or for a space to open up."* (INTERVIEW WITH MANAGEMENT, STREET HEALTH)

> *"I'll spend hours calling for a shelter bed, no shelter bed, try to get an assaulted women's bed, can't get that, try to get a detox bed, can't get that, try to get a crisis bed, can't get that... It was just constantly having to be, sorry, there's nothing, there's nothing, there's nothing."* (INTERVIEW WITH STAFF, STREET HEALTH)

The lack of availability of treatment or detox services for clients who would like to access them is a major difficulty given the current emphasis on access to treatment services in the new CTS model. Participants repeatedly emphasized the total dearth of available services for people wishing to access treatment or detox beds, and the difficulty in coordinating access to these services:

> *"I regularly call for detox beds for people. Once, this summer, I called and got a bed for a woman. Every time that I've called, the automated message has always said, if you're calling for a detox bed for a male-identified person, we do not have any."* (INTERVIEW WITH STAFF, STREET HEALTH)

> *"It's impossible to line up detox with treatment plans on people's chosen timelines. If we're asking people to wait a day, a week, even an hour, to go to detox or treatment, we're losing people. People need those things when they need them, not some time that is convenient for the system."* (INTERVIEW WITH STAFF, STREET HEALTH)

Study participants recognized that the OPS are vital services that have prevented harms, including death. But they also pointed out that an OPS cannot completely protect people who use drugs from the poisoned illegal drug supply the way an integrated Safer Supply program would.

> *"The drug supply is very unpredictable and toxic and it's hard for people to know what to use to just maintain themselves and not kill themselves. So yeah, I think a major need for our clientele is a safer supply program."* (INTERVIEW WITH MANAGEMENT, STREET HEALTH)

### Potential areas for improvement

- Offering bereavement counseling for clients dealing with grief and trauma
- Providing Safer Supply programs to divert people from the poisoned illegal drug supply

## OPS ARE ACCESSIBLE & PROVIDE LOW THRESHOLD SERVICES

The OPS program model is 'low-threshold'; that is, it is delivered within existing spaces and hours of operation of the agencies offering the service, without excess 'hoops' to jump through for access to services. The policies and procedures, as well as the staff approach to working with clients are designed to reduce barriers to services as much as possible for the diverse groups of people who use drugs. The goals of low-threshold services are to open doors to services for marginalized people, to provide a safe, non-judgmental, welcoming space that encourages clients to come back, to work with clients on their self-defined needs and goals, and to meet them 'where they are at'. Some of the ways that accessibility is addressed in this model is through the design of the OPS space, hours of operation, wait times, and staff approach to working with clients.

### What's working well

#### A bright, airy space, non-clinical space

At Street Health, the OPS is located in the coach house, a space people described as 'bright' and 'homey', complete with skylights, artwork, plants, and access to an 'oasis-like' backyard that provided relief from the bustle on the street.

> *"Being a very cozy, comfy homey space, that has been really useful, to break away from the more institutional clinical vibe. It's just much more casual and accommodating. Yeah, so I just think people feel comfortable."* (INTERVIEW WITH MANAGEMENT, STREET HEALTH)

Study participants from both agencies felt that the comfortable spaces were critical for welcoming in clients and for facilitating relationship-building between staff and clients, which helped staff connect clients with additional services onsite and in the community.

> *"I really think that it has to do with how at ease people feel in this space. I think anxiety and stress and just being someone who experiences oppression in your daily life, I think that those things contribute to your potential to overdose."* (INTERVIEW WITH STAFF, STREET HEALTH)

*"And because it's a quieter space, you have more time and opportunity to think things through, to connect and talk to staff, figure out what you need, what you want."* (INTERVIEW WITH STAFF, STREET HEALTH)

Client participants talked about having spent much time using drugs in dark basement-like places, and felt that having the OPS at St. Stephen's move from the basement to above ground made it feel less stigmatizing and more welcoming.

*"Yeah, it's just like, more light and airy. Like it has a better energy. I feel like coming upstairs, where there's an office and people, it's more like, normalized, and less shame, less stigma, all that stuff."* (INTERVIEW WITH STAFF, ST. STEPHEN'S)

### A small, quieter space

Smaller, less-busy spaces were discussed as an important alternative for people, and an option that needs to be available throughout the city in locations where people who use drugs go and where they live.

*"Ontario's going in the direction of very large, centralized services and I think for the people we see, they'd benefit much more from decentralized smaller services spread around the city."* (INTERVIEW WITH MANAGEMENT, STREET HEALTH)

*"A person who uses drugs has to use throughout the day, they're gonna be in various places through the day. They need access to a very simple low threshold booth in their building, shelter, drop-in, wherever."* (INTERVIEW WITH MANAGEMENT, STREET HEALTH)

Study participants discussed the merits of having a small space, such as the ability for staff to better manage the space and connect with clients. They described the 'rock and roll' environment of some of the larger and busier OPS as something that some clients wished to avoid – even at the expense of having to use alone or in public spaces such as alleyways. Due to much higher volumes of clients needing services, some participants had the impression that larger sites sometimes tended to hurry people along, leaving clients feeling rushed when doing their drugs and forced to leave before they are ready – a particular issue for people who were homeless and had no place to go.

At the Street Health and St. Stephen's OPS, clients are able to take their time when consuming drugs, and 'chill out' for more than 20 minutes. This longer time at the site let them interact more with staff and feel comfortable in a safe space instead of having to be out on the street.

*"What clients tell me most is that the coziness of the space and the quietness of the space is what draws them. Like, people, women identified folks in particular, will come in and say 'Oh my god, this is the first quiet moment I've had all day. I cherish this. I value this.'"* (INTERVIEW WITH STAFF, STREET HEALTH)

*"The small space, it's good for, like, attention wise, the staff are able to focus on them and like, overdoses, things don't go missing...."* (FOCUS GROUP WITH CLIENTS, STREET HEALTH)

### Easy access to the OPS and to services

The OPS at St. Stephens was previously in the basement next to the drop-in but has since moved upstairs, to a room at the front of the building. The drop-in and all related services are steps away, but far enough to provide greater privacy and ease of access to the OPS. For some clients, accessing the OPS through the drop-in was a problem: it was too crowded and chaotic, and made them feel too visible. Staff also found the OPS space was too small, making it difficult for clients to move around (if needed post-consumption) and for staff members to work.

*"There was benefits to having it with the drop-in, but some people struggled walking into a busy, noisy environment. And, hard to be anonymous. Here, you just walk right in. You don't need to go to reception, just go right into the site. It's very private. And the drop-in and everything else is still right there."* (INTERVIEW WITH MANAGEMENT, ST. STEPHEN'S)

*"Come right in the front door and come right in! It's right there, it's more accessible for people to see, know that we're up here."* (INTERVIEW WITH STAFF, ST. STEPHEN'S)

### Accessible for people requiring mobility assistance devices

Study respondents from Street Health and St. Stephen's reported that the OPS in both agencies are accessible for those who use mobility devices and they the OPS have accommodated clients in wheelchairs and using walkers.

### Short wait times

Critical to creating a low-threshold and accessible space is ensuring that clients have access to services when they need them. The small OPS at Street Health and St. Stephen's are able to keep wait times at a minimum. They do not have time limits for how long someone can be at a consumption booth or in the OPS. They work with people to move them along when a booth is needed, moving them from the booth to another space in the OPS to be monitored and for the client to 'chill' for a bit.

> *"Yeah, this one is very accessible. I've never, ever came here once before and had to wait so that's a good thing."* (FOCUS GROUP WITH CLIENTS, ST. STEPHEN'S)

> *"I like this site better too, because when you come in, you get a booth right away. At other sites, you go in, you're sitting in the waiting room for ten, fifteen minutes and then that's when I resort to using a washroom again, because I'm not going to sit there forever with drugs in my pocket while I'm dope sick."* (FOCUS GROUP WITH CLIENTS, ST. STEPHEN'S)

## Challenges

### Lack of smoking facilities

Lack of supervised smoking facilities for people seeking to smoke their drugs is a health equity issue. Smoking is a common mode of consumption of opioids and stimulants, and the OPS are currently not able to accommodate this. Certain groups are also more likely to smoke as opposed to inject drugs. For example, study participants reported that in their neighbourhoods, Indigenous community members prefer smoking drugs and drinking alcohol, neither of which are permitted in the OPS. Clients are forced to smoke outside in public spaces, placing them at risk of criminalization, conflict with neighbours, and harms related to the toxic drug supply, and creating barriers to access to the wide range of services that the agencies offer.

> *"We can't keep them safe, from the law, from overdose, when they want to smoke. Lots of people are like, 'I want to stop injecting and I want to smoke.' And it's impossible to help with that, when we can't offer a space, even with opiates."* (INTERVIEW WITH MANAGEMENT, ST. STEPHEN'S)

> *"We need an inhalation site desperately. When folks are on the street, they are at risk of criminalization, but also they're not gaining that streamlined access to all these other services – medical, housing, food. It's unfair."* (INTERVIEW WITH STAFF, STREET HEALTH)

> *"There isn't an equivalent for people who smoke, and I think that's a disservice. What this community needs is a safer inhalation space. It'd make a big difference both to the community opposition and to the clients who we're looking to serve."* (INTERVIEW WITH MANAGEMENT, STREET HEALTH)

> *"Injection users get special treatment. They get safe sites. What about us? We got no choice but just sit right there in front of that business, and everyone knows that's not a good place to smoke crack!"* (FOCUS GROUP WITH CLIENTS, STREET HEALTH)

### Reaching people who use drugs who are reticent to access health and social services

While efforts to create welcoming inclusive environments have resulted in existing clients feeling very comfortable accessing OPS, participants acknowledged that there are still people using drugs in community settings who would benefit from overdose prevention services – particularly those using in 'trap houses' or social housing apartment buildings in the community – that the OPS is having difficulty reaching.

> *"There are a number of spaces in the neighbourhood, like trap houses that people have been there for years and years. So, part of our challenge is to reach those people."* (INTERVIEW WITH MANAGEMENT, ST. STEPHEN'S)

> *"There's a lot of people we're not reaching even in that one building over there where there are still people dying from overdose, like, constantly. And overdosing in the stairwells, people who don't live there even. I wish that there was a better way to infiltrate that. Really, they need an OPS right in there."* (INTERVIEW WITH STAFF, STREET HEALTH)

Additionally, the roll-out of SCS and OPS into all locations where they are needed has stalled. Notably, many drop-ins, shelters and respites centres continue to experience drug use and overdoses in their bathrooms, and clients hesitate to travel even short distances to access formal OPS rather than using onsite in agencies that lack OPS services.

> *"It might seem really simple for people to just run across the street here, but if they've never gone here before, they don't know what they're walking into, they might just stick to the comfort of the All Saints' bathroom, you know?"* (INTERVIEW WITH STAFF, STREET HEALTH)

### Hours of operation

All study participants agreed that the hours of operation are insufficient and do not meet the needs of people who use drugs. They discussed the need for hours every day of the week, and for clients to have access to an OPS 24 hours per day. Specifically, there are very few OPS options for people at night or on the weekends. Night hours are particularly needed for people who use stimulants: they are often up for long hours and do not have options for safe places to be at night.

> *"I feel like the hours are like, the staff hours, not the drug user hours. I feel like, yeah, drug user hours are night."* (INTERVIEW WITH STAFF, ST. STEPHEN'S)

> *"Gotta have hours open during the middle of the night, cause people who use stimulants are usually up for a long time. And then, all the sites are usually closed at night."* (FOCUS GROUP WITH CLIENTS, ST. STEPHEN'S)

> *"Most of the times overdoses happen is at night, because the places are closed. So, they're resorting to using on the streets, the bathrooms, whatever. And they don't have somebody there to say 'Hey, are you okay?' or check on them or reverse anything."* (FOCUS GROUP WITH CLIENTS, STREET HEALTH)

### Enough space for clients pre- and post-consumption

Staff discussed the potential benefit of adding more consumption booths, but felt that the more pressing need was for space for clients to be before and after using the OPS. This problem is linked to the lack of spaces in the community for people who use drugs and who are experiencing homelessness to hang out and just 'be'. At St. Stephen's, the new OPS has more room and both staff and client participants acknowledged that this larger space was an improvement and was working well. At Street Health, the CTS application had contained a request for funding for renovations to create a 'chill' space. In the absence of capital funds to address this issue, a 'chill' space remains major need.

> *"It'd be really great to have a waiting room, or a chill space for people to spend time in. We're not a drop-in, but we do have a lot of folks who are hanging out because they can't move along right away, or aren't comfortable to move."* (INTERVIEW WITH STAFF, STREET HEALTH)

> *"We use the backyard as a chill out space. People get monitored back there and that's good, but it's very weather dependent. It would be excellent to have a separate room where people could just spend time. This neighbourhood really suffers from a lack of spaces for people to just be."* (INTERVIEW WITH MANAGEMENT, STREET HEALTH)

### Entry into the OPS at Street Health

Street Health has succeeded in creating a very comfortable OPS space, but there are concerns about how the OPS must be accessed. Participants described that there were several steps necessary to enter the OPS. Due to the current design and lack of funding for renovations, clients have to enter the main building and request that the receptionist ring them through the gate into the courtyard, and then must buzz again to get into the coach house building (though frequently, OPS staff will greet them at the door as they are alerted by the receptionist that someone is coming through). As one client explained:

> *"I dislike that I have to go upstairs, ask the lady to buzz me in, then I have to wait five minutes to get buzzed in. Then I have to wait another five minutes to get in the door. Like, what– am I in jail?"* (FOCUS GROUP WITH CLIENTS, STREET HEALTH)

Staff members acknowledged the need for 'traffic control' and for locked doors, but felt that clients experience these as barriers.

> *"There's too many barriers that could lead to people never coming back. Too many locked doors."* (INTERVIEW WITH STAFF, STREET HEALTH)

Street Health respondents are interested in finding a way to streamline the entry access process to the OPS. One suggestion that was repeatedly made was accessing the OPS from the back alley.

#### Potential areas for improvement

- Adding supervised smoking services to current OPS services
- Need for small, low-barrier OPS located directly in neighbouring Toronto Community Housing buildings, in shelters, respite centres, and drop-in centres
- Extend hours of operation to include access seven days per week and in the evening
- Expanding the OPS spaces to include larger waiting and chill out areas
- Examine alternate entrance options for clients to facilitate site access

## EMPLOYMENT OF PEOPLE WITH LIVED EXPERIENCE OF DRUG USE

The employment of people with lived experience of drug use is an important characteristic of the OPS service delivery model, and a necessary component to the successful design and delivery of overdose prevention services.

### What's working well

Participants described the following ways that programs and clients benefit from having people with lived experience as staff members:

#### Reduces barriers to services

Participants referred to the presence of staff with lived experience as a key feature of the OPS that made it a welcoming and comfortable space. Clients felt that because staff have used or do use illegal drugs, the staff are able to understand their experiences of withdrawal, drug use, homelessness, poverty, and other related challenges.

> *"I've just always felt so much more comfortable talking to people that have been on the same path as me. Like, people that haven't been there won't get it, as much as they might try to. So, yeah, having people with lived experience, we can connect with the clients, in a way that maybe other people won't be able to. And even if the other people think they would be able to, like the clients might not feel like that, so."* (INTERVIEW WITH WORKER, ST. STEPHEN'S)

> *"So it's a little easier to open up to them. Like when I went in there, and someone's going to see me, like shooting up fentanyl and stuff, I thought they're all going to be fascinated and want to watch. But they didn't care because they've all done it before. So yeah, it's just another place to use. You know? And I'm very comfortable and stuff."* (FOCUS GROUP WITH CLIENTS, ST. STEPHEN'S)

#### Ensures relevance of services

Staff who currently use drugs that are procured from the illegal market are well tuned to what is happening in the local drug scene. They can provide information to both clients and the agency to make sure that the services are relevant and responsive to what is happening in the drug market.

> *"The drug supply is also always changing, so if you want an up to date understanding of that, you really need to be using drugs. Someone who is fully abstinent is not going to understand the state of fentanyl in the city right now, and what that means for things like trying to stop or getting on methadone or even just your daily life and the things you're going through."* (INTERVIEW WITH STAFF, STREET HEALTH)

> *"People who have lived experience of drug use are able to offer a lot more relevant information to people who are maybe struggling with different pieces of injecting, the knowledge of drugs that are currently on the street or are injectable is a lot more relevant than say, a nurse who either doesn't have that knowledge because they haven't had that experience, or can't share that knowledge, because they are limited by their college."* (INTERVIEW WITH STAFF, STREET HEALTH)

#### Demonstrates organizational commitment to addressing stigma and discrimination and to meaningfully involving people with lived experience

Community healthcare and social service providers often profess to involve people with lived experience and subscribe to the ideals of 'nothing about us, without us', yet they do not always have opportunities for people with lived experience to engage meaningfully and equitably. As described in Section 7: Staffing, St. Stephen's and Street Health determined that lived experience is one form of expertise required for the role of OPS worker – a formal employment position (as opposed to a peer, volunteer or intern/job training position). This demonstrates their commitment to meaningful engagement of people with lived experience, and to countering the stigma and discrimination that people have experienced in previous interactions with other healthcare and social service providers.

> *"The folks coming in will see that we value the expertise in their community."* (INTERVIEW WITH MANAGEMENT, ST. STEPHEN'S)

*"We primarily serve people who are homeless or heavily street involved and a lot of those people have had horribly traumatic and negative experiences with like formal health care. I think the fact that the vast majority of staff are people who use drugs or did use drugs has really informed the character of the site and the way we do things here. We make them feel comfortable, safe."* (INTERVIEW WITH MANAGEMENT, STREET HEALTH)

### Provides role models for other clients

Study participants referred to OPS staff with lived experience as providing a role model for clients.

*"I think there's value in showing clients that you can be an injection drug user and still have all these things that you're told you can only get once you've reached abstinence and recovery. You can have an apartment, and keep that apartment, and pay your rent. You can have a good job and you can have stability. There isn't only one way to be."* (INTERVIEW WITH STAFF, STREET HEALTH)

*"And so many people, when they hear your lived experience, they're like, 'Oh! So, you used to use drugs, and now you're clean and you've got your life together', and 'you used to be one of us', and I'm like, 'No. I use drugs now. I'm able to manage my drug use alongside my lifestyle, and my work', and people are just like, What? Wow!"* (INTERVIEW WITH STAFF, STREET HEALTH)

# SECTION 7: WORKING WITH SPECIFIC POPULATION GROUPS

The service delivery model of the OPS at Street Health and St. Stephen's is designed to be low-threshold and accessible to the diverse population of people who use drugs. To enhance accessibility, the unique needs of specific population groups who make up the client population of each agency have been considered. In this section, we discuss how Street Health and St. Stephen's OPS have worked to facilitate access to their services for people experiencing homelessness, for women and members of LGBTQI2S communities, and for people who use stimulants.

## WORKING WITH PEOPLE EXPERIENCING HOMELESSNESS

Street Health and St. Stephen's have long histories of providing services to people experiencing homelessness, and they offer multiple services for this vulnerable population. Most clients that use both St. Stephen's and Street Health's OPS are experiencing homelessness, and as such, their service delivery model has been designed with the needs of people who are homeless in mind.

### What's working well

#### Providing a safe space for homeless people

People who are experiencing homelessness are at high risk of criminalization. When using drugs outside or in public spaces people are forced to rush, which compromises their ability to use safer injection practices and puts them at higher risk for harms including overdose. The addition of an OPS at both agencies provides people who are homeless protection from criminalization, as well as providing them with supervision and support with safer substance use practices, access to additional wrap-around services, and simply a safe place to be.

> *"People who are homeless know that Street Health is here. It's trusted in the community and people have experiences getting other services here so it's great to have an OPS connected because there's already that trust that people have with Street Health."* (INTERVIEW WITH MANAGEMENT, STREET HEALTH)

> *"For folks on the street, it's huge. It's a calm, safe space. Often people come in, they use, and then just flake out for the rest of the morning, and that's the only sleep that they're going to have that's actually restful, because the rest of the time, they're outside moving around or camped out but having to be alert."* (INTERVIEW WITH MANAGEMENT, ST, STEPHEN'S)

> *"We try to have food and anticipate what people might be needing. We try to have food and toiletries and even makeup, like nice little treats for people when we can get them."* (INTERVIEW WITH MANAGEMENT, STREET HEALTH)

### Challenges

#### Lack of housing, shelter beds, respite centres, and drop-in programs

Overwhelmingly, study participants were frustrated by the lack of services available for people who are homeless. In particular, they report that there are very few places for homeless people to spend time – day or night. This forces people to pass time on the streets, in alleyways, public spaces, businesses, and in building stairwells. This makes them vulnerable to criminalization, and creates tensions with community members. It also exposes them to multiple health harms, Participants highlighted how the homelessness crisis is so bad that even access to basic amenities like bathrooms is lacking and that people are forced to toilet in public. While the provision of basic amenities was not originally in their scope of service, it has been a key advantage:

> *"It's shocking to me in this neighbourhood that there are not enough washrooms. People are forced to use the washroom in public, which in a city like Toronto is ludicrous. We try to have food and anticipate what people might be needing... toiletries and even makeup, like nice little treats for people when we can get them."* (INTERVIEW WITH MANAGEMENT, STREET HEALTH)

Staff members report that a large part of their job is finding places for their clients to go, but their efforts to secure a spot in a shelter or respite centre were often not successful due to the lack of shelter beds to accommodate the homeless population. In the face of insufficient resources and services, the OPS attempt to provide de-facto respite services, though they are not resourced or recognized as such.

> *"We're doing work that we're not meant to be doing. The loss of something like several hundred shelter beds massively impacts us. People stay for hours because they don't have anyplace else to go. It's heartbreaking to have to send people out when there isn't any place for them to go."* (INTERVIEW WITH STAFF, STREET HEALTH)

*"This year especially, access to shelter beds and detox beds has been atrocious. It was one thing in the winter when we expected that based on past experience, but this summer, to still not be able to get a shelter bed for someone at 2 pm, or even a mat on the floor or respite or something, anything, is really difficult and taxing."* (INTERVIEW WITH STAFF, STREET HEALTH)

**Potential areas for improvement**

- Additional spaces for OPS clients to spend time pre- and post-consumption
- Expanding hours to include OPS opening hours on weekends and at night

## WORKING WITH WOMEN AND MEMBERS OF LGBTQI2S COMMUNITIES

Establishing a safe space for women and transgender people has been a priority, particularly for Street Health – an agency where the OPS is largely staffed by people who identify as women. It is exceptionally notable that the majority of clients at Street Health's OPS are women (56% of all client visits), as harm reduction programs typically have a difficult time reaching women who use drugs, and often have difficulty reaching 35-40% usage by women who use drugs. The success of Street Health at creating a space with high usage rates among women is exceptional and deserving of further research to document and ascertain the factors contributing to this success. The experience of Street Health's OPS in creating safe spaces for women and LGBT folks can be applied to other organizations.

Study participants described how the OPS was designed to facilitate access for women and members of LGBTQI2S communities. This included the recognition that environments with high frequencies of gendered comments and insults (including sexist, homophobic and transphobic comments) create barriers to services. The following are examples staff provided of how to reduce barriers:

*"I think just prioritizing women's interests and women's needs and like taking them seriously and shutting down the things that they think are serious threats to their well-being. Yeah, I tend to think that having a service that's open to everybody but just like explicitly anti-oppression, anti-sexist is the way to go."* (INTERVIEW WITH STAFF, STREET HEALTH)

*"Something that's been very valuable is giving women a space away from men. We know that more women use our space than other spaces and I think it's because they feel safer here. They probably aren't gonna run into somebody that they're trying to avoid. They can take their time. We're here to support them."* (INTERVIEW WITH STAFF, STREET HEALTH)

*"Women are exceptionally stigmatized for their drug use for a lot of reasons. For women to come into a space where they feel safe, they aren't being criminalized, they have people to talk to, to connect them with services who aren't going to judge them... it's incredibly important."* (INTERVIEW WITH STAFF, STREET HEALTH)

**What's working well**

### Creating welcoming spaces

The non-clinical character of the Street Health OPS, complete with magazines, plants, and art, was identified by participants as one aspect of the OPS, which made it a welcoming space. Participants also appreciated that the majority of the OPS staff team are women with lived experience of drug use.

*"The character of the space is warm and friendly and doesn't look like a health care service. The vast majority of our staff are women. The vast majority of our staff are women who use drugs or have used drugs. We share a lot of common experiences with our clients just for that reason."* (INTERVIEW WITH STAFF, STREET HEALTH)

An important part of establishing a safe and welcoming space is to have clear policies that prohibit inappropriate conduct, including sexual harassment, gender-based, homophobic or transphobic comments, and other forms of gender-based violence.

*"We are staffed by women who share a lot of the same experiences. We have a very explicit like anti-oppression policy. When people are behaving badly we shut it down right away so women are seeing we're on it and that that matters to us as a rule just as much as any of the other rules and I think they appreciate that"* (INTERVIEW WITH STAFF MEMBER, STREET HEALTH)

Clients also noted the impacts of having staff quickly address gender-based comments and harassment:

*"There was a client here once hitting on a staff and making sexual comments and I don't work here, I was just coming in to use, and I said shut your fuckin' mouth, you're here to do drugs, not flirt, not make sexual comments, if you wanna do that get out the door and the staff backed me up."* (FOCUS GROUP WITH CLIENTS, ST. STEPHEN'S)

### Challenges

#### Addressing gendered harassment, homophobia and transphobia

St. Stephen's OPS sees fewer women; although their proportion of women clients is lower than at Street Health's OPS, they are nonetheless in line with many other harm reduction programs in the city. Staff members from St. Stephen's OPS noted that they are also proactively attempting to address issues that may keep women and members of the LGBTQI2S communities from using the site, such as gendered harassment, and homophobic and transphobic comments. Staff members recognize this is an issue and are focused on addressing inappropriate behaviours and fostering a safe space.

> *"Well a lot of the women don't feel comfortable because it's a majority of men that use the site and they try to hit on them. And I've seen it happen and we have to step up."* (INTERVIEW WITH STAFF MEMBER, ST. STEPHEN'S)

> *"We have a lot of work to do around curbing a lot of the sexism and stuff like that, that happens in our spaces. I'm constantly reminding folks in the OPS that, you know, 'This is not a locker room. You know, we don't want to be hearing about these things! Like, keep it -' And that's an ongoing accessibility piece for sure, that I think is going to take a lot more work."* (INTERVIEW WITH MANAGEMENT – ST. STEPHEN'S)

### Potential areas for improvement

- Explore the potential for establishing spaces or hours targeted at women and transgender people
- Provide training to ensure all staff members are equipped with strong tools for intervening when gendered, homophobic and/or transphobic comments are made. Training should focus on ensuring that staff are equipped with tools in trauma-informed care, conflict resolution and restorative justice.

## ADDRESSING THE NEEDS OF PEOPLE WHO USE STIMULANTS

Much attention has been paid to the opioid overdose crisis, and research confirms the importance of SCS and OPS in working with people who use opioids to provide quick response to overdose when it occurs. Less attention has been paid to the role of SCS and OPS in working with people who use stimulants, particularly crystal methamphetamine. As seen in the program usage statistics in Section 3, St. Stephen's Community House OPS sees a notably high proportion of people who inject crystal methamphetamine, with crystal methamphetamine being the primary drug used in 27.9% of all OPS visits. This is likely due to the work that St. Stephen's has accomplished in developing programs and services directly for people who use crystal methamphetamine:

> *"Overall, stimulant users really like us. (laughs) They come back and come back and come back. Which isn't always the case for the opiate users. I think because there is an established community of stimulant users in the market. But also, we've done a lot of work at St. Stephen's recently, around crystal meth use. We had a pilot project for crystal meth users in particular, to have access to dedicated case management, as well as our doctor is quite well informed... We have the AMP group which is just for folks that use crystal meth to kind of gather and talk and that's been really great. We had the bike group, having folks fixing bikes, and taking bikes apart, which they were already doing outside, on the sidewalk, but you know, with real tools and with a bike expert and things like that, that was really great. So I think there's opportunity here for people who use crystal meth, to engage further than just using the OPS.* (INTERVIEW WITH MANAGEMENT, ST. STEPHEN'S)

### What's working well

#### Providing a calm environment

Clients in focus groups spoke of the unique needs of people who inject stimulants when accessing OPS. In particular, people who injected stimulants spoke of the necessity of having calm and quiet spaces. They highlighted how the smaller capacity at both Street Health and St. Stephen's, as well as the fact that they were quieter sites overall, had positive impacts on people who were injecting stimulants. One participant spoke of a negative experience 'over-amping' at another site, which prompted them to leave due to the noise and excess of activity, and how they would have preferred to have a quiet space to go to:

> *"I want a quiet room, instead of going out on the street and seeing twenty people. If it was there, I would have done that. If I knew there was a quiet room. It's actually a good idea."* (FOCUS GROUP WITH CLIENTS, ST. STEPHEN'S)

Another client spoke of letting people who inject stimulants know that a quiet space was available pro-actively, in case over-amping occurred, and staff members were well-versed in how to engage with people who needed a calmer environment when using stimulants:

> *"Maybe just like a quiet, maybe before I go in there, have it known that there's a quiet space you go to."* (FOCUS GROUP WITH CLIENTS, ST. STEPHEN'S)

> *"We're able to bring them into this nice, quiet space, where we can dim the lights, and so you're able to better connect with people, offer support, and build those relationships."* (INTERVIEW WITH MANAGEMENT, ST. STEPHEN'S)

### Challenges

#### Managing different reactions and needs in a limited space

Study participants shared their experiences with stimulants and with people who use stimulants, and commented on the difference in reactions that different drugs can bring on. For example, one participant talked about how they can become very sociable and chatty when using stimulants, whereas other people become paranoid, anxious, and 'twitchy' and want to be in a 'bubble', undisturbed by others. This can be difficult to manage in a small space and with time limits.

> *"Some people feel great on cocaine and meth, would socialize, but I get very paranoid, very racy and twitchy and I don't want to be around people. You know? That'd make me feel awkward and nervous, if there's a lot going on in the room, and yeah, I would rather just do it on my own."* (INTERVIEW WITH STAFF, ST. STEPHEN'S)

> *"I used stimulants at a site, and it's like: 'Okay, you gotta go.' And I'm like: 'I'm all fucked up. I can't rush on'. So, to use an OPS, it'd have to be a booth or something, to be in my own little bubble. And extra time, so not rushed in and out."* (FOCUS GROUP WITH CLIENTS, ST. STEPHEN'S)

Clients identified that having medication available for clients who were experiencing over-amping would be useful:

> *"Valium. No, seriously. That saved me, when I did a big smash of coke. All serious, the hospital gave me Valium. And in twenty minutes, my heart felt fine. I felt good. They let me go in a couple of hours. If I hadn't had that Valium, I could have died. So, seriously, if you're going to save someone's life, you give them that, it's pretty quick too. And it's only like, serious cases, not like, 'Oh, I feel bad'."* (FOCUS GROUP WITH CLIENTS, ST. STEPHEN'S)

### Potential areas for improvement

- Availability of different spaces, including a private, quiet room or booth that could act as a 'bubble' for people who are using stimulants.
- Provision of medication for clients who are experiencing over-amping.

# SECTION 8: STAFFING AN OVERDOSE PREVENTION SITE

## STAFFING MODEL

### Privileging of lived experience of drug use

The OPS at Street Health and St. Stephen's share similar staffing structures; and in both, lived experience of drug use is prioritized as a key area of expertise for front-line OPS staff. Staff and managers at both agencies described this staffing model - where frontline staff have lived experience of drug use and play a central role in the operation of the OPS - as a key strength of their model.

> *"It was best to run it as a site kind of where people who use drugs had the biggest role, had the most agency in determining how things would look."*
> (INTERVIEW WITH STAFF MEMBER, STREET HEALTH)

> *"When we were hiring, we looked at lived experience as another asset. As much as educational experience or work experience would be an asset, lived experience with drug use was considered an asset."*
> (INTERVIEW WITH MANAGEMENT, STREET HEALTH)

Staff roles requiring lived experience are distinct from peer worker roles, which are also available at St. Stephen's OPS (but not at Street Health's OPS). At St. Stephen's, the existence of a peer worker training programs allows for integration of peer workers into various roles in the organization, as a means of acquiring job experience. This is distinct from full staff roles, where lived experience is privileged as an area of expertise, particularly for staff working at the OPS.

### Non-hierarchical staffing structure

In particular, the Street Health OPS follows a non-hierarchical staffing structure where all OPS staff are given the same job title and are evenly compensated. Participants felt this was important in preventing divisions between staff and fostering more comfortable interpersonal relationships.

> *"I've really enjoyed the fact that our staffing structure is very equitable, we all have the same job title despite our different experiences coming into the job, there isn't a hierarchy or pay discrepancy between any of the staff, which makes for a much more comfortable interpersonal experience and I think it helps us focus on the service that we are delivering."*
> (INTERVIEW WITH STAFF MEMBER, STREET HEALTH)

> *"When we created the staffing model and hired people we were very keen on not having a division between sort of a professional tier of staff and a peer tier of staff."* (INTERVIEW WITH MANAGEMENT, STREET HEALTH)

Unlike many of the other SCS in Toronto, neither OPS at Street Health nor St. Stephen's has a nurse inside the injection room. However, both have access to medical staff (a combination of nurses, nurse practitioners or doctors) within the agency during their hours of operation, who is available to provide additional medical support when necessary. Consistently, participants felt the absence of a nurse within the OPS did not compromise client safety, but rather provided an advantage to creating a more comfortable and less clinical environment.

> *"I don't think there should be nurses inside an overdose prevention site. Or at least, you know, that's just how it's worked for us and it's worked phenomenally. We don't have that clinical person in the room, who might then make you feel like you are in this very official clinical space."* (INTERVIEW WITH STAFF MEMBER, STREET HEALTH)

### Pay and benefits for staff

Participants emphasized the importance of ensuring adequate pay and benefits for OPS workers because front-line workers, and in particular front-line workers with lived experience, are often underpaid and under-recognized for their crucial work in responding to the overdose crisis. Participants stressed the importance of providing compensation that reflects the high level of skill and expertise required for the difficult and intense work of supporting OPS clients and responding to overdoses. Furthermore, and as one participant reflected, a fair wage also gives a sense of validation for staff who are taking on the difficult work.

> *"When we were starting the OPS there was just no friggin' way that we were going to have people there saving people's lives being paid $15 an hour. It's ridiculous. It's very challenging that the sector expects people who are already struggling with their own issues to take on this kind of work and not be compensated appropriately."* (INTERVIEW WITH MANAGEMENT, STREET HEALTH)

> *"People need a lot of skills and a lot of expertise to work in spaces like this. They are high stress. They are intense a lot of the time, and require a lot of skill to keep people safe, to keep each other safe, so offering a wage that is reflective of that, that honours the fact that people have worked really hard to get to this point where they can work in spaces like this effectively and successfully, I think is really validating."* (INTERVIEW WITH STAFF MEMBER, STREET HEALTH)

Given the complex and high demands of working in an OPS, employment benefits and protections, including sick and vacation days, were identified as being crucial to ensuring staff have adequate rest time. While full-time staff at both Street Health and St. Stephens receive benefits, part-time or relief staff do not. Furthermore, participants described how the lack of mental health leave can create barriers for staff who may need a longer period of leave to work on personal goals.

> *"Also, mental health leaves and stuff, I want to go to detox. I want to stop using fentanyl. And if I do that, I have to basically choose between paying my rent and getting better. I've just been stuck for like two years being like, nope, have to go to work, and that's not great, either."* (INTERVIEW WITH STAFF MEMBER)

Safeguarding adequate pay and benefits is particularly difficult for part-time or relief workers who are receiving social assistance. Participants commented on the challenges of navigating social assistance policies, which limit the number of hours staff can work before their social assistance benefits are taken away.

> *"What we're seeing is this dance with ODSP around income and benefits. Folks are on medications that they need coverage for and so they're pulling back on working, so they can stay on ODSP, but they want to work."* (INTERVIEW WITH MANAGEMENT, ST STEPHEN'S)

## TRAINING FOR FRONT-LINE OPS STAFF

Overall, prior to the OPS opening (or when new staff are hired), OPS staff receive training on:

- Overdose prevention and response
- Naloxone adminstration
- CPR/First Aid
- Crisis Intervention and de-escalation

Staff also received training on OPS policies and procedures, including when to call EMS and how to handle substances left behind. Several participants commented that they found it very helpful to run drills of challenging or unique scenario that could arise. Trainings also focused on how to respond to situations in the specific space of the OPS, and ways of communicating and supporting one another.

> *"The biggest part of it was, 'Okay, what does our space look like? How do we navigate situations in this space? You know, how many people do we need and who's going to be doing crowd control? And how do we communicate that with each other?' A lot of it was about, 'How do we communicate with each other? How do we support each other in those moments?'"* (INTERVIEW WITH MANAGEMENT, ST STEPHEN'S)

In addition to training received at Street Health and St. Stephen's, the vast majority of staff members had previous experience volunteering at the Moss Park Overdose Prevention Site (during its existence as an unsanctioned site, run out of tents and a trailer) and commented that the experience and training gained there was valuable to their role.

> *"Like, the volunteering in Moss Park was the absolute best training. That two-week period before we opened, I don't know what that would have been like without all of us having worked in the tent and trailer situation at Moss Park. Like that was the best way to get into this I could ever imagine."* (INTERVIEW WITH STAFF MEMBER, STREET HEALTH)

Other OPS workers had previous involvement in preventing and reversing overdoses in their personal lives before joining the OPS, which they found helped their capacity to respond to overdoses.

> *"When I did the interview, they did ask me what I already knew. So my boyfriend had overdosed many times. So I already had a lot of experience with naloxone and all that."* (INTERVIEW WITH STAFF MEMBER - ST. STEPHEN'S)

### Ongoing training opportunities

Overall, participants felt that more ongoing training would be beneficial. For example, participants highlighted training opportunities that were developed among the community of SCS and OPS workers in Toronto (for example, the "Skillshare" run by the Moss Park OPS in summer of 2019) as being particularly useful:

> *"They all came back raving about what an important experience it was for them, to meet people who were also doing the work and to get new information. They just raved about that." (Interview with management, St Stephen's)*

> *"I think we could do more ongoing training. I was really pleased that Moss Park and South Riverdale put together the training that they did, because I think that's necessary, and I don't think we necessarily have the capacity to do that, especially with our funding the way it is, and our belief that people need to be paid for the time they're working, including training time." (Interview with management, St Stephen's)*

Participants stressed the importance of ensuring that part-time and relief staff were also provided with training opportunities.

> *"I would like to ensure that the relief staff who cover on an occasional basis also have that training and have it open to them if they feel they need it and refreshers if they feel they need it."* (INTERVIEW WITH MANAGEMENT, STREET HEALTH)

Specifically, participants felt training session that would be helpful were:

- Training on anti-oppression and trauma-informed approaches
- Additional first aid and medical training (e.g. to respond to over-amping or medical issues related to stimulant use)
- Training on addressing gendered, sexist, homophobic and transphobic comments
- Training on coping with grief and loss
- Training on how to provide grief counselling

## CHALLENGES FACED BY STAFF

### Isolation of OPS staff

Staff at both the Street Health and St. Stephen's OPS expressed feeling isolated from the rest of the agency. As one participant explained, lack of funding can be one barrier to the full integration of OPS staff with agency staff, as OPS staff are often unable to attend agency staff meetings due to lack of funding for relief coverage.

> *"They [OPS staff] feel a bit isolated from the rest of the organization and I think that there has been at times that feeling of the OPS staff is separate. And part of that was a function of when we first started is we didn't have the hours to enable those staff to attend staff meetings, for example. Because the hours were so restrictive you had to come in and do your work. You couldn't come in for two hours extra on a Tuesday morning when we had a staff meeting because we didn't have the [funding for] staffing"* (INTERVIEW WITH MANAGEMENT, STREET HEALTH)

### Stigma and discrimination

Stigma and discrimination were another challenge many staff faced. Stigma and discrimination can manifest in many ways and can be particularly harmful to staff who use drugs. Staff described encountering stigma and discrimination from other staff from within the agency as well as from clients. While lived experience is privileged when hiring OPS staff, staff who actively use are particularly vulnerable to difficult encounters, such as hateful comments. This was also noted by participants in managerial positions who spoke about the importance of ongoing training for staff and supervisors across the agency on how to support staff with lived experience.

> *"I think that people with lived experience, and especially people who are current drug users, are more vulnerable to a lot of the shit that comes with this job, such as hateful messages from ignorant people."* (INTERVIEW WITH STAFF MEMBER, STREET HEALTH)

> *"Another big piece that we do is training all of the staff and supervisors how to work with peer workers, to supervise and how to work alongside peers. That can be a challenge, we've had all sorts of issues come up. Discriminatory comments, or...everyone needs to build some understanding and awareness, and that's really key, for an agency."* (INTERVIEW WITH MANAGEMENT, ST. STEPHEN'S)

### Stress and provision of supports for OPS staff

As well as having to manage challenges related to the workplace, staff also spoke about the difficulties of working in the high stress setting of an OPS which requires a lot of emotional energy. Staff spoke about the emotional toll of responding to overdoses and overdose losses. Namely, participants described that responding to overdoses could be very difficult.

> *"When I had the first overdose, it actually kind of brought up a lot of emotions, from my, like, triggering emotion from my boyfriend overdosing that I didn't really anticipate. But, the staff are really, like, my team is really amazing. Afterwards, and even during, they were checking in with me, because they knew it was my first time."* (INTERVIEW WITH STAFF MEMBER, ST. STEPHEN'S)

> *"An actual overdose is challenging. It's very draining. No matter how much training you have, until you go through it, it's... it's scary."* (INTERVIEW WITH STAFF, ST. STEPHEN'S)

Given the stressful nature of the work of responding to overdoses, adequate support for frontline OPS staff is essential. As illustrated in the first quote above, the OPS teams provide crucial support for each other that they value and have come to rely on. Both staff and managers discussed how management has worked to respond to the articulated needs of staff. In one example, staff requested a debrief space to connect with other staff without the presence of supervisors, which was implemented.

> *"People have been asking for a sort of peer debrief space, where they can get together without supervision, without supervisors being there, to just talk to each other. So that's going to be starting next month. We set aside paid time, where people can come in and connect with peers and talk to each other and have that kind of support."* (INTERVIEW WITH MANAGEMENT, ST. STEPHEN'S)

### Uncertainty regarding the future of the OPS

The stressful nature of responding to overdoses and the emotional impacts of this work were exacerbated by the instability of the funding situation of the OPS at Street Health and St. Stephen's, and the strain of not knowing if they were going to lose their jobs:

> *"People weren't sure how they were going to pay their rent. People weren't sure, you know, and aside from sort of the practical pieces around money, and there was also, like, the team had also become a family, right? And so, there was a lot of like, breaking up the group, that felt like really rough, especially going through the things that they go through together."* (INTERVIEW WITH MANAGEMENT, ST. STEPHEN'S)

> *"The biggest challenge is just the day-to-day not knowing what tomorrow will bring sort of thing. Like I said, we've developed in many cases these ongoing intense relationships and to have to let those go would be quite devastating for everybody."* (INTERVIEW WITH MANAGEMENT, STREET HEALTH)

Ensuring that emotional supports are available for staff members is extremely important for the long-term health of workers and their ability to continue to do this crucial work. Additionally, the instability surrounding the future of the sites and their long-term viability was clearly impacting the stress that front-line workers were feeling, and must be addressed as soon as possible.

### Support for staff with lived experience of drug use

From the perspective of frontline staff, participants reported feeling well supported by supervisors overall. In addition to receiving support on the job, staff also provided examples of support they received from supervisors outside of the work setting. Shows of support for staff members' overall wellbeing beyond the job were expressly appreciated by participants.

> *"I tell everybody that my boss is the most amazing person I've ever met in my life. They're so compassionate, caring, loving, non-judgmental. They came to my house to pick me up for an appointment to take me to my doctor's. They asked me when I'm sick if they can bring me Gatorade and I said I don't want you to see me right now, so they dropped off outside my house Gatorade and something sweet because they knew I would need sugar."* (INTERVIEW WITH STAFF MEMBER- ST. STEPHEN'S)

Lived experience of drug use is an important area of expertise, which both Street Health and St. Stephen's privilege and recognize as a core strength of the two OPS teams. Accompanying this recognition was the acknowledgement by participants of the importance of providing support to staff members to do this difficult work.

> *"This is one of the tough things about this particular job, because you still have people that are actively using and things happen, they fall down and things happen. And St. Stephen's supports them."* (INTERVIEW WITH STAFF MEMBER- ST. STEPHEN'S)

Managers also recognized the importance of providing flexibility to staff, including lateness and missed shifts, while also upholding professional expectations of staff.

> *"We talk about that up front, that you guys are professionals, this is the job, this is what we expect from you, and we also recognize that because people, they're still living in poverty, they're living with lots of health concerns and their own stuff, so there's lots of flexibility, and they're not fired the first time they show up late, or, we don't have a three strikes you're out policy. There's a lot of flexibility in our expectations of what professionalism looks like for the team."* (INTERVIEW WITH MANAGEMENT- ST. STEPHEN'S)

## POTENTIAL AREAS FOR IMPROVEMENT

Overall, participants felt there was a need for additional formal resources, such as ongoing counselling opportunities, to ensure the long-term well-being of staff. Participants pointed out that while they receive support from fellow front-line OPS workers as well as program managers, there was a lack of formal resources given the high demand and emotional toll of the job:

> *"It's not adequate, the baseline. We have a lot of support between front line staff supporting each other, which is really nice, and debriefing and understanding each other, and we can talk about things in really caring ways, but aside from that, there isn't really anything formal offered."* (INTERVIEW WITH STAFF MEMBER, STREET HEALTH)

> *"I'm not going to get traumatized by every overdose that I respond to now, but it builds up a lot, and there are some really rough ones, and there's a lot of stuff that happens on the job that affects me physically and I'm exhausted."* (INTERVIEW WITH STAFF MEMBER, STREET HEALTH)

Finally, participants asked for more opportunities to spend time with other staff for professional development and team building:

> *"But we don't have extra time to take and do team building projects. I think it's important in addition to serving clients, that you have time away from service provision to be with your team and whether it be professional development or team building or you know, staff meetings and debriefs, bereavement and grief work, like, all of that."* (INTERVIEW WITH STAFF MEMBER, STREET HEALTH)

Lack of and precarious funding were identified as key barriers to providing further training:

> *"We haven't had a lot of ability to say, you know, we're doing a half day training with this external facilitator, and they're going to train you up on this really important and cool thing, because we don't know what our money is going to look like next year, so. It's really hard to budget and plan"* (INTERVIEW WITH MANAGEMENT, ST STEPHEN'S)

# METHODS APPENDIX

An evaluation plan was developed in consultation with representatives from Street Health and St. Stephen's OPS, including both staff who were responsible for front-line service delivery, and management from both organizations. An evaluation framework was developed and key areas to investigate in the evaluation were identified:

1. Who is using the OPS?
2. What are the advantages and challenges during service delivery?
3. How can services be improved?
4. What are the lessons learned from the first year of offering OPS services?
5. What are the impacts (positive and negative) of the OPS on clients using the service?
6. What are the impacts (positive and negative) of the OPS on staff and the organization offering OPS services?
7. What would be the impacts (positive and negative) of the OPS closing on clients and service users?

The main priority in the evaluation process was to ensure that the perspectives of people who use drugs and access the OPS (clients) were reflected and centralized. Additionally, service providers involved in the delivery of front-line services in the OPS were prioritized for engagement. These two groups were specifically prioritized to draw upon the first-hand, experiential knowledge and expertise that they possess, and to have this reflected this in the evaluation. Finally, managers responsible for overseeing the operation of the OPS were also interviewed as part of the evaluation process.

## DATA COLLECTION

Data collection included:

1) Focus groups with 24 OPS clients (4 focus groups, 2 at each OPS):
   - Conducted in August & September 2019
   - 2 focus groups were held at Street Health: One group with people who identified as women and trans, and one group open to all OPS clients
   - 2 focus groups were held at St. Stephen's: One group with people who identified as primarily people who injected stimulants, and one group open to all OPS clients
2) Interviews with 6 front-line OPS staff (3 at each OPS):
   - Conducted in August & September 2019
   - 3 targeted one-on-one interviews with front-line staff involved in OPS service provision were conducted at each agency, for a total of 6 interviews
3) Interviews with 6 staff in coordinator or management roles at each agency (3 at each agency):
   - Conducted in August & September 2019
   - 3 targeted one-on-one interviews with coordinators or managers involved in supervision of OPS service provision or program management at each agency, for a total of 6 interviews
4) Review of program statistics
   - Program statistics from the date of opening until August 30th, 2019 were reviewed

## ANALYSIS & SYNTHESIS

With the consent of participants, the focus groups and one-on-one interviews were audio-recorded and transcribed. Iterative and thematic analytic methods were used to identify key themes that emerged in the discussions in the consultation groups and key informant interview. The project team coded and analysed all transcripts, and themes were mapped onto the key areas that were identified in the evaluation framework. Once initial themes were identified, they were compared (between the different groups of participants) to identify consistent themes. A preliminary version of the evaluation report was provided to each agency for comment.

**Demographic characteristics of participants in focus groups** (Total number of participants = 24)

| | |
|---|---|
| **Gender** | |
| Women | 11 (46%) |
| Men | 12 (50%) |
| Trans | 1 (4%) |
| **Age** | |
| Average age of women | 39 years old |
| Average age of men | 37 years old |
| **Drug of choice (injection)** | |
| Fentanyl | 13 (54%) |
| Other opioid (heroin, hydromorphone) | 3 (12.5%) |
| Crystal Meth | 5 (21%) |
| Cocaine/crack cocaine | 3 (12.5%) |

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