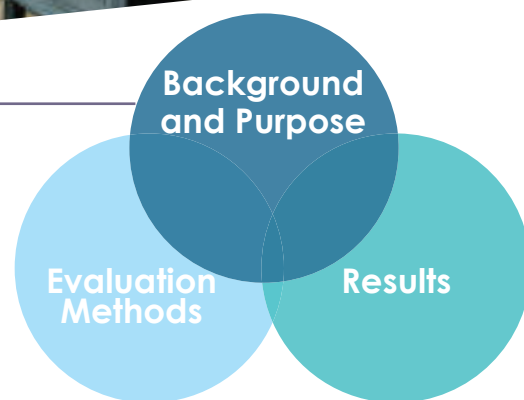




Saving Lives. Changing Lives.

**Summary Report
Findings from an Evaluation of London's
Temporary Overdose Prevention Site**

March 2019



Summary Report

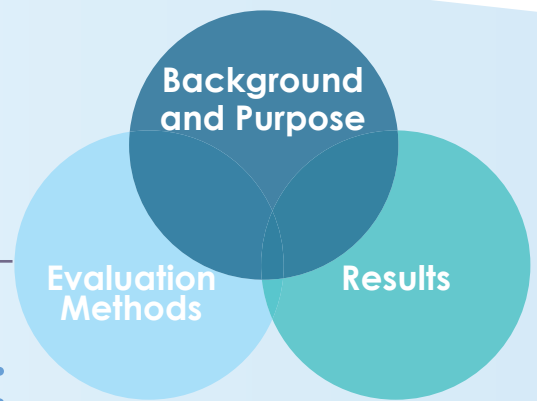
BACKGROUND AND PURPOSE:

Middlesex-London, Ontario, along with many other Canadian communities is experiencing an opioid crisis that has taken the lives of many people in our community. At the same time, there are increased rates of HIV infection and infectious endocarditis in people who use injection drugs (PWUD). Together, this overlapping drug and infectious disease crisis has drawn attention to a complex public health issue requiring the attention of local public health authorities and community partners.

In December 2017, to assist communities with this public health need, the Ministry of Health and Long-Term Care (MOHLTC) introduced a strategy: the establishment of Overdose Prevention Sites (OPS). Communities in need could apply to the MOHLTC to obtain approval and funding to establish an OPS. These sites are a low barrier, time-limited service for people to consume drugs in a supervised environment and facilitate connections to other health and social services. With the support of community partners, the Middlesex-London Health Unit and Regional HIV/AIDS Connection (RHAC) opened Ontario's first legally sanctioned Temporary Overdose Prevention Site (TOPS) at 186 King Street on February 12, 2018.

In the summer of 2018, a process and outcome evaluation was conducted to capture lessons learned in the first six months of operation, and to document the site's progress in meeting its intended outcomes.

EVALUATION METHODS:



The purpose of the TOPS Evaluation was:

1. To conduct process and outcome evaluations of the impact and effectiveness of TOPS in Middlesex-London, Ontario.
2. To help inform the development and implementation of a Supervised Consumption Facility in Middlesex-London, Ontario.

The evaluation aimed to answer the following five evaluation questions:

1. Who is using TOPS services and what substances are they using? (Process)
2. Are the services being provided as intended at TOPS? (Process)
3. Are the services adapting to client and community needs? (Process)
4. Are the intended benefits of TOPS being recognized? (Outcome)
5. How is TOPS impacting the lives of people who use drugs in Middlesex-London? (Outcome)

The evaluation used a concurrent mixed-methods design collecting qualitative and quantitative data to answer the evaluation questions. Primary data was collected using the following surveys and interviews:

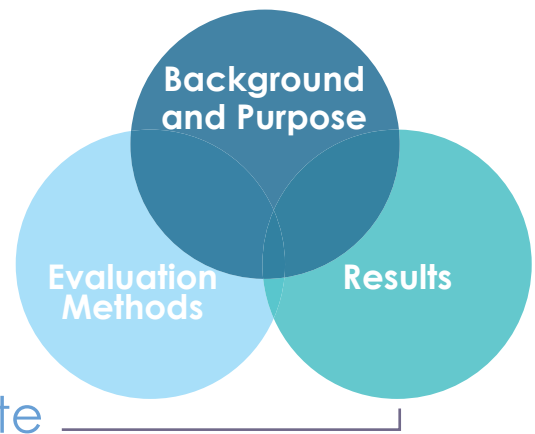
- Customer Satisfaction Survey for Clients (n=105)
- Key Informant Interviews with clients (n=26), TOPS Staff/Leads (n=17) and stakeholders providing services in the aftercare room at TOPS (n=9)
- Survey of Community Residents and Business Owners within 120 metres of TOPS (n=15)

(NOTE: Due to the low response rate [2.6% response rate (15/570)], the quantitative findings could not be analyzed. Only qualitative comments from the respondents (n=12) have been included)

Secondary data from the Ministry of Health and Long-Term Care (MOHLTC) Overdose Prevention Site (OPS) Monthly Reporting Form was also used to understand usage statistics.

RESULTS:

PART 1: Usage Statistics for the Temporary Overdose Prevention Site



Visits



7152 Total number of visits between February 12 and August 31 2018
(Data Source: MOHLTC OPS Monthly Reporting Form)



70% of total visits (n=5018) occurred during the afternoon hours
(Data source: MOHLTC OPS Monthly Reporting Form)



30% of total visits (n=2134) occurred during the morning hours
(Data source: MOHLTC OPS Monthly Reporting Form)



74% (n=75) of Client Survey respondents reported using the site on the weekends
(Data source: Client Survey)

During the first six months of operation, February 12 to August 31, 2018, there were over 7,000 visits to the Temporary Overdose Prevention Site. The majority of visits occurred during afternoon hours between 12:00 pm and 4:00 pm (70%, n=5018), while 30% (n=2134) visited during the morning hours between 10:00 am and noon (Data source: MOHLTC OPS Monthly Reporting Form). Among client respondents, 74% (n=75) reported using the site on the weekends. (Data source: Client Survey)

Types of Drugs Consumed

The two most common drugs consumed by clients at TOPS were Hydromorphone (38.3%, n=2818) and Crystal Meth (26.4%, n=1945). Among the types of drugs reported, approximately 60% of the drugs consumed were opioids (i.e., hydromorphone, fentanyl, heroin, oxycodone, unspecified opioid). (Data source: MOHLTC OPS Monthly Reporting Form)



Hydromorphone (38.3%, n=2818) and **Crystal Meth** (26.4%, n=1945) were the two most commonly injected drugs reported by respondents. (Data source: MOHLTC OPS Monthly Reporting Form)

Peer-to-Peer assisted Injections



7.3% of visits (n=523) involved peer-to-peer assisted injections
(Data source: MOHLTC OPS Monthly Reporting Form)

A total of 523 peer-to-peer assisted injections occurred at the site during the first six months of operation which represents 7.3% of total visits. (Data source: MOHLTC OPS Monthly Reporting Form)

Fentanyl Test Strips



0.3% (n=25) of visits using fentanyl test strips

(Data source: MOHLTC OPS Monthly Reporting Form)



76% (n=78) of client respondents were willing to test their drugs for fentanyl

(Data source: Client Survey)

A low number of clients used fentanyl test strips during the first six months of operation (0.3%, n=25) to test their drugs for fentanyl. Some clients used test strips to confirm fentanyl, rather than rule out fentanyl (MOHLTC OPS Monthly Reporting Form). The majority (76%, n=78) of client respondents were willing to test their drugs for fentanyl; however, it appeared there was a lack of awareness about the availability of the fentanyl test strips and their intended use. (Data sources: Client Survey, Staff interviews)

Demographics

Self-Identification as Indigenous



Approximately **19%** (1145/5971) of visits self-identify as Indigenous

(Timeframe: April 1st and August 19th; Data Source: MOHLTC OPS Monthly Reporting Form)

Length of Injection Drug Use



62% (n=63) of client respondents indicated that they have been injecting drugs for more than 5 years. (Data source: Client Survey)



30% (n=31) reported using for one to five years. (Data source: Client Survey)

Length of Time Lived in London



79% (n=81) of client respondents had lived in London for 7 or more years. (Data source: Client Survey)

Frequency of Counterpoint Needle Syringe Program Use



95% (n=97) of client respondents were regular users of Counterpoint Needle Syringe Program prior to using TOPS. (Data source: Client Survey)

PART 2: Successes and Challenges Experienced during Service Delivery

Services

Client Satisfaction

Based on the quantitative and qualitative data, the majority of clients were satisfied with the TOPS services.



96% (n=98) of client respondents rated the quality of service and care received from TOPS staff as good or excellent (Data source: Client Survey)



89% (n=92) of client respondents reported they would be likely or extremely likely to recommend the site to other people who use drugs (Data source: Client Survey)



91% (n=93) of client respondents indicated that the rules and regulations rarely or never get in their way of using the site (Data source: Client Survey)

Many clients valued the services they have received at TOPS and would rather come to the site instead of using public spaces or elsewhere. (Data source: Client Survey and Client Interviews)

Services Exceeding MOHLTC Expectations

TOPS delivers the following services according to MOHLTC guidelines: (1) supervised drug injections, oral and intranasal drug consumption, (2) access to harm reduction supplies, (3) responding to overdoses with oxygen and naloxone, (4) peer-to-peer assisted injections, and (5) fentanyl test strips as a drug checking service. However, findings indicated minimal use of supervised oral and intranasal consumption and fentanyl test strips. (Data source: Staff and Stakeholder Interviews, MOHLTC OPS Monthly Reporting Form)

The site also exceeds service delivery requirements. These additional services include an onsite nurse or paramedic who assist to find veins, provide first aid and wound care assessment, as well as community partners who provide referrals to healthcare services. Clients, staff, and stakeholders recognized the value of these services. (Data source: Client Survey, Client Interviews, Staff Interviews, Stakeholder Interviews)

Wrap around service providers in the aftercare room:

*Addiction Services Thames Valley (ADSTV),
London Intercommunity Health Center (LIHC),
Regional HIV/AIDS Connection (RHAC),
Southwest Ontario Aboriginal Health Access Center (SOAHAC),
Canadian Mental Health Association (CMHA), and
London CAREs Homeless Response Services.*

Wraparound services offered in the aftercare room were also noted as essential given the linkages made to mental health, addiction and treatment, housing and primary care. (Data source: Client Survey, Client Interviews, Staff Interviews, Stakeholder Interviews). Indigenous supports were also described as a valuable service with its focus on providing culturally appropriate care. (Data source: Staff Interviews, Stakeholder Interviews).

Future Enhancements to Services

While clients, staff and stakeholders value the services delivered at TOPS, several suggestions to enhance service delivery were provided. Suggestions included wound care services, primary health care, access to rehabilitation and treatment services, counselling services and food and refreshments. Suggestions for new services included supervised inhalation services, assistance by medical staff to help set up injections, recreational activities, and additional services to meet clients' basic needs such as personal hygiene and nutrition. (Data source: Client Survey, Client Interviews, Staff Interviews, Stakeholder Interviews)

Hours of Operation

The hours of operation (10:00 am – 4:00 pm Monday to Friday and 11:00 am – 3:00 pm Saturday and Sunday) were frequently reported as a service delivery challenge by clients, staff and stakeholders (Data source: Client Survey, Client Interviews, Staff Interviews, Stakeholder Interviews).



29% (n=30) of client respondents indicated that the hours of the site often or always get in their way of using the site; 27% (n=28) indicated that the operating hours sometimes got in their way of using the site (Data source: Client Survey)

Drug use occurs at all hours of the day, and when the site is not open, some clients reported that they use drugs alone and some reported injecting in public spaces (Data sources: Client Survey, Client Interviews). Staff indicated that although they would like to be able to increase the hours of operation, financial constraints continue to be the limiting factor (Data source: Staff Interviews).

Wait Time



60% (n=62) of client respondents indicated that wait time was rarely or never a barrier that gets in their way of using the site (Data source: Client Survey)

Feedback on the Client Survey revealed that for 60% (n=62) of clients wait time was rarely or never a barrier that gets in their way of using the site. However, many clients, staff and stakeholders expressed concerns through the qualitative findings that wait times can be problematic when client volume is high resulting in some clients choosing to leave the site and use elsewhere. (Data sources: Client Survey, Client Interviews, Staff Interviews, Stakeholder Interviews)

Staffing

Staff Characteristics and Skills

The most commonly reported staff characteristics and skills noted to facilitate service delivery included: (1) being nice, warm and friendly, (2) caring and compassionate, (3) understanding of client needs, (4) non-judgemental, (5) knowledgeable, and (6) skilled at de-escalation (Data sources: Client Survey, Client Interviews, Stakeholder Interviews, Staff Interviews). These characteristics and skills were described as essential for creating a safe, welcoming and comfortable environment at the site (Data Sources: Client Survey, Client Interview, Staff Interviews, Stakeholder Interviews).

Strategies to Build Relationships with Clients

Staff and stakeholders described effective strategies to engage clients: (1) ensuring consistency of staff and stakeholders at the site, (2) socializing with clients and using a conversational approach, (3) acknowledging clients as the experts, and (4) highlighting the site as the clients' space where they play a role in creating a safe environment and are encouraged to take ownership of the space. (Data sources: Staff Interviews, Stakeholder Interviews)

Staffing Changes

During the first six months of operation, changes related to staffing were implemented to support service delivery. These changes included: (1) the redistribution of existing staff at RHAC, (2) the addition of the runner to bring clients to and from the reception, (3) reinstating the role of the security guard, and (4) MLHU hiring additional staff for the site (Data sources: Staff Interviews).

Staff Resources, Role Clarity, Training, and Communication

Staff described limited resources as a frequent challenge because of the difficulties maintaining adequate staff coverage during illness, lunches, and breaktimes (Data source: Staff Interviews). Finding time to perform all of the necessary tasks at the site such as scheduling, creating databases, reporting to funders, managing tours, and media requests were also described as ongoing challenges. Roles of nurses and paramedics were described as an area that requires further clarity primarily in the area of wound care assessment. Areas for enhancement include communication between nursing staff and consistency of staff training (Data source: Staff Interviews).



Location

Location Strengths

For the majority of clients, the current site location was ideal.



78% (n=80) of client respondents indicated that the location was rarely or never a barrier for them to use the site (Data source: Client Survey)



79% (n=80) of client respondents noted that the travel time to get to the site was rarely or never a barrier to using the site (Data source: Client Survey)

Feedback from interviews with clients, staff and stakeholders identified several benefits regarding the location. These include: (1) central location, (2) convenient, (3) close to a bus route, (4) close to where clients stay and buy drugs, and (5) discrete with minimal signage. Locating the site within RHAC and alongside the Counterpoint Needle

Syringe Program was also highly valued as a result of the familiarity and existing relationships that clients have with staff and the proximity to access clean gear (Data sources: Client Interviews, Staff Interviews, Stakeholder Interviews).

Location Limitations

While the majority of clients satisfied with the site location, there were challenges reported by some respondents. These include: (1) travel time to get to the site, (2) concerns regarding fights, theft, loitering, drug use and drug transactions in the back alley and north entrance, and (3) concerns regarding an increased police presence at the north entrance of the building (Data Sources: Client Survey, Client Interview, Staff Interviews, Stakeholder Interviews). Some clients expressed fear that issues in the alley and north entrance of the site may place the site in jeopardy of closing. (Data Source: Client Survey, Client Interviews)



Considerations for Future Sites

Several respondents offered location considerations for future supervised consumption facilities including the need for multiple sites across the city, offering a mobile unit, and providing transportation services to the SCF sites (Data Sources: Client Survey, Client Interview, Staff Interviews, Stakeholder Interviews). A few clients also suggested providing a safe space for drug transactions at future sites in order to reduce the risk of thefts and ensure they are receiving the type and quality of drug requested. (Data Source: Client Survey)

Space Design

Open Room Layout and Open Table Design

The open layout of the Injection and Aftercare Rooms as well as the open tables in the injection space were noted as positive design features by some respondents because it enables conversations, encourages a sense of community and makes drug use feel less hidden and shameful. (Data Sources: Client Survey, Client Interview, Staff Interviews, Stakeholder Interviews). However, some respondents described the challenges experienced as it can be distracting for clients when the site is busy, makes it difficult to have private conversations, and does not provide privacy for clients injecting in private areas or for medical staff providing medical services. (Data Sources: Client Survey, Client Interview, Staff Interviews, Stakeholder Interviews) Private booths were recommended as a solution by some clients. (Data sources: Client Survey, Client Interviews)

While the welcoming and comfortable environment was noted as an important feature by many respondents, TOPS was viewed by some clients as being too inviting as it encourages clients to socialize and engage in packing/unpacking belongings leading to longer wait times (Data sources: Client Survey, Client Interview). Staff and stakeholders described challenges at times with moving clients along when there are high volumes of clients but also recognized that many do not want to leave the site because they want to hang out and socialize in the safe space at the site. (Data Source: Staff Interviews, Stakeholder Interviews)



Limited Space

Limited space was a frequently reported challenge by respondents as there are only four injection spaces, limited space to accommodate peer-to-peer assisted injections (e.g., jugular injections requiring floor space) and challenges in providing counselling and medical services in the small space. (Data Sources: Client Survey, Client Interview, Staff Interviews, Stakeholder Interviews)

Operation

Policies and Procedures

Staff and stakeholders identified strategies that contributed to the effective and efficient operation of the site, including the implementation of the Client Code of Conduct and deciding to allow peer-to-peer assisted injections. Key areas identified for improvement included operational policies related to responding to overdoses, needle and bodily splash incidents, and medical directives. (Data sources: Staff Interviews, Stakeholder Interviews)

Data Collection

Several improvements were made to the data collection process over the first six months of operation, such as providing explanations to clients regarding why specific data is collected, implementing an electronic data collection process, and refining the types of data collected. Additional areas for improvement in the data collection process were identified such as collecting intake questions and keeping track of referrals. (Data sources: Staff Interviews, Stakeholder Interviews).

Daily Huddles and Debriefs

Staff and stakeholders described the benefits of holding daily huddles before the site opens and debriefing sessions at the end of each day as it helps to ensure the smooth operation of the site. Huddles provide the opportunity to ensure that all staff and stakeholders are aware of important operational items. Debriefing sessions provide the opportunity to discuss critical incidents and strategies to address client behaviours. (Data sources: Staff Interviews, Stakeholder Interviews)

Measures to Ensure Client and Staff Safety

Measures in place to ensure client and staff safety included: (1) placement of signage reflecting rules of the site, (2) use of walkie-talkies, (3) re-introduction of the security guard, (4) controlled access to other rooms at RHAC, and (5) restricted client access to the site for some clients that have physically challenging behaviours or have challenges following site rules (Data sources: Staff Interviews, Stakeholder Interviews). Crisis Prevention Training was noted as valuable for staff; however, some staff noted that they had not yet received this training. (Data source: Staff Interviews)

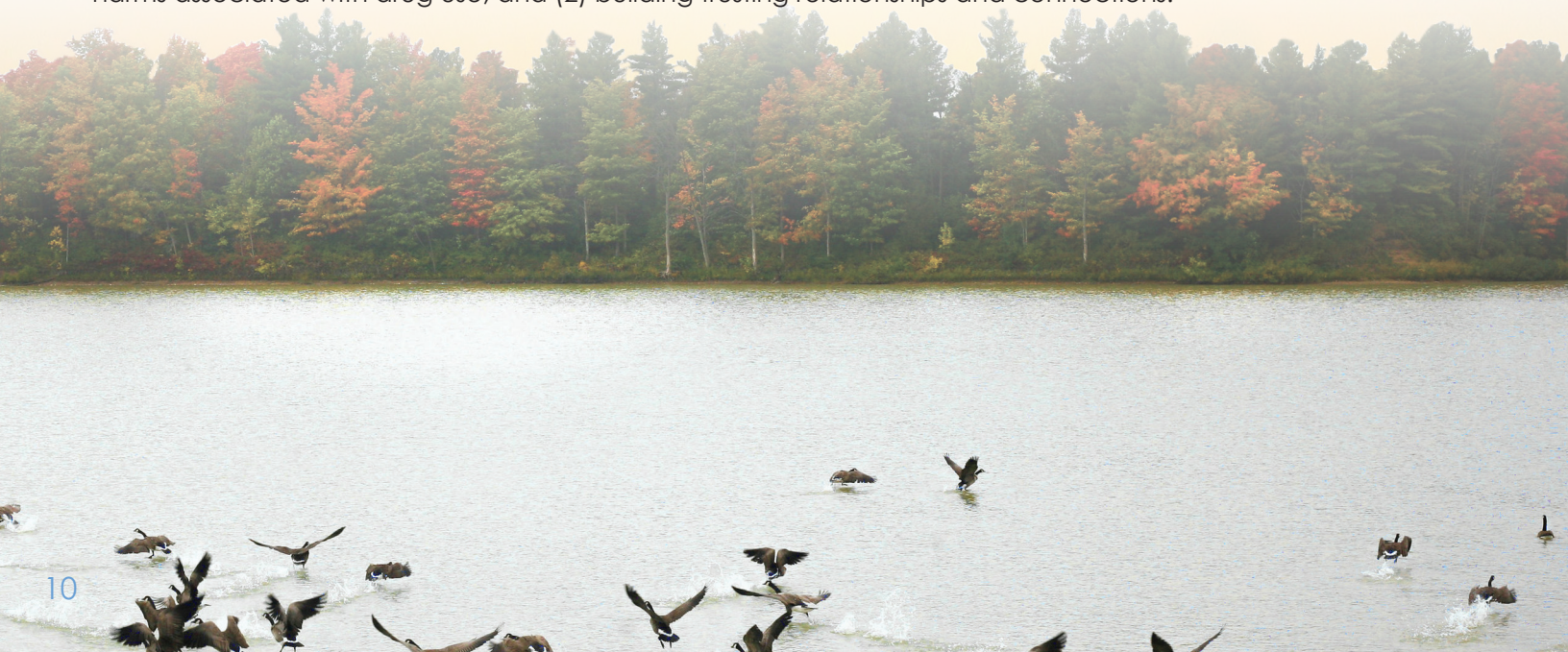
PART 3: Impacts of the Temporary Overdose Prevention Site

Impacts on Clients

Positive Impacts on Clients

Many clients described positive changes that the site is having on their lives and this was echoed by what the staff and stakeholders have observed.

Two overarching and interconnected themes emerged related to positive impacts on clients: (1) reduction in harms associated with drug use, and (2) building trusting relationships and connections.



Reductions in Harms Associated with Drug Use

Findings from various data sources show reductions in the harms associated with drug use (Data sources: Client Survey, Client Interviews, Staff Interviews, Stakeholder Interview). These findings highlight progress being made to achieve the intended outcomes of the site and to address the immediate needs in responding to opioid-related overdoses.

• Preventing overdose deaths



No overdose deaths occurred
(Data Source: MOHLTC OPS Monthly Reporting Form)



19 overdoses treated with oxygen
(Data Source: MOHLTC OPS Monthly Reporting Form)



7 overdoses treated with naloxone
(Data Source: MOHLTC OPS Monthly Reporting Form)



5 Total number of calls to EMS related to an overdose (Data Source: MOHLTC OPS Monthly Reporting Form)



2 Total number of transfers to an emergency department related to an overdose
(Data Source: MOHLTC OPS Monthly Reporting Form)



91% (n=93) of client respondents agree/strongly agree they can access Naloxone easily at the site (Data source: Client Survey)



*I have overdosed here today. Those guys [TOPS staff] have saved my life. I would be dead at this exact moment if it wasn't for the site.
[Data Source – Client Survey]*

• Increasing safer drug use practices



74% (n=74) of client respondents agreed that they learned tips at the site to use drugs more safely
(Data source: Client Survey)



Several safer drug use practices were self-reported by client respondents including reusing gear less often (72%, n=60), less sharing of their used gear with others (36%, n=14), using sterile water more (34%, n=34), using alcohol swabs to clean injection sites more (43%, n=41), and heating their drugs before using more (43%, n=38). (Data source: Client Survey)



*It's very hygiene in here [TOPS]. If you don't have an alcohol swab, then they remind you and it's helpful.
[Data Source: Client Interview]*

• Creating a safe space

Many clients noted that the site provides a safe, clean and secure space to use drugs where they feel valued and accepted. This sense of safety and acceptance is in contrast to some of their experiences with police, security, shelter workers, and the public.

(Data sources: Client Survey, Client Interview)



*It's [TOPS] a safe place and you don't have to worry about doing illegal substances in public areas (e.g. outside and bathrooms).
[Data Source: Client Interview]*

Several clients described feeling less worried now because they have a safe place to use. For some clients, this reduces their ongoing fears of getting caught using or having drugs or drug paraphernalia on them while on the street, in public places, and in shelters. (Data Source: Client Survey, Client Interviews)

• Improving access to health and social services



89% (n=88) of client respondents agreed that staff have talked to them and helped them access other health and social services (Data Source: Client Survey)

Examples of referrals included wound care at clinics or hospitals, primary care, addiction counselling, recovery and addiction treatment services (e.g., detox clinic), mental health services, pain management clinics, housing supports, and testing and treatment for Hep C and HIV. (Data sources: Client Survey, Client Interviews, Staff Interviews, Stakeholder Interviews)

Many respondents in the qualitative feedback highlighted the value of incorporating the wrap-around at the site. The benefits of having medical staff onsite to provide basic first aid and wound care assessment were also noted. (Data sources: Client Survey, Client Interviews, Staff Interviews, Stakeholder Interviews)

From the perspective of staff, stakeholders and clients, the building of trusting relationships within TOPS helps to facilitate linkage and referrals to multiple health and social services. (Data sources: Client Survey, Client Interviews, Staff Interviews, Stakeholder Interviews)

Building Trusting Relationships and Connections

One of the key facilitators to support safer drug use behaviours was the building of trusting relationships and connections between staff/stakeholders and clients. Many staff and stakeholders described how clients lack trust in healthcare and social services because of previous negative experiences involving discrimination and stigmatization. The establishment of trusting relationships and the building of rapport at the site allows clients to feel safe which in turn encourages them to use the site regularly. With regular visits, staff and stakeholders indicated that clients are more willing to explore safer drug use practices and are having deeper conversations about their drug use and the impacts on their health and well-being. (Data sources: Staff Interviews, Stakeholder Interviews)

With the relationships staff have with clients, clients share personal experiences and information like what led them to start using. Clients are opening up about their personal lives. None of the staff expected that. Clients have let the staff into their lives.

[Data Source: Staff Interview]

From the qualitative data, clients, staff, and stakeholders identified that the site had influenced clients' lives in the following ways (Data sources: Client Survey, Client Interviews, Staff Interviews, Stakeholder Interviews):



95% (n=97) of client respondents indicated that they feel accepted at the site
(Data source: Client Survey)

Increased feelings of acceptance and not being stigmatized or judged

Increased rapport, deeper connections and having someone trusted to talk to and who listens

Increased feelings of self-worth, sense of hope, feeling valued, cared for and loved

Increased sense of community and feelings of belonging

I feel more comfortable in my own skin being around people not judging me, no negativity, and more comfortable when I am using. THIS IS HUGE. They [staff] are here for us if we need to talk. It is HUGE to feel accepted - they do care - you do not feel shameful. That is amazing.

[Data Source: Client Survey]

I feel that I belong somewhere. I feel like everybody has the same problem, so if I say something people will understand. I do not feel like an outcast. I walk in here and it's a family. For once in my life, I feel like I belong.

[Data Source: Client Survey]

Tracking data showed that for the first six months of operation, the site saw an increased number of clients self-identifying as Indigenous (Data source: MOHLTC OPS Monthly Reporting Form). The qualitative data indicated that the presence of Indigenous supports has allowed clients to reconnect with their Indigenous roots through the culturally appropriate care that is offered. (Data sources: Staff Interviews, Stakeholder Interviews)



From the qualitative data, the site also had enhanced peer-to-peer interactions in the following ways: (1) providing peer-to-peer assisted injections, (2) encouraging safer drug use practices, (3) monitoring for signs of overdose, (4) reinforcing rules at the site, (5) promoting use of the site, and (6) building friendships. (Data sources: Client Interviews, Staff Interviews, Stakeholder Interviews)

Negative Impacts on Clients

There were some unintended negative impacts on clients identified by a few clients, staff and stakeholders. These included (1) feeling intimidating using the site, (2) feeling ashamed that stakeholders see clients using the site, (3) feeling concerned about information about them being shared with external service providers, and (4) feeling concerned about the potential closure of the site. (Data sources: Client Survey, Client Interviews, Staff Interviews, Stakeholder Interviews)

Impacts on Staff

Positive Impacts on Staff

Many staff experienced positive impacts that their involvement at the site has had on both their professional and personal lives. Several staff expressed sincere gratitude and appreciation for their involvement. Many felt it was rewarding to see clients in an environment where they feel comfortable and were inspired by clients' commitment to survival. Staff also identified professional benefits including: (1) increased job satisfaction, (2) opportunities to put beliefs and values of harm reduction into practice, (3) increased knowledge of drug use practices, (4) increased understanding and compassion for client experiences, and (5) increased understanding of institutional barriers experienced by clients. (Data source: Staff Interviews)

“”

I truly learn something new every day. I am privileged to be in that space, I appreciate all the information that clients have to share with me.
[Data Source: Staff Interview]

Negative Impacts on Staff

Some staff identified unintended negative impacts the site had on their role and personal lives. These include: (1) feeling physically exhausted and stressed due to under-resourcing of staff, (2) concern about client well-being and availability of supports to meet their needs, (3) limited availability to perform other tasks to support clients, (4) overwhelmed with extensive media coverage and requests for information and tours of the site, and (5) feeling stressed about the uncertainty regarding the continuity of the site. (Data sources: Staff Interviews)

Impacts on Stakeholders and their Organizations

Positive Impacts on Stakeholders and their Organizations

Interviews with stakeholders also identified that stakeholders experienced high levels of satisfaction with their involvement at the site. Several were pleased that their organization supports and partners with other community organizations to deliver TOPS. Stakeholders also identified professional benefits including enhanced knowledge and skills in the following areas: (1) increased knowledge of client experiences, (2) increased knowledge of harm reduction philosophy and approaches, (3) increased understanding of the Indigenous community, culture and history, (4) increased knowledge of services and supports at other organizations, (5) enhanced skills in active listening, and (6) increased ability to connect with clients. (Data sources: Stakeholder Interviews)

Several stakeholders also described how their role has had an impact in different ways on their organizations. These include: (1) increased knowledge of drug use practices and harm reduction practices, (2) expanded the organizations' ability to reach clients from the population of PWUD, (3) created new approaches or services at their organizations to meet clients' needs, and (4) strengthened existing relationships between RHAC and stakeholder organizations. (Data sources: Stakeholder Interviews)

Negative Impacts on Stakeholders and their Organizations

While most stakeholders did not identify any unintended negative impacts regarding their involvement in TOPS, a few had concerns regarding (1) their organization's level of involvement and understanding of their role at TOPS, (2) their time to manage caseloads and priorities from their organization, and (3) the challenges of hearing client stories of violence and trauma. (Data sources: Stakeholder Interviews)

Impacts on Community

Perceived Benefits for the Community

Many clients described how TOPS provides a safe, secure and clean environment for them to use drugs which minimizes public drug use in public washrooms, alleys, and parks. (Data sources: Client Survey, Client Interview)



76% (n=70) of client respondents reported injecting less in public spaces

(Data source: Client Survey)



53% (n=32) of client respondents reported disposing of their gear less in public spaces since using TOPS

(Data source: Client Survey)

Several clients reported less public drug use now that the site exists, including some that indicated that they are not injecting at all in public spaces now. (Data source: Client Survey, Client Interview)

Some clients also shared that they are seeing positive impacts on the behaviour of other people who use drugs as they are witnessing less public drug use among their peers and less discarded needles in public spaces. Some clients also shared that they are grateful to have the site as they often feared members of the public including children seeing them using in public spaces. (Data source: Client Interviews)

Perceived benefits on the broader community were noted by clients, stakeholders, staff, business owners and residents. These include: (1) a recognition that TOPS is saving lives and delivering services in a compassionate way, (2) highlighting the site as a cost-effective strategy, (3) increased awareness about community residents regarding substance use, addictions and the impacts of overdoses, and (4) increased support and acceptance for TOPS and SCFs among community residents. (Data sources: Client Survey, Client Interviews, Staff Interviews, Stakeholder Interviews, Community Resident and Business Survey)

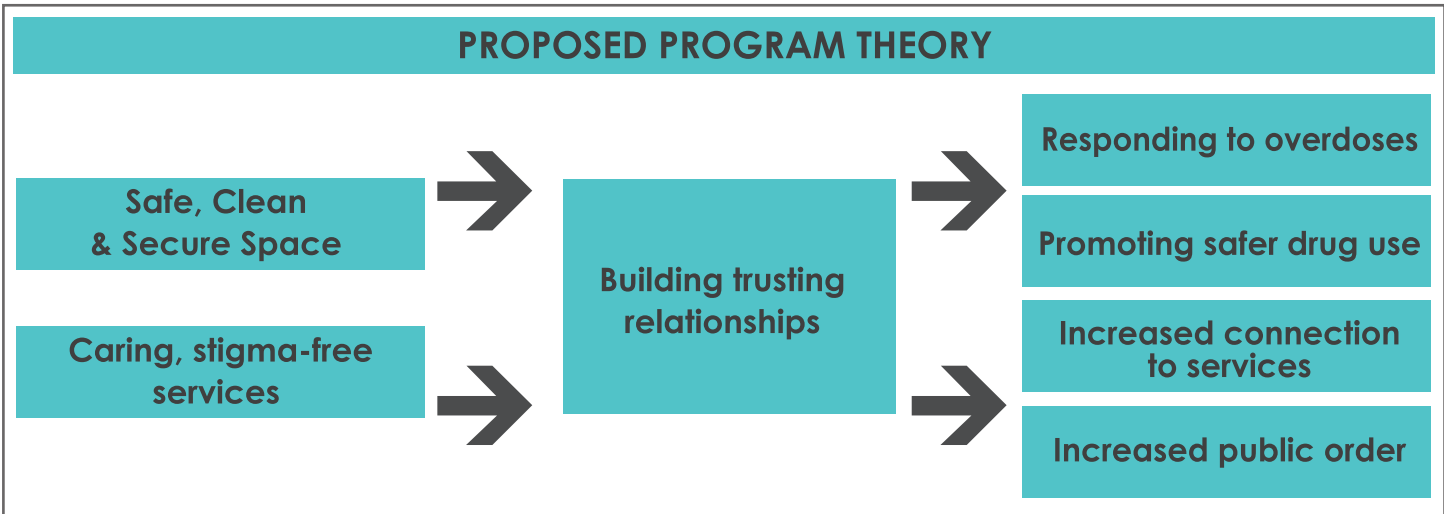
Perceived Concerns for the Community

While findings provide evidence that the site is having a positive impact on clients' lives and in the community, there were some perceived concerns raised about negative unintended impacts on the community noted by respondents on the Community Resident and Business Survey and through some key informant interviews with clients, staff, and stakeholders. The main concerns identified included: (1) concerns of public disorder including increased loitering, garbage and drug selling/purchasing around the site, (2) concerns of negative impacts on local businesses and residents due to criminal activity, and (3) concerns that the site promotes drug use. (Data sources: Client Survey, Client Interviews, Staff Interviews, Stakeholder Interviews, Community Resident and Business Survey)

Discussion

Overall, the Temporary Overdose Prevention Site in London, Ontario provides an essential service to reduce the harms associated with drug use including opioid-related overdoses. The evaluation findings reveal that the site creates a safe, clean and secure space for members of our community who use drugs. Based on the consolidated findings from the evaluation, a program theory has been proposed to identify key factors needed to reach the intended outcomes of TOPS (see Figure 1).

Figure 1: Proposed Program Theory for the Temporary Overdose Prevention Site



Through the caring, compassionate and stigma-free service delivery, TOPS has created a welcoming and non-judgmental space that has allowed people to feel accepted. Building trusting relationships between clients, staff and stakeholders was identified as a critical factor that enables clients to feel safe, secure and valued. Building trusting relationships provides the space for staff and clients to engage in deeper conversations about safer drug use practices and opportunities to connect them with health and social services.

The findings demonstrated direct progress being made to reduce opioid-related deaths by responding to overdoses. Furthermore, activities at the site also promote safer drug use practices and increase linkages to health and social services for clients. These outcomes are reducing potential harms for clients and promoting changes in their behaviours. The site is not only saving lives, but also changing them.

There was also evidence of changes to some public order outcomes. The existence of the site is leading to less public drug use and less disposal of gear in public spaces. However, findings also indicated that other public order outcomes such as loitering, garbage, and drug selling/purchasing may have increased in the vicinity of the site.

The evaluation findings provide a snap shot in time at the 6-month point of operation. Now that the site has been operating for over one year, there are many more lessons learned through its implementation. Many of the challenges that were raised during the evaluation are being addressed or in the process of further review to enhance service delivery. The site has transitioned from the Temporary Overdose Prevention Site under a new provincial model as of April 2019 to become the city's interim Consumption and Treatment Service. The findings from the evaluation are being utilized to inform planning for the permanent site.

It is recognized that TOPS is just one harm reduction strategy and cannot be expected to address all of the interconnected and complex issues associated with the drug crisis. Ongoing efforts by many key stakeholders in the community are required to address the crisis.

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ETHICS APPROVAL

The evaluation received ethics approval through the Public Health Ontario (PHO) Ethic Review Board.

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