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

March 2019

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT
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Saving Lives. Changing Lives.

Findings from a Process and Outcome Evaluation of London's Temporary Overdose Prevention Site (TOPS)

Comprehensive Evaluation Report

March 2019

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FUNDING
This evaluation was funded by the Middlesex-London Health Unit. The evaluation was conducted by Program Evaluators on the Program Planning and Evaluation Team at the Middlesex-London Health Unit in collaboration with Regional HIV/AIDS Connection.

RECOMMENDED CITATION:
Middlesex-London Health Unit (2019). *Saving Lives. Changing Lives. Findings from an Evaluation of London's Temporary Overdose Prevention Site (TOPS)*. London, Ontario: Melissa McCann and Sameena Vadivelu

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Acknowledgements

This evaluation would not have been possible without the contributions of many individuals and organizations. First and foremost, we would like to thank the evaluation participants for sharing their valuable feedback from their experiences of using the Temporary Overdose Prevention Site (TOPS). The experience of collecting data at the site has profoundly impacted the evaluators' personal and professional lives. It was an honour and privilege to meet with the clients, staff and stakeholders during the data collection phase. Their participation has been essential to our understanding of how the site is operating and identifying areas for improvement.

To the clients, thank you for entrusting us with your stories, sharing how the site has impacted your day-to-day lives, and sharing your knowledge with us.

To the staff and stakeholders, thank you for taking the time to share your expertise and experiences of providing support at the site.

In addition to the evaluation participants, there are number of individuals who provided guidance and support in the initial stages of the evaluation, and later in the review process of the evaluation report. We would like to take the opportunity to thank the following individuals and organizations who contributed to this evaluation project:

- Daniel Murcia, Program Evaluator, MLHU
- Tamara Thompson, Program Evaluator, MLHU
- Michelle Sangster Bouck, Program Evaluator, MLHU
- Christine Brignall, Program Evaluator, MLHU
- Elyse Labute, Program Evaluator, MLHU
- Carolynne Gabriel, Librarian, MLHU
- Jordan Banninga, Manager of Program Planning and Evaluation, MLHU
- Marilyn Ashworth, Program Assistant
- Mai Pham, Epidemiologist and MLHU Research Advisory Chair
- Sarah Maaten, Epidemiologist, MLHU
- Alison Locker, Epidemiologist, MLHU
- Shaya Dhinsa, Manager of Sexual Health, MLHU
- Marilyn Atkin, Program Lead, Community Outreach and Harm Reduction, MLHU
- Sonja Burke, Director of Counterpoint Needle Syringe Program, RHAC
- Blair Henry, Harm Reduction Worker, RHAC
- Karen Burton, Harm Reduction Worker, RHAC
- Brian Lester, Executive Director of Regional HIV/AIDS Connection
- Joe Antone, Southwest Ontario Aboriginal Health Access Centre (SOAHAC)
- Anthoula Doumkou, London Intercommunity Health Centre (LIHC
- Christine Sansom, Canadian Mental Health Association (CMHA)
- Dr. Christopher Mackie, Medical Officer of Health, MLHU
- Community Partners involved in the Temporary Overdose Prevention Site:
    - Addiction Services of Thames Valley (ADSTV)
    - Canadian Mental Health Association Middlesex (CMHA – Middlesex)
    - London Cares Homeless Response Services
    - London InterCommunity Health Centre (LIHC)

    - Regional HIV/AIDS Connection (RHAC)
    - Southwest Ontario Aboriginal Health Access Centre (SOAHAC)
- Public Health Ontario Ethics Review Board
- Fraser Health Authority
- Ottawa Public Health
- Middlesex-London Health Unit's Health Equity Advisory Taskforce

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List of Acronyms

TOPS – Temporary Overdose Prevention Site
OPS – Overdose Prevention Site
SCF – Supervised Consumption Facilities
MLHU – Middlesex-London Health Unit
RHAC – Regional HIV/AIDS Connection
NSP – Needle Syringe Program
PWID – People who inject drugs
PWUD – People who use drugs
MOHLTC – Ministry of Health and Long-Term Care
HEP C – Hepatitis C
HIV - Human Immunodeficiency Viruses
iGas – Invasive Group A Streptococcal Disease

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Key Findings

The Temporary Overdose Prevention Site in London, Ontario provides a safe and secure environment to support supervised drug consumption, harm reduction and linkages to mental health, addiction treatment, health, and social services. The site is more than a place to use drugs safely under supervision; it has been referred to as a "safe haven" and "a demonstration of love" for some of the most vulnerable people in our community where they receive caring, compassionate and non-judgmental services.

- **Responding to overdoses:** In the first six months of operation, there were over 7,000 visits to TOPS, and no deaths occurred at the site. A total of 19 overdoses were reversed with oxygen/rescue breathing, and seven overdoses required treatment with naloxone.
- **Influencing safer drug use behaviour:** The majority of Client Survey respondents reported that they had learned strategies to use drugs more safely. Many are making changes to their drug use behaviour including reusing their own gear less, sharing their used gear less with others, using sterile water more, using alcohol swabs more and heating their drugs more before using.
- **Reduced public drug use and discarded gear:** Self-reported client data revealed that the majority of clients reported injecting and disposing of their gear less in public spaces since using TOPS. However, feedback from some clients, staff, stakeholders, community residents, and business owners noted concerns regarding increased loitering, garbage, and drug selling/purchasing in the area immediately around the site.
- **Creating a safe space for a vulnerable population:** Many clients noted that the site provides a safe, clean and secure space to use drugs. Several clients described how the site reduces their fears of getting caught using or having drugs or drug paraphernalia on them while on the street, in public places and in shelters.
- **Building trusting relationships and connections:** Overall, the findings from this evaluation reveal the significant value of human connection, building relationships and creating a culture of trust at the site. From the perspective of staff, stakeholders and client respondents the building of trusting relationships within TOPS helps to encourage safer drug use practices and facilitate linkage and referrals to multiple health and social services.
- **High level of client satisfaction:** The majority of client survey respondents rated the quality of service and care received as good or excellent and reported feeling accepted at the site. Many described not feeling stigmatized or judged at the site, which is a significant shift from the negative interactions they described within the healthcare, social service, and law enforcement systems. The caring, compassion, and kindness demonstrated through the service delivery at TOPS has made clients feel loved and valued as human beings. This has increased their sense of self-worth and hope.
- **Improving connection to health and social services:** The majority of client survey respondents agreed that staff have talked to them and helped them access other health and social services. Furthermore, qualitative findings identified that the building of trusting relationships at the site is increasing client acceptance of referrals to other health and social services.
- **Service delivery:** Services are delivered as intended and exceeding Ministry service delivery expectations by offering onsite medical supports, wrap-around services, and Indigenous supports.
- **Service delivery challenges:** Given the exceptional value that was placed on providing this service by clients, staff, and stakeholders, many respondents offered suggestions to enhance service delivery. Key suggestions focused on the hours of operation, space design, staff resources, operational policies and data collection process.
- **Considerations for the permanent SCFs:** Several respondents also offered service delivery, location, space design and operational considerations for future supervised consumption services.

Background

Local Context

Similar to many other communities across Canada, London, Ontario is experiencing a serious opioid crisis. The opioid crisis has become a significant public health issue that is having devastating impacts on individuals, families and communities (Public Health Agency of Canada, 2018) across the county. Nationally, in 2017, there were 3,996 apparent opioid-related deaths across Canada, which was up from the 3,005 in 2016 (Public Health Agency of Canada, 2018). In Ontario, the death rate had been slowly increasing until 2017 where it jumped significantly. 1,265 opioid-related deaths were reported in 2017, compared to only 867 in 2016. Additionally, preliminary numbers from the first six months of 2018 showed more than 638 deaths, indicating rates consistent with 2017 (Public Health Ontario, 2018).

Opioid-related death rates have been fluctuating in Middlesex-London since 2005 and, while Middlesex-London did not see the same increase as other areas reporting death rates in 2017, preliminary estimates for 2018 indicate higher rates than in the past (Public Health Ontario, 2018). In the first six months of 2018, there were 33 opioid-related deaths compared to 31 in all of 2017. Data from January to March 2018 show higher than usual monthly rates of death, but the rates from April to June were had returned to somewhat normal levels (Public Health Ontario, 2018).

Like many communities across Canada, Middlesex-London has felt the burden of this crisis through significant health, social and financial costs. Since 2004, the rate of emergency department visits related to opioid toxicity have been generally higher in Middlesex-London than the province, with the highest annual number being 316 reported in 2017 (Public Health Ontario, 2018). Similarly, the rate of opioid-related hospitalizations has been increasing in Middlesex-London and is increasing at a higher pace than the province (Public Health Ontario, 2018).

London is experiencing several overlapping issues related to the drug crisis including increased rates of Invasive Group A Streptococcal (iGAS) infections, infective endocarditis, Human Immunodeficiency Virus (HIV), and Hepatitis C (HEP C). In May 2016, Middlesex-London Health Unit declared a community outbreak as a result of increased rates of iGAS infections. Rates of infective endocarditis associated with injection drug use have also been on the rise over the last several years (MLHU, 2019a). Between 2014 and 2016, HIV rates increased in Middlesex-London (Public Health Ontario, 2019) where in 2016 approximately 70% of people diagnosed with HIV reported experience with injection drug use (MLHU, 2016). Since 2007, rates of Hepatitis C have also been significantly higher in Middlesex-London than the rest of the province (Public Health Ontario, 2019). Among those diagnosed with Hepatitis C in 2016, more than half of the people reported experience with injection drug use (MLHU, 2016). As a result of the increases in HIV and Hepatitis C infection rates, the Middlesex-London Health Unit declared a public health crisis in June 2016.

Relative to its population size, it has been estimated that London has one of the largest populations of injection drug users in Canada (MLHU, 2017a). There are an estimated 6,000 people who inject drugs (PWID) in London, which represent approximately 2% of London's total population of 385,000 (MLHU, 2017a).

Each year across London, there are more than 3 million needles distributed to people who inject drugs (MLHU, 2019b). Counterpoint Needle Syringe Programs offers free and confidential needle exchange services available at Regional HIV/AIDS Connection (RHAC), Middlesex-London Health Unit and My Sister's Place. Needle disposal bins are located at various strategic locations across London to support the collection of used needles, syringes and injection drug equipment. Although these services exist, there remain concerns regarding discarded needles, syringes, and other injection-related litter in London. Public drug use, public disorder associated with drug use, and potential risk of injury from used gear have

been expressed as concerns in the local community, which can lead to an increased risk of spreading diseases, such as Hepatitis C and HIV (MLHU, 2019b).

Literature Review Summary

The evidence base around SCFs continues to develop. Given the nature of the work, most of the research available on the effectiveness of SCFs is from observational and mathematical modelling studies. A recent systematic review of SCFs summarized the available literature up to May 2017 (Kennedy, Karamouzian, & Kerr, 2017). The majority of studies included in the review were conducted in Vancouver, Canada or Sydney, Australia. The review suggests SCFs are effective at meeting their public health objectives of mitigating overdose-related harms and drug-related risk behaviours such as syringe sharing, syringe reuse, injecting outdoors and rushed injections. SCFs also facilitate uptake of addiction treatment and other health care services (Kennedy et al., 2017). Furthermore, the review suggests improvement in public order outcomes such as public injecting, publicly discarded syringes and injection-related litter without increasing drug-related crime (Kennedy et al., 2017). Mathematical modelling studies have also shown that SCFs can be cost saving interventions through reduced disease transmission (Kennedy et al., 2017; Enns, Zaric, Strike, Jairam, Kolla & Bayoumi, 2016). Qualitative research has described these sites as providing safe, supportive environments for PWUD. It is within this safe context that bridges are being built for PWUD to access other health and social services, including addictions treatment (McNeil & Small, 2014; Kappel, Toth, Tegner & Lauridsen, 2016).

The implementation of SCFs continues to be controversial and is significantly impacted by political climate and community perceptions (Strike et al, 2014; Kolla, Strike, Watson, Jairam, Fischer & Bayoumi, 2017). To be successful in implementing SCFs it is imperative to include strong local champions, engagement of police and public discussion about the local context (Bayoumi & Strike, 2016; Young & Fairbairn, 2018). A more detailed summary of the Literature Review is included in Appendix A **-** Literature Review.

Site Description

In December 2017, the Ministry of Health and Long-Term Care (MOHLTC) approved a harm reduction strategy to meet the urgent public health needs of the opioid crisis: the establishment of Overdose Prevention Sites (OPS). Communities in need could apply to the MOHLTC to obtain approval and funding support to establish an OPS. These sites were established as a low barrier, time-limited service for people who use drugs to obtain targeted services to address the crisis related to opioid-related overdoses. With the support of community organizations, 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.

A detailed overview of the local context and a description of TOPS operations can be found in Appendix B - Local Context and Site Description. A virtual tour is also available which details each of the main rooms and how people access the services at the site. This tour can be found online at: https://www.healthunit.com/temporary-overdose-prevention-site

Evaluation Methods

The purpose of TOPS Evaluation was:

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

Given that it is Ontario's first legally sanctioned Overdose Prevention Site, conducting a process and outcome evaluation of TOPS was imperative to:

- Gather feedback on whether TOPS is being implemented as planned;
- Determine to what extent it is achieving the intended benefits;
- Provide feedback on whether or not TOPS is meeting client and community needs; and
- Help to understand what the client and community needs are regarding the establishment and operation of a Supervised Consumption Facility.

The findings may add to the existing evidence base regarding overdose prevention sites and/or permanent supervised consumption facilities.

Two types of evaluation were conducted concurrently: a process evaluation, and an outcome evaluation. The evaluation involved conducting a process evaluation by assessing how the intervention is being implemented. The outcome evaluation assessed the effectiveness of the intervention at reaching the intended outcomes. 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)

Design

The evaluation used a mixed-methods design collecting qualitative and quantitative data concurrently to answer the evaluation questions. A mixed-methods design was used to support the explanation of the quantitative and qualitative data, and to help enhance the credibility and integrity of the findings. A mixed-methods design was also utilized because different evaluation questions required different methods to gain a more comprehensive understanding. The quantitative and qualitative data were collected concurrently, and later compared to determine if there was any convergence or differences. Using this approach allowed the evaluation team to offset the weaknesses inherent within one method with the strengths of the other.

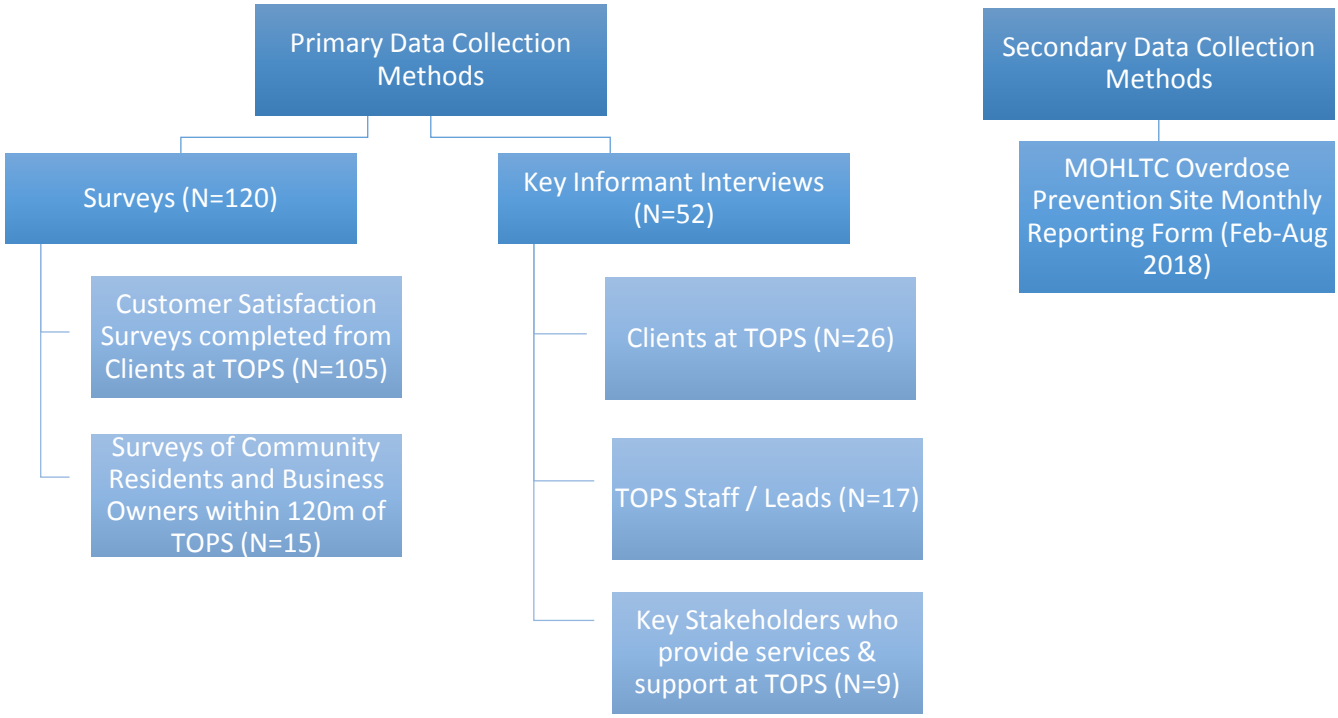
Two types of triangulation were used in this evaluation: (1) method triangulation by using different methods to answer the evaluation questions; and (2) data source triangulation by collecting data from different sources (Carter et al., 2014). The evaluation used primary and secondary data sources to collect information related to TOPS. Primary data was collected using both surveys and interviews as outlined in Figure 1.

Primary data was collected using the following surveys and interviews:

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

A secondary data source was also used to review usage statistics from the Ministry of Health and Long-Term Care (MOHLTC) Overdose Prevention Site Monthly Reporting Form.

Figure 1: Data Collection Methods and Sample Sizes



Using feedback from internal and external stakeholders, the evaluation team developed data collection tools adapted from tools used by Fraser Health Authority and Ottawa Public Health. The Evaluation Plan, Evaluation Matrix, and data collection tools were adapted with permission from the Fraser Health Authority based on their Supervised Consumption Site Evaluation Plan (Ewert, 2013) and from Ottawa Public Health based on their evaluation of their Interim Supervised Injection Service (Ottawa Public Health, 2018). The Evaluation Plan is included in Appendix C which provides an overview of the key evaluation questions, the type of data collected, the data sources and data collection tools and timelines. An Evaluation Matrix is also included in Appendix D which provides further details on the key indicators collected in the evaluation, data sources, and data collection methods.

Each data collection method is described and data collection tools are included in the following appendices:

- Appendix E - Customer Satisfaction Survey for Clients and Key Informant Interviews with Clients
- Appendix F - Survey of Community Residents and Business Owners within 120 meters of TOPS
- Appendix G - Key Informant Interviews with TOPS Staff/Leads
- Appendix H - Key Informant Interviews with Stakeholders Providing Service at TOPS

- Appendix I – Secondary Data: Ministry of Health and Long Term Care Overdose Prevention Site Monthly Reporting Form

Background of the Program Evaluators

All three Program Evaluators including two females and one male were involved in the data collection were members of the Program Planning and Evaluation Team at the Middlesex-London Health Unit. One of the Program Evaluator holds a Master's degree in Public Health (MPH) and over 5 years of survey data collection. Additionally, another Program Evaluator holds a Master's degree in Public Health (MPH) with 3 years in conducting process and outcome evaluations in public health, including experience administering surveys and conducting interviews to support evaluations. The third Program Evaluator holds a Master of Social Work (MSW) with over 12 years of experience in conducting process and outcome evaluations for public health interventions, including experience in conducting surveys, interviews and focus groups.

The evaluation was funded by the MLHU and conducted by MLHU staff. This may be viewed as less objective than an evaluation conducted by an independent consultant. However, the Program Evaluators conducting the evaluation are part of a separate team from the MLHU Team involved in supporting the implementation and delivery of TOPS. Prior to the beginning of the evaluation, none of the Program Evaluators had a relationship with any of the client participants. However, there were a few TOPS Staff that Program Evaluators had known previously through other work at MLHU and during the consultation phase of the evaluation.

Ethics Approval

The evaluation received ethics approval through the Public Health Ontario (PHO) Ethic Review Board. The evaluation also received approval through from the Middlesex-London Health Unit's Research Advisory Consultation (RAC) lead.

Results

Organization of the Results Section

The evaluation results have been organized into three parts:

Part 1: Usage Statistics and Demographics
- Who is using TOPS services and what substances are they using?

Part 2: Service Delivery
- Are the services being provided as intended at TOPS?
- Are the services adapting to client and community needs?

Part 3: Impacts
- Are the intended benefits of TOPS being recognized?
- How is TOPS impacting the lives of people who use drugs in Middlesex-London?

References to Data Sources

Throughout the Results section, data sources are referenced accordingly:
- Quantitative findings from the Customer Satisfaction Survey are specifically reference for each finding.
- Qualitative findings from both the Customer Satisfaction Survey and Client Interviews are referred to as feedback from "clients".
- Qualitative findings from the interviews with staff are referred to as feedback from "staff"
- Qualitative findings from the interviews with stakeholders are referred to as feedback from "stakeholders".
- Qualitative findings from the Survey of Community Residents and Business Owners are referred to as feedback from "residents and business owners".
- Quantitative findings from the MOHLTC OPS Monthly Reporting Form are specifically referenced for each finding.

PART 1: USAGE STATISTICS and DEMOGRAPHICS

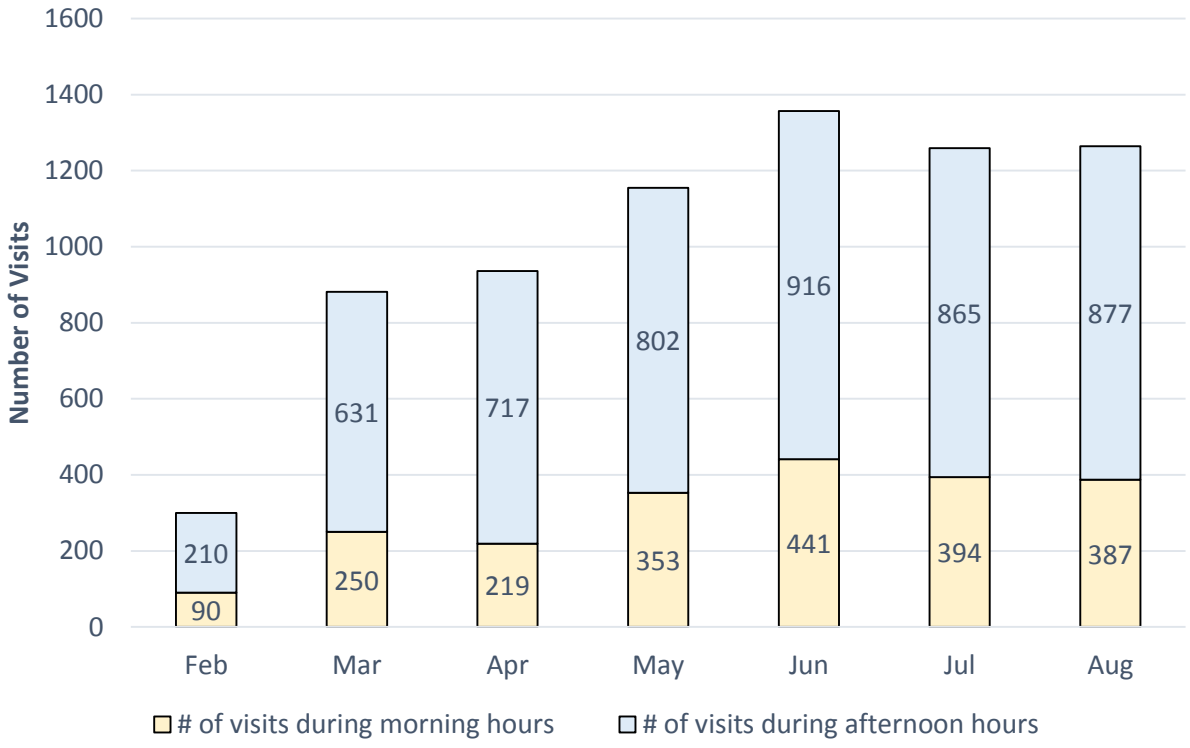
TOPS Usage Statistics

This section summarizes data collected during the February 12th to August, 31st, 2018 timeframe from the Ontario Ministry of Health and Long-Term Care (MOHLTC) Overdose Prevention Site Monthly Reporting Form. Client Survey and Client Interview data has also been incorporated into this section on usage statistics to help understand client usage patterns.

Visits

Between February 12th and August 31st of 2018, there were a total of 7152 visits at TOPS. **Figure 2** shows the number of visits to TOPS during each month. The majority of visits occurred during afternoon hours between 12-4 pm (70%, n=5018), while 30% (n=2134) were visits during the morning hours between 10 am and noon (see **Figure 2** in Appendix J).

Figure 2: Number of Visits to the Temporary Overdose Prevention Site, February 12, 2018 to August 31, 2018
[MOHLTC OPS Monthly Reporting Form, n=7152]



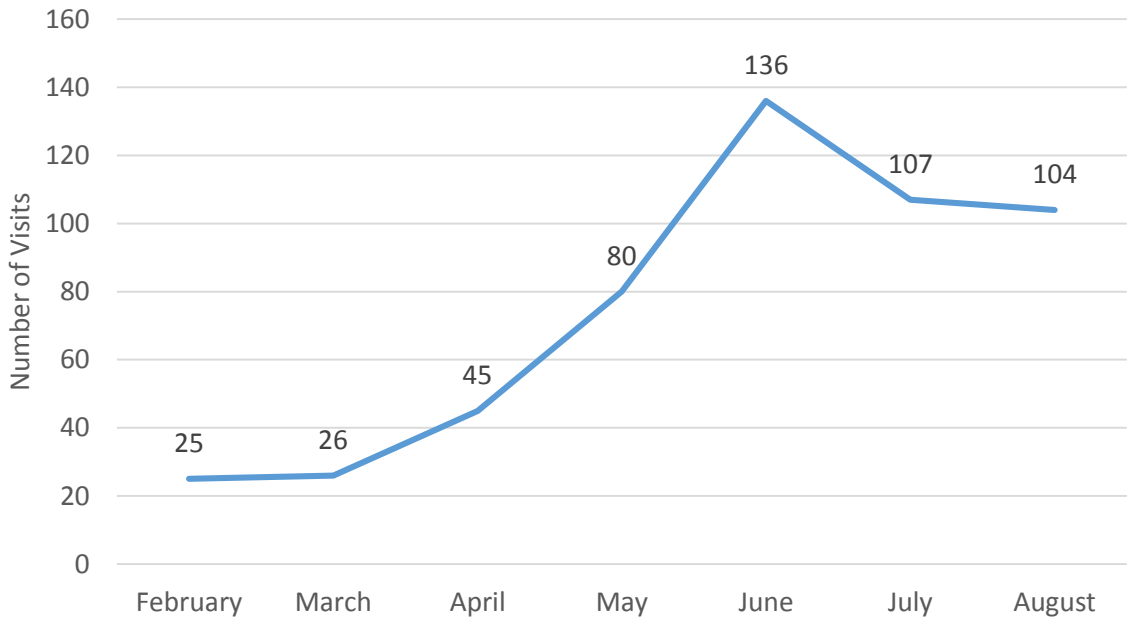
Usage of Site on the Weekends

Among the respondents on the Client Survey, 74% (n=75) reported using the site on the weekends (see **Figure 1** in Appendix K). Common reasons cited for not accessing the site on the weekends fell into three themes: (1) unware that the site was open on weekends, (2) not in the area on the weekends, or (3) site not accommodating to needs (e.g. limited hours of operation, inconvenient).

Peer-to-Peer Assisted Injections

A total of 523 peer-to-peer assisted injections occurred at the site between the February and August timeframe (see **Figure 3**). This represents 7.3% (523/7152) of total visits at the site involving peer-to-peer assisted injection over the entire timeframe.

Figure 3: Number of peer-to-peer assisted injections at the site between February and August 2018
[MOHLTC-OPS Monthly Reporting Form, n=523]

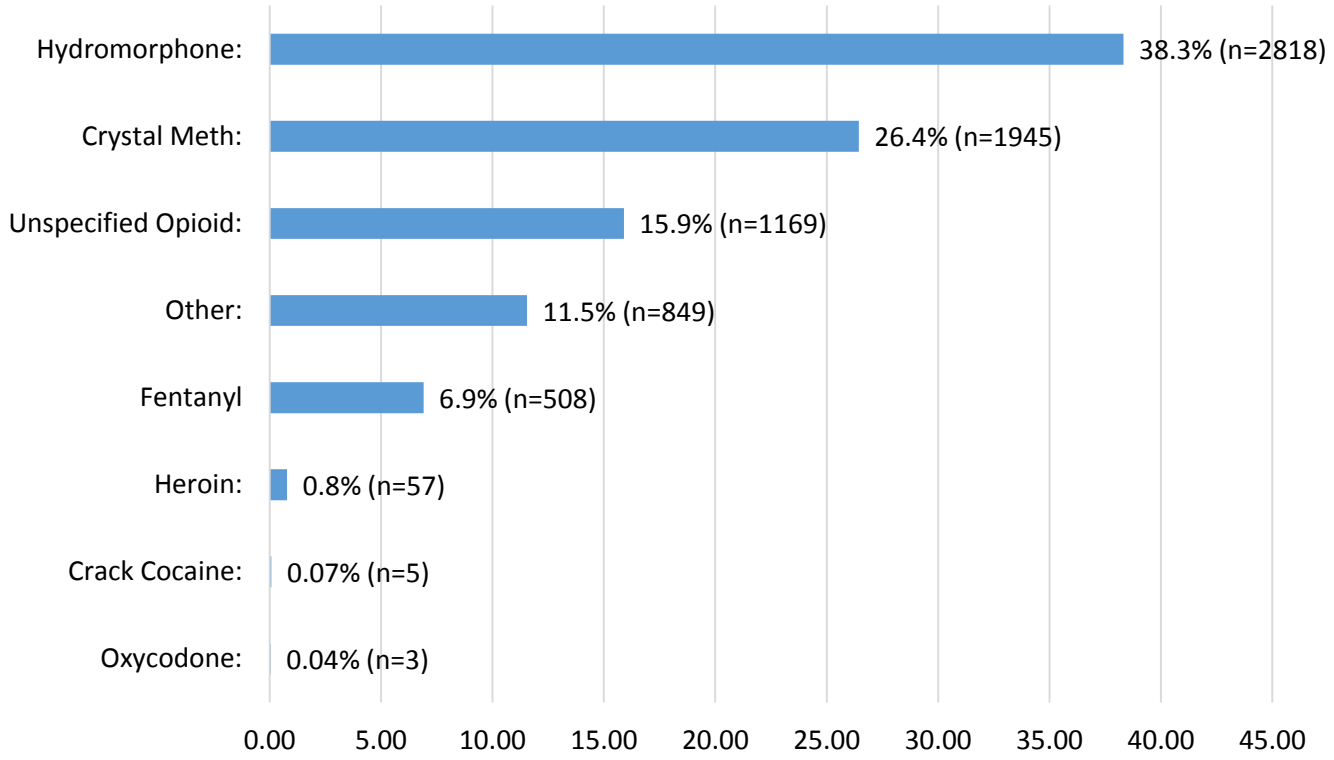


The proportion of visits per month where peer-to-peer assisted injections took place was high during the month of February (8.3%, 25/300) considering the site was only open for about half the month, and then decreased during the month of March (3.0%, 26/881) (see **Figure 4** in Appendix J). There was a steady increase in the proportion of peer-to-peer assisted injections during the months of April (4.8%, 45/936) and May (6.9%, 80/1155), and then the proportion peeked in the month of June (10.0%, 136/1357). The average monthly proportion of peer-to-peer assisted injections may be leveling off around 8%, as seen in July and August data.

Types of Drugs Consumed

The two most commonly drugs consumed by clients at TOPS clients were Hydromorphone (38.3%, n=2818) and Crystal Meth (26.4%, n=1945). Among the types of drugs reported, it is estimated that approximately 60% of the drugs consumed are opioids (i.e. hydromorphone, fentanyl, heroin, oxycodone, unspecified opioid). **Figure 4** shows the percentages of different types of drugs consumed by clients at TOPS between February and August 2018.

Figure 4: Percentage of Types of Drugs consumed by Clients at TOPS
[MOHLTC-OPS Monthly Reporting Form, n=7352*]



*Note: Some clients reported more than one type of drug per visit

Willingness to Test Drugs for Fentanyl

Roughly three-quarters of Client Survey respondents (76%, n=78) agreed or strongly agreed that they are willing to test their drugs for fentanyl and 19% (n=19) disagreed or strongly disagreed that they would be willing to use the test strips to test their drugs for fentanyl (see **Figure 3** in Appendix K).

Anecdotally, when most clients were asked this question during the survey, there was a lack of awareness that fentanyl test strips were available and the purpose for using them. This coincides with test strip usage statistics where only a few were completed during the first six months of operation as noted below. However, a few clients described the benefits of having the test strips available and encouraged a broader distribution of them through services and supports outside of the site, such as street outreach workers.

"I check my drugs for fentanyl more. Before I didn't test positive for fentanyl when using crystal, so I started testing my drugs. They should hand out the strips on the streets. It is very easy to overdose. "

[Data Source: Client Survey]

Fentanyl Test Strip Drug Checking Use

According to data reported on the MOHLTC Overdose Prevention Site Monthly Reporting Form, a total of 25 clients used fentanyl test strip drug checking services and each completed it for a total of 25 drug checks. This represents only 0.3% of all visits participating in the drug checking service at the site between February and August 2018.

Fentanyl Drug Checking Results

Of the 25 drug checks completed, 8 tested positive for traces of fentanyl. Types of substances identified by individuals checked using the Fentanyl Test Strips (see **Table 1** in Appendix J) include: Fentanyl (6 positive, 11 negative), Crystal Meth (1 positive, 6 negative), and Heroin (1 positive, 0 negative). From these results, it appears that some clients used the test strips to determine whether or not the substance actually was fentanyl, and only 6 of the 17 tested positive for fentanyl. These results indicate that some clients are concerned about whether or not what they purchased was actually fentanyl.

Among the 8 positive drug test results using the Fentanyl Test Strip Drug Check, three individuals noted that they discarded the drug and five indicated that they made no change (no action was taken). There were no individuals noting that they reduced the quantity of the drug consumed. During a stakeholder interview a story was shared when a clients' drug tested positive for fentanyl and the client made a decision to not use the drug. The client planned to follow-up with the dealer because of their concern that the drugs contained fentanyl.

Demographics

Self-identification as Indigenous

At the request from the Indigenous community leaders, tracking individuals who self-identify as Indigenous began in April 1, 2018 on the MOHLTC Overdose Prevention Site (OPS) Monthly Reporting Form. Between April 1st and August 19th, 1145 visits were recorded from individuals who self-identify as Indigenous. This reflects roughly 19% (1145/5971) of the total number of visits in the timeframe.

Length of Injection Drug Use

The majority (62%, n=63) of Client Survey respondents had been injecting drugs for more than 5 years, while 30% (n=31) reported using for one to 5 years. Only a few clients had been injecting drugs for less than one year (5%, n=5) and less than one month (3%, n=3). See **Figure 4** in Appendix K.

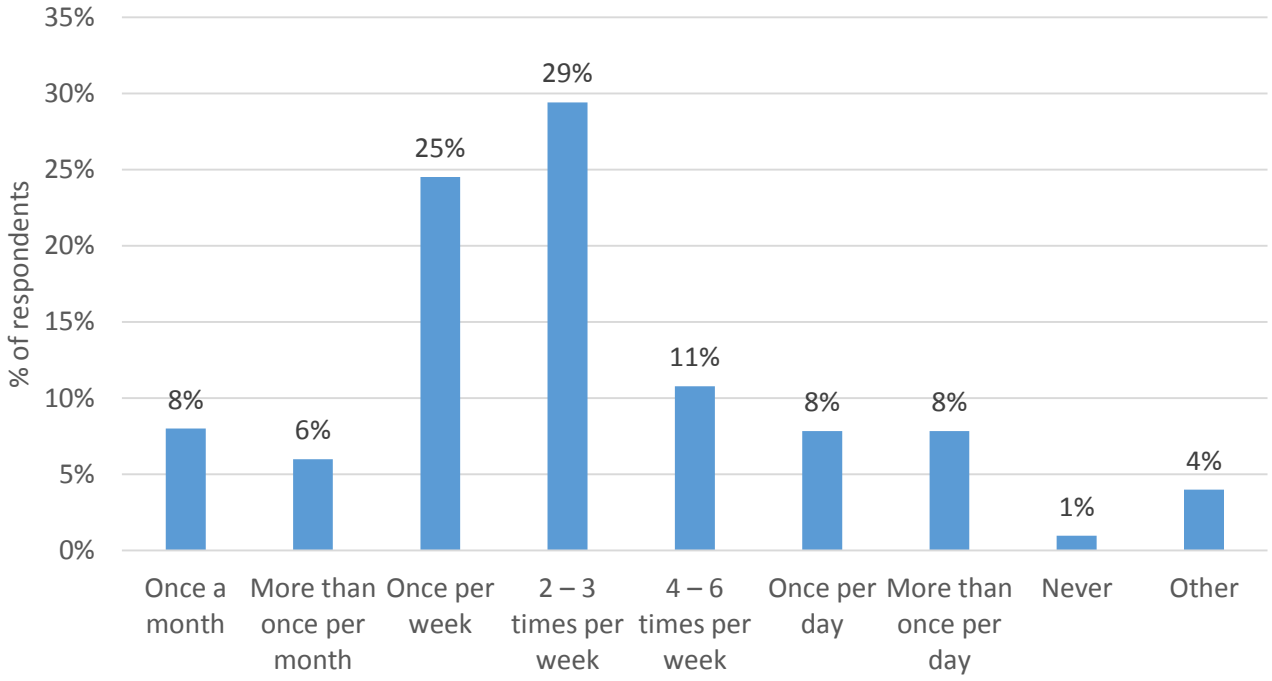
Length of Time Lived in London

The majority (79%, n=81) of Client Survey respondents had lived in London for 7 or more years (see **Figure 5** in Appendix K).

Frequency of Using Counterpoint Needle Syringe Program Prior to Using TOPS

Figure 5 shows Client Survey respondents' self-reported frequency of using Counterpoint Needle Syringe Program prior to using TOPS. Almost all (95%, n=97) of client respondents were regular users of Counterpoint Needle Syringe Program prior to using TOPS. The most frequently reported times, included 2-3 times per week (29%, n=30), once per week (25%, n=26), and 4-6 times per week (11%, n=11). The "other" category included descriptions such as "one time only" and "it depends".

Figure 5: Self-reported Frequency of using Counterpoint Needle Exchange Program at RHAC prior to using TOPS [Client Survey, n=102]



How Clients Found Out About TOPS

Most clients indicated through client interviews that they found out about the site through accessing services at RHAC or from their peers and friends. A few clients heard about the site from the media (e.g. radio, online). Given that almost all of the respondents had accessed the Counterpoint Needle Syringe Program at least once prior to accessing TOPS demonstrates that the placement of the site at RHAC helped to facilitate awareness and comfort level in coming to the site.

Reasons for Using the Site

When asked during the Client Interviews why they are using the site, many clients cited the benefits related to reducing the harms associated with drug use. Some also noted that it provides a safe and secure environment for them to use drugs that they would not otherwise have access to. Several described how the site prevents them from having to use public spaces which reduces the risks of getting caught by police.

Why are you using the site?

- Provides a safe, clean, comfortable and secure place to use drugs
- Provides a convenient, downtown location
- Prevents use of public spaces for drug use which may result in getting caught by police and subsequently fined or incarcerated
- Reduces harms associated with drug use (e.g. access to clean gear, do not have to carry gear,
- Reduces chances of being bothered by peers when using the site
- Offers support onsite if overdoses occur
- Reduces public needle waste
- Forming relationships with staff and peers

[Data Source: Client Interviews]

PART 2: SERVICE DELIVERY

Organization of Part 2

This section provides a summary of the findings gathered to answer two key evaluation questions:

- Are services delivered as intended?
- Are services adapting to client and community needs?

The findings gathered to answer these two questions have been integrated to highlight the successes and challenges encountered through service delivery at TOPS. The following five topic areas are covered in this section. Suggestions for improvement of TOPS and considerations for future supervised consumption facilities are also described at the end of each section.

1. Services
2. Staffing
3. Location
4. Space Design
5. Operation

1. Services

Client Satisfaction

Based on quantitative and qualitative data, the majority of clients were satisfied with the TOPS services (refer to **Table 1** in Appendix L for relevant key quotes).

- Almost all client survey respondents (96%, n=98) rated the quality of service and care received from TOPS staff as good or excellent (**Figure 8** in Appendix K). Only 5% (n=5) of clients rated the quality of service and care from staff as fair or poor.
- The majority of client survey respondents (85%, n=87) rated TOPS as a good or excellent place to take or use drugs (**Figure 9** in Appendix K). Only 16% (n=16) of clients rated the site as fair or poor place to take drugs.
- The majority of client survey respondents (89%, n=92) indicated they would be likely or extremely likely to recommend the site to other PWUD (**Figure 10** in Appendix K).
- The majority of client survey respondents (91%, n=93) said that the rules and regulations rarely or never get in their way of using the site (see **Figure 14** in Appendix K). Although a few clients did not agree with certain rules (e.g. no passing of drugs), for most clients the rules and regulations at the site were not a barrier to using the site.
- During client survey and interviews, many clients described the services as "great" and "amazing" and spoke of the value they placed on the TOPS services. Several clients noted that they would rather come to the site instead of using outside or elsewhere.

> *"The fact that staff and everybody, and how professional they are, it's encouraging for people to come back. I see that and it makes people come back. It doesn't make them want to use more but want to come back to a comfortable place to be and keep them away from the street and practice safe use habits."*
>
> *[Data Source: Client Interview]*

Services delivered according to MOHLTC expectations

According to many staff, TOPS is delivering services as intended and exceeding service delivery expectations from what was outlined in the MOHLTC's Overdose Prevention Sites: User Guide for Applicants (MOHLTC, 2018a). 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. A brief description of the each of these services is discussed below and data tables illustrating key quotes are provided in **Table #1** in Appendix L.

Supervised drug injections, oral and intranasal drug consumption

- Staff confirmed that supervised injections, and supervised oral and intranasal drug consumption are available on site. Staff described that the majority of clients are using the site for injections and only recalled a few clients using the site for oral or intranasal drug consumption. Data from the MOHLTC OPS Monthly Reporting Form does not track the way in which drugs are consumed to confirm the type of drug consumption.

Access to harm reduction supplies

- Clients are provided with harm reduction supplies and have access to the Counterpoint Needle Syringe Program (NSP). The proximity of the Counterpoint NSP to TOPS was noted by many staff, stakeholders and clients as essential as it further increases access to harm reduction supplies by allowing clients to take supplies with them to use when the site is closed.

Responding to overdoses with oxygen or naloxone

- Many staff, stakeholders and clients described the benefits of having staff trained to administer oxygen and naloxone onsite in order to reverse overdoses and prevent overdose-related deaths. The site has two oxygen regulators, allowing staff to respond to two overdoses simultaneously. However, a stakeholder noted that the oxygen tanks are not on wheels, which makes it challenging to move the tank between clients, in the event of multiple overdoses. Several staff also noted that naloxone kit distribution and training is available to clients and many clients have accessed this service.

Peer-to-Peer Assisted Injections

- Allowing peer-to-peer assisted injections on site has helped many clients who cannot inject themselves or who inject in places that are hard for them to see. Staff have primarily observed peer-to-peer assisted injections when clients are injecting in the jugular. Some clients indicated that they are counted on for helping with peer-to-peer assisted injections and have helped their peers inject.

Fentanyl test strips as a drug checking service

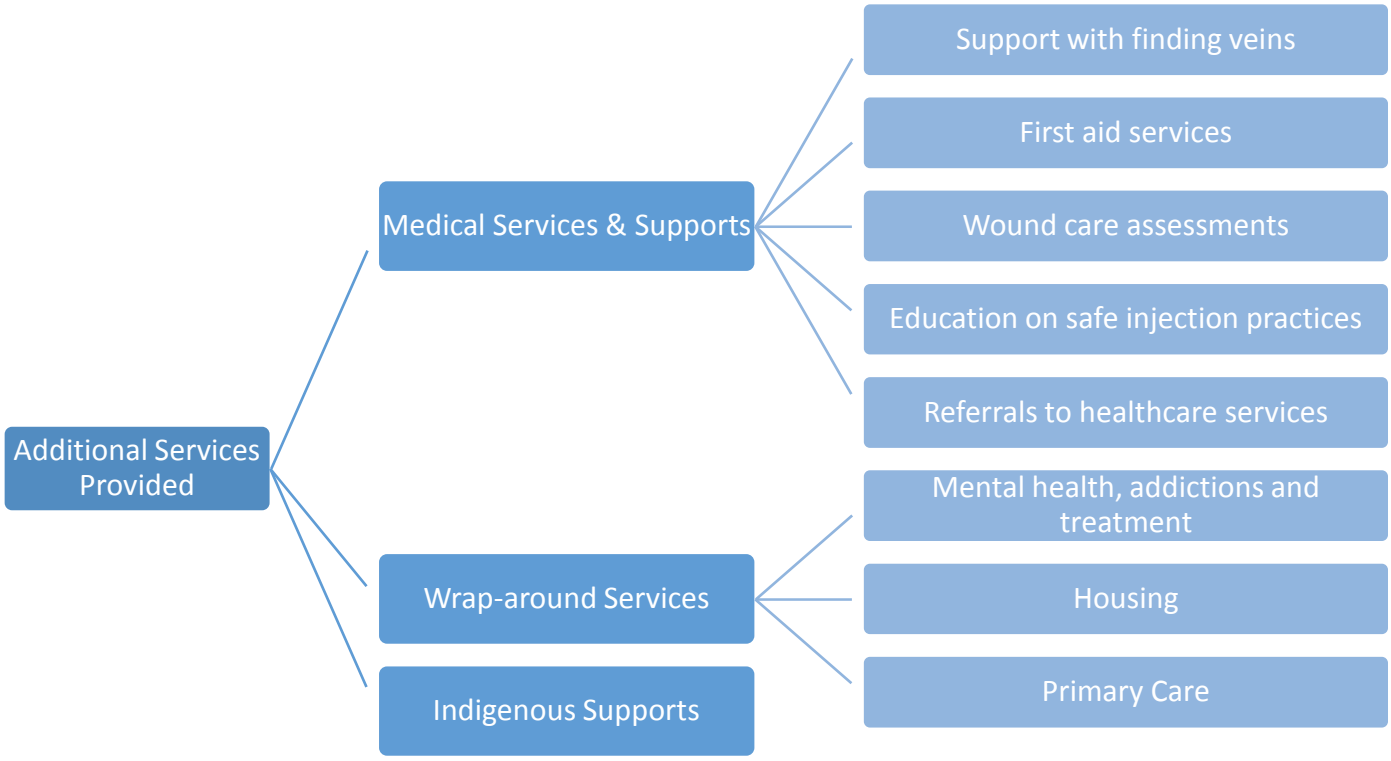
- Fentanyl test strips and education were reported to be available for clients who are interested in testing their substances. Although several staff indicated that Fentanyl test strips are available, it was noted that drug testing occurs less frequent. A few staff suggested some reasons why uptake may be low including inconsistencies in informing clients that it is available, inconclusive results, and a sense of urgency among clients to use drugs when they arrive. This was confirmed with the MOHLTC OPS Monthly Reporting Form were only a few clients had tested drugs between February and August 2018 (see Part 1: Usage Statistics).

Services Exceeding MOHLTC Expectations: Additional Onsite Services

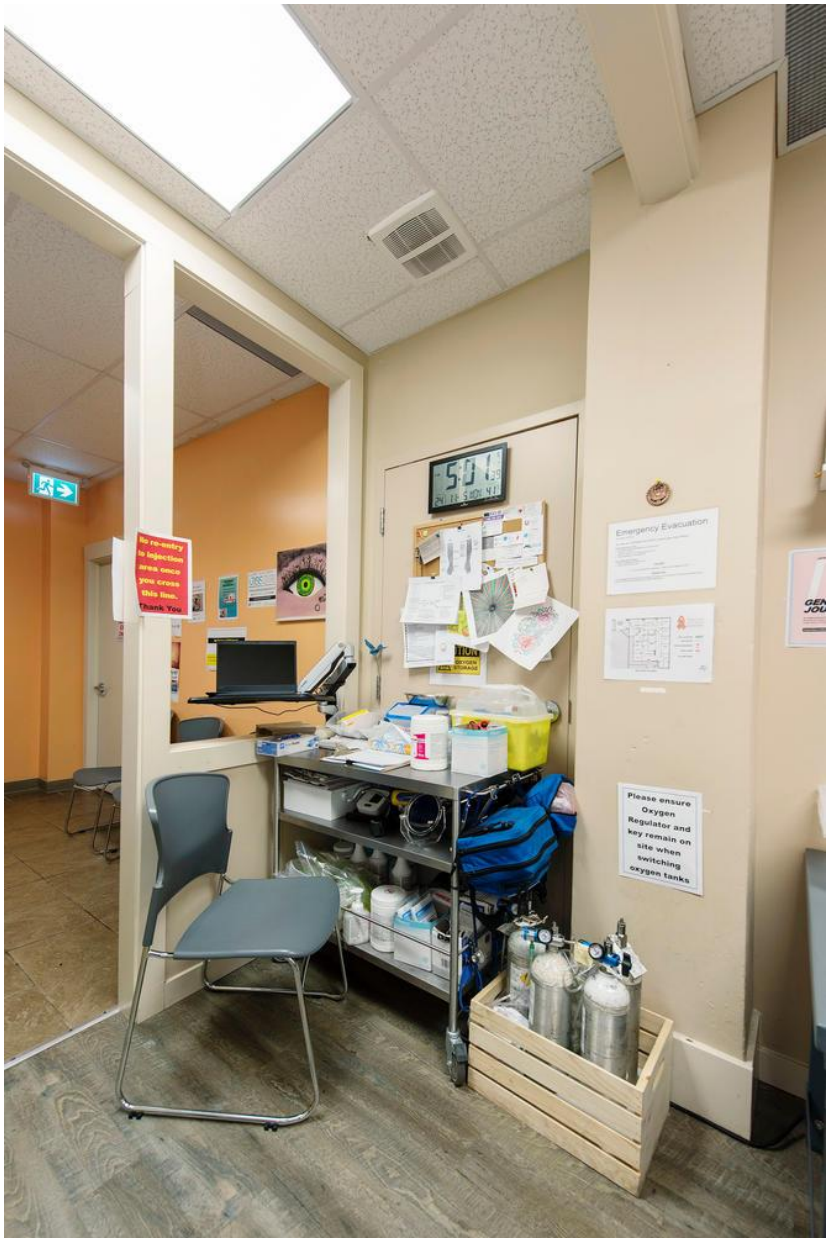
Several staff noted that TOPS is exceeding service delivery expectations initially outlined in the MOHLTC's Overdose Prevention Sites: User Guide for Applicants (MOHLTC, 2018a) and is providing additional services on site for clients that are more aligned with service provision of permanent supervised consumption facilities. These additional services including medical supports and wrap-around services were viewed by many respondents as extremely valuable at the site. **Figure 6** illustrated the three common themes and subthemes related to the additional services offered on site. A brief description of

the additional services is discussed below and data tables illustrating key quotes are provided in Table 1 in Appendix L.

Figure 6: Themes and sub themes relating to the additional services offered at the site



Medical Services and Supports



- Medical staff (i.e., nurses, paramedic) are available on site to provide assistance with finding veins, first aid services, wound care assessments, education on safe injection practices and referrals to healthcare services.
- First aid services were added to meet the needs of clients. When the site was initially set up, there was uncertainty regarding whether wound care or first aid services were going to be provided. Currently, medical staff at the site provide first aid services and wound care assessments to meet client needs. However, from the staff and stakeholder interviews there was overlapping terminology used as many used the terms "wound care" and "first aid services" interchangeably. A few staff mentioned that they are providing additional services beyond first aid services because they have the supplies to do so. However, there was a lack of clarity regarding how the services are defined and what they are permitted to deliver. This challenge is further described related to staffing later in Part 2.
- Many staff indicated that offering medical supports is a positive aspect of TOPS because it allows clients, who have previous negative experiences with healthcare services involving discrimination and stigmatization. Several clients described that these services are helpful onsite as many have fears of going to the hospitals. Clients described positive interactions with the medical staff who have helped assess their wounds.
- In addition to wound assessment services, additional days of testing for HIV and Hepatitis C has been added to meet the needs of clients. Prior to opening TOPS, this service was available at Regional HIV/AIDS Connections. However, since the opening of TOPS, additional days have been added to respond to client need as well as to increase access to testing services while clients are using the site.

Wrap-around Services

- Several clients, staff and stakeholders indicated the value of providing wrap-around services at TOPS through the collaboration of community organizations. Pooling resources together has allowed clients to connect and access services and supports in one spot.
- While facilitating community partnerships can be complicated and challenging, several staff and stakeholders noted that it has been successful and beneficial for the site. Stakeholders from community organizations are available on-site, in a set weekly schedule, to connect clients with services in mental health, addiction and treatment, housing, and primary care. Clients shared specific examples of being connected with blood testing for Hepatitis C, housing supports, pain management, hospitals, etc.
- Stakeholders and staff indicated that having a set schedule each week and consistent staffing helps provide consistency for clients to build relationships. A stakeholder shared that they have been working with a client who has been sleeping in stairwells for many years and is scared of staying in shelters. The stakeholder has been working to get the individual into stable housing.

Indigenous supports

- Indigenous supports were identified as a valuable service to offer at TOPS by staff and stakeholders. While these supports are part of the wrap-around Services delivered onsite, an Indigenous Outreach Worker from Southwestern Ontario Aboriginal Health Access Centre has been added full-time to the site as opposed other wrap-around services that are generally offered once per week.
- There were four common sub-themes that emerged related to the Indigenous supports such as (1) providing culturally appropriate care and building comfort with Indigenous clients to seek services, (2) helping honour the site as an Indigenous space, (3) having the ability to connect with clients because of the understanding of the historical context and systemic racism, and (4) having staff who are visibly Indigenous.
- By having Indigenous supports available on site, clients receive culturally appropriate care including having access to medicine bundles and opportunities to participate in sweats and smudging rituals. A few stakeholders also stated that clients are more comfortable sharing their story once they get to know the Indigenous staff. A stakeholder described a story regarding a client who cried when sharing his negative experiences with a social service agency for many years as there was a lack of understanding about the historical context and how it influenced the Indigenous community's perception of the social service agency.
- While it was noted that the Indigenous supports are beneficial to clients, through the evaluation there were no specific feedback from clients regarding the Indigenous supports.

Future Enhancements to Services

Given the value that many clients, staff and stakeholder placed on the services delivered at TOPS, several suggestions to enhance service delivery were provided. Overall, there is a recognized need to enhance existing services and offer additional services directly onsite as it is beneficial for clients to be able to make those immediate connections with services in the moment (refer to **Table 1** in Appendix L for relevant key quotes)

Wound care services

- The addition of basic first aid and wound care assessment has been beneficial for clients, as it allows them to receive an immediate assessment by medical staff on site. However, staff raised concerns about the lack of wound care services on site. Sending clients elsewhere for wound care services (e.g. packing of wounds) has been challenging, as some clients may not follow through and seek out the services because of additional barriers (e.g. distance is too far to travel, negative experiences accessing health care services). One client shared that nurses would like to provide more wound care services, but they are not allowed to do so. A stakeholder also mentioned that it is a missed opportunity to not provide healthcare services to clients who are at the site. However, a few staff explained that due to a lack of supplies and appropriate staffing (e.g. nurse practitioner to prescribe antibiotics), they are unable to offer wound care services on site for clients.

> *"I got stabbed a while ago and the nurses helped to take care of my wounds and abscess because I have a phobia of hospitals. But they were able to call the hospital when I needed it. The staff had been coming in everyday to change the gauze. The nurses want to do a lot for us, but they are not allowed to."*
>
> *[Data Source: Client Survey]*

Assistance by medical staff to help set up injections

- A few clients, staff and stakeholders suggested that there is a need to help some clients with their injections because some clients have difficulty finding veins and experience challenges with the mobility of their arms if they have an abscess. As a result, some clients further damage their veins as a result of multiple attempts. Clients have the option at the site to ask another peers for assistance, however, a few clients suggested that it would be ideal if medical staff (nurses, paramedic) were permitted to help set up or "flag" veins, which would be formally called "medical-assisted injection".

> *"The nurses can't help hit you, but they should be able to hit you if you are distraught. I had an abscess and couldn't move my arms, so I had to try hitting myself and kept missing so I waited for someone to come in and help me."*
>
> *[Data Source: Client Survey]*

Access to primary health care services

- Several clients described a need to have onsite access to primary health care services. This would help address their health concerns including pain management, abscesses, and HIV and Hepatitis treatment. It was also identified that services for foot care including a foot washing station would be beneficial at the site.
- A few clients specifically recommended walk-in type services or urgent care services onsite to address their health issues. It was also recommended by some staff that the role of current medical staff could be expanded to provide additional primary health care services including STI testing, immunizations, and outreach nursing.

Onsite access to rehabilitation and treatment services

- A few clients mentioned that it would be beneficial to have immediate access to rehabilitation (e.g. detox) and treatment services (e.g. withdrawal management). It was noted that there is a need to reduce wait times in order to increase access for clients into these types of services. This challenge was also described by staff who indicated that wait times are around 9 months to

obtain access to a residential treatment facility. Immediate access to rehabilitation services are needed when a client is ready to make a change. Otherwise, the window of opportunity may be lost.

Supervised inhalation services

- A few staff, stakeholders and clients identified that the site currently does not reach the population who use smoking as a way to consume their drugs. Access to smoking-related gear (e.g. glassware) at the site was also suggested by clients. However, the OPS exemption from the MOHTLC does not cover supervised inhalation services, and as a result would need to be explored as a possibility for future supervised consumption facilities.

Education on harm reduction

- Some clients identified the need for further onsite education on harm reduction, such as injection practices, naloxone training, risks of combining certain drugs (e.g. pain when injecting THC crystals) and the presence of harmful street drugs. Clients suggested various options for delivering this education including, workshops, group discussions, and TV monitors in the aftercare room.

Access to more counselling services on-site

- Some clients and staff mentioned that clients do not always have access to counselling on-site and as a result clients are missing opportunities to connect with counselling services. Intake for counselling services closes quickly when there is a high volume of clients. In addition, sometimes stakeholder organizations have had to cancel shifts in the aftercare room, limiting client access to services on-site. Community supports are not available to clients on the weekends when the site is open, further reducing clients' access to services.

Naloxone Distribution and Training

- During client surveys and interviews, some clients highlighted the need for equipping more people who use drugs with Naloxone kits at all times and training on how to use it. They spoke about the value of having their peer network trained to monitor for signs of overdose in the community.

Refreshments and food supports

- Several clients noted that they liked it when juice and cookies were offered when the site first opened, as it helped those who face food insecurities. However, during the time refreshments were provided, there was a notable increase in the amount of garbage (e.g. granola bar wrappers, juice boxes) around the building. To address this issue, staff explained that refreshments were discontinued and reserved for clients who need it the most (e.g. low sugar, have not eaten in days). Although this change was implemented to address the amount of garbage surrounding the site, staff noted that there is value in offering refreshments for clients, as most are dehydrated, experiencing homelessness and/or living under the poverty line.

Services to meet basic needs

- Several clients also recommended that they are in need of services to meet their basis needs, including personal hygiene and food insecurity. Clients suggested increased access to food, access to showers and bathrooms, clothing, hygiene products (e.g. toiletries, feminine hygiene products, etc.). Clients expressed that these services would be extremely beneficial to those who are homeless or unstably housed.

- A few clients also mentioned a need for having lockable storage for their personal belongings (e.g. lockers) and the need for a secure lockable area for their bikes (e.g. bike rack). In addition, it

was also recommended that clients are in need of a space to be able to charge their cell phones.
- A few clients mentioned the need for onsite support to help obtain identification, complete income taxes, applying for disability, employment supports, help with resumes, and other legal documents. Furthermore, assisting with transportation to appointments was identified as a needed service.

Recreational activities

- Some clients described a need for recreational activities on site. Clients suggested the need for a recreational space or lounge for them to hang out in, play games and socialize. Some also mentioned the need for such a space for them to cool down in the heat of summer and a space to warm up in the winter months.

Hours of Operation

The hours of operation were the most common reported service delivery challenge by clients, staff and stakeholders. Among Client Survey respondents, 29% (n=30) said the operating hours often/always get in their way and 27% (n=28) said the operating hours sometimes get in their way of using the site (**Figure 6** in Appendix K). The current hours of operation (i.e. 10 am – 4 pm Mon-Fri; 11am-3 pm Sat-Sun) were described by many respondents as a barrier for the following reasons:

- Drug use occurs at all hours of the day.
- The hours of operation do not coincide exactly with the hours of Counterpoint Needle Syringe Program or shelters.
- The hours of operation do not support those who work from 9 am-5 pm.
- The site is not open during statutory holidays.

A few clients also shared that they will still use drugs alone or in public spaces after the site closes. Staff indicated that although they would like increased hours, financial constraint continues to be the limiting factor.

Staff and several stakeholders have noted that overdoses have occurred outside the site afterhours. In one situation, two clients using fentanyl overdosed at the same time, 10 minutes after the site closed. Fortunately, staff were still on site and were able to successfully revive both clients.

The addition of weekend hours (11 am – 3 pm) was added in late February to reflect client need as weekend hours were not initially planned. Yet, client usage on the weekend was reported to be lower than weekdays. Among the clients who were surveyed, a quarter (26%, n=26) said they did not access the site on weekends. Lack of awareness of the weekend hours was the most commonly reported reason why the client did not use the site, followed by not being in the area on weekends, and the site not accommodating their needs. Staff also noted a challenge that wrap-around services are not provided in the aftercare room on weekends.

Preferred hours of operation

Among the clients who participated in the survey, 36% (n=37) wanted hours after 4pm and 35% (n=36) wanted both earlier and later hours. Fifteen percent (n=15) of clients had other suggestions including 24/7 access to the site. Only 10% (n=10) of clients indicated that the current hours were fine (see **Figure 7** in Appendix K).

Wait Time

Among clients who participated in the survey, 60% (n=62) indicated that the wait time rarely or never gets in their way of using the site. However, 33% (n=34) mentioned that the wait time to get into the

consumption room sometimes can be a barrier for them to use the site. Only 7% (n=7) of clients said the wait time often/always gets in the way of them using the site (**Figure 13** in Appendix K).

When there are higher wait times due to client volume, staff and clients mentioned that some clients will leave and use in public spaces or at home. Clients also mentioned that the wait time can be a challenge, particularly when feeling pill sick. When the site is full, several staff have observed up to 12 clients in the waiting room. As a result, a staff member mentioned that that they have had to rush clients while using the injection room.

Service Delivery Suggestions

The following list of suggestions were identified by clients, staff and stakeholders.

Site Communication and Promotion

- Provide messaging to PWUD in the community (e.g. potential site users) regarding any concerns they may have in accessing the site
- Increase awareness among clients and PWUD that the site is open on the weekends
- Increase understanding of the barriers for using the site among PWUD who currently do not access the site

Hours of Operation

- Increase hours of operation, including opening earlier in the morning and later in the evening (e.g. 12 hours, 24 hours).
- Remain open on holidays.
- Offer hours that coincide with the shelters closing in the morning hours.

Services and Supports

- Expand onsite wound care services to meet client needs (e.g. abscesses)
- Explore options to allow medical staff to provide medically-assisted injections (e.g. flagging veins)
- Enhance access to primary health care services onsite to address health concerns (e.g. pain management, HIV and Hepatitis treatment, foot care, immunizations, etc.)
- Offer onsite access to rehabilitation and treatment services
- Increased access to more onsite counselling services
- Increase awareness among clients and PWUD in the broader population that intranasal and oral consumption is permitted at the site
- Provide more education on the availability and use of fentanyl test strips among clients and PWUD in the broader population
- Provide more training to clients and PWUD on the use of Naloxone kits
- Consider permitting supervised drug inhalation (i.e. smoking of drugs) at the site and providing smoking gear (e.g. glassware).
- Offer wrap-around supports in the aftercare room on the weekends
- Enhance education on harm reduction to include client workshops, group discussions and/or use of TV monitors in the aftercare room
- Incorporate strategies to reduce the wait time such as setting a maximum time limit for individuals using the injection room and then ask individuals to move to the aftercare room.
- Offer refreshments and food supports, additional services to meet clients' basis needs (e.g. personal hygiene supplies, clothing, cell phone charging, obtaining identification, etc.)
- Provide lockable storage for clients' personal belongings and bike storage.
- Provide recreational activities in a lounge space onsite.

2. Staffing

Staff play an important role to ensure services are being delivered as intended. There were four key themes highlighted as successes regarding staffing: (1) staff characteristics and skills, (2) strategies to build relationships with clients, (3) strategies to enhance relationships with health and social services, and (4) supportive leadership. These themes and sub-themes are discussed in the sections below (refer to **Table 2** in Appendix L for relevant key quotes).

Staff Characteristics and Skills

Securing staff who are the right fit for supporting clients is a key component to ensuring the TOPS operates as intended. Some staff and stakeholders mentioned that a few staff and stakeholders started in their roles, but did not continue as they were uncomfortable in the site. The characteristics and skillsets of staff that are important to support service delivery included the following six sub-themes:

- **Nice, warm, and friendly:** Many clients described staff as nice, warm, and friendly which makes it easy for them to feel comfortable and talk to them. Several clients referred to staff as their peers, friends and family.
- **Caring and compassionate:** Clients noted that staff genuinely show care and compassion towards them. Some clients described situations where staff have provided supportive listening to help them through the grieving process when a close friend or family member had passed away.
- **Understanding of client needs:** Several clients indicated that staff are understanding of their needs and accommodating by helping them to determine solutions that can help them with their individual needs. Staff described how they have had conversations with youth, pregnant women and clients who disclose that they have never injected. As part of this discussion, staff will discuss how they have been using, what it means for their health and where they are in their addiction.
- **Non-judgmental:** Several clients described that staff do not judge them for using the site or any of their drug use practices. This non-judgmental approach was noted by staff as being critical to their approach so that clients feel comfortable and let their guard down.
- **Knowledgeable:** Several staff and stakeholders indicated that the RHAC staff are very knowledgeable in harm reduction and working with the PWUD population. Many mentioned that they have learned a tremendous amount from the mentoring provided by RHAC staff.
- **Skilled at de-escalation:** A few clients identified that staff are professional and skilled at dealing with arguments at the site. De-escalation skills were also noted as critical staff skills by both staff and the stakeholders. Stakeholders mentioned that staff were skilled at dealing with clients not following the code of conduct, including those who can present with challenging behaviours.

> *"The staff just have big hearts. Even when I see them outside, they help me. They are like my friend in my pocket."*
>
> *[Data Source: Client Interview]*

Strategies to build relationships with clients

During staff and stakeholder interviews, three common strategies were highlighted that have helped them to build relationships with clients as outlined below:

- **Consistency of staff and stakeholders:** Several staff and stakeholders noted the value of having consistent staff and stakeholders at the site. It is helpful for clients to see familiar faces in order to build a trusting and safe environment. Many RHAC staff were familiar to clients given their roles in Counterpoint Needle Syringe Program and other RHAC services. These pre-existing relationships were

instrumental in helping to onboard new staff and stakeholders to the site. For example, having new nursing staff present with RHAC staff helps clients to know that the new staff members are safe.

- **Conversational approach:** Several staff and stakeholders indicated socializing with clients and using a conversational approach to converse has helped build relationships. Telling jokes and singing with clients has helped to staff and stakeholders to get to know clients on a personal level. Some staff members also noted the use of crossword puzzles for clients to engage in initial conversations with staff can often lead them to open up to have conversations about their drug use and other life circumstances. While many noted that getting to know clients on a personal level helps build relationships, a few clients mentioned that it potentially breaks confidentiality by staffing referring to clients by name and singing songs such as "Happy Birthday".
- **Acknowledging clients as the experts and learning from clients:** Staff and stakeholders noted that there is mutual learning between them and clients regarding drug use practices. As a result, staff and stakeholders noted that it is helpful to acknowledge clients as the experts to help facilitate relationships. Clients are asked questions regarding injection practices to help staff and stakeholder understanding. This information can help staff and stakeholders tailor information and support more effectively.
- **Highlighting the site as the clients' space and encouraging them to take ownership:** Several staff also indicated that the space was highlighted as the client's space where they play a role in creating a safe environment and are encouraged to take ownership of the space. A bulletin board is posted inside the site where cards and artwork from clients are displayed. A few clients recommended that playing music, displaying more client artwork, artwork with positive and motivating messages could further enhance the environment at the site.

Strategies to enhance relationships with health and social services

Further to building relationships with clients, TOPS staff and stakeholders have also worked to enhance their relationships with health and social services in the community. During staff and stakeholder interviews, two common strategies were highlighted that have helped them to enhance relationships with health and social services as outlined below:

- **Contacting service providers directly to explain client needs:** If clients need immediate medical attention, staff will call the service providers directly to see if it is feasible for them to see the client on the same day. It was noted that services providers have been receptive to seeing TOPS clients on short notice.
- **Explaining client behaviours to service providers:** In addition to contacting service providers directly, staff and stakeholders indicated that they may explain potential client behaviours. For example, staff may explain that clients could verbally lash out if an authoritative approach is used given clients' previous experiences with accessing health and social services. Several clients indicated in interviews that they have had negative experiences with accessing care from health and social services which has resulted in a lack of trust and willingness to utilize these services.

Supportive TOPS leadership

The TOPS Leadership Team was noted as being supportive and approachable. If there are any concerns staff described that they feel comfortable speaking with the leadership team directly. Appreciation for the Leadership Team was expressed by staff and stakeholders as their roles have been critical to bring stakeholder organizations together to deliver wrap-around services at the site.

Staff Resources, Role Clarity, Training, and Communication

Staff Changes

During the first 6 months of operation, there were several changes related to staffing that were implemented to support service delivery, including:

- Redistribution of existing staff at RHAC,
- Addition of the runner role designated for bringing clients to and from the reception,
- Reinstating the role of the security guard, and
- MLHU hiring additional staff to accommodate staffing requirements for the site.

Staff Resources

While these changes were described by staff as necessary to support service delivery, many staff described ongoing challenges related to limited staffing resources that have resulted in difficulties maintaining adequate staff coverage during illness, lunches and breaktimes. It was noted that managing tasks such as scheduling, creating databases, reporting to funders, and managing tours and media requests also require a substantial amount of additional staff time. Furthermore, a lack of administrative support for managing tasks and communications was noted.

Clarity regarding roles of medical staff

It was noted that there was a lack of clarity regarding the roles of medical staff (i.e. nurses, paramedic) in regards to some areas, such as providing first aid versus providing wound care services onsite, filling out medical documentation for clients or answering medical questions relating to wound care. Furthermore, there were concerns expressed that nursing skills were not being fully utilized, since they are trained in tasks such as wound care, deep packing and changing the packing. It was also recommended that allowing medical staff to setup or "flag" injections for individuals could help to minimize the challenges that individuals have in finding their own veins or when abscesses make it difficult for them to move their arms. In addition, it was mentioned that the role of non-medical staff could be expanded to include additional tasks such as drawing blood for Point-of-Care (POC) testing. However, some staff expressed concerns about non-medical staff performing these types of tasks.

Communication between nursing staff

It was noted that only one nurse is scheduled to work at the site at a time and this results in nurses working in isolation from one another. It was identified that there was little to no formal opportunities for nursing staff to discuss critical incidents (e.g. overdoses) that occur with other nurses working at the site and nursing documentation issues that may arise.

Addressing ethical dilemmas regarding service provision

Stakeholders described some challenges that they have experienced when they know clients who use the site. They indicated that they address these scenarios on a case-by-case basis depending on the client feedback. Stakeholders also noted that ethical dilemmas have arose where they are aware that clients may be on suboxone or methadone but using the site or situations where clients are involved with Children's Aid Society.

Staff training

While it was noted that prior to starting at TOPS, staff were provided with a formal orientation and offered crisis prevention training, a few staff mentioned that they had not yet received the crisis prevention training. Furthermore, some staff mentioned that training that they had to complete on certain training modules (e.g. WHMIS) was not a good use of time and that training on medical directives would have been more relevant to their role at the site. The inconsistencies in staff training are reflective of differing organizational approaches to onboarding staff.

Staffing Suggestions

The following list of suggestions were identified by both staff and stakeholders.

Roles

- Improve role clarity for medical staff (i.e. nurses, paramedic).
- Consider expanding the role of medical staff to provide more medical services including wound care, STI testing, immunizations, and outreach nursing.
- Enhance administrative support for the site (e.g. Administrative Position).
- Consider creating specialized roles to manage the various tasks involved in running the site (e.g. managing press, creating electronic databases, reporting to Ministry, etc.).

Recruitment and Resourcing

- Increase number of staff to address issues of being under resourced and dealing with coverage issues.
- Ensure staff and stakeholders hired to work at the site are the right fit for the site and meet a set of core characteristics and skills (e.g. genuinely show care, compassion, kindness and show others that they are valued; provide services in a non-judgmental; friendly, approachable and welcoming; empathetic and understanding of individuals' needs; establish trusting relationships, etc.).
- Ensure an appropriate balance of shifts and length of shifts.
- Ensure staff are provided with sufficient breaks (i.e. 45-60 minutes for lunch).

Communication and Training

- Ensure continuity of staff communication and training by offering consistent updates through email or online learning modules to all staff at TOPS (e.g. how to keep the site safe, enhancing flow of the site, harm reduction model, trauma-informed care, appropriate terminology, providing consistency in messages to individuals regarding drug use practices, etc.).
- Offer crisis prevention intervention training for all TOPS staff and stakeholders.
- Enhance communication within designated roles (e.g. nursing) by offering weekly or monthly meetings to discuss documentation, and lessons learned from critical incidents.
- Provide ongoing education as new information emerges to staff and stakeholders in order to enhance knowledge of injection drug use, how to provide services to PWUD, common health conditions experienced by PWUD, etc.

3. Location

Staff, stakeholders and clients identified both strengths and limitations regarding the site location. Feedback on the proposed permanent supervised consumption facilities was also shared by some respondents as well as suggestions for consideration regarding future site. The themes and sub-themes regarding the location are discussed in the sections below and key quotes are provided in **Table 3** in Appendix L.

Location Strengths

For the majority of clients, the current site location was ideal. In fact, several clients indicated through client surveys and interviews that they would prefer the site to continue operating at the current location.

- The majority of client survey respondents (78%, n=80) indicated that the site being located at 186 King Street was rarely or never a barrier for them to use the site (see **Figure 11** in Appendix K).
- The majority of client survey respondents (79%, n=80) noted that the travel time to get to the site is rarely or never a barrier to using the site (see **Figure 12** in Appendix K).

During the interviews with clients, staff and stakeholders, there were several benefits described regarding the physical location of the site including that it is:

- centrally located,
- convenient,
- close to a bus route,
- close to where clients stay and/or buy drugs,
- discrete with minimal signage
- located at RHAC where many clients are familiar with staff and the supportive culture of existing harm reduction services
- located in close proximity to the Counterpoint Needle Syringe Program to access clean gear and where several clients have existing relationships with staff.

Location Limitations

While the majority of clients were satisfied with the site location, there were a few challenges expressed by some respondents regarding the site location as described below:

- **Travel Time:** Travel time to the site is far for some clients that live just outside of London.
- **Back alley and North Entrance:** Some clients noted that the back alley is sketchy with fights, thefts, loitering, drug use, and drug transactions occurring sometimes. Some clients expressed their fears that issues in the alley and north entrance of the site may place the site in jeopardy of closing. The cement blocks at the north entrance that were placed by a business owner were noted as a negative aspect of the location because it encourages loitering. Although noted as positive features by a number of clients, a few clients also noted that there is a lack of privacy and discreteness at the north entrance. Furthermore, limited signage at the north entrance was identified as a further challenge by a few respondents.
- **Police Presence:** A few clients also noted that the police presence at the north entrance of the building scares clients from using the site.

Reflections on the Proposed Supervised Consumption Facility Locations

Several clients, staff and stakeholders described positive and negative aspects regarding the proposed permanent supervised consumption facilities at the York Street and Simcoe Building locations as described below:

- **York Street Location:** Many clients thought that this location would be suitable as it is in close proximity to existing shelters and within close proximity to the downtown core. Staff also noted that they have heard mostly positive comments from clients about the proposed York Street location. However, stakeholders also heard that some of the clients mentioned that they would only use a SCF in the downtown area and will not go to the York Street location as it is too far east.
- **Simcoe Building Location:** There were mixed-reactions about the Simcoe building location from clients. A few clients thought that the Simcoe building would be an ideal location because of the high drug use in the area and the high volume of drug dealers that live in the building. Yet, a few clients stated that they would not use the Simcoe Building at all. Some clients expressed concerns about the proposed Simcoe building citing ongoing issues of criminal actiivties (e.g. theft), physical violence in the building (e.g. beaten with bats) and sexual assaults. Some clients also identified concerns for residents in the buildling who are clean or do not use drugs. Some staff also confirmed that they have heard that clients are concerned about the Simcoe location including many that state they will not use a SCF at that building. It was also noted that there are some individuals banned from the Simcoe building, so there was uncertainly as to how those types of issues would be addressed.

Willingness to Use Mobile sites

The willingness to use a mobile site was assessed among clients during the Client Survey. The majority of clients from the Client Survey (71%, n=71) indicated that they would be "extremely likely" or "likely" to use a mobile supervised consumption services van. However, a quarter of clients (25%, n=25) indicated that they would be unlikely or extremely unlikely to use a mobile supervised consumption services van (see **Figure 15** in Appendix K). Further investigation of the use of a mobile unit or van is needed to determine feasibility given feedback was only obtained from clients on the Client Survey.

Location Considerations for Future Sites

The following list of suggestions were identified by clients, staff and stakeholders.

North Entrance Improvements at TOPS

- Enhance strategies to mitigate loitering and improve the north entrance by reducing garbage, removing cement blocks, and increased lighting.

Proximity Considerations

- **Proximity to NSP:** Ensure that any future permanent sites are located in close proximity to a Needle Syringe Program in order to provide access to clear gear.
- **Near Shelters:** Ensure that any future sites are located near local shelters.

Location and Type of SCF Considerations

- **Multiple SCF locations:** Offer supervised consumption facilities in multiple locations across London, including one in the downtown core (e.g. located at RHAC for ease of accessibility)
- **Mobile sites:** Further investigate the use of a mobile unit or van to determine feasibility.
- **Temporary Overdose Prevention Site:** Offer a Temporary Overdose Prevention site along with permanent facilities due to the different rules and requirements for each type of site. For example, an outdoor site would provide an option for individuals where a larger space is more suitable given their behaviours that have led them to be restricted from TOPS.
- **Community Engagement:** Ensure that there is ongoing community engagement and monitoring if one of the permanent sites are located in a residential building (i.e. Simcoe Building) in order to ensure the safety of residents and enable ongoing support for those who are on the path to recovery or who do not use drugs.
- **Transportation Services:** Provide transportation to the supervised consumption facilities.
- **Safe space for drug transactions:** A few clients mentioned the need for a safe space at the site to make drug transactions, in order to reduce the risk of thefts and ensure they are receiving the type and quality of drug requested.

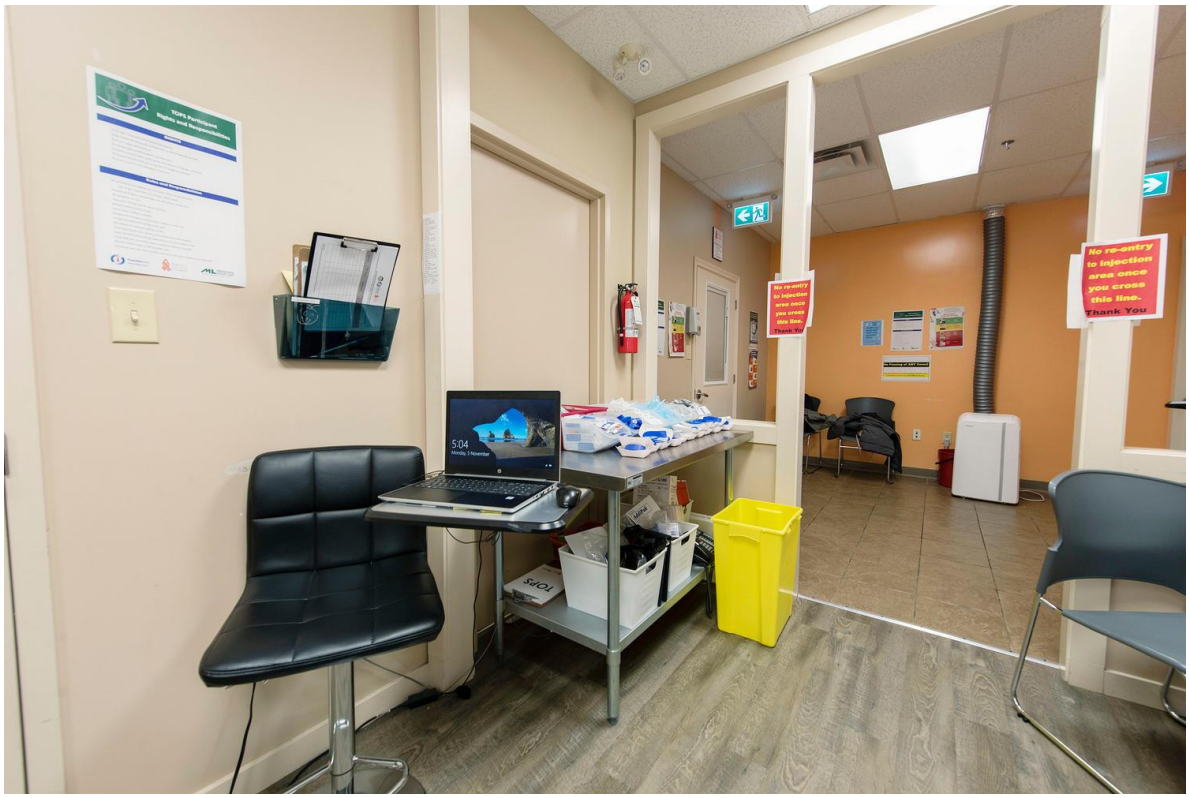
4. Space Design

Staff, stakeholders and clients identified both strengths, challenges, and areas for improvement regarding the design of the site. The key themes that emerged related to (1) open room layout and open table design, (2) inviting space, (3) limited space, and (4) temperature and ventilation (key quotes related to these themes are provided in **Table 4** in Appendix L).

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, provides a sense of comradery, and makes drug use feel less hidden and shameful.

While some respondents noted that the open room layout and open table design was ideal for the site, others commented that there are challenges with these designs. Some respondents described how it can distracting for clients when the site is busy and makes it difficult for clients to have private conversations with staff given that the aftercare room is adjacent to the injection room. Clients, staff and stakeholders also identified that the design does not provide privacy for clients who are injection in private areas or who do not want other peers to see what type of drug they are using. The open room layout also creates a lack of privacy for clients receiving medical services (e.g. first aid, wound care assessment). A few clients also indicated that they feel they are being watched by staff and other peers while in the injection room and would prefer to have booths for more privacy.



Inviting Space

Many clients, staff and stakeholders described the space as welcoming and inviting. In fact, some clients suggested further enhancements to the space with their desire to have a lounge or recreational space at the site; however, this would not be feasible given its current space constraints. Further enhancements to the environment included playing music, creating space to displaying client artwork and/or artwork that includes positive and motivational messages.

While many respondents felt the space was welcoming and inviting, some clients on the Client Survey mentioned that the space is too inviting and encourages clients to spend time socializing and packing/unpacking belongings leading to longer wait times. Staff and stakeholders identified challenges in moving clients from the injection room and aftercare space when client volumes are high, but also recognized that many do not want to leave the site because they want to hang out and socialize in the space of the site. While most clients refered to the space as inviting, one stakeholder described feedback received by one client that the space felt like jail with the numerous doors between the Waiting Room, Intake Space, Injection Room and Aftercare space. Futhermore, client access to washrooms was also noted by a few clients as a concern as they are required to be accompanied by a runner to and from the washroom that is located near the main reception of RHAC.

Limited Space

Limited space was a commonly reported as a challenge by staff, clients and stakeholders. There is only room for four injection spaces (i.e. 2 tables with a total of 4 chairs), which can lead to increased wait times. The limited space also makes it challenging to accommodate peer-to-peer assisted injections (e.g. jugular injections requiring floor space), to accommodate the behaviours of the most vulnerable and abandoned people, and to provide counselling and medical services in the small space (e.g. no space for foot washing station to address foot care needs).

Temperature and Ventilation

There were significant challenges temperature control and ventilation with the current building. The space is too hot in the summer months even with the use of portable air conditioners. The warm temperatures in the space were noted as being problematic for clients using Crystal Meth or those that are experiencing withdrawal symptoms. The ventilation of the site could also be improved to eliminate odors, including the odors from heating drugs.

Future Space Planning Suggestions

The following list of suggestions were identified by clients, staff and stakeholders.

Space Planning

- Increase amount of space for the site to allow for enhanced service delivery
- Provide a combination of open tables and private booths. The open table configuration will continue to encourage staff-client interaction and peer-to-peer interactions. The private booths will provide an option for individuals who prefer privacy.
- Increase the number of tables and chairs for injection in order to reduce wait time (average 8-12 spots)
- Provide sufficient space for jugular injections that require clients laying on the floor
- Provide a private, clean, sterile space for medical staff to offer first aid, testing, foot care/foot washing station, and other supports in a private environment
- Provide confidential, private space for counselling when conversations that start in the aftercare room require more privacy
- Provide greater separation for the aftercare space from the injection room in order to provide more privacy for clients.
- Provide a space for clients needing to reorganize their belongings that is not located in the aftercare area.
- Provide a community room or lounge area at the site to provide recreational and social activities at the site.
- Enhance the environment and atmosphere of the site by playing music, displaying client artwork and/or artwork that includes positive and motivational messages.

Temperature and Ventilation

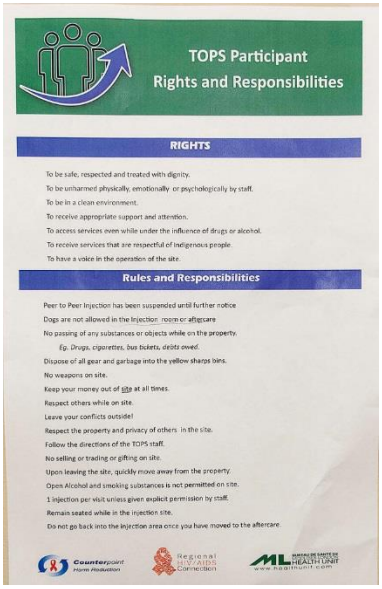
- Ensure proper ventilation at the site in order to reduce the odors associated with individuals who cook their drugs
- Ensure appropriate heating and cooling to improve temperature control of the site

5. Operations

Staff and stakeholders emphasized the smooth and efficient operation of TOPS. While there were many strategies helping to create operational success, there are also some challenges identified as well. Feedback on the operations of the site was primarily obtained from staff and stakeholders. However, there were a few clients that had comments regarding policies and the data collection process that have been noted. There were five key themes that emerged regarding successes and challenges experienced related to operations, including: (1) policies and procedures, (2) data collection, (3) daily huddles and debriefs, (4) measures to ensure client and staff safety, (5) strategies to address verbal abuse, and (6) financial resources to replace items (key quotes related to these themes are provided in **Table 5** in Appendix L).

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 as outlined below:


TOPS Participant Rights and Responsibilities

RIGHTS

To be safe, respected and treated with dignity.
To be unharmed physically, emotionally or psychologically by staff.
To be in a clean environment.
To receive appropriate support and attention.
To access services even while under the influence of drugs or alcohol.
To receive services that are respectful of Indigenous people.
To have a voice in the operation of the site.

Rules and Responsibilities

Peer to Peer Injection has been suspended until further notice
Dogs are not allowed in the Injection room or aftercare
No passing of any substances or objects while on the property.
Eg. Drugs, cigarettes, bus tickets, debts owed.
Dispose of all gear and garbage into the yellow sharps bins.
No weapons on site.
Keep your money out of site at all times.
Respect others while on site.
Leave your conflicts outside!
Respect the property and privacy of others in the site.
Follow the directions of the TOPS staff.
No selling or trading or gifting on site.
Upon leaving the site, quickly move away from the property.
Open Alcohol and smoking substances is not permitted on site.
1 injection per visit unless given explicit permission by staff.
Remain seated while in the injection site.
Do not go back into the injection area once you have moved to the aftercare

- **Client Code of Conduct:** Overall, staff and stakeholders noted that the majority of clients are respectful of the code of conduct. The code of conduct outlines the rules of the site, and must be reviewed by all clients prior to using the site. The main rules of the site include, having to go back to the waiting room after using if the client wants to use the site again, no exchanges, sharing or trading of anything, no selling of drugs and no loitering around the building. Feedback from a few clients indicated that some clients do not agree with the rule "no exchanges of anything". Staff are vigilant about the rules being broken in the site, however mentioned that it is important to meet clients where they are at. This involves providing reminders, communicating expectations and reviewing and reinforcing the code of conduct.
- **Peer-to-Peer Assisted Injections:** Initially, peer-to-peer assisted injection was not permitted at TOPS, as this practice is not permitted in SCFs. This was reflected in earlier versions of the code of conduct, which indicated that only self-injections were permitted. This rule changed fairly quickly, after hearing feedback from clients that they cannot inject themselves and realizing that TOPS would be missing a sizable portion of the population. Permitted peer-to-peer assisted injections was one of the additional services that were permitted with the OPS exemption from the MOHLTC.

Areas for Improvement in Policies and Medical Directives

Staff and stakeholders describes some challenges regarding operational policies and medical directives and offered suggestions for improvement in these areas:

- **Challenges with the organization of the policy manual:** There were challenges noted with using the policy manual as there is no table of contents which makes it difficult to find the policy and procedures, when needed.
- **Inconsistencies in policies and medical directives for responding to overdoses:** Staff identified that there were inconsistencies between what is outlined in the policy manual and the medical directives for responding to overdoses. It was noted that the policy for responding to overdoses was revised to include an algorithm. However, it was noted the algorithm was

vague and did not include specifics such as how much time to wait between doses of naloxone. The revisions to the policy were also not reflected in the medical directive that medical staff at the site are required to follow. The medical directive lists a step wise response that does not align with the updated policy. There were concerns expressed from nursing and medical staff that they need to be following the medical directive consistently and that it aligns with their professional licencing bodies, or else it puts their license in jeopardy.

- **Challenges with documentation when responding to overdoses**: It was noted that there was a lack of clarity around the documentation required when responding to overdoses. For example, questions were raised as to whether there is a need to consistently document whether naloxone spray was switched between nostrils, and to document the amount administered.
- **Lack of required equipment for some medical directives:** It was noted that there are some unrealistic medical directives as there is a lack of required equipment to execute the medical directive. For example, there is a medical directive for testing for glucagon. However, there is no glucometer at the site to perform the test.
- **Lack of a policy for needle and bodily splash incidents:** It was noted there is a need to have a policy for needle stick and bodily splash incidents.
- **Contradictory policies between MLHU and RHAC:** It was also noted that there are some MLHU policies that contradict the RHAC policies. Since the medical staff are hired by the MLHU, there were concerns expressed about which policies the staff should be following.

Data Collection

Staff and stakeholders identified that several improvements were made to the data collection process over the first six months of operation as outlined below:

- **Providing explanations to clients regarding the rationale for collecting data and allowing clients to visibly see what is entered:** During the intake, client data such as their initials, birth date, the drug they are using is collected. Some clients expressed that there are too many questions being asked of them. To help address this concern, staff and stakeholders indicated that they have started to explain the reasons for collecting information. For example, information regarding the type of drug the client is helpful in the event that a client experiences an overdose. Information on needle tip size is gathered from clients to demonstrate which supplies require more funding from the Ministry. In addition, clients are also able to visually see what data is being entered about themselves to reduce their concerns.
- **Implementing an electronic data collection process rather than collecting data on paper:** Several improvements have also been made to the data collection process with the use of an electronic data collection process. Initially, some client data was being collecting data on paper and later entered into the computer. Stakeholders characterized this as being chaotic when there are four clients in the room from whom data needs to be collected. Now, staff have access to a computer, allowing them to directly capture the data electronically.
- **Reviewing and refining the type of data collected:** The types of data collected have been further refined to better meet client and community needs. Information on client referrals are now being collected by staff consistently. Furthermore, data on the number of people from the Indigenous community who use the site is now being collected.

Areas for Improvement regarding the Data Collection Process

While improvements were made to the data collection process during the first few months of operation, there were some further data collection challenges noted at the time of the evaluation, including:

- **Collecting intake questions and forms in the injection room:** There were difficulties raised by clients, staff and stakeholders with asking intake questions and completing forms (e.g. code of conduct) in the injection room because of client confidentiality concerns and interrupting clients using the site. It was recommended by both staff and stakeholders that client confidentiality and the flow of the site could be improved by asking intake-related questions and completing forms in the intake space prior to clients entering the injection room. The Evaluation Team was informed at the end of the evaluation that this change has been implemented to improve the data collection process and flow of the site.
- **Keeping track of referrals:** Keeping track of referrals made in the aftercare room was noted as an ongoing challenge. Providing a laptop in the aftercare room was recommended for stakeholders to keep track of referrals and be able to access information on community services.
- **Data entry into computer:** Technological challenges were noted with entering data into one computer for intake information, injection room information and referrals.
- **Nursing documentation:** There were challenges noted with inconsistencies of nursing documentation. It was suggested that tick boxes could be used for predetermined categories rather than using written descriptions for nursing documentation.

Daily Huddles and Debriefs

- **Huddles:** Huddles were raised as an important task to ensure the smooth operation of TOPS. Huddles occur every morning prior to opening TOPS with all TOPS staff and stakeholders present. Several staff indicated that huddles have been beneficial as it allows them to review such items as daily checklists, list of clients on restricted access, and walkie-talkie codes.
- **Debriefing Sessions:** Debriefing sessions occur at the end of every day and provide the opportunity for staff and stakeholders working that day to discuss critical incidents, how to address certain client behaviours, and discuss other incidents that they have encountered that they may continue to think about after the shift (e.g. will be on their minds at home).

Measures to Ensure Client and Staff Safety

There were several measures in place to ensure client and staff safety including the following:

- **Restricted client access to the site:** It was noted that at any given time, there are a few clients that are not permitted to use the site due to physically challenging behaviours (e.g. screaming at people, being loud and disruptive, physically tense, aggravated, displaying threatening behaviour), not following site rules (e.g. passing items, walking around with an uncapped needle) and/or experiencing mental health issues that may threaten others' safety (e.g. psychosis, hallucinations, delusions or paranoia) . Staff indicated that some clients are assessed on a day-to-day basis to determine whether or not they can use the site. Based on the staff assessment, there is a gradual progression to restricted access. If the staff find that the site may not be a good fit for the individual that day, the client is told to try again the following day and are asked to leave the property. If the issues persist the next time the client visits the site, the client is told to try again in 72 hours. Staff highlighted that the decision to turn a client away is made for that moment and each day is treated as a new day.
- **Use of walkie-talkies:** All staff and stakeholders at the site are required to carry a walkie-talkies to be able to communicate with staff outside the site when needed. Through the use of walkie-talkies staff communicate specific codes which notify the staff in other areas of RHAC of a situation inside the site.
- **Adequate staff coverage in the site:** The importance of having a minimum of three staff in the site at all times was noted. It is also necessary to have a staff member to be a runner who is available to get clients in and out of the site when needed (e.g. accompanying clients to the washroom at the main entrance of RHAC).
- **Re-introduction of the security guard:** It has been beneficial to have a full-time security guard on site, especially on weekend shifts when there are only three staff working at the site. Intially, a security guard was part of the staff complement when the site opened, but the staff observed that clients had an emotional reaction to the security guard's presence with the police-like uniform. As a result, the security guard was phased out of the site. However, as the weather changed, there was an increased activity (e.g. loitering, drug selling/purchasing) around the building. In response to these concerns, a securty guard was reintroduced to conduct sweeps around the building and move people along. However, a decision was made to ensure that the security guard wore casual clothing rather than the traditional security guard uniform.
- **Controlled access to other rooms at RHAC**: Access to each room of the site is key controlled by staff and stakeholders. There are also windows on many doors allowing staff outside to have a clear view of the site. A staff member mentioned that having many doors to the site has made them feel safer because they know that they could leave rooms of the site if they felt unsafe. The space is also designed in a way to only allow a certain number of people in the room.

- **Training on Crisis Prevention Training:** Training is also in place in ensure the safety of staff. A few staff mentioned that they have received training on crisis prevention intervention. This training teaches staff about being aware of their body language, getting out of a physical hold and the importance of their tone and not elevating their voice when someone's voice is elevated.
- **Placement of signage throughout the site:** Additional signage has been put up in the injection room to remind clients about the no sharing/exchanging rule, and not to break tips off syringes. When clients break off the tip, tiny pieces of a needle are left behind, posing a safety hazard to both clients and staff. Signage has also been posted to remind clients that once you go into the aftercare room from the injection room, you cannot go back in the injection room immediately. Clients are required to circle back around to the Wait Room and then the Intake Space prior to using the Injection Room a second time.
- **Placement of sharps bin on the floor near clients:** A sharps bin is placed on the floor beside the client who is injecting in the jugular, so that the used needle is disposed of, rather than having the client stand up and walk around with an used needle. Clients are also asked to remain seated when one of their peers is lying on the floor trying to inject.

Strategies to Address Verbal Abuse

Many staff and stakeholders noted that there is a level of verbal abuse that comes with the site and working with the population, however most staff and stakeholders mentioned that this is handled within reason as it is typically a projection of how the client is feeling (e.g. having a bad day). Staff and stakeholders indicated that swearing is the most common verbal abuse from clients which may be in response to telling clients that they are not following the site code of conduct. There were several effective strategies set up for staff and stakeholders to respond to incidents of verbal abuse from clients including the following:

- **Using de-escalation strategies:** Staff use strategies to try to de-escalate the situation, such as disengaging from the conversation or setting boundaries.
- **Understanding the context for the verbal abuse:** Staff also try to understand the needs of the clients and help them if they can. For example, if a client is frustrated because they can not find a vein, staff will ask the client if they would like support from a nursing staff.
- **Offering clients a modified service or restricting access**: Clients may be offered access to the harm reduction supplies through Counterpoint Needle Syringe Program, but not permitted to use TOPS. Clients may be asked to come back the next day if de-escalation strategies and other strategies are unsuccessful.

While these strategies were identified as effective for managing issues of verbal abuse at the site, a few staff and stakeholders described specific incidents of verbal abuse that made them feel unsettled and uncomfortable. It was suggested that common approaches and communication for all staff and stakeholders on how to address issues of verbal abuse would be beneficial including understanding which behaviours of clients cannot be tolerated at the site and which cannot be tolerated.

Supplies

There was an identified need for additional supplies at the site. It was noted that while the site has two oxygen regulators, which allows staff to respond to two overdoses simultaneously, the oxygen tanks are not on wheels. This makes it challenging to move the tank between clients, in the event of multiple overdoses at the same time. It is recommended that wheeled oxygen tanks be obtained.

There was also a lack of financial resources available to replace items (e.g. lighters, lamps) that go missing. It was noted that items such as the Pulse Oximetre, hand sanitizers, lighters and mirrors have been

stolen. It was suggested that it would be beneficial to secure those items to the tables in the Injection Room.

Suggestions for Operation

The following list of suggestions were identified by clients, staff and stakeholders.

Policies and Procedures

- Improve organization of the policies and procedures binder.
- Improve alignment and consistency with medical directives, and the site policies and procedures, and various professional bodies (e.g. Nurses, Paramedics).
- Create a policy for needle stick and body fluid splash incidents.
- Ensure all required medical supplies are available to respond to incidents that are outlined in the medical directives (e.g. glucometer is lacking).

Data Collection and Ongoing Monitoring and Evaluation

- Improve data collection procedures to improve efficiency and consistency for nursing documentation (e.g. use of tick boxes in charts).
- Gather information on how clients are consuming their drugs (i.e. injecting, orally, intranasally).
- Gather feedback from clients who self-identify as Indigenous to determine if the services meet their needs and gather feedback for suggested changes.
- Provide a laptop in the aftercare room for stakeholders to access agency information for referrals efficiently and a list of community services that are available.

Strategies to ensure client and staff safety

- Provide communication to all staff and stakeholders regarding common approaches and strategies to address verbal abuse.

Supplies

- Ensure appropriate equipment for responding to overdoses (e.g. provide a wheeled oxygen tank).
- Secure lighters, lamps and mirrors to the tables in the injection room.

PART 3: IMPACTS

Organization of Part 3

This section provides a summary of the findings gathered to answer two key evaluation questions:

- Are the intended benefits of TOPS being recognized?
- How is TOPS impacting the lives of people who use drugs in Middlesex-London?

The following four topic areas are covered in this section.

1. Impacts on Clients
2. Impacts on Staff
3. Impacts on Stakeholders and their Organizations
4. Impacts on the Community

Impacts on Clients

During the first 6 months of operation, there is evidence that the site is having a positive impact on many clients' lives. Many clients described positive changes that the site is having on their lives and feedback from staff and stakeholders also echoed the changes that they are witnessing. It is recognized that the term 'impacts' may have been interpreted by many respondents to be reflective of long-term, significant changes. However, the stories shared by clients, staff and stakeholders reveal that the site is having an influence on short-term changes in clients' day-to-day lives.

There were two overarching and interconnected themes that emerged related to positive impacts on clients (see **Figure 7**):

- Reduction in harms associated with drug use, and
- Building trusting relationships and connections

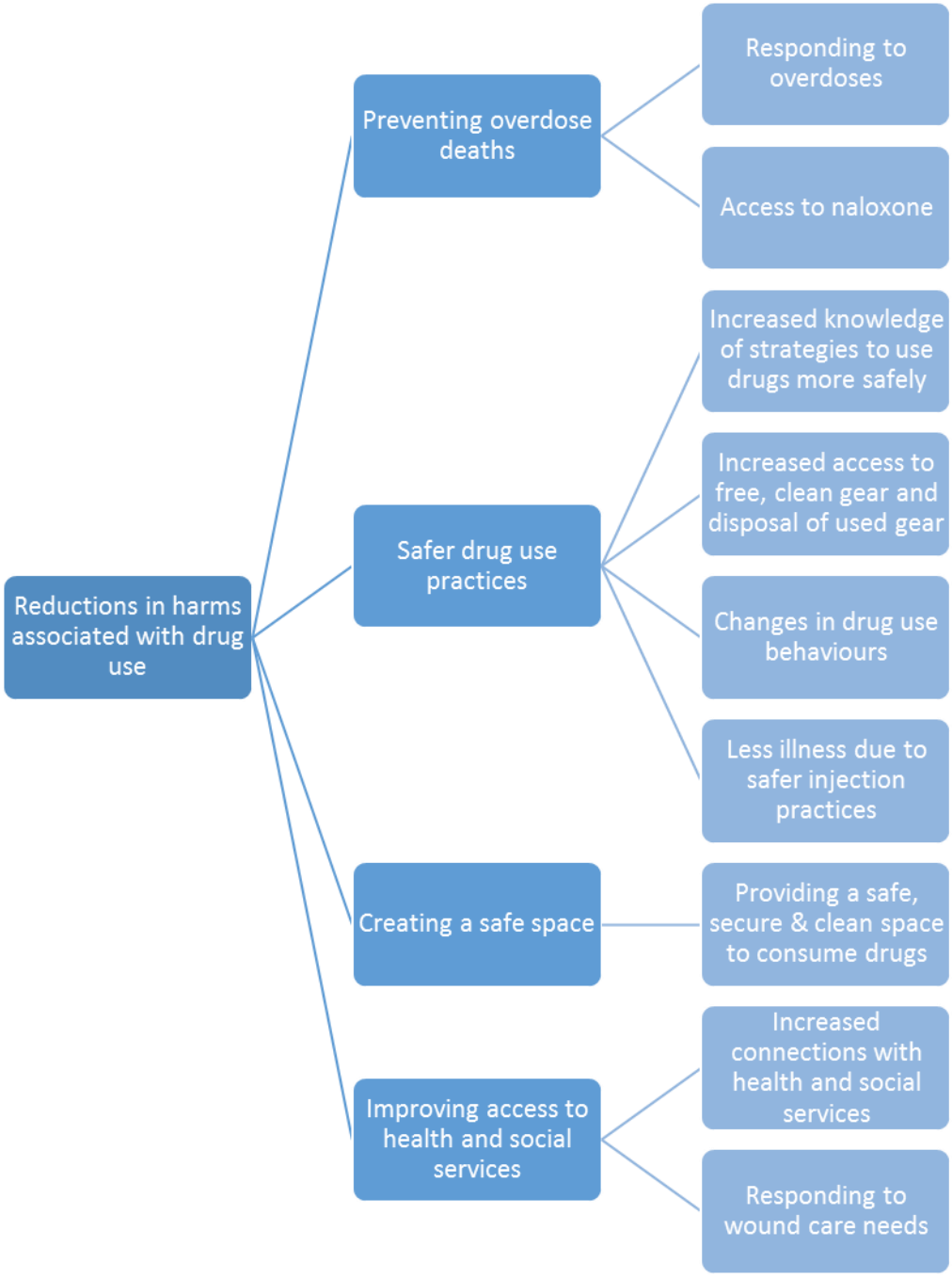
There were also a few unintended negative outcomes on clients' day-to-day lives that were identified that reflect fears that clients may experience.

Figure 7: Two Interconnected Themes Related to Impacts on Clients

Reductions in Harms Associated with Drug Use

Feedback from various data sources reported reductions in the harms associated with drug use. The findings highlight progress being made to achieve the intended outcomes of the site. The following chart demonstrates the five common themes and sub-themes that relate to the reported reductions in harms associated with drug use. Each of the themes and sub-themes are described briefly in the following section (refer to **Table 1** in Appendix M for key quotes related to each theme).

Figure 8: Themes and Sub-Themes related to Reductions in Harms Associated with Drug Use



Preventing Overdose Deaths

There were two common sub-themes related to preventing overdose deaths as described below:

Responding to overdoses

- Between February 12th and August 31, 2018, several overdoses were reversed by staff at TOPS. There were a total of 19 overdoses requiring treatment with oxygen/rescue breathing and a total of 7 requiring treatment with naloxone. There have been no deaths occurring at TOPS. Many clients, staff and stakeholders shared stories about the overdoses that have been reversed and the many lives that have been saved as a result of TOPS.
- While over half of client survey respondents (55%, n=56) noted that they had never experienced an overdose, several clients described feeling safer using the site because of the ability of staff to respond if an overdose occurs.
- While staff have the primary role in monitoring for potential overdoses, both stakeholders and clients were identified as playing a role in monitoring for signs of overdose (e.g. "on the nod") in the injection and aftercare rooms.
- Several staff and stakeholders also shared specific incidents where overdoses were experienced by individuals in the back entrance of TOPS after the site had closed, and by an individual in a car near the site. In these incidents, TOPS staff were able to respond and call EMS if required.

Access to Naloxone

- Clients also have access to naloxone kits through the site and can receive training for how to administer them. This service has also been available at the Counterpoint Needle Syringe Program; however, TOPS provides another opportunity for staff to increase awareness about the availability of the naloxone kits.
- Among the client survey respondents, 91% (n=93) agreed or strongly agreed with the statement "I can access Naloxone easily at the Overdose Prevention Site" (see **Figure 16** in Appendix K).

AT A GLANCE

0 Total number of deaths occurring in TOPS

19 Total number overdoses requiring treatment with oxygen/rescue breathing (0.3% of total visits)

7 Total number of overdoses requiring treatment with naloxone (0.09% of total visits)

Range of 1 to 3 doses of naloxone administered per overdose

5 Total number of calls to EMS related to an overdose

2 Total number of transfers to an emergency department related to an overdose

[Data Source: MOHLTC OPS Monthly

"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. I would be dead at this moment."

[Data Source: Client Survey]

Safer Drug Use Practices

Many clients reported increased safer drug use practices since they started using the site. There were four main outcomes related to increased safer drug use practices reported below from both the quantitative and qualitative data, including: (1) increased knowledge of strategies to use drugs more safely, (2) increased access to free, clean gear and to disposal of used gear, (3) changes in drug use behaviours, and (4) less illness due to safer injection practices.

Increased knowledge of strategies to use drugs more safely

- Among client survey respondents, 74% (n=74) either agreed or strongly agreed that they have learned tips to use drugs more safely (see **Figure 17** in Appendix K).
- Clients also described that they had learned tips to use drugs more safely, including the use of various supplies to reduce risks (e.g. alcohol swabs, cookers), increased knowledge of the effects of different types of drugs (e.g. fentanyl), and having help from nursing/medical staff in finding veins (e.g. use of a vein finder).
- Staff and stakeholders noted that many clients are increasingly more receptive to listen to the health information provided to them including safer injection practices.

Increased access to free, clean gear and disposal of used gear

- Many clients reported that it is beneficial for them to be able to access free, clean gear at the site and also be able to dispose of the used gear immediately following use. Many clients noted that this reduces the likelihood of used equipment being shared which in turn reduces illnesses associated with injection drug use.
- Staff and stakeholders also noted that many clients are also taking clean gear with them when they leave the site.

Changes in drug use behaviours

- There were several changes self-reported by clients that reflect safer drug use behaviours since they started using TOPS. See **Table 1** for further details on proportions of self-reported drug consumption behaviours.

Table 1: Client self-reported drug consumption behaviours since using TOPS [Data Source: Client Survey]

Drug Consumption Behaviours (number of respondents reporting behaviour in the past)	Less Proportion (%)	Stayed the Same Proportion (%)	More Proportion (%)
Reusing own gear (n=83)	**72%**	24%	4%
Sharing used gear with others (n=39)	**36%**	49%	15%
Using drugs alone (n=101)	**35%**	57%	8%
Amount of drug used (n=100)	**18%**	75%	7%
Feelings of being rushed while using drugs (n=98)	**44%**	43%	13%
Needing help to inject (n=66)	21%	64%	15%
Use of sterile water (n=99)	8%	58%	**34%**
Use of alcohol swabs to clean injection sites (n=95)	5%	52%	**43%**
Heating drugs before using (n=88)	9%	48%	**43%**

- **Reusing own gear:** Among the clients that reported reusing their gear in the past (n=83), 72% (n=60) of clients stated that they are reusing their own equipment less often now since they have started using the site (see **Table 1** above or **Figure 18** in Appendix K). Some clients commented that they are not re-using their gear not at all now. However, a few clients noted that when the site is closed they are sometimes re-using their own gear.

- **Sharing used gear with others:** Among the clients that reported sharing their used gear with others in the past (n=39), 49% (n=19) noted that their sharing of used gear has stayed the same, while 36% (n=14) noted that they are sharing used gear less (see **Table 1** above and **Figure 19** in Appendix K). It is worth mentioning that the majority of clients (n=63) who participated in the survey, had not engaged in sharing their used gear in the past.

- **Using drugs alone:** Among the clients that reported using drugs alone in the past (n=101), approximately one-third (35%, n=35) of survey participants noted that they are using drugs alone less often than before they started using the site. The majority of participants (57%, n=58) indicated that their drug use behavior in terms of using drugs alone has stayed the same (see **Figure 20** in Appendix K).

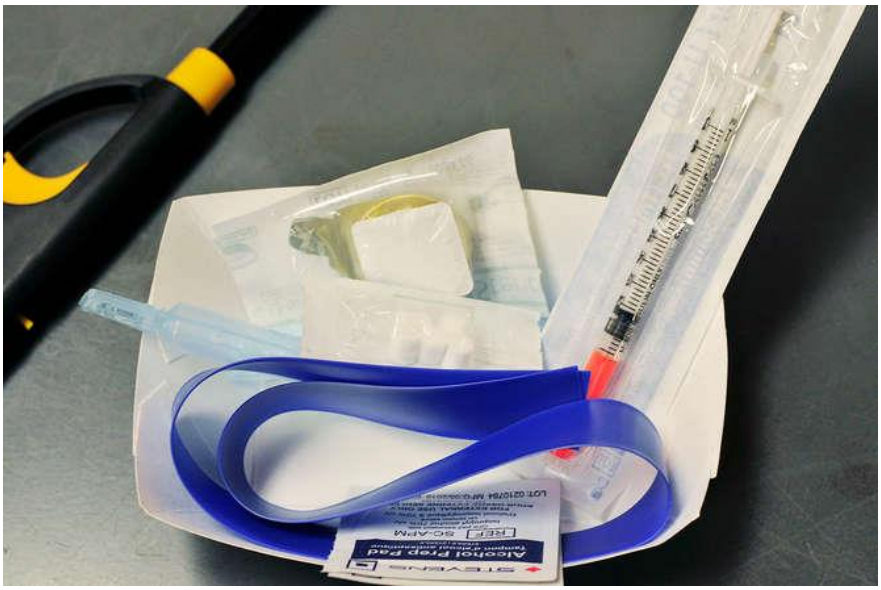
- **Amount of drug used:** Some clients (18%, n= 18) reported that they had reduced the amount of drug used since using TOPS (see **Figure 25** in Appendix K). In client interviews, some clients also shared that they are using less drugs now.

- **Feelings of being rushed while using drugs:** Many clients (44%, n=43) reported that they feel less rushed while using their drugs since using the site (see **Figure 26** in Appendix K). From survey and interview findings, clients also described feeling less stressed and rushed while using their drugs compared to the feelings that they have while using drugs in public spaces, such as public washrooms, or in public spaces where the public including children might be present.

- **Needing help to inject:** Among the clients that reported needing help injecting in the past (n=66), 21% (n=14) reported that they need less help injecting since starting to use the site. The majority of clients (64%, n=42) indicated that the need to have help injecting has stayed the same (see **Figure 21** in Appendix K).

- **Use of sterile water**: Among the clients that reported using sterile water in the past (n=99), 34% (n=34) reported that they are using sterile water more since using the site (see **Figure 22** in Appendix K). The majority of respondents (58%, n=57) noted that their use of sterile water has stayed the same since using the site.

- **Use of alcohol swabs to clean injection sites**: Among the clients who indicated that they had used alcohol swabs in the past (n=95), 43% (n=41) of respondents indicated that they are using alcohol swabs more since using the site (see **Figure 23** in Appendix K). The majority of clients (52%, n=49) indicated that their use of alcohol swabs has stayed the same.



- **Heating drugs before using:** Among clients who indicated that they had heated their drugs before using in the past (n=88), 43% (n=38) reported that they are now heating their drugs more often, while 48% (n=42) indicated that this had stayed the same (see **Figure 24** in Appendix K).

Client survey respondents were also asked to indicate whether or not the frequency of their drug use had changed since using TOPS.

- **Frequency of drug use:** When asked if there had been any changes to the frequency of their drug use among client survey respondents, 17% (n=17) reported a change, while the majority did not report a change (83%, n=82). Among those that reported a change, 12 clients indicated that their frequency of drug use had decreased since TOPS opened and 5 clients reported an increase in the frequency of drug use. From client surveys and interviews, some clients described how their frequency of their drug use has decreased. Staff also mentioned that some clients are accessing the site less and have come in to tell them that they have been using less drugs now since they started using the site or that they have a desire to change their drug use consumption. Some clients also indicated their desire to reduce their drug consumption or stop using drugs completely.

> *"Yes. I am barely using at all now, and if I do, I come here, to the site, it keeps my use regulated."*
>
> *[Data Source: Client Survey]*

Clients survey respondents were asked to identify any additional ways in which their drug use has changed since using the site that were not previously asked in the quantitative questions in **Table 1** above, they described feeling less stress with the availability of peer-to-peer assisted injections at the site, described changes in the types of drug that they are consuming, and less illness due to safer injection practices.

- **Peer-to-peer assisted injections:** The peer-to-peer assisted injections that are permitted at the site were also noted to reduce stress among clients. Staff, stakeholders and clients described how many clients struggle to find veins and that it is a relief when there is another peer that is able to help them to safely inject which can prevent further damage to their veins.

- **Types of drugs used:** Staff also mentioned that some clients are coming to use at the site when they are trying a new type of drug for the first time so that they are in a safe place with the necessary supports available. Staff also noted that some have changed the type of drug they have consumed that is known to have a lower risk of an overdose.

Less illness due to safer injection practices

Feedback on the client survey and interviews indicated that a few clients described how their safer injection practices have led to them experiencing less illness now (e.g. cellulitis). One client also described that the site reduces the likelihood of others taking used needles out of disposal bins to reuse. There were no specific questions asked of all respondents regarding self-reported illnesses on the Client Survey or Interview. However, a few clients discussed changes in the illnesses that they have experienced since using the site, and identified the benefit of having medical staff to recognize signs of infections (e.g. endocarditis) through the wound care assessment services.

"I haven't gotten cellulitis again. I was using at home when I had an apartment and I got cellulitis. I think it was because I was sharing cookers, but I haven't gotten since [using the site]."

[Data Source: Client Interview]

Creating a safe space

From the qualitative data, many clients, staff and stakeholders described how the site provides a safe and secure space as described below:

Providing a safe, secure space

- Many clients shared that the site provides a safe, secure space for them to use their drugs. They noted feeling less stressed due to the reduced risk of getting caught by police or security which may result in being charged or fined. Some clients described how they have had negative experiences and witnessed others being treated negatively by the police and security because they are injection drug users. This site offers a safe and secure place so that they are not struggling to find a place to use in the community.
- Some clients also described less stress because no one can take their drugs at the site and they do not have to share their drugs with others while using.
- Some clients also described that they feel safer and less worried using at the site compared to a shelter. They described the risks of getting caught at shelters with drugs, clean/used gear, or naloxone kits. A few clients described their experiences of getting kicked out of shelters for these actions as well as their fears of not being allowed to administer naloxone, if needed. They referred to the site as being a solution that provides them with a safe space to use drugs and dispose of gear at the site.

- Some clients also described how they feel safer using at the site because it is clean and secure compared to using in public washrooms and public alleys.
- Staff and stakeholders also noted that the site provides a place that they can now refer people to who may be using drugs in public spaces. They explained how they used to only be able to refer individuals to treatment services, such as the detox centres, if they encountered people injecting in public. However, these types of referrals would only be appropriate to those that are wanting to stop using drugs. The existence of the site provides a service and safe space for PWUD.

Improving access to health and social services

There were two common themes reported by clients, staff and stakeholders regarding increased access to health and social services as described below (refer to **Table 1** in Appendix M for relevant key quotes).

Connecting with health and social services

- The majority of client survey respondents (89%, n=88) either agreed or strongly agreed that staff have talked to them or helped them to access other health and social services (see **Figure 29** in Appendix K).
- From the qualitative data, many clients, staff and stakeholders described referrals to health and social service agencies to meet client needs. Furthermore, some clients also noted that through their interactions with staff and stakeholders they have gained the confidence to seek services beyond the site.
- Staff and stakeholders also recognized that more clients are becoming comfortable and willing to access other services beyond the site. They highlighted the value of incorporating the wrap-around service model at the site. Staff and stakeholders are continually finding ways to minimize the barriers to accessing services and help them to navigate the system through warm transfers (e.g. introducing clients to other service providers), arranging transportation to appointments and keeping track of client appointments.
- Clients, staff and stakeholders mentioned that many clients have a lack of trust and comfort level in accessing healthcare and social services because of previous experiences of discrimination and stigmatization that they have experienced accessing services in the past. This is a recognized challenge that exists for encouraging clients to get access to the services and supports that they need.
- Many clients are homeless or living in unstable housing which compounds the challenges for them to make it to

Examples of Health and Social Service referrals

- wound care from clinics or the hospital
- primary care & family physician
- addiction counselling,
- recovery and addiction treatment services (e.g. detox clinic)
- stabilization space (e.g. house at Victoria Hospital for people in crisis who feel they cannot use hospitals due to past trauma)
- mental health services
- pain management clinic (e.g. Rapid Access Addiction Medication (RAAM) Clinic, suboxone, methadone clinic)
- grieving counselling
- testing for Hepatitis C or HIV
- treatment for Hepatitis C or HIV
- arranging transportation to medical appointments or to the hospital, vaccinations, etc.
- housing supports (e.g. London Cares, shelters)
- foodbank
- dental services (e.g. SOAHAC)

appointments. Through dialogue with clients, staff and stakeholders are able to find out individuals' experiences with certain institutions or agencies in the past in order to determine appropriate referrals. For example, staff will try to connect clients with specific staff at community agencies that they know are caring and compassionate towards PWUD.

Responding to wound care assessment needs

- Some clients described the benefit of nursing/medical staff on site to provide wound care assessments and basic first aid when there are signs of an infection due to an abscess or signs of bacterial infections, such as Methicillin-resistant Straphylococcus Aureus (MSRA). One client described the experience of staff assessing an abscess and connecting them to health services. The abscess led to endocarditis, but the individual was able to receive treatment.
- Staff and stakeholders noted that some clients visit the site to get nursing/medical support with dressing changes even when they are not coming to use drugs at the site. Stakeholders also described the benefits of providing clients with wound care kits.

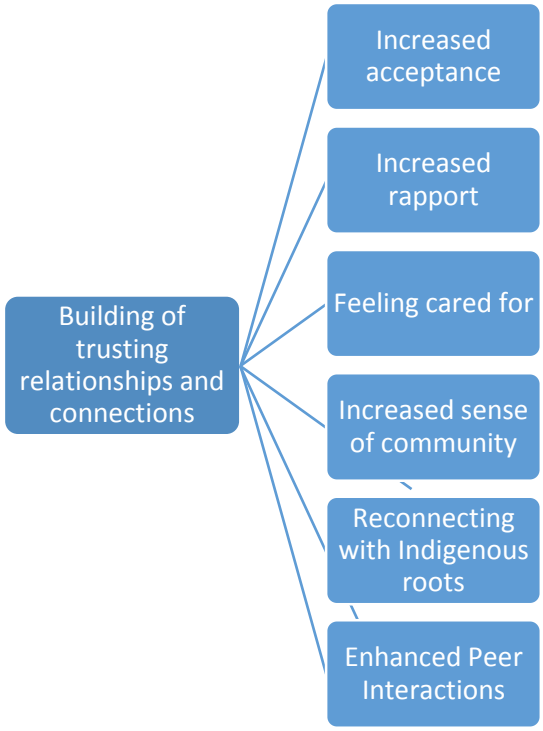
> *"I really think the wrap-around services and being responsive to the person in the moment is important. With this population you have to have the services there. If you want to look at your drug use you have to be responsive in the moment, if you are going to build trust [with the client]."*
>
> *[Data Source: Staff Interview]*

Building Trusting Relationships and Connections

From the feedback received by various respondents, one of the key facilitators to enabling positive impacts for clients are the building of trusting relationships and connections that have formed between staff/stakeholders and clients. The establishment of trusting relationships and the building of rapport has created an environment where many clients feel safe and secure. The findings from this evaluation reveal the significant value of human connection, building social relationships and creating a culture of trust.

Findings reveal that the site has changed clients' day-to-day lives in significant ways. Six sub-themes emerged within the broad theme of building trusting relationships and connections (see **Figure 9** below and refer to Table 2 in Appendix M for quotations).

Figure 9: Sub-Themes of the broader theme of "Building Trusting Relationships and Connections"



Increased feelings of acceptance and not being stigmatized or judged

- When asked to indicate their level of agreement with the statement "I feel accepted at the Overdose Prevention Site", 95% (n=97) of client survey respondents either agreed or strongly agreed that they feel accepted at the site (see **Figure 31** in Appendix K).
- Feelings of acceptance were a common theme throughout the conversations with clients. Some clients mentioned that this is the only place that they feel valued and accepted in our community. They described the staff as being non-judgmental, understanding of their needs, and treating them like human beings.

"It [the Temporary Overdose Prevention Site] gives me some dignity; they [Staff] treat me like a full-blown human being."

[Data Source: Client Interview]

- While most clients indicated that they feel accepted at the site, their perceptions of whether the broader community cares about them differed. While 42% (n=43) of client survey respondents agreed or strongly agreed with the statement "I feel the broader community cares about me", a similar proportion of 45% (n=46) disagreed or strongly disagreed (see **Figure 30** in Appendix K).

> *"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]*

- Several clients described changes in the way that they feel about their experiences of using the site. Some clients described that when they first started using the site they were concerned and worried that they would be judged by staff and some were embarrassed using in front of staff. However, they described that now they feel accepted and supported at the site. Many clients described how they do not feel like they are being stigmatized or judged. These feelings are in juxtaposition to the feelings that they described experiencing when accessing services in the health and social service sector and law enforcement. Many clients expressed feelings of being stigmatized, discriminated against and treated poorly while accessing these types of services.
- Staff and stakeholders described how the site provides a space that is free from stigma and discrimination. When clients are new to the site, they have conversations with some clients as needed to ensure that they understand that by using the site they are actually taking care of their health and to not feel ashamed in accessing the services. At first, several clients were hesitant to use the site and expressed skepticism in accessing the services. However, they were surprised to find how comfortable and accepted they felt using the site.

> *"You feel down sometimes, having people judge. Having a place where I do not get judged, they [Staff] treat me like I am walking into my own home. That is huge for me."*
>
> *[Data Source: Client Interviews]*

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

- Several clients described the relationships that they have formed with staff and stakeholders that have resulted in them having someone trusted to talk to about their daily experiences and their past history. Clients described the staff as friendly, welcoming, approachable, and empathic. Clients noted that they are understanding of their needs, comforting, and go over and above to help them.

- Clients noted that staff provide opportunities to listen to them when they are upset or having a bad day. For example, some clients described experiences of having a family member or friend pass away and that the staff and stakeholders have helped them with their grieving process. A few clients described how they come to the site now just to talk to staff even when they do not plan to use drugs.
- Staff also described that coming to the site has become a daily routine for some clients even among those that do not plan to use drugs that day. Stakeholders also noted the supportive listening that staff provide to clients is making clients feel comfortable and helping to establish mutually trusting relationships. The site has become a place of trust.

> *"I really think it goes back to that rapport – I do not think we [TOPS staff] knew. We knew dynamic would change for us and clients. We didn't know it would create the rapport we now have with some of our clients – that rapport really able to tailor harm reduction and services."*
>
> *[Data Source: Staff Interview]*

- Staff described how they have known many of the clients for years because of they have been accessing clean gear through Counterpoint Needle Syringe Program. However, the environment of the site has deepened the level of conversations with clients. Clients are now opening up with them about their experiences that led to drug addiction, their experiences of trauma, sexual abuse, childhood sexual abuse, abuse from a partner, and the realities of what is happening on the streets. Staff and stakeholders mentioned that the experiences that clients share help them to identify their needs and then they can inform clients about supports that are available to them when they are ready.
- The intimacy that comes with the injection experience was described by staff as one of the contributing factors that seems to encourage clients to open up and share their personal feelings and experiences in a way that they had not done previously. Staff are seeing clients' talents, their personal interests, educational backgrounds and gaining an understanding of their family history.
- Staff also shared how they are starting to connect with clients who were initially guarded and those who did not stay at the site to hang out. Staff mentioned that many clients are now staying longer, are more relaxed now, and would like to discuss their future and changes that they would like to make to their drug use behaviours.

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

- Several clients shared that staff and stakeholders are caring, kind and compassionate and that they make them feel valued, cared for as individuals, and that their lives have meaning. Clients described feelings of being loved as a result of the trusting relationships that they have formed with staff at the site. Some clients described how they had never been treated with the kindness as they have been at TOPS. Some clients described changes that they are seeing among their peers, including learning how to interact better with others, smiling more, etc.
- Staff described that they are witnessing clients experience an increased sense of

> *"Someone being kind to you, that is the biggest thing you can have in a place like this [TOPS]. A lot of people already feel down, so having a person smile at you makes a hell of a difference."*
>
> *[Data Source: Client Interview]*

self-worth and increased sense of hope for their lives. One staff member called the site a "safe haven" for clients where they can start to recognize their self-worth and recognize that they are valued. Staff engage in conversations with clients to help them rethink their internal thought processes, so that they avoid labelling themselves as a 'junkie'.

> *"It's [TOPS] saving lives, validating worth, it's an opportunity to challenge stigma. People who come are hard on themselves. People say "I do not care about overdosing; I do not care about dying". That internal worthlessness, no hope, and this site is changing that, you are worth it and there is hope. You may not feel it but we do. But you got to think why are people coming, if they think they are worth nothing, because deep down somewhere they want help."*
>
> *[Data Source: Staff Interview]*

- Clients described how the staff are positive and use humour to create a supportive environment, which helps to inspire clients to smile and be happy. A few clients described how the site is one of the only services that they will go to because they feel valued and respected.
- Many clients expressed their sincere appreciation for the site and the ongoing support from staff and stakeholders for caring about them. Some have even showed their appreciation to staff in the form of gifts including artwork that they have created. These clients felt it was important to give back to the site and to thank the staff for the positive influences on their lives. A few clients also expressed their desire to contribute to the site through volunteering their time as way of giving back to show their appreciation for the services.
- Stakeholders described the culture of the site as being a key determining factor to its' success. Many described that the Harm Reduction Workers who are RHAC employees have been able to transfer the culture of RHAC into the site to create an environment that shows that clients are cared for in many ways, including through physical and verbal signs of affection (i.e. hugs, telling them they are loved and cared for).

Increased sense of community and feelings of belonging

- Some clients described how the site provides a sense of community for them and a place in which they feel that they belong. Some clients identified that they never thought that they would use a place like this, yet it has become a place where they look forward to coming to and some described that the staff are like family to them.

> *"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]*

- Staff and stakeholders create a comfortable environment where they can tell jokes, laugh together, yet also be supportive during more challenging times when clients may be having a bad day.
- Several clients, staff and stakeholders described how there is already a strong sense of community that exists among the population of PWUD, which is evident by individuals sharing their belongings with others in need and watching out for each other in public. The strong sense of community that exists at RHAC prior to the establishment of the site was also noted as a contributing factor to create a strong sense of community within TOPS.

Reconnecting with Indigenous roots

- Both staff and stakeholders indicated that they are seeing an increasing number of clients identifying as Indigenous access the site.
- Many staff and stakeholders mentioned that the contributions of the stakeholder from SOHAC are helping to allow clients identifying as Indigenous reconnect with their Indigenous roots (e.g. sharing their family names and clan names, engaging in traditional practices, such as attending sweats, getting kits, and smudging).
- One stakeholder described that these experiences have been overwhelming for some because many have been disconnected from their Indigenous cultural practices as a result of their addiction. One Indigenous client was crying with overwhelming emotion when he was informed that he could smudge at the site with the stakeholder because he had been told by others in his life that he could not use the Indigenous medicines if he was using drugs. Some stakeholders also described how this experience was expressed by other clients who have avoided their organization for various services previously because they are not sober.

> *"The Indigenous clientele, within the community there is a great reluctance to come forward. But when you have a person from the Indigenous community in the Aftercare Room, they get the opportunity to get healing and reconnecting with their Indigenous roots, to help make those positive change. People start to attend sweats, and they were unwilling to do that before."*
>
> *[Data Source: Staff Interview]*

Enhanced Peer interactions

Several clients described peer interactions that they have had at the site that are having a positive influence on their lives and the lives of their peers in the following 6 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.

- **Providing peer-to-peer assisted injections:** Clients, staff and stakeholders highlighted the benefits of allowing peer-to-peer assisted injections at the site. Some staff described how some clients can only inject in the jugular due to bad veins in other areas of their bodies. In these situations, clients rely on either a friend that has accompanied them to the site or another peer at the site who is willing to provide a jugular injection. Other clients provide support to their peers by helping them to find veins and will provide the injection for them if they are experiencing any difficulties. Staff and stakeholders noted that by allowing peer-to-peer assisted injections at the site, it can prevent further damage to individuals' veins and also can provide a teaching moment for staff to offer tips for safe injections.

> *"The peer-to-peer injection really helps a lot of people. . .. I know that originally that [peer to peer injections] wasn't allowed, but to have that has really helped because a lot of people can't hit themselves or angles that they can't see. The clients teach each other."*
>
> *[Data Source: Staff Interview]*

- **Encouraging safer drug use practices:** Clients, staff and stakeholders described several ways in which peers are encouraging safe drug use practices among each other. Many clients are taking clean gear to others outside of the site. Some clients promote others to use alcohol swabs before consuming their drugs and use cookers to heat their drugs. They are holding each other accountable to use drugs in safer ways. Some clients are also influencing other peers' decisions to consume orally rather than through injection.
- **Monitoring signs of overdose:** Staff and stakeholders described they are observing how peers monitoring each other for signs of overdose. For example, they check-in with each other for potential signs of overdose if someone looks like they are 'on the nod' while sitting in the aftercare room. During client surveys and interviews, some clients also shared the benefits of having their own Naloxone kits on them at all times and the training that they have received at the site to know how to use it. Many shared stories of losing friends and loved ones to overdoses or experiencing overdoses themselves.

> *"Peers will kind of check in with people who are in the Aftercare Room and make sure they are okay. If they are on the nod then they check in and say "hey, you doing okay" which is great. There are conversations about people looking out for one another on the streets. So that's nice to hear."*
>
> *[Data Source: Stakeholder Interview]*

- **Reinforcing rules at the site:** Clients, staff and stakeholders also described the peer-to-peer monitoring and reinforcement of the site rules that has naturally occurred. Clients speak up and raise concerns to other peers when there are peers that are not respectful of the site rules and the code of conduct. Many clients expressed concerns that they have that the site could be in jeopardy because of the behaviours of a few peers that are not following the rules at the site.
- **Promoting use of the site:** Several clients mentioned that they routinely telling others about the site if they are unaware that it exists, and remind other peers they see in the community to use the site. Furthermore, some clients described how they discourage others to use drugs in public spaces due to the risks involved.
- **Building friendships and mutual support:** Staff and stakeholders described how some clients are building friendships and providing mutual support to one another. They are witnessing acts of kindness and compassion between the interactions of the clients at the site. These situations illustrate a strong sense of community among people who use drugs.

> *"The caring between our clients, the mutual support. I've seen people dissuade people from using a drug, people say 'dude you do not want to do this let's go have a coffee'. We are seeing compassionate people and that's not what anybody expected."*
>
> *[Data Source: Staff Interview]*

Unintended Negative Impacts on Clients

There were a few unintended negative impacts on clients that were identified by clients, staff and stakeholders. Three themes emerged relating to (1) feeling intimidated and ashamed, (2) concerned about confidentiality, and (3) concerns about the future of the site (refer to **Table 3** in Appendix M for relevant key quotes).

Feeling intimidated and ashamed

- **Feeling intimidated using the site**
  While the majority of clients reported feeling safe and comfortable at the site, there were a few clients who mentioned that they feel a little intimidated using at the site because they feel like they are being watched by staff and peers. This was also echoed by a few stakeholders who were aware that a few clients feel intimidated.
- **Feeling ashamed and comfortable that stakeholders see clients using the site**
  A few stakeholders noted that some clients feel uncomfortable or ashamed using the site because they know the stakeholder from their interactions at other organizations or through personal connections (e.g. childhood friend, family member of their friend, etc.). In these situations, staff and stakeholders described how they let the client take the lead. For example, if the client identifies to staff that they know a stakeholder at the site and they do not feel comfortable using the site with them there, the staff member will speak to the stakeholder who will leave while the client is using the site.

Concerned about confidentiality and privacy

- **Feeling concerned about information being shared with external service providers**
  A few stakeholders also described how some clients have expressed concerns that staff or stakeholders may talk to other service providers (e.g. Children's Aid Society) regarding their use at the site. In these situations, stakeholders reassured clients they maintain confidentiality of their client relationship.
- **Feeling concerned about police presence at the site**
  Clients, staff and stakeholders described how clients feel concerned about police presence at the site and how this impacts their comfort level in accessing the site.

Concerns about the future of the site

- **Feeling concerned about the potential closure of the site**
  The uncertainty surrounding the potential closure of the site was also frequently noted by clients during the data collection timeframe. Staff and stakeholders also mentioned that they were aware that clients were concerned and stressed that they site might close. They described how some clients have started volunteering at the site to help clean up outside of the site of a desire to address some of the concerns regarding needle waste and garbage in the north entrance.

Impacts on Staff

Positive Impacts on Staff

Many staff mentioned positive impacts that their involvement at the site has had on them. Three key themes that emerged related to impacts on staff including: (1) increased job satisfaction, (2) increased knowledge and skills, and (3) application of harm reduction philosophy into practice. The following provides a brief description of these themes and sub-themes (refer to **Table 4** in Appendix M for relevant key quotes).

Increased Job Satisfaction

- **Building relationships**
  Several staff identified a high level of job satisfaction given their role at the site. Many described how it is very rewarding to build trusting relationships with clients and solid working relationships with colleagues as they are always looking out for each other and helping one another.
- **Feelings of gratitude**
  Many staff expressed a sense of gratitude and appreciation for their involvement in TOPS.
- **Feeling inspired from the clients' commitment to survival**
  Many staff also expressed feeling inspired from the clients' commitment to survival and seeing clients in an environment where they feel comfortable.

Increased Knowledge and Skills

- **Increased knowledge of drug use practices**
  Staff identified that their knowledge of drug use practices has increased as a result of the information shared by clients.
- **Increased understanding and compassion level for client experiences**
  Many staff described an increased understanding and deeper compassion for client experiences (e.g. effects of being pill sick, various forms of trauma).

> *"We have all been given a different hand, but we are all a few decisions away from being where they are. They didn't sign up for this, just being able to hear them and be kind and show them that we want you to be alive."*
>
> *[Data Source: Staff Interview]*

- **Increased comfort level in engaging in conversations with PWUD**
  Some staff indicated that they have an increased comfort level in engaging in conversations with people who use drugs at the site and in other contexts.
- **Increased understanding of institutional barriers**
  Some staff expressed an increased understanding of existing institutional barriers and practices that may not be meeting client's needs (e.g. hospitals, use of restraints on clients while EMS is transporting to hospital).

Application of Harm Reduction Philosophy into Practice

- **Provides opportunities to put beliefs and values of harm reduction into practice**
  Many staff reported that working at the site provides the opportunity to put beliefs and values of harm reduction and advocacy for PWUD into practice.

Negative Impacts on Staff

While all staff described positive impacts from their involvement, some staff noted unintended negative impacts that the site has had on their roles and on a personal level. There were two key themes related to negative impacts on staff, including: (1) increased stress levels and impacts on physical well-being, (2) concerns regarding meeting client needs. The following provides a brief description of these themes and sub-themes (refer to **Table 4** in Appendix M for key quotes).

Increased Stress Levels and Impacts on Physical Well-being

- **Feeling physically exhausted and stressed due to under-resourcing of staff**
  Some staff identified concerns related to being under-resourced with their staffing, and as a result felt physically exhausted, However, many also noted that even though it is exhausting, it is an extremely rewarding experience to work in the site each day. Some staff also experienced stress due to the effects of taking on clients' stories of trauma feeling concerned and worrying about clients throughout the week.
- **Overwhelmed with extensive media coverage and requests for info and tours of the site**
  Staff of the site did not anticipate the extensive media coverage and the interests from other jurisdictions in wanting to learn about the site. Responding to these inquiries and providing tours of the site was described as overwhelming, stressful and has added a considerable amount of demands on staff time.
- **Feeling stressed about the uncertainty regarding the continuity of the site**
  Some staff also noted stress and anxiety as a result of the uncertainty regarding the continuity of the site and the opinions expressed in the media, and by politicians and the government.

Concerns Regarding Meeting Client Needs

- **Concerned about client well-being and availability of supports to meet their needs**
  Several staff also expressed concerns regarding access to mental health, addictions and treatment services, such as wait times, that needs significant improvement in order to effectively serve the clients that are accessing TOPS.
- **Limited availability to perform other tasks to support clients**
  A few staff also expressed concerns that with the amount of hours that they have worked at the site that their time has been limited in being able to support clients in their regular role. They noted that they feel that they may not be supporting clients to the extent that they need for those who wish to make long-term changes.

Impacts on Stakeholders and their Organizations

Many stakeholders expressed high levels of satisfaction with their involvement at the site. Several mentioned that they are pleased that their organization was willing to support TOPS and form this partnership working towards the same goals. Several mentioned positive impacts that their involvement at the site has had on their role at TOPS and in their jobs at their organization. Many of these impacts on stakeholders were also similar to impacts identified by staff at the site as well. The findings are presented in the following two sections: positive impacts on stakeholder roles, and positive impacts on stakeholder organizations.

Positive Impacts on Stakeholder Roles

The impacts on stakeholder roles relate to three key themes: (1) increased knowledge, (2) enhanced skills, and (3) building relationships and connections (see **Table 5** in Appendix M for key quotes).

Increased Knowledge

- **Increased knowledge of client experiences**
  Many stakeholders described an increased knowledge of clients' day-to-day experiences, street knowledge and drug use practices through observational learning and conversations with clients (e.g. prevalence of jugular injections).
- **Increased knowledge of harm reduction philosophy and approaches**
  Many stakeholders also noted an increased knowledge of harm reduction philosophy and approaches through their conversations with TOPS staff and their experiences of providing support in the aftercare room at the site.
- **Increased knowledge of services and supports at other organizations**
  Some stakeholders described their increased knowledge of services and supports that are available at other organizations to support clients (e.g. housing supports, Indigenous supports).
- **Increased understanding of the Indigenous community, culture and history**
  A few stakeholders noted an increased understanding of the Indigenous community, culture and history (e.g. overrepresentation of homelessness, experiences of accessing health and social services). They referred to the value of having the Indigenous supports available at the site for clients and also has an added benefit of increasing staff and stakeholder awareness levels.

Enhanced Skills

- **Enhanced skills in active listening**
  A few stakeholders described enhancing skills in active listening in order to understand clients' needs and work with clients in the pre-contemplative state (e.g. learning how to support clients curious about making changes).

Building Relationships and Connections

- **Increased ability to build relationships with clients**
  Many stakeholders noted an increased ability to connect with new clients that did not previously access services through their organization and reconnect with existing clients in this new setting.

Positive Impacts on Stakeholder Organizations

Several stakeholders described how their role at the site has had an impact in different ways on their organization. The impacts on stakeholder organizations relate to the following four themes: (1) increased knowledge, (2) increased reach, (3) enhanced service delivery strategies, and (4) strengthened partnerships (see **Table 5** in Appendix M for key quotes):

Increased Knowledge

- **Increased knowledge of drug use practices and harm reduction practices**
  Many stakeholders described that there is an increased knowledge of drug practices and harm reduction practices among their colleagues in their organizations since their involvement in TOPS. Several described how they have been sharing their lessons learned from working at the site and transferring this knowledge to their fellow colleagues.

Increased Reach

- **Expanded the organizations' ability to reach clients from the population of PWUD**
  Some stakeholders mentioned that their involvement at TOPS has expanded their organizations' ability to reach clients from the population of PWUD given that they now have new clients through their referrals at TOPS.

Enhanced Service Delivery

- **Created new approaches or services at their organizations to meet clients' needs**
  A few stakeholders described new approaches or services that have been initiated at their organizations since TOPS has opened. For example, a Suboxone program is being developed and tailored for the Indigenous clients at SOAHAC.

Strengthened Partnerships

- **Strengthened existing relationships between RHAC and stakeholder organizations**
  A few stakeholders indicated that their organizations' involvement to date has strengthened the existing relationship that they had with RHAC in order to facilitate further collaboration in harm reduction services.

Negative Impacts on Stakeholders

There are a few unintended negative impacts identified by some stakeholders including: (1) level of organizational involvement, (2) managing workload, and (3) stakeholder well-being (see **Table 5** in Appendix M for key quotes):

Level of Organizational Involvement

- **Concerns regarding their organization's level of involvement and role in TOPS**
  A few stakeholders expressed concerns regarding their organization's level of involvement in the site to date. One stakeholder mentioned that their organization had to pull out support after a staff member left and they have not been able to have another staff member work at the site since due to limited staff resources. Another stakeholder stated that they had wished that their organization would increase the number of staff to support TOPS and address coverage issues at their organization when staff are working at TOPS. It was also mentioned that there were concerns regarding the organizations' understanding of the stakeholder's role at TOPS, and it was suggested that it would be beneficial to develop strategies to increase the organizations' understanding.

Managing Workload

- **Challenges managing caseload and other organizational priorities**
  Managing caseloads and other organizational priorities at the stakeholder organizations was noted as a challenge by two stakeholders.

Stakeholder Well-Being

- **Challenging to hear client stories of violence and trauma**
  A few stakeholders expressed concerns regarding hearing stories of violence shared by clients. It explained how some clients share stories of violence acts that they have engaged in with others, while other clients share traumatic stories of violence that they have experienced themselves.

Impacts on the Community

Perceived Benefits for the Community

Perceived benefits for the community were identified by clients, staff, stakeholders, and respondents on the Community Resident and Business Owners Survey (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). There were five key themes that emerged: (1) public order, (2) health outcomes, (3) cost-effectiveness, (4) community awareness of drug use, and (5) community acceptance and support (see **Table 6** in Appendix M for key quotes). It is recognized that these noted benefits were described as potential or perceived based on self-reported feedback.

Public Order

Many client respondents described how TOPS provides a safe, secure and clean environment for them to use drugs which minimizes public drug use in washrooms, alleys and parks.

- **Less public drug use**
  Among client survey respondents who reported injecting in public spaces in the past (n=92), 76% (n=70) reported that they are injecting less in public spaces since TOPS has opened (see **Figure 27** in Appendix K).

  From the Client Survey and interviews with clients, several also 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. Several clients mentioned that they used to inject in public bathrooms or in public spaces, but now they will only use the site now rather than public spaces. Furthermore, 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.

> *"I feel more safe coming here than injecting in bathrooms or alley ways because anyone can take your drugs. There is no safety and no protection in public places. This place has been life changing for me as I used to inject in alley ways and the bathroom at [a restaurant]."*
>
> *[Data Source: Client Survey]*

- **Reduced discarded gear in public spaces**
  Among the client survey respondents who reported disposing of their gear in public spaces in the past (n=60), 53% (n=32) reported that they are now disposing of their gear less in public spaces since they have been using TOPS (see **Figure 28** in Appendix K). Discarding gear in public spaces was explained to clients as littering in public and not to be confused with properly disposing used gear in needle recovery bins.

  In the interviews, clients shared that they are seeing positive impacts on the behaviour of other people who use drugs. Some noted that they are witnessing less public drug use among their peers and less discarded needles in public spaces.

> *"If people do not shun this [TOPS], it will be beneficial. There will be less needles. There will be more safety for the drug users. All of us working together is beneficial. It is beneficial for both the community and the users. "*
>
> *[Data Source – Client Survey]*

Health Outcomes

- **TOPS is savings lives and delivering services in a compassionate way**
  Feedback from a few respondents on the Community Resident and Business Owners Survey identified that the site is saving lives and delivering services in a compassionate manner.

Cost-effectiveness

- **Highlighting the site as a cost-effective strategy**
  Some staff and stakeholders mentioned that the site is cost effective given that the site is able to respond to overdoses which reduces the number of calls needed for EMS. The site also promotes safer injection practices which has the potential to reduce illnesses (e.g. HIV, Hepatitis C, endocarditis, etc.) requiring significant health care costs. However, there was also a differing perspective by a few respondents on the Community Resident and Business Owners Survey that the site is a waste of resources. It is important to recognize that the findings suggest that perceptions of staff and stakeholders who are involved directly in the day-to-day operations of the site vary from the perceptions among residents and business owners.

Community Awareness Around Drug Use

- **Increased awareness about substance use, addictions and the impacts of overdoses**
  Some staff and stakeholders described how the site has created more awareness about substance use and addictions and its impacts on the community. One stakeholder identified how one overdose death has a huge ripple effect on an entire community, because it affects clients, their families and the broader community. However, there are some concerns expressed by staff that there is a misrepresentation of the PWUD in the media because of the stigma that is associated with substance use. Substance use is often portrayed in the media as a moral choice reflecting a failure of the individual and it not considered a mental health issue.

Community Acceptance and Support

- **Increased support and acceptance for TOPS and SCFs**
  Staff also mentioned that the site has also helped to shift the attitudes of some members of the community to become more supportive of the site and more aware of the positive

impacts that the site can have. Yet, some staff also identified concerns that increasing work is needed to continue to shift the political and societal attitudes to reduce the stigma towards PWUD, and increase acceptance for supervised consumption facilities. Staff suggested a needs to raise awareness among the public regarding the experiences of PWUD, including what it is like to experience withdrawal/pill sick, a need to use drugs to feel normal versus getting high and the impacts of mental health on drug use.

Perceived Concerns for the Community

There were a few perceived concerns raised regarding potential negative impacts on the community with an emphasis on the immediate building and surrounding neighbourhood of TOPS as noted by clients, staff, stakeholders, and respondents on the Community Resident and Business Owners Survey (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). Two key themes emerged: (1) public order, and (2) community awareness around drug use (See **Table 6** in Appendix M for key quotes). It is recognized that these noted benefits were described as potential or perceived based on self-reported feedback.

Public Order

- **Increased public disorder including loitering, garbage and drug selling/purchasing around the site**

Feedback from the Community Resident and Business Owners Survey, revealed some perceived concerns expressed by respondents. These concerns included: increased public disorder, such as discarded drug equipment, increased loitering and increased drug transactions.

Staff also identified a few unintended negative impacts that the site has had on the building where the site is located. Staff mentioned that they were aware of research on Supervised Consumption Facilities and that other studies had reported that loitering, garbage and drug selling/purchasing did not increase in the vicinity of the sites. As a result, they were surprised to find that TOPS experienced an increase in loitering, garbage and drug selling/purchasing in the alley and north entrance of the site. It is perceived that a few individuals contributed to the increase based on staff feedback during interviews.

Many clients also expressed concerns about these behaviours and were concerned that the actions of a few people may put the site in jeopardy of closing.

Strategies have been put in place to address these concerns, including a full-time security guard (i.e. plain clothes) to conduct daily sweeps of the area to clean up needles and garbage and move people along to prevent loitering. The staff have also been able to establish a solid relationship with the police to increase

police foot patrol presence around the site and to address drug use/dealing around the site without arresting.

- **Negative consequences on local businesses and residents due to criminal activity**
  Respondents on the Community Resident and Business Owners Survey expressed some perceived concerns that the site has negatively impact the neighbourhood as a result of criminal activities such as vandalism.

  Staff also identified that the landlord of the building where the site is located has experienced difficulty renting units in the building since the site has opened. Furthermore, staff identified that there is a perception in the community that businesses in the local vicinity are suffering.

  A few staff also expressed concerned that some drug dealers have moved into the building. It is recognized that there are many contextual factors in the surrounding neighbourhood at the site make it difficult to attribute causality to the site with the perceived concerns. The site was described by staff as being the scapegoat for many long-term issues in the neighbourhood.

Community Awareness Around Drug Use

- **Promoting drug use**
  Feedback from the Community Resident and Business Owners Survey noted a perceived concern that the site promotes drug use as others see people injecting more in public spaces and witness more drug transactions in the neighbourhood.

Discussion

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 intended outcomes of TOPS (see **Figure 10**).

Figure 10: Proposed Program Theory for TOPS

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. The evaluation findings revealed the significant value of building relationships and creating a culture of trust at the site. Staff, stakeholders and clients have opportunities to engage in deeper conversations about safer drug use practices and clients' health needs in order to make connections with other health and social services.

The findings demonstrate 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.

There was also evidence of changes to some public health 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.

These factors identified in the proposed program theory are discussed in more detail in the following sections in relation to findings gathered regarding service delivery and impacts. Future considerations for service delivery enhancements and monitoring outcomes are discussed.

Service Delivery

Client Satisfaction

A high level of client satisfaction was reported by client survey respondents who rated the quality of service and care they received as good or excellent. Many described not feeling stigmatized or judged at the site, which is a significant shift from the negative interactions they described within the healthcare, social services, and law enforcement systems. Staff meet people where they are at and treat them with dignity and respect, without creating any fear of judgement or shame. The caring, compassion, and kindness demonstrated through the service delivery at TOPS has made clients feel loved and valued as human beings. This has increased their sense of self-worth and hope.

Service Delivery Requirements

The findings demonstrate that the services at TOPS are meeting the MOHLTC OPS requirements. They are also offering additional services including medical supports and wrap-around support to provide linkages to services such as mental health, addictions, drug treatment, housing, HIV/Hepatitis C testing and treatment services. The site is directly connected to the Counterpoint Needle Syringe Program to further support clients in obtaining access to harm reduction supplies. The site also provides Indigenous supports as a key strategy in providing culturally appropriate care to reconnect individuals with their Indigenous roots.

While the site had over 7000 visits during the first 6 months, there may be more promotional efforts needed to reach people who use drugs who are not previously connected with services provided at RHAC and increase awareness of all services offered including intranasal and oral drug consumption and the availability and use of fentanyl test strips.

Given the evaluation findings, there is significant value in permitting peer-to-peer injections at the site. It was reported that many clients experience challenges with damaged veins and need help injecting from others. If peer-to-peer injections were not permitted, there is a risk that a proportion of the PWUD would not use the site. Furthermore, a few respondents suggested that it would be beneficial to have medical staff (i.e. nurses, paramedic) assist with setting up injections for clients that experience challenges with damaged veins. Regulations regarding assisted injections will be an important area to consider with the implementation of future SCFs as they have also been noted as areas of concern by PWUD in other sites were assisted injections were not permitted (Lange & Bach-Mortensen, 2019).

Hours of Operation and Wait Time

While many clients were grateful for the existence of the site, the hours of operation were reported as a key area for improvement. Both early and later hours were recommended as drug use occurs at all hours of the day. This was noted as a particular challenge for many clients who use local shelters and are asked to leave the shelter early in the morning. Similarly, when clients arrive at the site after 4 pm, they are faced with the dilemma of finding a safe place to use drugs. Furthermore, about 40% of clients reported that the wait time to use the site sometimes, often or always gets in their way of using the site. The hours of operation and wait time have been reported in the literature as key barriers among PWID to use a SCF (Petrar et al., 2007; Lange & Bach-Mortensen, 2019). It will be important to consider strategies to advocate for increased hours of operation and implement additional strategies to reduce wait times at the site.

Space Design

The open layout of the Injection and Aftercare Rooms were noted by many respondents as beneficial as it encourages conversations and provides a sense of comradery. Limited space was a frequently reported challenge as there are only four injection spaces, limited space to accommodate peer-to-peer assisted injections and challenges in providing counselling and medical services. Several considerations for space planning are provided for future supervised consumption facilities. Space planning is a critical component to the flow and function of the site. There are important considerations with the layout of the space that impact how clients use the various rooms of the site and also how the space functions to ensure client and staff safety.

Location

The current location of the site was reported to work well for many clients because it is centrally-located, convenient, close to a bus route and close to where clients stay or purchase their drugs. Distance to travel to an SCF has been as a key barrier noted in the literature among PWID (Petrar et al., 2007). However, the findings from this evaluation reveal that the distance to travel was not a barrier for the

majority of clients. This may be due to the fact that almost all clients had previously accessed the Counterpoint Needle Syringe Program located at RHAC. It is also recognized that the location could be a real or perceived barrier for PWUD that are not currently using the site.

Being directly located within RHAC and next to the Counterpoint Needle Syringe Program helped to transfer the supportive existing culture of their organizations to the site. With plans underway for two permanent Supervised Consumptions Facilities in Middlesex-London, it will be important for the leaders to review the recommendations provided from respondents related to proximity, location, operational and space planning. Given that some participants recommended multiple sites around the city and the majority of clients reported a willingness to use a mobile van, it is suggested that these considerations be reviewed when determining future service provision. Furthermore, the literature on cost-effectiveness studies suggests multiple, smaller SCF in communities where the population of people who use drugs is more dispersed than in locations such as Vancouver (Enns et al., 2016).

Operation

Operational polices were also noted as critical to support the smooth functioning of the site. The Code of Conduct was recognized as an important feature to ensure client and staff safety. The majority of clients reported that the rules and regulations rarely or never get in their way of using the site. However, there were some that expressed concerns regarding rules such as the "no passing rule" which restricts drug sharing. Similar concerns regarding restrictions and regulations were expressed by PWUD in other studies on SCFs (Lange & Bach-Mortensen, 2019). There were also several other measures in place including the use of walkie-talkies, areas with restricted client access, and the provision of Crisis Prevention Training for staff. However, staff identified challenges with specific policies such as medical directives, that need further clarity and consistent application. It is recognized that staff and stakeholders working in the site come with their own organizational policies, cultures, and practices. This is recognized as a success; however, it is also a challenge to bring diverse agencies together. Attention to these organizational elements will serve to enhance the overall culture at the site, as ongoing learning is gained through service delivery.

Data Collection

Several changes were implemented to the data collection process during the first few months of operation including where the data was collected and in providing clients with the rationale for collecting the data. However, some challenges remain including the tracking of referrals, technological challenges with data entry, and enhancements in nursing documentation.

Staffing

During the first 6 months of operation, some changes were implemented to improve service delivery in order to better meet client and community needs. There were staffing changes such as the addition of the runner role designated for bringing clients to and from reception/washrooms, and the refinement of the security guard role. The security guard was initially at the site when it first opened, but due to negative client perceptions of the presence of security at the site, the security guard was removed. However, during the summer of 2018, there was an identified need to reinstate the role of the security guard to provide support both inside and outside of the site in response to the increased garbage, loitering and drug selling/purchasing taking place in the north entrance of the site. The addition of the security guard role was described as very beneficial to help address client, staff and community concern.

Both staff and stakeholders are very passionate about their roles in the site and this is evident to clients. TOPS leadership and staff work tirelessly to advocate for this site and have a deep dedication to providing the services. The majority of staff and stakeholders described positive impacts that the site has had on themselves, including increased knowledge of clients' experiences, drug use practices, harm reduction practices, and awareness of community health and social services. The increased knowledge

and awareness in these areas were stated as being beneficial in improving their ability to support clients and engage in meaningful conversations.

Many staff and stakeholders also described having a deeper compassion level for clients with their increased understanding of the trauma that many clients have experienced over the course of their lives and the daily survival that they face in feeling pill sick. Both staff and stakeholders also noted an increased understanding of the institutional barriers that clients face through clients' sharing stories of stigma and discrimination that they have experienced through health, social and law enforcement systems. This increased level of awareness has profoundly impact their approaches to delivering a service that is low-barrier, stigma-free, inclusive and non-judgmental. There are many important lessons from the experiences of staff and stakeholders regarding the current model of service delivery that may be transferrable to other sectors providing support to PWUD.

While many staff and stakeholders expressed sincere gratitude and appreciation for their involvement at the site, staff resourcing was identified as a challenge. Many staff reported feeling physically exhausted due to under resourcing of staff, overwhelmed with the extensive media coverage, requests for tours of the site, and feeling stressed regarding the uncertainty of the site. Some stakeholders reported concerns regarding their organization's level of involvement in TOPS, face challenges managing caseloads for their roles back at their organization and recognized that there may be a limited understanding about their role at TOPS among their organizations. These negative unintended consequences identify some key areas for improvement that can be discussed among staff, stakeholders and their respective organizations.

Future Enhancements to Service Delivery

Several suggestions to enhance service delivery were provided, including wound care services, primary health care services, access to rehabilitation and treatment services and further education on harm reduction. Clients also requested the addition of recreational activities, smoking services, refreshments and services to meet their basis needs (i.e. food, clothing, hygiene). Given the wide range of enhancement services suggested, there is value in considering the site to be the access point to services for this vulnerable, marginalized population.

The feedback gathered on service delivery will help inform further changes to service delivery at TOPS and will be useful for planning of future supervised consumption facilities. Increasing hours of operation, increasing the amount of space, improving privacy for services, ensuring adequate staffing, enhancing operational policies, and data collection procedures will be important considerations for future site planning.

Impacts

Creating a safe space

The evaluation findings revealed that the site offers a safe, clean, and secure space for people who use drugs in our community. The existence of the space is recognized as a main outcome in itself. Yet, the evaluation findings highlight that this site is more than a place to use drugs safely under supervision, as it has been referred to as a "safe haven" where clients feel accepted and less stressed without the risk of the public seeing them and getting caught by police or security. A place free from the stigmatization and discrimination routinely experienced in society by many people who use drugs. A place where clients are recognizing their own self-worth, feeling valued and having a sense of hope for the first time in a long-time.

Other qualitative studies have reported on similar findings regarding users' perceptions of the SCFs. Users perceive SCFs to provide a safe environment that is free from violence and stigma (McNeil & Small, 2014).

While safer injection practices were also reported in these studies to influence health outcomes, the users reported that the primary benefit to the site is the creation of a safe environment (McNeil & Small, 2014). Furthermore, the findings of a recent systematic review of stakeholder perspectives of SCFs revealed that one of the most commonly reported benefits is the creation of a safe space for PWUD that reduces the risks of being caught in public spaces (Lange & Bach-Mortensen, 2019). These findings echo the experiences of TOPS clients given that the safe and secure space at the site enables them to feel less stressed, less stigmatized and more accepted.

Building Trusting Relationships

Building trusting relationships between clients, staff and stakeholders was identified as a critical factor that enables clients to feel safe, secure and valued. One of the key facilitators behind the identified impacts are the staff at the site. The compassion, genuine care, and love that staff have for clients has led to the formation of trusting relationships with some of the most vulnerable people in our community; people who are often overlooked, marginalized, and isolated from the health and social service system. Common strategies reported to facilitate relationship building with clients included surrounding them with familiar faces, using a conversational approach, acknowledging clients as experts, and socializing with clients.

The value of forming trusting relationships and the power of human connections cannot be underestimated. Findings indicated that many clients have formed friendships and are feeling valued and accepted as a result of their interactions with staff. The trusting relationships between clients, staff and stakeholders can lead to improved drug injection practices and a desire to seek further support from other health and social services. While the community of PWUD was described as close-knit and strong, the 'intimacy' of the site is providing a place for clients to feel a sense of belonging and community with others outside of the PWUD community. Staff and stakeholders are now part of their community at the site. Clients value having someone trusted to talk to at the site.

The findings also reveal the positive benefits that are occurring with peer-to-peer relationships at the site. Peers are providing peer-to-peer injections, encouraging safer drug use practices among one another and monitoring each other for signs of overdose. Furthermore, peers were noted as providing a supportive role in reinforcing the rules of the site. The site has become a space that many clients value and do not want others to be disrespectful of the site rules which could put the site in jeopardy.

Harm Reduction Outcomes

Early findings show progress towards meeting the intended outcomes established for the site. In the first 6 months of operation, the site has addressed the immediate need of responding to opioid-related overdoses. During the evaluation study period (Feb 12-Aug 31, 2018), all overdoses (19 treated with oxygen; 7 treated with naloxone) were reversed by staff and no deaths occurred. After one year of operation, TOPS has reversed 83 overdoses and still no deaths (MLHU, 2019c). Similar findings of mitigating overdose-related mortality have been reported elsewhere (Kennedy et al., 2017).

It appears that local efforts are making an impact on the opioid-related deaths in the Middlesex-London community (MLHU, 2019c). While data from the first quarter of 2018 reported an unprecedented 22 deaths due to opioid poisoning, data from the second and third quarters were substantially down with 12 reported deaths in the second quarter and 8 deaths in the third quarter (MLHU, 2019c). Findings indicated that almost none of the deaths in the second and third quarter revealed evidence of injection drug use, which suggests that other forms of drug use may have been used (MLHU, 2019c). Given that TOPS has been successful at reaching some PWUD, there may be a need to expand promotional efforts to increase awareness that the site can also be used for oral and intranasal drug consumption.

In addition to TOPS, there are a number of strategies by many stakeholders that have contributed to the reduction in opioid-related deaths, including naloxone distribution at pharmacies, outreach services,

harm reduction programs, and naloxone administration by first responders (MLHU, 2019c). London Police Services started equipping their officers with naloxone in June of 2018. Between June and the end of December of 2018, London Police Services reported that officers administered 96 doses of naloxone to 59 people experiencing an overdose and 57 of those individuals survived (MLHU, 2019c). Together the efforts by multiple community partners show evidence that opioid-related deaths are decreasing in our community. Given that there have been observed reductions in overdose-related ambulance services reported by a SCF in Australia (Salmon, vanBeek, Amin, Kaldor & Maher, 2010), ongoing monitoring of overdose-related service calls will help the Middlesex-London community further understand the impacts of the collective efforts during this opioid crisis.

Moreover, there has also been a reported reduction of more than 50% in new HIV diagnoses in the Middlesex-London community between 2016 and 2018 (MLHU, 2019). During this same time frame, the number of HIV cases reporting injection drug use as a risk factor has also decreased from 74% in 2016 to 52% of cases in 2018 (MLHU, 2019). Although these are promising trends, it important to note that no primary studies have directly assessed the impact of SCFs on HIV transmission (MacArthur et al., 2014). SCFs are viewed as an intervention that can complement other HIV/HCV prevention strategies as they are often accessed by individuals at increased risk for HIV/HCV infection.

In this evaluation, self-reported client data revealed that the majority of clients have learned strategies at the site to use drugs more safely. Findings from a recent systematic review of stakeholder perspectives of supervised injection facilities revealed that education on safer injection practices was a commonly reported benefit of the facilities (Lange & Bach-Mortensen, 2019). Furthermore, clients reported changes in their drug use behaviour including reusing their own gear less, sharing their own gear less with others, and feeling less rushed while using their drugs. Similar outcomes have also been consistently reported in the literature (Kennedy et al, 2017). Some clients also reported that the frequency of their drug use has decreased. It is important to continue monitoring these drug use behaviour outcomes.

Connection to Health and Social Services

While the evaluation findings do not report on the number of referrals, the majority of clients self-reported that staff have talked to or helped them connect with other health and social services. Respondents noted that the provision of wrap-around services was a critical factor in the success of the current service delivery model and also suggested more onsite services should be offered. Recent data reports that 186 clients at TOPS have been referred to addictions treatment, 144 clients to agencies providing housing support and 167 clients to additional healthcare services (MLHU, 2018). It appears that that at the root of increasing connections with health and social services is the building of trusting relationships between staff, stakeholders, and clients.

Public Order Outcomes

Evaluation findings also revealed that there was evidence of changes to some public health order outcomes. The existence of the site was described as a safe and secure place for PWUD which minimizes public drug use in public washrooms, alleys, and parks. Many clients reported 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. A few respondents on the Community Resident and Business Survey raised perceived concerns regarding negative impacts on local businesses and residents due to criminal activity in the area. It will be important in the future to establish routine monitoring of public order outcomes to have objective measures in place.

The staff have also strengthened their communication with police which has resulted in increased police foot patrol presence around the site. Facilitating ongoing dialogue between site leadership and surrounding businesses and neighbours living in close proximity of the site was reported as a key strategy

to continue in order to mitigate any negative impacts such as increased loitering and difficulty renting units in the residential building. Furthermore, there is a need for measuring and monitoring public order and crime-related outcomes in close proximity to the site. Given that other studies have reported improvements in public order outcomes such as public drug use and publicly discarded syringes and injection-related litter (Kennedy et al, 2017) and no changes (Kennedy et al., 2017) or a decrease in crime rates (Myer & Belisle, 2018), it will be important for these outcomes to be measured and monitored rather than relying solely on self-report data.

Future Evaluations

Ongoing monitoring of additional outcomes would be beneficial to describe the demographic characteristics of clients and demonstrate further impacts of the site. It recognized that there were limitations to the usage statistics that were reported on in the MOHLTC OPS Monthly Reporting Form (e.g. Ministry Reporting Form). It would be ideal to know how many clients are repeat clients, gather specific information regarding the total number of overdoses, number of referrals to health and social services organizations, client demographics (e.g. age, housing status, employment status, food security, etc.), in order to better understand who is using the site. Some of these indicators are currently being recorded and monitored regularly through the NEO database. However, only the Ministry Reporting form was used for the purposes of reporting on data for this evaluation. Self-reported information from evaluation participants described many clients as experiencing housing insecurity, unemployment and food insecurity, however, the evaluation did not collect demographic information from clients.

Future evaluations are needed to review the cost-effectiveness of the site as it was highlighted by staff and stakeholders as a cost-effective strategy, but described as a waste of tax payers' resources by some respondents on the Community Residents and Business Owners Survey. This evaluation did not explore measures of cost-effectiveness. However, this information may be valuable to inform the general public and useful to advocate for further funding.

While the surveys and interviews with clients in this evaluation helped to gather clients' stories of using the site and gain insight into changes that the site is having on their day-to-day lives, more in-depth experiences from clients will be helpful to explore the impacts after the site has been operating for a longer duration. Furthermore, some clients expressed interest in volunteering at the site and being involved in participating in future evaluations. A participatory evaluation approach would help to capitalize on their valuable experiences and empower them to share the impacts in a way that might help reduce stigma and discrimination towards PWUD.

Evaluation strengths, limitations and context

Strengths

Stakeholder Engagement

There were a number of strengths that supported the implementation of the evaluation. It was beneficial to have feedback in the evaluation's early planning stages from lead organizations and key stakeholders to help guide the development of the evaluation plan and questions. It was also an asset to seek formal support from senior management at stakeholder organizations for their staff to be engaged in the evaluation.

Client Recruitment

There were a number of factors that were strengths of the data collection process with clients at TOPS. The decision to conduct surveys and interviews directly at the site was beneficial because it was where they were already accessing services in an environment comfortable to them. Having TOPS staff inform clients at TOPS about the opportunity to participate in the evaluation was helpful because they had existing relationships with clients. Their existing relationships also helped to create a safe space for participants when staff introduced the Evaluation Team to participants.

MLHU Program Evaluator training

The agency orientation and training that TOPS Leads/Staff provided to the Program Evaluators was essential to ensure the ethical requirements and safety protocols were followed enabling the Program Evaluators to effectively engage with participants.

Methods

The semi-structured interviews with TOPS leads/staff, stakeholders and clients allowed for an in-depth and detailed account of participants' experiences. The semi-structured interviews permitted the Program Evaluators to ask more specific questions based on participants' responses in real-time in order to explore topics more fully and understand the complexities of their experiences.

Provision of Refreshments Due to High Temperatures

With the high temperatures of the office building at RHAC during the summer months, and in particular high room temperatures in the room where the majority of the surveys and interviews were conducted, it was very helpful to offer participants water and juice. Refreshments were provided in order to make participants comfortable and reduce the likelihood that participants rush through the survey or interview due to the high temperatures in the room.

Limitations

Evaluation plan development

Due to time constraints, the evaluation team was not able to ask clients to provide feedback on the evaluation plan and data collection tool. The perspectives of TOPS Leads and some key stakeholders was gathered; however, it may have been helpful to gather feedback on the use of terminology (e.g. public health terminology versus street language) in order to ensure accessibility and understanding of all survey and interview questions.

Sample Size

The low response rate [2.6% response rate (15/570)] for the Survey of Community Residents and Business Owners resulted in the inability to report on the quantitative findings. This could have been attributed to

participants only receiving one invitation to participant in the survey. Multiple reminders may have increased the response rate. However, due to costs in sending out multiple reminders via mail, only the initial invitation was mailed. The qualitative feedback received was summarized according to themes; however, the findings should be interpreted with caution given the extremely low response rate. Future research and evaluation studies should explore strategies to increase response rates.

Sampling Frame

The reach of the evaluation was limited to TOPS clients, staff and stakeholders who currently provide services at the site. Due to resource implications, the decision to narrow the sampling frame was made at the outset of the evaluation. It may have been helpful to hear the perspectives of PWUD who are not currently using TOPS to understand the barriers to use and gaps in service delivery. Engaging those not currently accessing TOPS should be considered for future research and evaluation studies.

The exclusion criteria for the client survey conducted excluded support people for clients. These individuals accompany clients to the site, but do not consume drugs themselves. Gathering their feedback as support people could have helped to further understand the impacts that the site may be having on clients and the broader community. This should be a consideration for future research and evaluation studies.

Recording Interviews

The decision not to audio-record the interviews limits the ability to have verbatim quotations. This decision was informed by key stakeholders during the development of the evaluation. They indicated that TOPS clients would not feel comfortable with this practice. As a result, an alternative solution was developed to record the feedback on the laptop and read it back fully to participants for validation. While this process extended the duration of the interview time, it was valuable to ensure that participants' feedback was captured accurately. Participants had the opportunity to add or alter any feedback that was recorded during the interviews.

Self-Reported Data

The primary data findings summarized in this report are based on self-reported participant information. It is recognized that self-reported data may vary at different time points based on the participants' comfort level in sharing their perspectives.

Social Desirability Bias

Some participants may have responded to questions in a manner perceived as more favourable by the Program Evaluators.

Recall Bias

There was a subset of questions on the client survey asking them to reflect on their consumption behaviours since the site had opened. It is recognized that their ability to recall whether their consumption behaviours may have increased, decreased or stayed the same may have been impacted by their ability to remember this information.

Duplication of responses

Due to the anonymity of the site, shift rotations of TOPS staff, and the rotations of Program Evaluators collecting data at the site, there may have been a couple of circumstances where the same clients at the site completed the survey more than once.

Conclusion

Overall, the Temporary Overdose Prevention Site in London Ontario provides a vital service to reduce the harms associated with drug use including opioid-related overdoses. The evaluation findings reveal that the site creates a safe and secure environment for members of our community who use drugs. Through the caring and compassionate service delivery, TOPS has created a welcoming, safe and non-judgmental environment that has allowed people to feel accepted.

Building trusting relationships and creating a culture of trust at the site were identified as critical factors in providing opportunities to promote safer drug use and increase connections to health and social services for clients. The findings also demonstrate the progress being made to reduce opioid-related deaths by directly responding to overdoses at the site where no deaths have occurred to date.

Furthermore, there is evidence to suggest that some public health order outcomes are positively affected with clients reporting less public drug use and less disposal of gear in public spaces. However, more efforts will be needed to monitor and address other public health order outcomes such as loitering, garbage, drug selling/purchasing, and criminal activity within the vicinity of the site in order to ensure safety for clients, residents and businesses. 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 opioid drug crisis. Ongoing efforts by many key stakeholders in the community will be required to address the crisis.

Findings from the first six months of operation of the site provide evidence that the site is making a positive impact on many clients lives. The site is not only saving lives, but also changing them. Moving forward, it will be important to discuss how the findings can be used to help facilitate dialogue with PWUD, key stakeholders, government, policy makers, and the broader community regarding future implementation of permanent supervised consumption facilities.

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.

Appendix A: Literature Review

Literature Review

This section summarizes the current evidence base for safer consumption facilities, including the evidence for effectiveness on public health and public order outcomes, qualitative research into the perceptions of site users, and implementation challenges and facilitators. For the purposes of this discussion, the term safe consumption facility (SCF) will be used. Over the years the terminology has changed, often based on legal rules and regulations. However, the key features of these facilities have remained consistent; facilities where people can consume their own illicit drugs in a safe environment with medical supervision.

The evidence base around SCFs continues to develop. Given the nature of the work, most of the research available on the effectiveness of SCFs is from observational and mathematical modelling studies. A recent systematic review of SCFs summarized the available literature up to May 2017 (Kennedy, Karamouzian, & Kerr, 2017). The majority of studies included in the review were conducted in Vancouver, Canada or Sydney, Australia. This review suggests that SCFs are effective at meeting their public health objectives of mitigating overdose-related harms and drug-related risk behaviours such as syringe sharing, syringe reuse, injecting outdoors and rushed injections. SCFs also facilitate uptake of addiction treatment and other health care services (Kennedy et al., 2017). Furthermore, the review suggests improvement in public order outcomes such as public injecting, publicly discarded syringes and injection-related litter without increasing drug-related crime (Kennedy et al., 2017).

Overdose-related harms

The Kennedy et al. (2017) review suggests that SCFs offer a protective effect. The most compelling evidence where SCFs lead to a decrease in fatal overdoses is from a high-quality cohort study in Vancouver, BC that examined population-based overdose mortality rates before and after the SCF opened, using provincial coroner records. The rate of fatal overdoses decreased by 35% within a 500m radius of the SCF, compared to a 9.3% decrease outside the 500m radius during the same time period (Marshall, Milloy, Wood, Montaner, & Kerr, 2011). Another study estimated that 2-12 cases of fatal overdoses per year were averted in Vancouver as a result of the SCF (Milloy, Kerr, Tyndall, Montaner, & Wood, 2008).

In Australia, the demand for overdose related ambulance services was reduced in the immediate vicinity of the SCF (Salmon, van Beek, Amin, Kaldor, & Maher, 2010). The authors suggest SCFs may be most effective in reducing overdose related ambulance services and preventing overdose related deaths in areas of concentrated drug use.

Safer injection conditions

Another area of consistent findings includes the impact of SCFs on reducing drug-related risk behaviours such as syringe sharing, syringe reuse, injecting outdoors and rushed injections (Kennedy et al., 2017). Milloy & Wood (Milloy & Wood, 2009) identified a consistent pattern emerging within the results of peer-reviewed, published research where their pooled analysis estimated a 69% decrease in the likelihood of syringe sharing among SCF users.

Despite increases in safer injection practices, no primary studies have directly assessed the impact of SCFs on HIV and HEPATITIS C transmission (MacArthur et al., 2014). Modelling studies estimate that SCFs could reduce HIV and HEPATITIS C infections based on the observed reductions in syringe sharing (Enns et al., 2016; Pinkerton, 2011).

Addiction treatment

The Kennedy et al. (2017) review also identified an association between SCF use and uptake of various addiction treatment programs including detoxification services, methadone maintenance therapy, and other forms of addiction treatment for SCF users. Additional studies have continued to show a positive

association between attending an SCF and accessing withdrawal management services (Vipler et al., 2018) and co-located detoxification services (Gaddis et al., 2017), highlighting the potential role for SCF as a point of access for addiction treatment.

Access to other health and social services

In addition to increasing the uptake of addiction services, SCF use appears to increase the likelihood of accessing other health services including care for injection-related skin infections, treatment for medical conditions, utilization of education on safer drug use practices and counselling (Kennedy et al., 2017). Qualitative research in this area suggests the supportive environment within these types of facilities help people who use drugs (PWUD) feel comfortable engaging with staff about their needs. This fostered trust facilitates access to other supports like food, shelter and broader medical and social supports (McNeil & Small, 2014). The authors suggest that the supportive environment comes about "in large part because they disrupted stigmatization processes and improved trust in program staff (McNeil & Small, 2014, p. 156)." Another qualitative study characterized this fostered trust as "building bridges" between site users and service providers within the broader health and social sectors (Kappel, Toth, Tegner, & Lauridsen, 2016).

Public Order

Improvements in public order outcomes such as public injecting, publicly discarded syringes and injection-related litter were noted in the Kennedy et al. review (2017). Although much of this data is self-report from PWUD, residents, and business-owners, Wood and colleagues (Wood et al., 2004) conducted an environmental survey covering specific areas of the neighbourhood surrounding Vancouver's SCF and found that the opening of the SCF was associated with reduced public injections, reduced publicly discarded syringes, and reduced injection-related litter.

Crime-Related Outcomes

The Kennedy et al. (2017) review also reported studies evaluating the impact of SCFs on crime, violence or drug trafficking showed no change in crime rates in the areas adjacent to the SCF. More recently, Myer & Belisle (Myer & Belisle, 2018) used an interrupted time-series analysis with Vancouver police data and determined that there was a statistically significant decrease in total crime, including violent crime and property crime, in the police district where the SCF was located. It is important to note their analysis did not include data on drug selling or purchasing. Previous analysis of crude crime rates of drug trafficking in the downtown eastside of Vancouver showed no change (Wood, Tyndall, Lai, Montaner, & Kerr, 2006).

Cost-effectiveness

Multiple mathematical modelling studies from Vancouver have shown that their SCF is a cost-effective intervention (Kennedy et al., 2017). Findings of cost-effectiveness studies for other Canadian jurisdictions have also predicted that SCFs will be cost-effective compared to no SCFs, and have recommended multiple, smaller SCFs in settings where the drug population is more dispersed than in Vancouver (Enns et al., 2016). These cost-effectiveness studies have taken into account direct health care cost savings such as reduced disease transmission. However, as others have pointed out (Fairbairn & Wood, 2016), there are other benefits of SCFs such as improvements in public order and increased uptake of addiction services that are difficult to express in dollar values.

Perceptions of Site Users

Research has shown that the primary users of SCFs are those who are most marginalized; often those experiencing housing insecurity and unemployment (Potier et al., 2014). A meta-analysis of qualitative research found that various types of safer environment interventions (SEI), the majority being SCFs, were perceived by users as safe, regulated spaces they could occupy (McNeil & Small, 2014). These sites were perceived by users to be free from violence and real or perceived stigma, and to promote safer drug injecting practices by decreasing the barriers to safer injection and increasing their control over how they injected. These facilities created a safe micro-environment, and despite being primarily set up to influence health outcomes for PWUD, for the site users, they were first and foremost a safe environment (McNeil & Small, 2014).

Implementation

The implementation of SCFs is controversial and impacted by many components including the political climate and community perceptions. All levels of government have the ability to impact if sites can open [see the following for detailed accounts of the situation in Vancouver (Kerr, Mitra, Kennedy, & McNeil, 2017) and Toronto (Bayoumi & Strike, 2016). Furthermore, sites that have been granted approval to open, continue to experience challenges because of ongoing regulatory and operational restrictions. These challenges can put SCF staff in complex situations where they have two potentially conflicting roles as caregiver and enforcer (Small et al., 2011).

Community perceptions also impact the implementation of SCFs. Although support for the implementation of supervised injection facilities in Ontario increased between 2003 and 2009, the majority of people still had mixed opinions (Strike et al., 2014). Qualitative research into community members' perspectives in Toronto and Ottawa identified that community members were aware of potential health benefits for PWUD and supported ways to reduce the impact of drug use on their community health services. However, there were mixed opinions on the impact SCFs would have on the size of the PWUD population in their neighbourhoods, business profits, property values and drug-related crime (Kolla et al., 2017).

While there are community concerns about location as noted above, research has also shown that the largest barriers for PWID to use a SCF include the distance to travel, operating hours and wait times (Petrar et al., 2007). As more communities face HIV epidemics and rising death tolls related to opioid use, it will be important to find ways to adapt SCFs to be implemented in less densely populated regions compared to densely populated areas with high levels of injection drug use such as in Vancouver (Young & Fairbairn, 2018).

A key facilitator for successful implementation has been the presence of strong local champions (Bayoumi & Strike, 2016). In the Vancouver context, this included the drug user's community and a network of peer harm reduction champions (Young & Fairbairn, 2018). Engaging the local police department in discussions is also an essential component in moving towards SCF implementation (Young & Fairbairn, 2018). Furthermore, public discussion about the local context, including distribution of drug use, the prevalence of blood-borne infections, and issues of stigma and discrimination can also help shift community perceptions. In Toronto, public dialogue about opioid overdose deaths allowed community members to focus on an identifiable unmet health need and this helped support SCF implementation (Bayoumi & Strike, 2016).

Summary

Although the evidence base for SCFs is still developing, it has been shown that SCFs improve both public health and public order outcomes. Mathematical modelling studies have shown that SCFs can be cost

saving interventions through reduced disease transmission. Furthermore, these sites provide a safe environment that are used by PWUD. These safe, supportive environments help build bridges to accessing other health and social services including addictions treatment. Despite these positive outcomes, the implementation of SCFs continues to be controversial and is significantly impacted by political climate and community perceptions. To be successful in implementing SCFs it is imperative to include strong local champions, engagement of police and public discussion about the local context.

Literature Review Written by:
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Appendix B: Temporary Overdose Prevention Site Local Context and Site Description

Local Context

Since 2016, there have been a number of key stakeholders who have been working collaboratively to address the overlapping opioid and HIV crisis which allowed the Middlesex-London Health Unit (MLHU) and Regional HIV/AIDS Connection (RHAC) to mobilize resources to open Ontario's first legally sanctioned Temporary Overdose Prevention Site (TOPS).

On September 25, 2017, MLHU's Medical Officer of Health activated the Health Unit's Incident Management System (IMS) to escalate the response to the community's opioid crisis (MLHU, 2017b). Additionally, in 2017 the Opioid Crisis Working Group was formed and included representatives from The City of London, Middlesex-London Health Unit, Regional HIV/AIDS connection (RHAC), London Intercommunity Health (LIHC), Addiction Services of Thames Valley, London Police Service, London Health Sciences Centre (LHSC), London CAReS, Southwest LHIN, Middlesex-London EMS, an Indigenous leader, and a community member with lived experience. This group guided the community consultation process, necessary to complete the Supervised Consumption Facility (SCF) application.

A community consultation report was generated based on data collected between November and December 2017 (Centre for Organizational Effectiveness, 2018). While the findings were gathered to inform the development of SCFs in London, the community engagement process and findings were also applicable for the development of Temporary Overdose Prevention Site (TOPS). Findings from the public consultations indicated the importance of having integrated services linking to wrap-around support, treatment and addiction services, and rehabilitation services. It was also recommended that peers and Indigenous individuals be hired as staff to better provide culturally relevant services, and trauma and violence informed service delivery (Centre for Organizational Effectiveness, 2018).

The consultation gathered input from 334 participants at nine community consultations, 2145 responses to an online survey, and four focus groups with feedback from another 56 participants.

Respondents identified a number of benefits in establishing a SCF including:

- A reduction in the risk of injury and death from drug overdose;
- A reduction in risks of infectious diseases; and
- Linkages for people who use drugs to health, social and treatment services (Centre for Organizational Effectiveness, 2018).

Respondents also identified some concerns in establishing a SCF including:

- A negative impact on the reputation of the community;
- A perceived decrease in personal and child safety; and
- An increase in drug selling/trafficking in the site area (Centre for Organizational Effectiveness, 2018).

A number of suggestions regarding potential locations for SCF sites were identified from the community consultation meetings. Four key neighborhoods were identified: Old East Village, SoHo (South of Horton), East Hamilton, and the Downtown/Core. These 4 locations were also identified based on mapping of improperly discarded needles, and increased cases of HIV and Hepatitis C.

Key considerations when selecting a SCF site included potential impacts on the neighbourhood, businesses and populations, neighbourhood improvement efforts, the number of existing social services, community engagement commitment, site accountability, and community education (Centre for Organizational Effectiveness, 2018).

Site Application and Approval Process

In December 2017, Health Canada announced that it would grant temporary class exemptions to establish Urgent Public Health Need Sites (also referred to as overdose prevention sites) in provinces and territories experiencing an urgent public health need (MOHLT, 2018a).

On December 7, 2017, Ontario received an exemption under the new federal policy (Ministry of Health and Long Term Care, 2018). On January 11, 2018, the Ministry of Health and Long Term Care (MOHLTC) announced that applications for Overdose Prevention Sites were being accepted (MOHLTC, 2018). Overdose Prevention Sites (OPS) were to be established as a time-limited (3-6 months) service, with the possibility of being extended (MOHLTC, 2018). The OPS were intended to provide accessible, stigma free, essential health services to help reduce the growing number of overdose deaths in affecting some of the most vulnerable and marginalized populations in the province (Ministry of Health and Long Term Care, 2018).

With the support of community organizations, the MLHU and RHAC collaboratively submitted the first Ontario application for a Temporary Overdose Prevention Site (TOPS) on January 12, 2018 (MLHU, 2018b). On January 19, 2018, the Ontario government approved the application to become Ontario's first Temporary Overdose Prevention Site (TOPS) and provided a one-time funding of $130,700. TOPS (also referred to as "the site") officially opened in RHAC at 186 King Street, London, Ontario on February 12, 2018.

The site was granted permission to operate by the MOHLTC until August 15, 2018 (MLHU, 2018a). On August 14th, an extension for the site was granted to continue operating until September 30th, 2018, while the MOHLTC reviewed the effectiveness of Overdose Prevention Sites and Supervised Consumption Facilities. At the September 30th deadline, the exemption was extended again until October 31st as the MOHLTC finalized their review of recommendations.

On October 30, 2018, MOHLTC announced the decision to renew the federal exemption and allow TOPS to continue operating until as an interim facility until the permanent facilities are operational. It was also announced that both Temporary Overdose Prevention Sites and Supervised Consumption Facilities (SCF) would be required to operate under the requirements of the Consumption and Treatment Services model and there would be a limit of 21 sites allowed in Ontario (MOHLTC, 2018b).

During this time, applications for two permanent facilities received Federal approval and exemption under the Controlled Substances and Drugs Act. As of February 2019, municipal approval for City of London zoning applications for sites proposed for 466 York Street and 241 Simcoe Street were pending.

Community Drug and Alcohol Strategy

In October 2018, a comprehensive Community Drug and Alcohol Strategy was launched by a network of community partners coordinated by the MLHU and RHAC. The Middlesex-London Community Drug and Alcohol Strategy (CDAS) is a long-term comprehensive strategy to address substance use in London and the surrounding area based on a four pillar philosophy of prevention, treatment, harm reduction and enforcement. The CDAS partnership consists of more than 30 committed community partner organizations representing diverse sectors inducing health and social services, education, enforcement, municipalities, business, and people with lived expertise. One of the recommendations (N0. 13) within the harm reduction pillar involves working collaboratively to address the opioid crises within Middlesex-London (Middlesex-London Community Drug and Alcohol Strategy, 2018).

Description of the Temporary Overdose Prevention Site

Target Populations for the Temporary Overdose Prevention Site

The site is intended to provide support and harm reduction services to people who use drugs (PWUD). Individuals accessing the site include adults and youth greater than 16 years of age, who have a history of drug consumption.

Intended Outcomes

London, Ontario's Temporary Overdose Prevention Site was opened as a harm reduction program to respond to the growing opioid crisis in Middlesex-London. The site is intended to

- Prevent overdose deaths;
- Reduce the spread of infectious disease;
- Reduce unsafe consumption practices; and
- Increase access to health and social services.

Services

The site offers a low-barrier, hygienic, stigma-free environment for people to use pre-obtained drugs under the supervision of harm reduction workers and medical staff. TOPS operates on Monday to Friday from 10 am – 4pm on weekends from 11 am – 4pm. It is closed on Statutory holidays. The site is intended to provide support and harm reduction services to people who use drugs (PWUD).

The following services and supports are offered at the site:

- Supervised injection, oral, and intranasal drug consumption; (smoking is not permitted in the site);
- Overdose prevention and intervention (i.e. Use of oxygen and naloxone);
- Fentanyl test strips as a drug checking service;
- Peer-to-peer assisted injections;
- Education on safer consumption practices;
- Medical and counselling services; and
- Wrap-around supports such as referrals to drug treatment, mental health services, housing, primary care, indigenous support, income support, and other services.

Individuals are provided with a range of sterile harm reduction supplies, including:

- Syringes (e.g. 3 cc barrel syringes with separate tips, 27 & 28 gauge sterile syringes);
- Alcohol swabs (i.e. Alcohol prep pads);
- Sterile water;
- Sterile filters;
- Ties (i.e. Tourniquet); and
- Cookers.

Lighters are also available upon request to allow for people to cook their drugs prior to injecting them. Vitamin C is also available when heating their drugs to remove harmful bacteria. All supplies are provided in sterile packaging, with the exception of ties (i.e. tourniquets). All items are one-time use and are discarded afterwards into sharps disposal bins located at each table.

The site is staffed by medical professionals (e.g. nurse or paramedic), harm reduction workers, and staff from community agencies who offer support and encouragement to reduce high risk drug consumption practices, and provide education on safer injection practices and health risks associated with injection

drug use (e.g. soft tissue injuries, cellulitis, abscesses, iGAS, HEPATITIS C, HIV, etc.). Staff also assist with monitoring any complications resulting from substance use and responding to potential overdoses with the use of oxygen and/or naloxone. Referrals to health and social services in the community are also made to clients who express an interest in seeking out these services and supports.

The aftercare area provides another opportunity for PWUD to connect with community services. This space is staffed by employees from community agencies in addictions, mental health, housing support, and community outreach networks. The following organizations provide in-kind wrap-around support 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.

Location of the Temporary Overdose Prevention Site

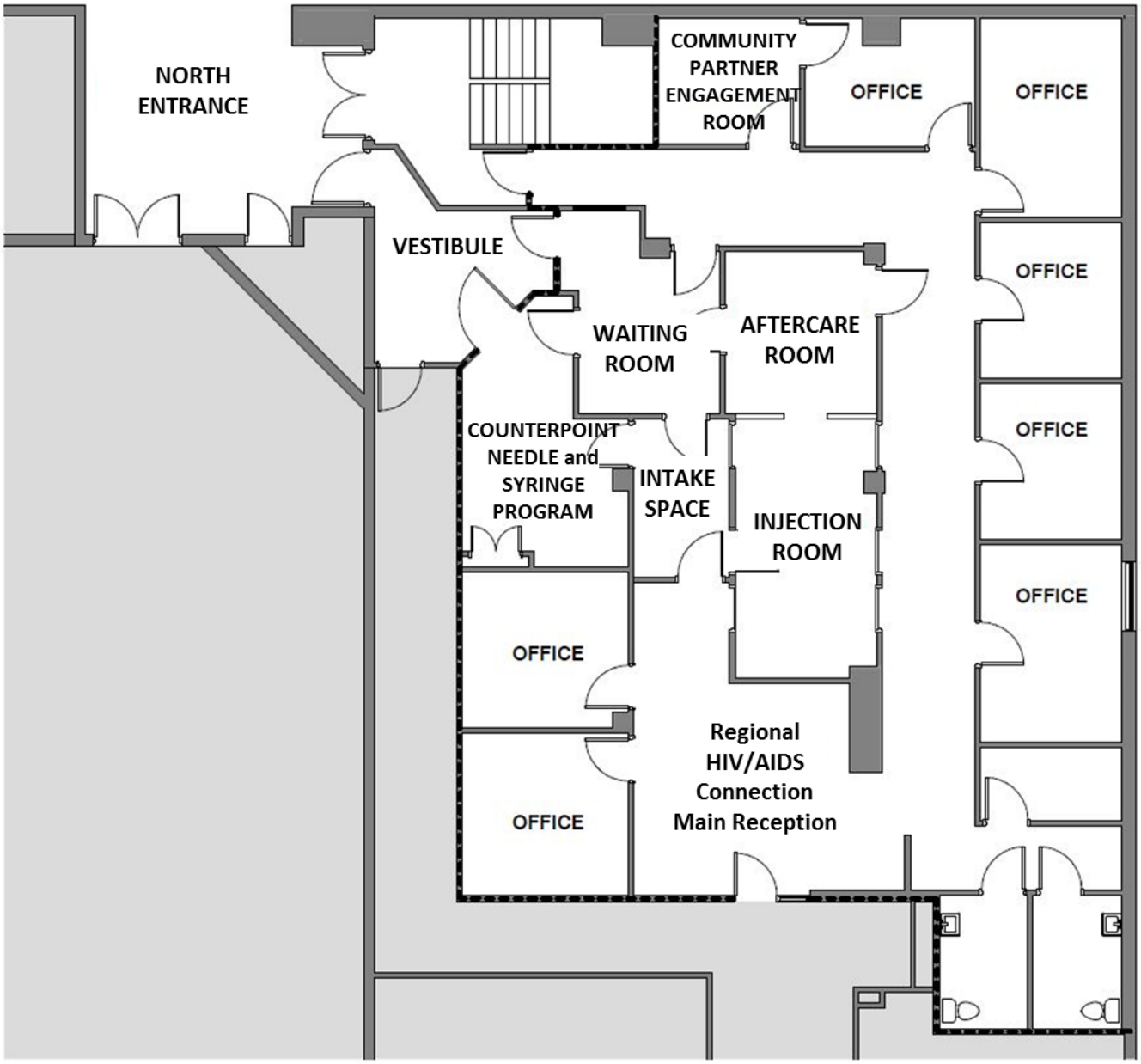
TOPS is located at 186 King St., London, Ontario in the same building and office space as RHAC in the downtown core. RHAC is an established leader in providing harm reduction services to individuals living with, or who are at risk for contracting, HIV, Hepatitis C, or other blood borne infections. RHAC operates the Counterpoint Needle Syringe Program where they work with people who use drugs to reduce the risk of HIV and other blood borne infections by providing free harm reduction supplies and information. The Counterpoint Harm Reduction Services offered at the same site also work as a referral source to other social services and health care agencies such as drug and alcohol treatment centers, doctors, hospitals, social workers, housing and welfare support agencies, legal aid, etc. Through its years of operation, RHAC has established relationships and connections with people who use drugs and is one of the main reasons why RHAC was selected as TOPS location. TOPS is embedded within RHAC and adjacent to the Counterpoint Needle Syringe Program.

Client Flow and Layout of the Temporary Overdose Prevention Site

The following section provides a brief description of the main rooms at the site and how PWUD at the site access the services and supports. The rooms of the site were constructed over a two- to three-week duration following the announcement. The site was integrated into the existing facility of RHAC from existing office spaces. A Floor Plan of the site is included below in Figure 1.

A virtual tour is also available which details each of the main rooms and how people access the services at the site. This tour can be found online at: https://www.healthunit.com/temporary-overdose-prevention-site/

Figure 1: Layout of the Temporary Overdose Prevention Site



Entry to the Site

Individuals can enter the waiting room directly through the north entrance of 186 King Street. While a person can access the site through the south entrance to Regional HIV/AIDS Connection (RHAC), they are strongly encouraged to use the north entrance as a direct customer service experience. However, if they do access through the south entrance, the receptionist lets the staff know there has been a request for customer service. A staff member greets the individual and goes with them to the waiting room.

Waiting Room

In the waiting room, staff greet individuals and find out the individual's service needs which may include the Temporary Overdose Prevention Site and/or Counterpoint Needle Syringe Program.

Intake Space

In the intake space, staff gather information from individuals before they can access the overdose prevention site. Upon their first visit, individuals will read or have a release of responsibility waiver read to them, and sign a user agreement and consent form. A code of conduct is reviewed with each individual and also posted in the waiting room, intake space, and in the injection room.

Injection Room

In the injection room, individuals are greeted by a harm reduction worker and asked to provide a code their unique code as a way to anonymously track their visits and log substances used at each visit. Individuals are also greeted by medical staff who are available to provide support in the injection room.

Within the injection room there is a nursing station, which is staffed by one medical professional (e.g. nurse or paramedic). The nursing station first aid, wound car supplies, Oxygen tanks, and Naloxone (Narcan). Both injectable and nasal Naloxone are available.

There are two tables with two chair each for people to sit (i.e. a total of 4 chairs) and use their pre-obtained drugs (either prescription or street drugs) with the supervision of both harm reduction workers and medical staff. Sterile harm reduction equipment and supplies are available in the injection room to help people use safely.

There is a zero tolerance policy for any dealing or sharing of drugs between clients at the site. To help with flow, individuals are asked to limit time in the injection room to 20 minutes although this is flexible based on individual's needs (e.g. if someone is having difficulty finding a vein).

Aftercare Room

In the aftercare room, individuals are greeted by staff from the community organizations providing services at TOPS and can be connected to various health and social services. This space provides an opportunity for people to be supervised in case of any complications including potential signs of overdose. The aftercare room is not a separate room from the injection room, but rather is separated by two columns and a three-foot half wall. When individuals are ready to leave the aftercare room, they exit back through the waiting room and out the north door.

Counterpoint Needle Syringe Program

The Counterpoint Needle and Syringe Program has been operating at Regional HIV/AIDS Connection for over 25 years. People can access various harm reduction supplies such as needles, syringes, cookers, ties, vitamin C, sharps containers of various sizes, alcohol swabs, sterile water, safe inhalation kits, filters, snorting kits, hot railing kits, and naloxone kits. People can choose to use the Counterpoint Needle Syringe Program before or after they have used the injection room.

Community Partner Engagement Room

One of the offices of RHAC is available as needed as private space for community partners to meet with individuals for intake, counselling, HIV/Hepatitis Point of Care testing, vaccines, etc.

Appendix C: Evaluation Plan

Evaluation Questions *What do you need to know?*	***Evaluation Question 1*** Are the services being provided as intended at TOPS?	***Evaluation Question 2*** Are the services adapting to client and community needs?	***Evaluation Question 3*** Are the intended benefits of TOPS being recognized?	***Evaluation Question 4*** Who is using TOPS services and what substances they using?	***Evaluation Question 5*** How is TOPS impacting the lives of people who use drugs in Middlesex-London?
Evaluation Purpose *How will results of the evaluation be used?* The purpose of this evaluation is to assess the implementation and impact of TOPS being implemented in Middlesex-London.	The evaluation findings will be used to highlight any gaps/weaknesses, as well as strengths in service delivery, to inform and improve service delivery as necessary. The findings will also help to ensure that TOPS remains accountable to stakeholders and the community about the impact of providing these services and maximizing the impact of the TOPS on the lives of clients.	The evaluation findings will inform necessary adaptations of services and delivery methods to meeting client and community needs.	The evaluation findings will be used to increase buy-in from stakeholders and community members. These finding can also help to provide evidence of the benefits of TOPS and the impact of TOPS on the Middlesex-London community.	The evaluation findings will help TOPS and other community organizations to tailor their services and supports to the populations accessing TOPS.	The evaluation findings will help provide the "lived experiences" of people accessing TOPS and the impact this service is having on their lives. The findings can also help minimize negative community perspectives and normalize the services needed by the community.
Rationale *Why is this question important?*	We need to understand if the services and support provided at TOPS were delivered as intended. If not, this will help us to understand what changes need to be made.	We need to understand if the services are meeting the needs of the clients and the community. If the services are not meeting the needs, what can we do to adapt the services at TOPS to meet the needs.	We need to understand if the intended benefits of TOPS are being recognized among clients, stakeholders, the broader community. This could ultimately increase public/community support for and acceptance of TOPS and future SCFs.	We need to understand the demographic characteristics of people using the TOPS services, the substances that are currently being used, the method used and the drugs (and # of) laced with Fentanyl in Middlesex-London community. This information can help to adapt services and support specifically targeted towards the populations accessing TOPS.	We need to understand the impact that TOPS is having on the people who are accessing the services, why they are accessing the services, what makes them keep coming back and where they would be without the services. We want to understand their experiences and perspectives.

Evaluation Questions *What do you need to know?*	***Evaluation Question 1*** Are the services being provided as intended at TOPS?	***Evaluation Question 2*** Are the services adapting to client and community needs?	***Evaluation Question 3*** Are the intended benefits of TOPS being recognized?	***Evaluation Question 4*** Who is using TOPS services and what substances they using?	***Evaluation Question 5*** How is TOPS impacting the lives of people who use drugs in Middlesex-London?
Type of Data *What measures/indicators are you looking for? Is this a qualitative or quantitative measure?* *NOTE: A sample of indicators have been included. See the Evaluation Matrix for the complete list of indicators.*	# of client visits (total) # of client visits during morning hours (10:00am-11:59am) # of client visits during afternoon hours (12:00pm-4:00pm) # of client visits where the injection was peer-assisted Description of the types of referrals to health and social services	# of services provided changed (have services been added or removed?) Hours of services changed (is TOPS opening earlier or later?) # of staff at TOPS changed (does TOPS require more, less or the same number of staff?) Type of staff at TOPS changed (has the type of staff required at TOPS changed?) Changes to the way services are offered at TOPS % of clients reporting they are satisfied with the services offered at TOPS Satisfaction of clients in community % of community residents / businesses (within 120m radius) supporting TOPS % of key stakeholders supporting TOPS	# of overdoses at TOPS # of overdoses among people who participated in drug checking (Fentanyl test strip) # of overdose deaths occurring in TOPS # of overdose events requiring treatment with oxygen/rescue breathing # of overdose events requiring treatment with naloxone at TOPS Range of doses of naloxone administered per overdose at TOPS # of calls to EMS at TOPS related to an overdose # of transfers to an emergency department related to an overdose at TOPS # of TOPS clients receiving safe injection education # of TOPS clients reporting needle sharing	Type of substance used # of clients that participated in drug checking (Fentanyl test strip) # of drug checks completed (Fentanyl test strip) Type of substance identified in test strip # of visits by clients under 25 years # of visits by clients between 25-64 years # of visits by clients over 65 years # of visits by clients where age group is unknown Length of time living in London	Impact of TOPS on their lives Reasons for accessing TOPS Reasons for continued use of TOPS Access to other services and supports through TOPS
Data Source *Where can you get the data?* *Identify if there are existing data or if new data needs to be collected*	Existing data source New data collection	New data collection	Existing data source New data collection	Existing data source New data collection	New data collection

Evaluation Questions *What do you need to know?*	***Evaluation Question 1*** Are the services being provided as intended at TOPS?	***Evaluation Question 2*** Are the services adapting to client and community needs?	***Evaluation Question 3*** Are the intended benefits of TOPS being recognized?	***Evaluation Question 4*** Who is using TOPS services and what substances they using?	***Evaluation Question 5*** How is TOPS impacting the lives of people who use drugs in Middlesex-London?
Data Tools *Are data collection tools required?* *Identify if data tools will be required to access existing data or collect new data. Document any known existing tools or indicate if tools will need to be developed.* *Note: If you are collecting **new** data, complete the **Data Collection Plan** for each data collection tool.*	Existing data sources: • Ministry of Health and Long-Term Care Overdose Prevention Sites (OPS) Monthly Reporting Form New data collection tools: • Key informant interviews (Client, Stakeholder, Staff) • Client surveys	New data collection tools: • Key informant interviews (Client, Stakeholder, Staff) • Client surveys • Surveys of Community Residents and Business Owners within 120m of the TOPS	Existing data sources: • Ministry of Health and Long-Term Care Overdose Prevention Sites (OPS) Monthly Reporting Form New data collection tools: • Client survey • Key informant interviews (Client, Stakeholder, Staff)	Existing data sources: • Ministry of Health and Long-Term Care Overdose Prevention Sites (OPS) Monthly Reporting Form New data collection tools: • Client survey • Key informant interviews (Client, Stakeholder, Staff)	New data collection tools: • Client survey • Key informant interviews (Client, Stakeholder, Staff)
Data Collectors *Who will collect/collate the data?*	TOPS staff Evaluation Team	Evaluation Team TOPS staff	Evaluation Team TOPS staff	TOPS staff Evaluation Team	Evaluation Team TOPS staff
Timeline *When will data be collected*	Ongoing to 6 months for existing data 6 months for new data collection	6 months	Ongoing to 6 months for existing data 6 months for new data collection	Ongoing to 6 months for existing data 6 months for new data collection	6 months
Data Analysis *Who will analyze the data?*	Evaluation Team	Evaluation Team	Evaluation Team	Evaluation Team	Evaluation Team
Communication *Who needs the results?* *Identify the audiences that need to hear about the evaluation results.*	Key stakeholders at TOPS TOPS staff/leads Community members Business owners	TOPS clients TOPS staff/leads People who use substances not accessing TOPS Key stakeholders at TOPS Community members Business owners	TOPS clients TOPS staff/leads People who use substances not accessing TOPS Key stakeholders at TOPS Community members Business owners	TOPS clients TOPS staff/leads People who use substances not accessing TOPS Key stakeholders at TOPS Community members Business owners	TOPS clients TOPS staff/leads People who use substances not accessing TOPS Key stakeholders at TOPS Community members Business owners

Appendix D: Evaluation Matrix for The Temporary Overdose Prevention Site (TOPS)

Evaluation Matrix for The Temporary Overdose Prevention Site (TOPS)

Evaluation Question 1: Are the services being provided as intended at the TOPS?					
Evaluation Sub-Questions	Indicators	Data Sources	Data Collection Methods	Timeline	Person Responsible
1.1 What is the pattern of client attendance at TOPS?	# of client visits (total)	Clients	OPS Monthly Reporting Form	Feb-Aug 2018	TOPS staff
	# of client visits during morning hours (7:00am-11:59am)	Clients	OPS Monthly Reporting Form	Feb-Aug 2018	TOPS staff
	# of client visits during afternoon hours (12:00pm-4:00pm)	Clients	OPS Monthly Reporting Form	Feb-Aug 2018	TOPS staff
	# of unique clients (frequency of use)	Clients	OPS Monthly Reporting Form	Feb-Aug 2018	TOPS staff
	# of clients requiring medical attention for overdose	TOPS staff	OPS Monthly Reporting Form	Feb-Aug 2018	TOPS staff
	# of client visits where the injection was peer-assisted	TOPS staff	OPS Monthly Reporting Form	Feb-Aug 2018	TOPS staff
	% of clients from the survey reporting use of the TOPS on the weekend (Q1a)	TOPS clients	Customer Satisfaction Survey	July-Aug 2018	Evaluation Team
	% of clients from the survey reporting use of the TOPS on Saturday only, Sunday only or Saturday and Sunday (Q1a)	TOPS clients	Customer Satisfaction Survey	July-Aug 2018	Evaluation Team
	Description of why the clients do not use the site on the weekends among those who indicated that they do not use the site on weekends (Q1b)	TOPS clients	Customer Satisfaction Survey	July-Aug 2018	Evaluation Team
	Description of how clients found out about TOPS	TOPS clients	Key Informant Interview with Clients	July-Aug 2018	Evaluation Team
1.2 Is the TOPS operating as it was intended to do?	Description of adherence to OPS guide and whether or not services are being delivered as planned	TOPS Staff	Key Informant Interviews	July-Aug 2018	Evaluation Team
	Description of whether or not staff and clients are following policies and procedures	TOPS Staff	Key Informant Interviews	July-Aug 2018	Evaluation Team
Evaluation Question 2: Are the TOPS services adapting to client and community needs?					
Evaluation Sub-Questions	Indicators	Data Sources	Data Collection Methods	Timeline	Person Responsible

2.1 Have there been any changes to the way TOPS services are offered at the site?	# of services provided changed (have services been added or removed?)	TOPS staff	Key informant interviews	July-Aug 2018	Evaluation Team
	Hours of services changed (is TOPS opening earlier or later?)	TOPS staff	Key informant interviews	July-Aug 2018	Evaluation Team
	# of staff at TOPS changed (does TOPS require more, less or the same number of staff?)	TOPS staff	Key informant interviews	July-Aug 2018	Evaluation Team
	Type of staff at TOPS changed (has the type of staff required at TOPS changed?)	TOPS staff	Key informant interviews	July-Aug 2018	Evaluation Team
	Description of changes to the way services are offered at TOPS	TOPS staff	Key informant interviews	July-Aug 2018	Evaluation Team
	Description of changes to the role of staff at TOPS since the TOPS opened	TOPS staff	Key informant interviews	July-Aug 2018	Evaluation Team
	Description of scenarios if clients were turned away from accessing the site	TOPS staff	Key informant interviews	July-Aug 2018	Evaluation Team
2.2 Have there been any changes to the way TOPS services are offered at stakeholder organizations as a result of their involvement in TOPS?	Description of changes to the way services are offered at the stakeholder organization	Stakeholders	Key Informant Interviews	July-Aug 2018	Evaluation Team
	Description of the types of services and supports that clients are accessing from the stakeholder organization	TOPS Staff Stakeholders	Key Informant Interviews	July-Aug 2018	Evaluation Team
2.3 Are the clients satisfied with the services offered at TOPS?	% of clients reporting their satisfaction level with the quality of services and care that they receive from staff (Q4)	TOPS clients	Customer Satisfaction Survey	July-Aug 2018	TOPS staff Evaluation Team
	% of clients reporting their satisfaction level with the TOPS as a place to take/use drugs (Q5)	TOPS clients	Customer Satisfaction Survey	July-Aug 2018	TOPS staff Evaluation Team
	% of clients reporting the likelihood of them recommending the TOPS to other people who use drugs (Q6)	TOPS clients	Customer Satisfaction Survey	July-Aug 2018	TOPS staff Evaluation Team
	Descriptions of experiences of using the TOPS (Q3)	TOPS Clients	Key Informant Interview	July-Aug 2018	Evaluation Team
	Descriptions of satisfaction levels among clients	TOPS Clients	Client survey and key informant interviews	July-Aug 2018	Evaluation Team
	% of clients reporting the site being located at 186 King Street as a factor that gets in the way of them using the TOPS (Q2a)	TOPS clients	Customer Satisfaction Survey	July-Aug 2018	TOPS staff Evaluation Team

	% of clients reporting that travel time to get to the site as a factor that gets in the way of them using the TOPS (Q2b)	TOPS clients	Customer Satisfaction Survey	July-Aug 2018	TOPS staff Evaluation Team
	% of clients reporting the waiting time to get into the consumption room as a factor that gets in the way of them using the TOPS (Q2c)	TOPS clients	Customer Satisfaction Survey	July-Aug 2018	TOPS staff Evaluation Team
	% of clients reporting the rules and regulations of the site as a factor that gets in the way of them using the TOPS (Q2d)	TOPS clients	Customer Satisfaction Survey	July-Aug 2018	TOPS staff Evaluation Team
	% of clients reporting the operating hours of the site as a factor that gets in the way of them using the TOPS (Q2e)	TOPS clients	Customer Satisfaction Survey	July-Aug 2018	TOPS staff Evaluation Team
	% of clients reporting their preference for different hours at the TOPS (Q3)	TOPS clients	Customer Satisfaction Survey	July-Aug 2018	TOPS staff Evaluation Team
	% of clients reporting their preference for earlier hours (before 10 am), later hours (after 4 pm) or both earlier and later at the TOPS (Q3)	TOPS clients	Customer Satisfaction Survey	July-Aug 2018	TOPS staff Evaluation Team
	Clients identification of other services that they would like offered at TOPS (Q7)	TOPS clients	Customer Satisfaction Survey	July-Aug 2018	TOPS staff Evaluation Team
	Description of changes to improve the site (Q5)	TOPS Clients	Key Informant Interviews	July-Aug 2018	Evaluation Team
	% of clients reporting prior use of the Counterpoint Needle Exchange Program at RHAC (Q14)	TOPS clients	Customer Satisfaction Survey	July-Aug 2018	TOPS staff Evaluation Team
	% of clients reporting prior use of Counterpoint Needle Exchange Program by frequency of use (Q14)	TOPS clients	Customer Satisfaction Survey	July-Aug 2018	TOPS staff Evaluation Team
	% of clients reporting likelihood of using mobile Supervised Consumption Services if available (Q15)	TOPS Clients	Customer Satisfaction Survey	July-Aug 2018	Evaluation Team
2.4 Are staff and stakeholders satisfied with how the TOPS is operating?	Description of the strengths and challenges of the site	TOPS Staff Stakeholders	Key Informant Interviews	July-Aug 2018	Evaluation Team
	Suggested areas for improvement in service delivery	TOPS Staff Stakeholders	Key Informant Interviews	July-Aug 2018	Evaluation Team
	Descriptions of encounters with issues of verbal or physical abuse at the TOPS	TOPS Staff	Key Informant Interviews	July-Aug 2018	Evaluation Team

	Description of the level of satisfaction or dissatisfaction with their personal and organization's involvement	TOPS Staff Stakeholders	Key Informant Interviews	July-Aug 2018	Evaluation Team
	Description of feedback provided by clients and suggested areas for improvement	TOPS Staff Stakeholders	Key Informant Interviews	July-Aug 2018	Evaluation Team
2.4 Are community residents/businesses within 120 meter radius supportive of TOPS?	% of community residents/businesses (within 120 m radius) who believe the TOPS will have a positive/negative impact	Community residents/business owners within 120 m of TOPS	Residents and Business Survey	July-Aug 2018	Evaluation Team
	% of residents/businesses within 120 m radius of the TOPS reporting the following types of changes (increases or decreases) since the TOPS opened: Injection-related waste public injection illegal drug transactions criminal activity number of overdoses	Community residents/business owners within 120 m of TOPS	Residents and Business Survey	July-Aug 2018	Evaluation Team
	% of residents/businesses (within 120 m radius) who believe that if there was NOT a TOPS that the following would increase or decrease in their neighbourhood: drug overdoses emergency and health care usage related to drug use and overdoses number of people who use drugs that use community services drug-related waste/litter in the neighbourhood public drug use number of people who use drugs number of illegal drug transactions in neighbourhood crime in neighbourhood	Community residents/business owners within 120 m of TOPS	Residents and Business Survey	July-Aug 2018	Evaluation Team
	Description of feedback provided by residents/businesses about the TOPS in their area	Community residents/business owners within 120 m of TOPS	Residents and Business Survey	July-Aug 2018	Evaluation Team

Evaluation Question 3: Are the intended benefits of the TOPS being recognized?					
Evaluation Sub-Questions	**Indicators**	**Data Sources**	**Data Collection Methods**	**Timeline**	**Person Responsible**
3.1 Has there been a decrease in overdose deaths among people who use drugs?	# of overdoses at TOPS	TOPS staff	OPS Monthly Reporting Form	Feb-Aug 2018	TOPS staff
	# of overdose deaths occurring in TOPS	TOPS staff	OPS Monthly Reporting Form	Feb-Aug 2018	TOPS staff
	# of overdose events successfully managed at TOPS	TOPS staff	OPS Monthly Reporting Form	Feb-Aug 2018	TOPS staff
	# of overdose events requiring treatment with oxygen/rescue breathing	TOPS staff	OPS Monthly Reporting Form	Feb-Aug 2018	TOPS staff
	# of overdose events requiring treatment with naloxone at TOPS	TOPS staff	OPS Monthly Reporting Form	Feb-Aug 2018	TOPS staff
	# of doses of naloxone administered at TOPS	TOPS staff	OPS Monthly Reporting Form	Feb-Aug 2018	TOPS staff
	# of calls to EMS related to an overdose	TOPS Staff	OPS Monthly Reporting Form	Feb-Aug 2018	TOPS staff
	# of transfers to an emergency department related to an overdose	TOPS Staff	OPS Monthly Reporting Form	Feb-Aug 2018	TOPS staff
	# of overdoses among people who participated in drug checking (Fentanyl test strip)	TOPS staff	OPS Monthly Reporting Form	Feb-Aug 2018	TOPS staff
3.1a Has there been a self-reported change in overdoses among clients that have used the TOPS?	% of client reporting a change in the number of times that they have overdosed as a result of using the TOPS (Q12)	TOPS Clients	Customer Satisfaction Survey	July-Aug 2018	Evaluation Team
	% of client indicating that they have never overdosed (Q12)	TOPS Clients	Customer Satisfaction Survey	July-Aug 2018	Evaluation Team
	% of clients indicating that they have not overdosed since using the TOPS (Q12)	TOPS Clients	Customer Satisfaction Survey	July-Aug 2018	Evaluation Team
Evaluation Question 4: Who is using the TOPS services and what substances they are using?					
Evaluation Sub-Questions	**Indicators**	**Data Sources**	**Data Collection Methods**	**Timeline**	**Person Responsible**
4.1 What substances are clients using at TOPS?	Type of substance used	TOPS clients	OPS Monthly Reporting Form	Feb-Aug 2018	TOPS staff
	# of clients that participated in drug checking (Fentanyl test strip)	TOPS staff	OPS Monthly Reporting Form	Feb-Aug 2018	TOPS staff

4.2 Are clients using the Fentanyl test strip drug checking service?	# of drug checks completed (Fentanyl test strip)	TOPS staff	OPS Monthly Reporting Form	Feb-Aug 2018	TOPS staff
	Type of substance identified by client that they checked using the Fentanyl test strips	TOPS staff	OPS Monthly Reporting Form	Feb-Aug 2018	TOPS staff
	# and % of positive results for Fentanyl test strip test	TOPS staff	OPS Monthly Reporting Form	Feb-Aug 2018	TOPS staff
	# and % of actions taken following a positive drug check result (i.e. reduced drug quantity, discarded drug, made no change, unknown)	TOPS staff	OPS Monthly Reporting Form	Feb-Aug 2018	TOPS staff
4.2 What are the demographic characteristics of the people accessing TOPS?	# of visits by clients under 25 years	TOPS clients	OPS Monthly Reporting Form	Feb-Aug 2018	TOPS staff
	% of clients reporting length of drug use/injecting prior to using the TOPS (Q8)	TOPS clients	Customer Satisfaction Survey	July-Aug 2018	Evaluation Team
	% of clients reporting the length of time living in London (Q16)	TOPS clients	Customer Satisfaction Survey	July-Aug 2018	Evaluation Team
	Description of how clients found out about the TOPS (Q1)	TOPS Clients	Key informant interviews	July-Aug 2018	Evaluation Team
Evaluation Question 5: How is the TOPS impacting the lives of people who use drugs in Middlesex-London?					
Evaluation Sub-Questions	Indicators	Data Sources	Data Collection Methods	Timeline	Person Responsible
How is TOPS having a positive/negative impact on your life?	Impact of TOPS on client lives (Q6: Client Survey; Q6 and Q9: Staff Interviews; Q8: Stakeholder Interviews)	TOPS clients TOPS Staff Stakeholders	Key informant interviews	July-Aug 2018	Evaluation Team
	% of clients reporting that the frequency of their drug use has changed since they have been using the TOPS (Q9)	TOPS Clients	Customer Satisfaction Survey	July-Aug 2018	Evaluation Team
	% of clients reporting that they feel more/less/same rushed when using/taking their drugs since the TOPS (Q10a)	TOPS Clients	Customer Satisfaction Survey	July-Aug 2018	Evaluation Team
	% of clients who have used drugs alone in the past reporting that they use alone more/less/same often since the TOPS (10b)	TOPS Clients	Customer Satisfaction Survey	July-Aug 2018	Evaluation Team

	% of clients reporting that they use/take more/less/same drugs since the TOPS (10c)	TOPS Clients	Customer Satisfaction Survey	July-Aug 2018	Evaluation Team
	% of clients who injected in public spaces in the past reporting that they now inject more/less/same frequent in public places since the TOPS (10d)	TOPS Clients	Customer Satisfaction Survey	July-Aug 2018	Evaluation Team
	% of clients who have disposed of gear in public spaces in the past reporting more/less/same frequent disposing of their gear in public spaces since the TOPS (10e)	TOPS Clients	Customer Satisfaction Survey	July-Aug 2018	Evaluation Team
	% of clients who have shared their gear in the past reporting more/less/same frequent level of sharing their gear now since the TOPS (10f)	TOPS Clients	Customer Satisfaction Survey	July-Aug 2018	Evaluation Team
	% of clients who re-used their gear in the past reporting more/less/same frequent re-using of their gear now since the TOPS (10g)	TOPS Clients	Customer Satisfaction Survey	July-Aug 2018	Evaluation Team
	% of clients who needed help injecting in the past reporting that they need more/less/same help with injecting now since the TOPS opened (10h)	TOPS Clients	Customer Satisfaction Survey	July-Aug 2018	Evaluation Team
	% of clients who had used sterile water in the past reporting that they use packaged water more/less/same frequency since the TOPS (10i)	TOPS Clients	Customer Satisfaction Survey	July-Aug 2018	Evaluation Team
	% of clients who had used alcohol swabs to clean injection sites in the past reporting more/less/same frequency since the TOPS(10j)	TOPS Clients	Customer Satisfaction Survey	July-Aug 2018	Evaluation Team
	% of clients who heated their drugs in the past reporting more/less/same frequency of heating their drugs since the TOPS (10k)	TOPS Clients	Customer Satisfaction Survey	July-Aug 2018	Evaluation Team
	Description of other ways in which clients drug use behaviours have changed since the TOPS (Q11)	TOPS Clients	Customer Satisfaction Survey	July-Aug 2018	Evaluation Team
	# of clients agreeing that they have learned tips to use/inject/take drugs more safely as a result of using the TOPS (Q13a)	TOPS Clients	Customer Satisfaction Survey	July-Aug 2018	Evaluation Team
	# of clients agreeing that they feel that the broader community cares about them as a result of using the TOPS (Q13b)	TOPS Clients	Customer Satisfaction Survey	July-Aug 2018	Evaluation Team

	# of clients agreeing that staff have talked to them or helped them to access other health and social services as a result of using TOPS (Q13c)	TOPS Clients	Customer Satisfaction Survey	July-Aug 2018	Evaluation Team
	# of clients agreeing that their feel accepted at the TOPS (Q13d)	TOPS Clients	Customer Satisfaction Survey	July-Aug 2018	Evaluation Team
	# of clients agreeing that it is easy for them to access Naloxone at the Overdose Prevention Site (Q13e)	TOPS Clients	Customer Satisfaction Survey	July-Aug 2018	Evaluation Team
	# of clients willing to test their drugs for Fentanyl at the TOPS (Q13f)	TOPS Clients	Customer Satisfaction Survey	July-Aug 2018	Evaluation Team
Why are clients accessing the services at TOPS?	Reasons for accessing TOPS (Q2)	TOPS clients	Key informant interviews with Clients	July-Aug 2018	Evaluation Team
What other services or support have clients been able to access because of the TOPS?	Description of Services/Support accessed	TOPS clients TOPS Staff Stakeholders	Key informant interviews	July-Aug 2018	Evaluation Team
Where would clients be without the services at TOPS?	Impact of TOPS on client lives (Q6a)	TOPS clients	Key informant interviews with Clients	July-Aug 2018	Evaluation Team
Have there been any positive/negative impacts that the TOPS has had on stakeholder organization?	Description of positive/negative unintended results/impacts on stakeholder organizations	Stakeholders	Key Informant Interviews	July-Aug 2018	Evaluation Team

Appendix E: Customer Satisfaction Survey and Key Informant Interviews with Clients

Introduction

The survey and key informant interviews with people who use drugs (PWUD) and who access the temporary overdose prevention site (TOPS) were conducted to:

- Determine satisfaction levels with the services provided at TOPS;
- Understand the impact that TOPS has had on their life; and
- Inform the development and implementation of future supervised consumption facilities (SCF).

Client Survey and Interview Implementation

Sampling and Recruitment

TOPS clients were recruited for the survey and interview using convenience sampling. Participants were identified by TOPS staff who had face-to-face interactions in the TOPS waiting room. TOPS Staff asked clients if they would like to find out more information about a study being conducted by the Middlesex-London Health Unit. They were informed of a survey and interview being conducted to gather their feedback on the site. A script for TOPS staff was provided to help with the initial recruitment stage (see Client Recruitment Script).

If clients were interested in finding out more about the evaluation, they were given the choice to participate before or after using the injection room. At this point, TOPS staff did not ask clients who were first time users of the site, non-English speaking, and those who were only accompanying people to the site. The number of clients who refused to participate was not recorded during the initial recruitment stage by TOPS Staff.

In some situations, clients were not told by staff about the evaluation being conducted. If clients were not following the site rules/code of conduct at the time or where exhibiting behaviors reflective of a delusional state, staff did not inform them about the evaluation that day. However, clients may have returned on subsequent days and were recruited by staff at that point as they were following site rules and/or in a better state with their mental well-being. This approach aligns with the site rules and code of conduct to ensure client and staff safety.

Time and Location of Data Collection

Data collection for clients at TOPS occurred over a 3.5-week duration between July 17th and August 12th including two weekends during this timeframe.

During the weekday shifts, surveys and interviews with participants were conducted in a private room called the Community Partner Engagement Room (also referred to among staff as the Counselling Room) located at Regional HIV/AIDS Connection on the same floor of TOPS Site. On the weekend shifts, surveys and interviews were conducted in the Intake Room for TOPS. On the weekends, RHAC and Counterpoint Needle Syringe Program are not opened and TOPS is only staffed by 3 individuals.

Inclusion and Exclusion Criteria

Prior to the start of the survey or interview process, three questions were asked to ensure that clients met the eligibility criteria. Clients who access TOPS were eligible to participate if all of the following criteria were met:

- They had used TOPS at least once since it had opened;

- They had used drugs in the past 6 months; and
- They were aged 18 years or older.

During the screening process, two clients did not meet all of the criteria above and were excluded from participating in the evaluation.

During the survey or interview process, if for any reason, the Program Evaluators recognized that a clients' ability to participate was compromised due to stress, physical or mental well-being, the data collection process was stopped. If applicable, clients were asked if they would like to speak to a TOPS staff to obtain further support. Alternatively, referrals were offered to the Mental Health and Addictions Crisis Centre.

Survey and Interview Administration

Surveys were administered face-to-face by two Program Evaluators. Using this approach, the Program Evaluators were available to address any issues that may arise due to literacy levels and provide further clarification on any questions. At the beginning of the survey and interview, clients were given information about the evaluation and a letter of consent (see Client Information Letter and Consent Form). Verbal consent to participate in the evaluation was obtained.

Quantitative and some qualitative data were collected using a client survey referred to as the Customer Satisfaction Survey (see Customer Satisfaction Survey). The surveys took approximately 15-30 minutes to complete.

The interviews with clients at TOPS were conducted in-person by two Program Evaluators using a semi-structured interview guide referred to as the "Client Interview Guide" (see Client Interview Guide). The interviews took approximately 20-30 minutes to complete. One Program Evaluator read the semi-structured interview guide and responses were recorded by the second Program Evaluators using field notes. To validate the field notes, at the end of the interview the note taker summarized the feedback provided and asked the participant to verify it for accuracy. At the request of the participant, the interviewer added or changed content in the interview field notes. This validation process contributed to the accuracy of data.

Survey and Interview Sample

A total of 105 Customer Satisfaction Surveys were completed with the aim for a sample of 100 participants. A total of 26 participants were interviewed for the key informant interviews with clients where the aim was to conduct 10-12 interviews. The qualitative feedback from the client interviews was monitored during the interview process to ensure that the sample size was large enough to reach data saturation.

Survey and Interview Analysis

The survey and interview included the collection of both quantitative and qualitative data. A description of the data analysis plans for each of these methods is described below:

Quantitative Data Analysis

Quantitative data from the surveys were entered into CheckMarket Survey Software and analyzed for descriptive statistics using Excel by the Program Evaluators. CheckMarket is an online survey platform which complies with MLHU privacy and confidentiality policies.

For all questions where the proportion of those reporting "I do not know" or "I prefer not to answer" was under 5%, those categories were excluded from the denominator. For questions where the proportion of those reporting "I do not know" and "I prefer not to answer" was 5% or over, the proportions are included in the analysis.

Qualitative Data Analysis

Qualitative data was analyzed in NVivo using inductive content analysis (Patton, 2002) to reveal themes and sub-themes that emerged directly from the data. This method permitted the Program Evaluators to gain an in-depth understanding of participants' experiences. Two Program Evaluators reviewed each interview transcript separately and developed a codebook of emerging codes for each of the qualitative data sources (i.e. Client Interviews, Client Survey (qualitative data), Staff Interviews and Stakeholder Interviews).

Qualitative data was uploaded in NVivo software (QSR NVivo 10). The Program Evaluators coded the transcripts using the preliminary codebooks. A second Program Evaluator reviewed the coded transcripts to identify any inconsistencies in the coding process. The Program Evaluators met to reconcile any discrepancies that arose during the coding process. Once the coding process was complete, the relationships between different themes were compared and contrasted across the sources of data to help understand the findings.

The Program Evaluators followed quality assurance steps during data collection and analysis (Guba & Lincoln, 1989) to ensure data trustworthiness, which included: (a) credibility – member-checking at the end of the interviews through validation of the interview transcript in order to ensure that feedback was accurately reflected; (b) confirmability – independent completion of the development of the coding frameworks for each data source; (c) dependability – Program Evaluators debriefed and reconciled the coding process to safeguard against bias and errors; and (d) transferability – providing documentation of study methods, procedures, and analyses in order for others to establish whether or not the findings may be transferable to other settings.

Thematic maps are presented for some of the qualitative findings to show a visual representation of the relationships between the key themes and sub-themes. Selected quotations from the interview transcripts have been included in the results section to illustrate key themes and full data tables with examples of key quotes are included Appendix L and Appendix M. Quotations not verbatim quotes that would be typically found in audio recorded transcripts; however, the participants validated the content of the transcripts by reviewing the full transcript.

Survey and Interview Limitations

Recording interviews

The decision not to audio-record the interviews limits the ability to have direct quotations. This decision was informed by key stakeholders during the development of the evaluation. They indicated that TOPS clients would not feel comfortable with this practice. As a result, an alternative solution was developed to record the feedback on the laptop and read it back to participants for validation.

Self-Reported Data

The primary data findings summarized in this report are based on self-reported participant information. It is recognized that self-reported data may vary at different time points based on the participants' comfort level in sharing their perspectives.

Social Desirability Bias

Some participants may have responded to questions in a manner perceived as more favourable by the Program Evaluators.

Recall bias

There was a subset of questions on the client survey decreased asking them to reflect on their consumption behaviours since the site had opened. It is recognized that their ability to recall whether their consumption behaviours may have increased, or stayed the same may have been impacted by their ability to remember this information.

Duplication of responses

Due to the anonymity of the site, shift rotations of TOPS staff, and the rotations of Program Evaluators collecting data at the site, there may have been a couple of circumstances where the same clients at the site completed the survey more than once.

Scripts, Consent and Data Collection Tools

Client Recruitment Script for use by TOPS Staff

When to Not Use this Script:

- First time users of TOPS
- Non-English Speaking clients

Hi **[insert client's first name]**,

The Middlesex-London Health Unit (MLHU) is doing a study to find out about clients' experiences at this Site. Would you like to find out more about the study? Your decision whether or not to hear more about the study will NOT affect any of the services and support you receive at the site and will not impact your relationship with the staff.

- If client indicates "Yes"

  State: "Would you like to do that before or after using the room?"

  - If they reply, "Now", walk client to the designated room to meet the Program Evaluator.

  - If they reply, "After using the room", state, "Ok, that's great. Just come back to see me when you are ready and I'll take you to meet with the health unit staff".

- If no: "Not a problem. If you change your mind later, feel free to let me know."

Client Survey and Interview Recruitment Script

Hi **[insert client's first name],**

I'm part of the Middlesex-London Health Unit (MLHU) evaluation team that is conducting an evaluation of this Temporary Overdose Prevention Site. We are hoping to hear about what you think of the site, and how the services can be improved here. We also want to know what will work best or will not work at future sites. Would you be interested in hearing more about the evaluation?

If yes, proceed to **eligibility criteria:**

- "OK, first I have a few questions to check if you're eligible to participate:
    - Are you 18 years or older?"
        - If yes, proceed
        - If no, "I'm sorry, we're looking for participants 18 years of age or older."
    - "Have you used or injected drugs within the past six months?"
        - If yes, proceed
        - If no, "I'm sorry, we're looking for participants who have used drugs within the past six months"
    - "Have you used the Overdose Prevention Site at any point since it opened in February 2018?"
        - If yes, proceed
        - If no, "I'm sorry, we're looking for participants who have used the Overdose Prevention Site since it opened."
    - Is this the first time you've participated in this study?
        - If yes: "Ok, now I would like to read you some information about the study"
        - If no, "I'm sorry, we're looking for people that haven't participated before."

If you decide to participate in this evaluation, there are a couple of options for you to consider. There is a short survey that takes approximately 10 minutes. You can choose to complete this survey yourself or we can ask you the questions. There is also the option to complete an interview that will take about 20 to 25 minutes to complete. This interview will ask a few more questions about your experience at the site and if it has made any difference in your life.

- If client indicates "Yes"

    - State: "Ok great. Are you interested in participating in just the survey, the interview, or both?"
    - If client agrees to complete survey, "Would you like us to ask the questions or would you like to fill it out yourself?"
        - Verbally administered
        - Self-administered

- [Proceed with consent process]

If no: "Not a problem. If you change your mind later, feel free to let me know."

Client Survey Information Letter and Consent Form

Temporary Overdose Prevention Site (TOPS) Evaluation

Thank you for your willingness to hear more about the "Temporary Overdose Prevention Site (TOPS) Evaluation" that is being conducted by the Middlesex-London Health Unit (MLHU).

What is this project about?

The purpose of this evaluation project is to understand the impact and effectiveness of the Temporary Overdose Prevention Site in Middlesex-London, Ontario. The findings from this evaluation will give us information we need to try to improve the services we offer. Additionally, the evaluation could inform the development and implementation of possible permanent Supervised Consumption Facilities (SFCs) in the future in Middlesex-London, Ontario.

Who can participate?

Anyone who is 18 years of age or older, has used or injected drugs in the past six months, and has used the Overdose Prevention Site at any point since it opened (in February 2018) is eligible to participate.

What do I have to do if I participate?

You will be asked a series of survey questions about your use of the site, your experiences with drug use, and any impacts that the site has had on your own life. This survey will take about 10 minutes to complete. Your participation is voluntary and your decision whether or not to participate will NOT affect any of the services and supports you receive from staff at the site.

Are there any benefits if I participate?

There are no direct benefits to you for participating, however, your answers may help us change our services to better meet the needs of all clients at the Overdose Prevention Site.

Are there any risks if I participate?

You may feel uncomfortable or upset answering some questions. You do not have to answer them if you do not want to. If you feel upset at any time, you can stop the interview and the evaluator will connect you with an RHAC staff member who can direct you to resources and supports that can help.

Are there any costs to me?

There are no costs to you to complete this survey apart from your time and effort.

How will my information be protected?

The information that you share with us will be confidential and anonymous, unless reporting is required by law. Interviews will be done in a private room, and we will not share your information or responses with TOPS staff or anyone else. We will not be collecting your name or other directly identifying information. We will keep all of your information safely secured in either a locked briefcase or filing cabinet, or on a password-protected computer server.

Payment for my time

You will receive $10.00 for taking part in this project. If you do not finish the survey, you will still receive $10.00.

Who will see the results of this project?

The results of the evaluation will be shared in reports and presentations within the Middlesex-London Health Unit and other local partner organizations. Results may also be published in academic publications or presented at conferences. Neither your name or any information that could identify you will be used.

What if I change my mind about doing the survey?

If while you are doing the survey you decide you do not want your answers to be included in the evaluation, you can tell the evaluator and your information will be destroyed. However, it you have completed the survey, then it will not be possible to remove your information, because we are not collecting your name and so will not be able to identify your responses.

What if I have questions about the project?

Please ask the evaluator now, or contact Jordan Banninga, Supervisor of the "Temporary Overdose Prevention Site (TOPS) Evaluation," at 519-663-5317 ext. 2408 or jordan.banninga@mlhu.on.ca.

What if I have questions about my rights as a participant?

This evaluation has received approval from Public Health Ontario's Ethics Review Board. If you have concerns about your rights as a participant in this project, you can contact the Research Ethics Coordinator at Public Health Ontario, by email at ethics@oahpp.ca, or by phone at 647-260-7206.

	YES	NO
Do you understand the information that has been shared with you?	☐	☐
Did you get the opportunity to ask any questions that you may have?	☐	☐
Are you aware that you can stop this survey at any time?	☐	☐
Do you want to participate in the study?	☐	☐

Signature

I described the project to the participant and answered their questions. I believe the person signing this document understands what is expected with regard to participation and is agreeing to participate. I have given a copy of this information form to the participant.

_____

Name of Person Who Obtained Consent (Please Print)

_____ _____

Signature of Person Who Obtained Consent Date Signed

Customer Satisfaction Survey (Client Survey)

Eligibility Questions:

* **Are you 18 years or older?**

☐ Yes
☐ No → if no, end survey.

* **Have you used or injected drugs in the past 6 months?**

☐ Yes
☐ No → if no, end survey.

* **Have you used the Overdose Prevention Site at any point since it opened in February 2018?**

☐ Yes
☐ No → if no, end survey.

We now have some questions for you about your use of the Overdose Prevention Site:

* Do you use the Overdose Prevention Site on the weekend?

☐ Yes, Saturday only → Skip the next question

☐ Yes, Sunday only → Skip the next question

☐ Yes, on Saturday and Sunday → Skip the next question

☐ I don't access the site on the weekends

☐ I don't know

☐ I prefer not to answer

* Please explain why you don't access the site on the weekends?

_____

* **How often do the following factors below get in the way of you using the Overdose Prevention Site?**

	1 Always	2 Often	3 Sometimes	4 Rarely	5 Never	6 I don't know	7 I prefer not to answer
The site being located at 186 King Street?	☐	☐	☐	☐	☐	☐	☐
Travel time to get to the site?	☐	☐	☐	☐	☐	☐	☐
Waiting time to get into the consumption room?	☐	☐	☐	☐	☐	☐	☐
The rules and regulations of the site?	☐	☐	☐	☐	☐	☐	☐
Operating hours of the site?	☐	☐	☐	☐	☐	☐	☐

What additional hours would you prefer?

☐ Earlier, before 10:00 AM
☐ Later, after 4:00 PM
☐ Both, earlier and later
☐ The current hours are fine
☐ I don't know
☐ I prefer not to answer

*** How would you rate the quality of services and care that you receive from staff?**

☐ Poor

☐ Fair

☐ Good

☐ Excellent

☐ I don't know

☐ I prefer not to answer

* **Overall, how would you rate the Overdose Prevention Site as a place to take/use drugs?**

☐ Poor

☐ Fair

☐ Good

☐ Excellent

☐ I don't know

☐ I prefer not to answer

* **How likely are you to recommend the Overdose Prevention Site to other people who use drugs?**

☐ Extremely likely

☐ Likely

☐ Neutral

☐ Unlikely

☐ Extremely unlikely

☐ I don't know

☐ I prefer not to answer

Are there other services you would like offered here at the Overdose Prevention Site? If so, please tell us which ones.

We now have some questions to ask you about your experiences with drug use in relation to the Overdose Prevention Site.

How long have you been injecting prior to using the Overdose Prevention Site?

☐ Less than one month

☐ Less than one year

☐ One to 5 years

☐ Greater than 5 years

☐ First injection at the Overdose Prevention Site

☐ I don't inject drugs

☐ I don't know

☐ I prefer not to answer

We now have some questions to ask you about your experiences with drug use in relation to the Overdose Prevention Site.

* **How long have you been injecting prior to using the Overdose Prevention Site?**

☐ Less than one month

☐ Less than one year

☐ One to 5 years

☐ Greater than 5 years

☐ First injection at the Overdose Prevention Site

☐ I don't inject drugs

☐ I don't know

☐ I prefer not to answer

We would like to know the effect that the Overdose Prevention Site has had on your day-to-day life.

* Do you think that the frequency of your drug use has changed since you've been using the Overdose Prevention Site?

☐ Yes

☐ No

☐ I don't know

☐ I prefer not to answer

How has the frequency of your drug use changed?

☐ Increased
☐ Decreased
☐ Stayed the same
☐ I prefer not to answer

Since the Overdose Prevention Site Opened, in what way(s) have your consumption behaviours changed?

	1 More	2 Less	3 Stayed the same	6 Not Applicable	4 I don't know	5 I prefer not to answer
Do you feel more or less rushed when using/taking your drugs, or has this stayed the same?	☐	☐	☐	☐	☐	☐
If you used alone in the past, would you say that now you use drugs alone more or less often, or has this stayed the same?	☐	☐	☐	☐	☐	☐
Do you use/take more or less drugs, or has this stayed the same?	☐	☐	☐	☐	☐	☐
If you injected in public spaces in the past, would you say that now you are injecting more in public spaces (parks, alleys, streets, etc.), less in public spaces (parks, alleys, streets, etc.), or has this stayed the same?	☐	☐	☐	☐	☐	☐
If you disposed of your gear in public spaces in the past, would you say that you are now disposing your gear more in public spaces (parks, alleys, streets, etc.), less in public spaces (parks, alleys, streets, etc.), or has this stayed the same?	☐	☐	☐	☐	☐	☐
If you shared your gear in the past, would you say that now you share your gear more often, less often with others, or	☒	☐	☒	☐	☐	☐

has this stayed the same?						
If you re-used your gear in the past, would you say that now you reuse your gear more often, less often, or has this stayed the same?	☐	☐	☐	☐	☐	☐
If you needed help injecting in the past, would you say that now you need help with injecting more often, less often, or has this stayed the same?	☐	☐	☐	☐	☐	☐
If you used sterile water in the past, would you say that now you use packaged (blue-pack) water more often, less often, or has this stayed the same (i.e., water from needle exchange program)?	☐	☐	☐	☐	☐	☐
If you used alcohol swabs to clean injection sites in the past, would you say that now you use alcohol swabs to clean injection sites more often, less often, or this has stayed the same?	☐	☐	☐	☐	☐	☐
If you heated your drugs in the past, would you say that now you heat your drugs more often, less often, or has this stayed the same?	☐	☐	☐	☐	☐	☐

* **Are there other ways in which your drug use behaviours have changes since the Overdose Prevention Site opened?**

☐ No

☐ Yes, please specify

.....

*	**As a result of using the Overdose Prevention Site, has the number of times that you have overdosed…**	
	☐ Increased	
	☐ Stayed the same	
	☐ Decreased	
	☐ I have never overdosed	
	☐ I have not overdosed since using the Overdose Prevention Site	
	☐ I don't know	
	☐ I prefer not to answer	

* As a result of using the Overdose Prevention Site, please tell us if you agree or disagree with the following statements:

	1 Strongly agree	2 Agree	3 Neither agree or disagree	4 Disagree	5 Strongly disagree	6 I don't know	7 I prefer not to answer
I have learned tips to use / inject / take drugs more safely.	☐	☐	☐	☐	☐	☐	☐
I feel that the broader community cares about me.	☐	☐	☐	☐	☐	☐	☐
Staff have talked to me or helped me to access other health and social services.	☐	☐	☒	☐	☐	☐	☐
I feel accepted at the Overdose Prevention Site.	☐	☐	☐	☐	☐	☐	☐
I can access Naloxone easily at the Overdose Prevention Site.	☐	☐	☐	☐	☐	☐	☐
I am willing to test my drugs for Fentanyl at the Overdose Prevention Site before using.	☐	☐	☐	☐	☐	☐	☐

* **Prior to using the Overdose Prevention Site, how often did you use the Counterpoint Needle Exchange Program here at Regional HIV/AIDS Connection (RHAC)?**

☐ Once per week

☐ 2 – 3 times per week

☐ 4 – 6 times per week

☐ Once per day

☐ More than once per day

☐ Never

☐ I don't know

☐ I prefer not to answer

☐ Other, please specify

.....

* **If there was a mobile Supervised Consumption Services van that could travel to you, how likely would you be to use it?**

☐ Extremely likely

☐ Likely

☐ Neutral

☐ Unlikely

☐ Extremely unlikely

☐ I don't know

☐ I prefer not to answer

* **How long have you lived in London, Ontario?**

☐ Under 1 year

☐ 1 – 3 years

☐ 4 – 6 years

☐ 7 or more years

☐ I don't live in London

☐ I don't know

☐ I prefer not to answer

Is there anything else you would like to tell us about the Overdose Prevention Site in our community that we haven't already talked about?

Client Interview Information Letter and Consent Form

Temporary Overdose Prevention Site (TOPS) Evaluation

Thank you for your willingness to hear more about the "Temporary Overdose Prevention Site (TOPS) Evaluation" being conducted by the Middlesex-London Health Unit (MLHU).

What is this project about?

The purpose of this evaluation project is to understand the impact and effectiveness of the Temporary Overdose Prevention Site in Middlesex-London, Ontario. The findings from this evaluation will give us information we need to try to improve the services we offer. Additionally, the evaluation could inform the development and implementation of possible permanent Supervised Consumption Facilities (SFCs) in the future in Middlesex-London, Ontario.

Who can participate?

Anyone who is 18 years of age or older, has used or injected drugs in the past six months, and has used the Overdose Prevention Site at any point since it opened (in February 2018) is eligible to participate.

What do I have to do if I participate?

As a participant in the evaluation project, you will be interviewed by someone from the project team. In the interview you will be asked questions about your use of the site, your experiences with drug use, and any impacts that the site has had on your own life. Completing the interview will take 20 to 25 minutes. Another member of the evaluation team will be present to take or type notes of the interview. He/she will read the notes back to you at the end to check that they are correct.

Your participation in the interview is voluntary and your decision whether or not to participate in this interview will NOT affect the services and support you receive from staff at the site.

Are there any benefits if I participate?

There are no direct benefits to you for participating, however, your answers may help us change our services to better meet the needs of all clients at the Overdose Prevention Site.

Are there any risks if I participate?

You may feel uncomfortable or upset answering some questions. You do not have to answer them if you do not want to. If you feel upset at any time, you can stop the interview and the interviewer will connect you with an RHAC staff member who can direct you to resources and supports that can help.

Are there any costs to me?

There are no costs to you to complete this interview apart from your time and effort.

How will my information be protected?

The information that you share with us will be confidential and anonymous, unless reporting is required by law. Interviews will be done in a private room, and we will not share your information or responses with TOPS staff or anyone else. We will not be collecting your name or other directly identifying information. We will keep all of your information safely secured in either a locked briefcase or filing cabinet, or on a password-protected computer server.

Will I receive payment for my time?

You will receive $15.00 for taking part in this interview. If you do not finish the interview, you will still receive $15.00.

Who will see the results of this project?

The results of the evaluation will be shared in reports and presentations within the Middlesex-London Health Unit and other local partner organizations. Results may also be published in academic or publications or presented at conferences. Neither your name or any information that could identify you will be used.

What if I change my mind about doing the interview?

If while you are doing the interview, you decide you do not want your answers to be included in the evaluation, you can tell the interviewer to remove your responses and your information will be destroyed. However, if you have completed the interview, then it will not be possible to remove your information, because we are not collecting your name and so will not be able to identify your responses.

What if I have questions about the project?

Please ask the evaluator now, or contact Jordan Banninga, Supervisor of the "Temporary Overdose Prevention Site (TOPS) Evaluation," at 519-663-5317 ext. 2408 or jordan.banninga@mlhu.on.ca.

What if I have questions about my rights as a participant?

This evaluation has received approval from Public Health Ontario's Ethics Review Board. If you have any concerns about your rights as a participant, you can contact the Research Ethics Coordinator at Public Health Ontario, by email at ethics@oahpp.ca, or by phone at 647-260-7206.

Client Interview Guide

1. How did you find out about the Overdose Prevention Site?
2. Why are you using the Overdose Prevention Site? (Note: Probe for "a" below if participants do not mention this)
    - What are your reasons for coming here?

3. Can you tell me about your experience using the Overdose Prevention Site? (Note: Probe for "a-f" below if participants do not mention these)
    a. Staff friendliness, responsiveness, reliability, helpfulness, approachability
    b. Staff understanding needs
    c. Connections made with staff
    d. Environment: welcoming, clinical/non clinical environment, space, size
    e. Connections made with other peers
    f. Staff at the Overdose Prevention Site e.g., nurses or harm reduction workers

4. What do you like most/least about the Overdose Prevention Site? **(Note: Probe for "a-c" below if participants do not mention these)**
    a. Needle Syringe Program at RHAC (i.e. Counterpoint)
    b. Relationship with staff
    c. Accessibility of the site

5. How would you change the Overdose Prevention Site to make it better? **(Note: Probe for "a-c" below if participants do not mention these)**
    a. Additional support staff or services
    b. Changes to the space, size, environment
    c. Changes to hours of operation

6. What impact has having the Overdose Prevention Site open had on your day-to-day life? **(Note: Probe for "a" below if participants do not mention it)**
    a. What if the site did not exist?

7. Before we end today, is there anything else you would like to share with us?

Note to interviewer: Provide a summary of the participants' responses to them for validation.

Do you agree or disagree with the summary?

☐ Agree

☐ Disagree

Is there anything you would like to add or change to the summary?

Appendix F: Survey of Community Residents and Business Owners within 120 meters of TOPS

Introduction

The survey of community residents and business owners within 120m of TOPS was conducted for the following purposes:
To understand satisfaction with and/or concerns about TOPS from residents and business owners within the surrounding neighbourhood of TOPS (120-metre radius of the site); and

- To inform development and implementation of future Supervised Consumption Facilities (SCF).

Business and Residents Survey Implementation

Sampling and Recruitment

The surveys were distributed through Canada Post using the Precision Targeter Direct Mail Service. A total of 570 residents and business owners were invited to participate. This service allowed for distribution to addresses within a 120m radius of the site. Residents and business owners received a recruitment and consent letter (see Recruitment and Consent Letter), a link to an online survey, a paper copy of the survey (see Business and Resident Survey), and a prepaid envelope.

Time and Location of Data Collection

The data collection phase occurred over a 3-week period in August 2018 for the survey to reach participants, to be completed (online or on paper), and for the paper surveys to be returned to the Middlesex-London Health Unit.

Inclusion and Exclusion Criteria

Community residents and business owners were eligible if they were:
Aged 18 years or older; and

- Live or work within a 120-metre radius of TOPS.

Survey Administration

The link to the online survey was accompanied by a randomly generated code that is required to complete the online survey. This code was included in the paper copy of the survey. The tracking code was unique and non-identifiable. This code allowed the evaluation team to ensure that participants did not submit the survey twice (online and in paper form), and thus avoiding duplication of data. This procedure minimized the likelihood of multiple responses being collected. In the event that the same tracking code was received more than once, only the first completed survey was included in the evaluation and additional surveys were destroyed. Additionally, the Canada Post Precision Targeter service only delivered one survey per address within the 120m radius.

Survey Sample

Of the 570 unique addressed that were mailed a survey, a total of 21 surveys were completed. Of those respondents, 12 respondents indicated that they were aged 18 years or older and live or work within a 120-metre radius of TOPS. This represents a response rate of 2%.

Survey Analysis

Due to the small sample size, only qualitative comments from the respondents on the survey were categorized by two Program Evaluators in Excel according to themes. Of those people that participated (n=12), there were diverse opinions that reflect both perceived benefits and

perceived concerns. The findings are reported on in Part 3 of the report on the section referring to "Impacts on the community".

Survey Limitations

Nonresponse Bias

The low response rate for the survey (2%) is a significant limitation to the findings of this survey due to a lack of representation of the population of interest.

Scripts, Consents and Data Collection Tools

Information Letter and Consent

Dear Community Member,

I am writing to invite you to participate in the Temporary Overdose Prevention Site (TOPS) Evaluation that the Middlesex-London Health Unit (MLHU) is conducting. You have been invited to participate because you live or work within a 120-metre radius of the TOPS.

Introduction:
The TOPS is Ontario's first government approved overdose prevention site that opened on February 12th, 2018 at Regional HIV/AIDS Connection (186 King Street, London). The site aims to reduce drug-use related harms, opioid overdoses and deaths, as well as promote health among people who use or inject drugs in Middlesex-London.

What is the purpose of this evaluation?
The purpose of this evaluation project is to understand the impact and effectiveness of the TOPS in Middlesex-London, Ontario. Additionally, the evaluation could inform the development and implementation of possible future permanent Supervised Consumption Facilities (SFCs) in Middlesex-London, Ontario.

What will your participation involve?
Your participation involves the completion of a survey. The survey asks questions about the Temporary Overdose Prevention Site (TOPS) and will take 5 to 10 minutes to complete. You will have the option to complete this survey online, using the link that has been provided below, or on paper, using the survey that has been included in this envelope. **Your participation is completely voluntary.** Your decision whether or not to participate in this survey will not affect the services that you receive from the Middlesex-London Health Unit. Your responses will be kept anonymous and confidential. **Please note, you may withdraw at any time without consequence.** If you decide to withdraw simply do not submit your survey. Once you submit your survey responses, we cannot remove your answers from the evaluation as the surveys are anonymous.

What are the benefits of completing this survey?
You will not benefit directly from taking part in this evaluation project. However, the results may help us to better understand the impact and effectiveness of the TOPS in the neighbourhood that it operates in and will help us as we plan for future permanent sites.

Are there any risks involved?
There are no known risks associated with completing this survey.

Are there any costs to you?
There is no cost to you to take part in the evaluation project apart from your time and efforts.

How will your information be protected?
The information that you provide by completing this survey will be kept confidential unless reporting is required by law. The evaluation team will take the following steps to protect your identity and keep all information confidential:

- All information you provide will be filed electronically on encrypted laptops and stored on a secure server. Paper surveys will be securely stored at MLHU offices in locked filing cabinets.
- Only members of the Evaluation Team will have access to individual data that has been provided in the survey. This data will be analyzed and aggregated by members of the Evaluation Team. No information that could identify you will be shared.
- Evaluation project data will be stored for 7 years at MLHU, and then destroyed.

How will evaluation results be shared?
The results of the evaluation will be shared in reports or presentations within the MLHU and other local partner organizations. Results may also be published in academic journals or presented at conferences.

What if you have questions about the evaluation?
If you have any questions about the study or concerns about taking part in this evaluation project, please contact Jordan Banninga, Supervisor of the "Temporary Overdose Prevention Site (TOPS) Evaluation," at 519-663-5317 ext. 2408 or jordan.banninga@mlhu.on.ca.

What if you have questions about your rights as a participant?
This project has received approval from Public Health Ontario's Ethics Review Board. If you have any concerns about your rights as a participant, you can contact the Research Ethics Coordinator at Public Health Ontario, by email at ethics@oahpp.ca, or by phone at 647-260-7206.

How do I complete the survey?
You have two options to complete the survey. You can either complete the survey online, using the link that has been provided below, or you can complete the paper copy of the survey that has been included in this form.

If completing the paper survey:
- Use the form attached to complete the survey.
- Please make sure to provide your consent by checking the box.
- The deadline to complete and mail this survey is **August 11th, 2018.**
- Please use the pre-addressed stamped envelope to send us the completed survey through the mail.

If completing the survey online:
- Use the following link: https://s-ca.chkmkt.com/TOPSsurvey
- Please enter this code: **"«Name»**" when you complete your survey.
- The deadline to complete this survey is **August 11th, 2018.**

By completing the survey, you have provided consent to the evaluation team to use your survey responses in the "Temporary Overdose Prevention Site (TOPS) Evaluation."

Thank you for your time,

Jordan Banninga
Manager of Program Planning and Evaluation
Middlesex-London Health Unit
50 King Street, London, ON
N6A 5L7
519-663-5317 ext. 2408
Jordan.banninga@mlhu.on.ca

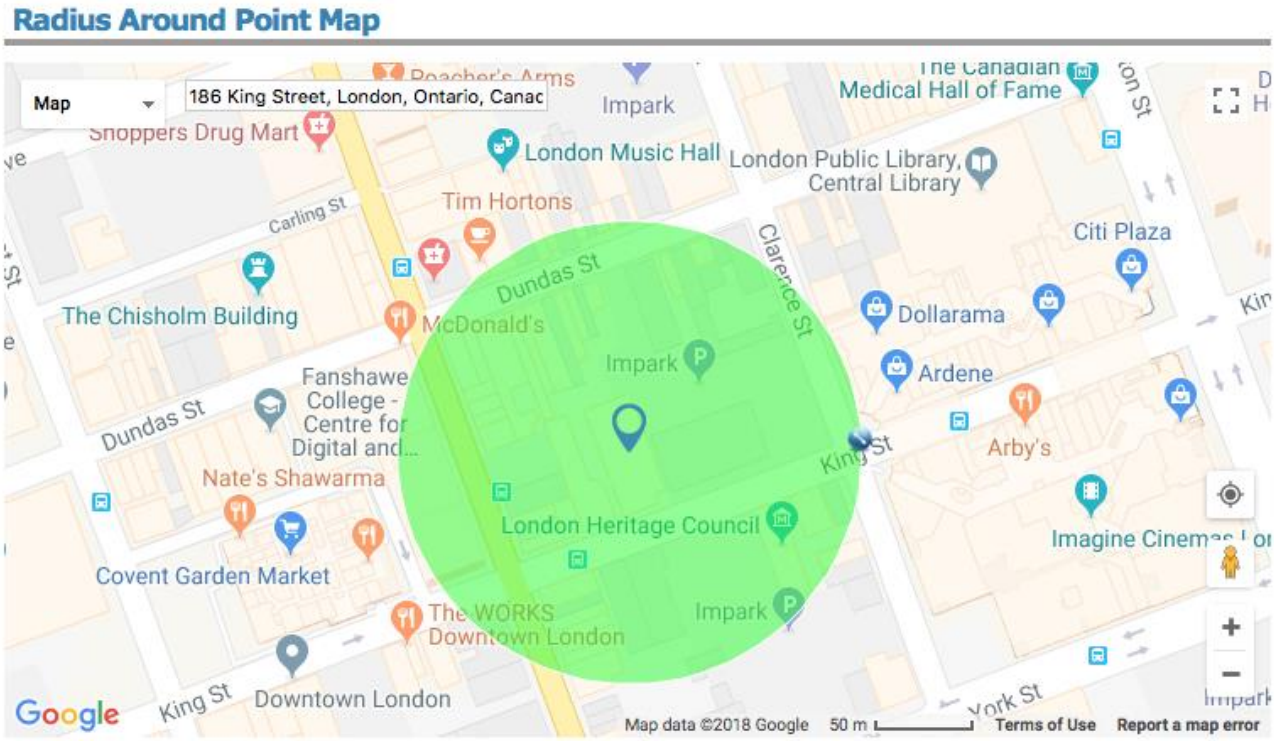
Business and Residents Survey

Eligibility Screening Question

I. **Do you live or work within 120 metres of 186 King Street?** (The green circle denotes the 120-metre radius)

(Check ONLY one)

☐ Yes
☐ No → **if no, please end the survey.**



II. **Are you 18 years of age or older?** (Check ONLY one)

☐ Yes
☐ No → **if no, please end the survey.**

---

1. **Are you a person living in the vicinity, a business owner, or both?** (Check ONLY one)
   ☐ Person living in the vicinity
   ☐ Business owner
   ☐ Both

2. **Do you know about the Temporary Overdose Prevention Site (TOPS) that opened on February 12th, 2018, in your neighbourhood?** (Check ONLY one)

☐ Yes
☐ No
☐ I don't know
☐ I prefer not to answer

We would like to get your perspectives on what you have observed since the Temporary Overdose Prevention Site (TOPS) opened in your neighbourhood on February 12th, 2018.

Since the opening of the Temporary Overdose Prevention Site (TOPS)…

3. **Injection-related waste, including discarded needles and syringes in your neighbourhood has…** (Check ONLY one)
   ☐ Decreased a lot
   ☐ Decreased a little
   ☐ Stayed the same
   ☐ Increased a little
   ☐ Increased a lot
   ☐ I don't know
   ☐ I prefer not to answer

4. **Public drug use / injection in your neighbourhood has…** (Check ONLY one)
   ☐ Decreased a lot
   ☐ Decreased a little
   ☐ Stayed the same
   ☐ Increased a little
   ☐ Increased a lot
   ☐ I don't know
   ☐ I prefer not to answer

5. **Illegal drug transactions in your neighbourhood have…** (Check ONLY one)
   ☐ Decreased a lot
   ☐ Decreased a little
   ☐ Stayed the same
   ☐ Increased a little
   ☐ Increased a lot
   ☐ I don't know
   ☐ I prefer not to answer

6. **Criminal activity in your neighbourhood has…** (Check ONLY one)
   - ☐ Decreased a lot
   - ☐ Decreased a little
   - ☐ Stayed the same
   - ☐ Increased a little
   - ☐ Increased a lot
   - ☐ I don't know
   - ☐ I prefer not to answer

7. **The number of people overdosing in your neighbourhood has…** (Check ONLY one)
   - ☐ Decreased a lot
   - ☐ Decreased a little
   - ☐ Stayed the same
   - ☐ Increased a little
   - ☐ Increased a lot
   - ☐ I don't know
   - ☐ I prefer not to answer

Research has shown that there are multiple benefits with the implementation of Overdose Prevention Sites and/or Supervised Consumption Facilities (formerly known as safe injection sites). The Temporary Overdose Prevention Site (TOPS) was introduced on February 12th, 2018, to help prevent opioid toxicity related deaths in our community.

In your opinion, if there was **NOT** a TOPS in your neighbourhood, **do you think that…**

8. **Drug overdoses would…** (Check ONLY one)
   - ☐ Increase a lot
   - ☐ Increase a little
   - ☐ Stay the same
   - ☐ Decrease a little
   - ☐ Decrease a lot
   - ☐ I don't know
   - ☐ I prefer not to answer

9. **Emergency and health care usage related to drug use and overdoses would…** (Check ONLY one)
   - ☐ Increase a lot
   - ☐ Increase a little
   - ☐ Stay the same
   - ☐ Decrease a little
   - ☐ Decrease a lot
   - ☐ I don't know
   - ☐ I prefer not to answer

10. **The number of people who use / inject drugs that are using community services (e.g., counselling, addiction treatment, housing, etc.) would…** (Check ONLY one)
    - ☐ Increase a lot
    - ☐ Increase a little
    - ☐ Stay the same
    - ☐ Decrease a little
    - ☐ Decrease a lot
    - ☐ I don't know
    - ☐ I prefer not to answer

11. **Drug-related waste/litter in the neighbourhood, such as improperly disposed needles and syringes, would…** (Check ONLY one)
    - ☐ Increase a lot
    - ☐ Increase a little
    - ☐ Stay the same
    - ☐ Decrease a little
    - ☐ Decrease a lot
    - ☐ I don't know
    - ☐ I prefer not to answer

12. **In general, public drug use / injection would…** (Check ONLY one)
    - ☐ Increase a lot
    - ☐ Increase a little
    - ☐ Stay the same
    - ☐ Decrease a little
    - ☐ Decrease a lot
    - ☐ I don't know
    - ☐ I prefer not to answer

13. **The number of people who use / inject drugs in my neighbourhood would…** (Check ONLY one)
    - ☐ Increase a lot
    - ☐ Increase a little
    - ☐ Stay the same
    - ☐ Decrease a little
    - ☐ Decrease a lot
    - ☐ I don't know
    - ☐ I prefer not to answer

14. **The number of illegal drug transactions in the neighbourhood would…** (Check ONLY one)
    - ☐ Increase a lot
    - ☐ Increase a little
    - ☐ Stay the same
    - ☐ Decrease a little
    - ☐ Decrease a lot
    - ☐ I don't know
    - ☐ I prefer not to answer

15. **Crime in the neighbourhood would…** (Check ONLY one)
    - ☐ Increase a lot
    - ☐ Increase a little
    - ☐ Stay the same
    - ☐ Decrease a little
    - ☐ Decrease a lot
    - ☐ I don't know
    - ☐ I prefer not to answer

16. **Overall, what kind of impact do you believe that the TOPS has had on your neighbourhood?** (Check ONLY one)
    - ☐ Very positive
    - ☐ Somewhat positive
    - ☐ Neutral
    - ☐ Somewhat negative
    - ☐ Very negative
    - ☐ I don't know
    - ☐ I prefer not to answer

17. **Do you have any additional feedback or thought that you would like to share with us about the TOPS in your neighbourhood? Please explain.**

    Response:

    _____

    _____

    _____

    _____

Thank You for Your Time!

Appendix G: Temporary Overdose Prevention Site Staff Interviews

Introduction

The key informant interviews with Staff/Leads at TOPS were conducted to:

- Understand the operations of TOPS, what is working well/not well and suggested changes or adaptations;
- Obtain their perspectives on client and staff impact; and
- Inform development and implementation of future Supervised Consumption Facilities (SCF).

Staff Interview Implementation

Sampling and Recruitment

A purposive sampling strategy was used whereby all TOPS Staff/Leads were invited to participate in a key informant interview. A contact list of all TOPS Staff/Leads was obtained by TOPS Program Lead at the Middlesex London Health Unit. TOPS staff/leads were contacted by email from the evaluation team using an email script (see Staff Recruitment Email). One reminder email was sent to Staff/Leads, then no further contact was made unless they initiated contact. Interviews were set up at a convenient location and date.

Time and Location of Data Collection

The data collection phase occurred over a 6-week period between July and August 2018. The interviews took approximately 1 to 1.5 hours in duration.

Interviews were conducted at a location convenient to the Staff/Leads. Meeting rooms at MLHU were utilized for the majority of the interviews. However, a few interviews also took place at RHAC in offices or in the Community Partner Engagement Room at the site.

Inclusion and Exclusion Criteria

All staff who work at TOPS were eligible to participate in the interview. Types of staff include:

- Public Health Nurse;
- Paramedic;
- Harm Reduction Worker; and
- Outreach Worker.

Interview Administration

At the beginning of the interview, information about the evaluation was provided to Staff/Leads in the Information and Consent Letter included in (see Staff Information and Consent Letter). Written consent to participate was obtained. A semi-structured interview guide was utilized for the interviews to guide the conversation with participants. This Staff/Leads Key Informant Interview Guide is located in (see Staff Interview Guide).

The interviews with Staff/Leads were conducted in-person with two MLHU Program Evaluators. One evaluator asked the interview questions and the other evaluator provided the note taking. A validation process was utilized at the end of each interview where the note taker summarized the feedback that was provided and asked the Staff/Leads to verify that it was accurate. If requested by the participant, the note taker added or changed content of the interview notes. This validation process was completed in order to add more trustworthiness of the data.

Interview Sample

A total of 22 TOPS Staff/Leads were invited to participate and 17 Staff/Leads agreed to participate.

Interview Analysis

Qualitative data was analyzed in NVivo using inductive content analysis (Patton, 2002) to reveal themes and sub-themes that emerged directly from the data. This method permitted the Program Evaluators to gain an in-depth understanding of participants' experiences. Two Program Evaluators reviewed each interview transcript separately and developed a codebook of emerging codes for each of the qualitative data sources (i.e. Client Interviews, Client Survey (qualitative data), Staff Interviews and Stakeholder Interviews).

Qualitative data was uploaded in NVivo software (QSR NVivo 10). The Program Evaluators coded the transcripts using the preliminary codebooks. A second Program Evaluator reviewed the coded transcripts to identify any inconsistencies in the coding process. The Program Evaluators met to reconcile any discrepancies that arose during the coding process. Once the coding process was complete, the relationships between different themes were compared and contrasted across the sources of data to help understand the findings.

The Program Evaluators followed quality assurance steps during data collection and analysis (Guba & Lincoln, 1989) to ensure data trustworthiness, which included: (a) credibility – member-checking at the end of the interviews through validation of the interview transcript in order to ensure that feedback was accurately reflected; (b) confirmability – independent completion of the development of the coding frameworks for each data source; (c) dependability – Program Evaluators debriefed and reconciled the coding process to safeguard against bias and errors; and (d) transferability – providing documentation of study methods, procedures, and analyses in order for others to establish whether or not the findings may be transferable to other settings.

Thematic maps are presented for some of the qualitative findings to show a visual representation of the relationships between the key themes and sub-themes. Selected quotations from the interview transcripts have been included in the results section to illustrate key themes. Quotations in the results section are not verbatim quotes that would be typically found in audio recorded transcripts; however, the participants validated the content of the transcripts by reviewing the full transcript.

Interview Limitations

Recording interviews

The decision not to audio-record the interviews limits the ability to have direct quotations. This decision was informed by key stakeholders during the development of the evaluation. They indicated that TOPS clients would not feel comfortable with this practice. As a result, an alternative solution was developed to record the feedback on the laptop and read it back to participants for validation.

Self-Reported Data

The primary data findings summarized in this report are based on self-reported participant information. It is recognized that self-reported data may vary at different time points based on the participants' comfort level in sharing their perspectives.

Social Desirability Bias
Some participants may have responded to questions in a manner perceived as more favourable by the Program Evaluators.

Recruitment Email, Consent and Data Collection Tool

Staff Recruitment Email

Hi [insert TOPS Staff/Lead first name],

As part of the Temporary Overdose Prevention Site (TOPS) Evaluation, we would like to invite you to participate in a key informant interview. We would like to obtain your perspectives on the operation of the TOPS since it has opened and your thoughts on the impact of TOPS on clients and staff. The interview will take approximately 45 minutes to 1 hour.

Overall, the purpose of the evaluation is to understand the impact and effectiveness of the TOPS in Middlesex-London, Ontario. Additionally, the project also aims to gather information to inform the development and implementation of future permanent Supervised Consumption Facilities (SFCs) in Middlesex-London, Ontario.

Your participation is completely voluntary and your responses will be kept anonymous and confidential. If you are willing to participate in an interview, please send some dates/times that would work for you to Daniel Murcia, Program Evaluator, and we will make those arrangements by [Insert date here]. Please note that your decision to participate in this evaluation will not impact your role or employment with the TOPS.

The results of the evaluation will be shared in reports or presentations within the MLHU and other local partner organizations. Results may also be published in academic conferences or publications.

Should you have any questions, please contact Jordan Banning, Supervisor of the "Temporary Overdose Prevention Site (TOPS) Evaluation," at 519-663-5317 ext. 2408 or jordan.banninga@mlhu.on.ca.

Thank you.

Kind Regards,

The TOPS Evaluation Team

Staff Information Letter and Consent

Introduction:

Thank you for your willingness to consider participating in an interview for the Temporary Overdose Prevention Site (TOPS) Evaluation. You have been invited to participate given your role as a staff member providing services at the TOPS or your role as a TOPS Lead. Before you decide whether to proceed with the interview, please read this document as it will provide you with more information about the evaluation project that is being conducted by the Middlesex-London Health Unit. It is important that you consider the information in this form. It includes details that will help you decide if you wish to take part.

What is the purpose of this evaluation?

The purpose of this evaluation project is to understand the impact and effectiveness of the TOPS in Middlesex-London, Ontario. Additionally, the evaluation could inform the development and implementation of possible future permanent Supervised Consumption Facilities (SFCs) in Middlesex-London, Ontario.

What will your participation involve?

Your participation involves completion of an interview, which will take 45 minutes to an hour. If you choose to participate in this interview, an interviewer will ask you a series of questions about the Temporary Overdose Prevention Site (TOPS), and another member of the Evaluation Team will be present to take or type notes on the conversation.

Your participation is completely voluntary and your responses will be kept anonymous and confidential. Your responses to this interview will not affect your role or involvement with the TOPS. Please note, you may withdraw at any time without consequence. There will be no consequences for choosing to not participate in this evaluation project.

Are there any benefits to taking part?

You will not benefit directly from taking part in this evaluation project. However, the results may help us to better understand the impact and effectiveness of the TOPS and plan for future sites.

Are there risks involved?

There are no known risks associated with this interview.

Are there any costs to you?

There is no cost to you to take part in the evaluation project apart from your time and efforts.

How will your information be protected?

The information that you provide by completing this survey will be kept confidential unless reporting is required by law. The project team will take the following steps to protect your identity and keep all information confidential:

- All information you provide during the interview will be filed electronically on an encrypted laptop and uploaded to a secure server. If handwritten notes are taken, these notes will be transported by two Evaluation Team Members to MLHU offices and securely stored at MLHU offices in locked filing cabinets.
- Only members of the Evaluation Team will have access to the data provided during the interview. This data will be analyzed by members of the Evaluation Team. No information that could identify you will be shared.
- Evaluation project data will be stored for 7 years at MLHU, and then destroyed.

How will evaluation results be shared?

The results of the evaluation will be shared in reports or presentations within the MLHU and other local partner organizations. Results may also be published in academic journals or presented at conferences. Once the evaluation has been completed, you will also receive a copy of the findings via e-mail.

What are your rights to take part or not take part?

You have the right to choose whether or not to participate, or stop the interview at any time. If you decide to no longer participate during the interview, information collected to that point will be deleted. However, if you decide you no longer want to participate after the interview has ended, it will no longer be possible to retrieve and delete your information as it was submitted anonymously.

What if you have questions about the evaluation?

If you have any questions about the study or concerns about taking part in this evaluation project, please contact Jordan Banninga, Supervisor of the "Temporary Overdose Prevention Site (TOPS) Evaluation," at 519-663-5317 ext. 2408 or jordan.banninga@mlhu.on.ca

What if you have questions about your rights as a participant?

This evaluation has received approval from Public Health Ontario's Ethics Review Board. If you have any concerns about your rights as a participant, you can contact the Research Ethics Coordinator at Public Health Ontario, by email at ethics@oahpp.ca, or by phone at 647-260-7206.

Signature:

I have read the information provided to me. I have had enough time to consider whether or not to participate. Any questions that I had have been answered in full. I understand that my responses will be anonymous, and that my identity will not be disclosed at any point. I also understand that my participation is completely voluntary, and I may withdraw from the study at any time. I also understand that if I withdraw participation after the interview has ended, it will not be possible to delete my information as it will have been submitted anonymously. I am 18 years old or over, and am legally able to provide consent.

Name of Participant (Please Print)

Signature of Participant

Date Signed

Staff Interview Guide

1. From your perspective, is the TOPS operating as it was intended to do? **(Note: Refer to MOHLTC OPS user guide information below to familiarize the leads with this question).** ***Note to interviewer: Provide each lead with a copy of this OPS user guide*** *- OPS are intended as low barrier, life-saving, time-limited services. OPS offer targeted services in order to address the crisis in opioid related overdoses. OPS will provide the following services: Supervised Injection, Naloxone, Provision of harm reduction supplies. OPS can provide or permit the following based on local need and capacity: Peer to peer assisted injection, supervised oral and intranasal drug consumption, Fentanyl test strips as drug checking service*

   (Note: Ask "a-d" only if these are not already provided as responses from the participant)

   a. Are we adhering the to the TOPS mission as outlined by the OPS guide?
   b. Are services being delivered as planned?
   c. Are staff following policies and procedures?
   d. Are clients following policies and procedures?

2. If you can think back to when you first started working at the TOPS, have any of the services/support provided changed? **(Note: Ask "a-d" only if these are not already provided as responses from the participant)**
   a. Have services been added or removed? Which services?
   b. Have staff been added or removed? Which staff?
   c. Have the hours of operation changed?
   d. How have these changes affected you/clients/TOPS?

3. Thinking about your current role at the TOPS, how has your role changed since the TOPS opened or since you began at the TOPS?

4. What do you think is working well at the TOPS? **(Note: Ask "a & b" only if these are not already provided as responses from the participant)**
   a. What are the main strengths of the TOPS operations?
   b. Are you satisfied with how the TOPS is operating?

5. What do you think is not working well at the TOPS? **(Note: Ask "a & b" only if these are not already provided as responses from the participant)**
   a. What are the main challenges of the TOPS operations?
   b. How could we improve/change services or service delivery to better serve the clients? **(**Note: Use challenges noted by participant in "a" above when asking about how to improve/change)**

6. From your perspective, have there been any positive or negative unintended results/impacts since the TOPS opened?

7. Have you received any feedback from clients about the TOPS that you can share with us? **(Note: Ask "a & b" only if these are not already provided as responses from the participant)**
   a. The services offered?

   b. The location?
   c. The hours of operation?
   d. The staff at the TOPS?

8. Given the nature of the services provided at the TOPS and the amount of time clients spend there, have you seen any changes in the relationships/connections between staff and clients? **(Note: Ask "a & b" only if these are not already provided as responses from the participant)**
   a. Have these relationships influenced the clients' willingness to seek other services/support?
   b. Do you think clients feel like they have more trusting relationships?

9. How do you think the TOPS is impacting the clients? **(Note: Ask "a" only if these are not already provided as responses from the participant)**
   a. Are you noticing any changes in clients? E.g., behavioral changes or any other changes such as attending more appointments or seeking/accessing more services?

10. Have any clients been turned away from accessing the TOPS? **(Note: Ask "a-c" only if these are not already provided as responses from the participant)**
    a. If so, why were they turned away?
    b. What was their reaction?
    c. How was it managed?

11. Have you encountered any issues of verbal or physical abuse at the TOPS? **(Note: Ask "a & b" only if these are not already provided as responses from the participant)**
    a. If so, how are instances of verbal or physical abuse managed?
    b. How can we ensure staff safety? **(**Note: Only ask this question if staff member offers this as an impact or concern).**

12. How has working at the TOPS impacted you? **(Note: Ask "a & b" only if these are not already provided as responses from the participant)**
    a. Do you have any concerns about working at the TOPS?
       i. Can you tell me about any positive or negative experiences you have had working at the TOPS?
    b. How can we improve staff satisfaction in their role at the TOPS?

13. Are there any stories you would like to share with us during your experience working at the TOPS? **(Note: Ask "a-c" only if these are not already provided as responses from the participant)**
    a. Connections with clients?
    b. Peer to peer experiences?
    c. Any emotionally charged experiences?

14. Do you have any other feedback that you would like to share with us?

Note to interviewer: Provide a summary of the participants' responses to them for validation.

Do you agree or disagree with the summary?

☐Agree

☐Disagree

Is there anything you would like to add or change to the summary?

Appendix H: Temporary Overdose Prevention Site Stakeholder Interviews

Introduction

The key informant interviews with stakeholders who provide services and supports at the temporary overdose prevention site (TOPS) were conducted to:

- Understand the impact of TOPS on their organization;
- Understand what is working well/not well and suggested changes;
- Obtain their perspectives on impact and satisfaction; and
- Inform development and implementation of future Supervised Consumption Facilities (SCF).

Stakeholder Interview Implementation

Sampling and Recruitment

All key stakeholders (community partners) who provided services and support at TOPS were invited to participate in a key informant interview. Given that there are multiple staff from key stakeholder organizations providing services at TOPS, there may be more than one staff member interviewed from a single organization.

There was no selection process for participants because each member may have different perspectives on TOPS. A contact list of all key stakeholders who provided services and support at TOPS was obtained by the TOPS Lead at the Middlesex-London Health Unit. Key stakeholders were contacted via email by the Program Evaluators using an email script (see Stakeholder Email Script). After the initial email, one reminder email was sent, then no further contact was made with the stakeholders unless they initiated contact at a later time.

Time and Location of Data Collection

The data collection phase occurred over a 7-week period between July and September 2018 and interviews were set up at a convenient location and date for the TOPS stakeholders. The majority of interviews took place at the stakeholders' office location for their organization. Meeting rooms at MLHU were utilized for a few of the interviews.

Inclusion and Exclusion Criteria

The stakeholders identified as the leads most involved with the services provided at TOPS were invited to participate in the semi-structured interview. There were eleven stakeholders who were invited from the following organizations:

- Addiction Services Thames Valley;
- Canadian Mental Health Association;
- Southwest Ontario Aboriginal Health Access Centre;
- London CAReS;
- London Intercommunity Health Centre;
- Middlesex-London Health Unit; and
- Regional HIV/AIDS Connection (RHAC).

Interview Administration

At the beginning of the interview, information about the evaluation was provided to key stakeholders in the Information and Consent Letter (see Stakeholder Information and Consent Form). Written consent to participate was obtained. A semi-structured interview guide (see Stakeholder Interview Guide) was used to guide the conversation with participants.

The interviews were conducted in-person by Program Evaluators and scheduled to ensure that two Program Evaluators were present during each interview. One evaluator asked the interview questions and the other evaluator took field notes. A validation process was used at the end of each interview where the note taker summarized the provided feedback and asked the key stakeholders to verify it for accuracy. If requested by the participant, the note taker added or changed content of the interview notes. This validation process was completed in order to add more accuracy to the data. The interviews took approximately 1 to 1.5 hours in duration.

Interview Sample

A total of eleven stakeholders were invited to participate and 9 stakeholders agreed to participate.

Interview Analysis

Qualitative data was analyzed in NVivo using inductive content analysis (Patton, 2002) to reveal themes and sub-themes that emerged directly from the data. This method permitted the Program Evaluators to gain an in-depth understanding of participants' experiences. Two Program Evaluators reviewed each interview transcript separately and developed a codebook of emerging codes for each of the qualitative data sources (i.e. Client Interviews, Client Survey (qualitative data), Staff Interviews and Stakeholder Interviews).

Qualitative data was uploaded in NVivo software (QSR NVivo 10). The Program Evaluators coded the transcripts using the preliminary codebooks. A second Program Evaluator reviewed the coded transcripts to identify any inconsistencies in the coding process. The Program Evaluators met to reconcile any discrepancies that arose during the coding process. Once the coding process was complete, the relationships between different themes were compared and contrasted across the sources of data to help understand the findings.

The Program Evaluators followed quality assurance steps during data collection and analysis (Guba & Lincoln, 1989) to ensure data trustworthiness, which included: (a) credibility – member-checking at the end of the interviews through validation of the interview transcript in order to ensure that feedback was accurately reflected; (b) confirmability – independent completion of the development of the coding frameworks for each data source; (c) dependability – Program Evaluators debriefed and reconciled the coding process to safeguard against bias and errors; and (d) transferability – providing documentation of study methods, procedures, and analyses in order for others to establish whether or not the findings may be transferable to other settings.

Thematic maps are presented for some of the qualitative findings to show a visual representation of the relationships between the key themes and sub-themes. Selected quotations from the interview transcripts have been included in the results section to illustrate key themes. Quotations in the results section are not verbatim quotes that would be typically found in audio recorded transcripts; however, the participants validated the content of the transcripts by reviewing the full transcript.

Interview Limitations

Recording interviews

The decision not to audio-record the interviews limits the ability to have direct quotations. This decision was informed by key stakeholders during the development of the evaluation. They indicated that TOPS clients would not feel comfortable with this practice. As a result, an alternative solution was developed to record the feedback on the laptop and read it back to participants for validation.

Self-Reported Data

The primary data findings summarized in this report are based on self-reported participant information. It is recognized that self-reported data may vary at different time points based on the participants' comfort level in sharing their perspectives.

Social Desirability Bias

Some participants may have responded to questions in a manner perceived as more favourable by the Program Evaluators.

Self-Reported Data

The primary data findings summarized in this report are based on self-reported participant information. It is recognized that self-reported data may vary at different time points based on the participants' comfort level in sharing their perspectives.

Social Desirability Bias

Some participants may have responded to questions in a manner perceived as more favourable by the Program Evaluators.

Recruitment Email, Consent and Data Collection Tool

Stakeholder Recruitment Email

Hi **[insert Stakeholders First Name]**,

As part of the Temporary Overdose Prevention Site (TOPS) Evaluation, we would like to invite you to participate in a key informant interview. We would like to obtain your perspectives on the TOPS and your role in providing support in the after-care room. We would like to gather your thoughts regarding what is working well/not working well and any suggested changes to the TOPS. The interview will take approximately 45 minutes to 1 hour.

Overall, the aim of the evaluation is to understand the impact and effectiveness of the Temporary Overdose Prevention Site (TOPS) in Middlesex-London, Ontario. Additionally, the project also aims to gather information to inform the development and implementation of future permanent Supervised Consumption Facilities (SFCs) in Middlesex-London, Ontario.

Your participation is completely voluntary and your responses will be kept anonymous and confidential. If you are willing to participate in an interview, please send some dates/times that would work for you to Daniel Murcia, Program Evaluator, and we will make those arrangements by **[Insert date here]**. Please note that your decision to participate in this evaluation will not impact your role or employment with the TOPS.

The results of the evaluation will be shared in reports or presentations within the MLHU and other local partner organizations. Results may also be published in academic conferences or publications.

Should you have any questions, please contact Jordan Banning, Supervisor of the "Temporary Overdose Prevention Site (TOPS) Evaluation," at 519-663-5317 ext. 2408 or jordan.banninga@mlhu.on.ca.

Thank you.

Kind Regards,

The TOPS Evaluation Team

Stakeholder Information Letter and Consent

Introduction:

Thank you for your willingness to consider participating in an interview for the Temporary Overdose Prevention Site (TOPS) Evaluation. You have been invited to participate given your role as someone who provides services at the after-care room at the TOPS. If you choose to participate in this interview, you will be asked questions about the Temporary Overdose Prevention Site (TOPS). Before you decide whether to proceed with the interview, please read this document as it will provide you with more information about the evaluation project that is being conducted by the Middlesex-London Health Unit. It is important that you consider the information in this form. It includes details that will help you decide if you wish to take part.

What is the purpose of this evaluation?

The purpose of this evaluation project is to understand the impact and effectiveness of the TOPS in Middlesex-London, Ontario. Additionally, the evaluation could inform the development and implementation of possible future permanent Supervised Consumption Facilities (SFCs) in Middlesex-London, Ontario.

What will your participation involve?

Participation involves completing an interview, which will take 45 minutes to an hour. An interviewer will ask you a series of questions related to the TOPS, and another member of the Evaluation Team will be present to take or type notes on the conversation.

Your participation is completely voluntary and there will be no consequences for choosing whether or not to participate in this evaluation project. Your participation in this interview will not affect your role or involvement with the TOPS. Your responses will be kept anonymous and confidential. Please note, you may withdraw your participation at any time without consequence.

What are the benefits of completing this interview?

You will not benefit directly from taking part in this evaluation project. However, the results may help us to better understand the impact and effectiveness of the TOPS, and plan for future sites.

Are there any risks involved?

There are no known risks associated with this interview.

Are there any costs to you?

There is no cost to you to take part in the evaluation project apart from your time and efforts.

How will your information be protected?

The information that you provide by completing this survey will be kept confidential unless reporting is required by law. The project team will take the following steps to protect your identity and keep all information confidential:
All information you provide during the interview will be filed electronically on an encrypted laptop and uploaded to a secure server. If handwritten notes are taken, these notes will be transported by two Evaluation Team Members to MLHU offices and securely stored at MLHU offices in locked filing cabinets.

- Only members of the Evaluation Team will have access to the data provided during the interview. This data will be analyzed by members of the Evaluation Team. No information that could identify you will be shared.
- Evaluation project data will be stored for 7 years at MLHU, and then destroyed.

How will evaluation results be shared?

The results of the evaluation will be shared in reports or presentations within the MLHU and other local partner organizations. Results may also be published in academic journals or presented at conferences. Once the evaluation has been completed, you will also receive a copy of the findings via e-mail.

What are your rights to take part or not take part?

You have the right to choose whether or not to participate, or to stop the interview at any time. If you decide to no longer participate during the interview, information collected to that point will be deleted; however, if you decide to no longer participate after the interview has ended, it will not be possible to delete your information as it will have been submitted anonymously.

What if you have questions about the evaluation?

If you have any questions about the study or concerns about taking part in this evaluation project, please contact Jordan Banninga, Supervisor of the "Temporary Overdose Prevention Site (TOPS) Evaluation," at 519-663-5317 ext. 2408 or jordan.banninga@mlhu.on.ca.

What if you have questions about your rights as a participant?

This evaluation has received approval from Public Health Ontario's Ethics Review Board. If you have any concerns about your rights as a participant in this project, you may contact the Research Ethics Coordinator at Public Health Ontario, by email at ethics@oahpp.ca, or by phone at 647-260-7206.

Signature:
I have read the information provided to me. I have had enough time to consider whether or not to participate. Any questions that I had have been answered in full. I understand that my responses will be anonymous, and that my identity will not be disclosed at any point. I also understand that my participation is completely voluntary, and I may withdraw from the study at any time. I also understand that if I withdraw participation after the interview has ended, it will not be possible to delete my information as it will have been submitted anonymously. I am 18 years old or over, and am legally able to provide consent.

Name of Participant
(Please Print)

Signature of Participant

Date Signed

Stakeholder Interview Guide

1. From your perspective, what impact, if any, has the TOPS had on your organization? **(Note: Ask "a & b" only if these are not already provided as responses from the participant)**
    a. What impact do you think your organization has had on the TOPS?
    b. Have there been any positive/negative unintended results/impacts on your organization since the TOPS opened?
        i. Have you noticed an impact on interactions with clients at the TOPS?
        ii. Have clients been more willing or less willing to access services/support from your organization?

2. If you can think back to when the TOPS first opened, have any of the services/support provided at your organization changed as a direct result of TOPS? **(Note: Ask "a-e" only if these are not already provided as responses from the participant)**
    a. Have services been added or removed? Which services?
    b. Have staff been added or removed? Which staff?
    c. Have the hours of operation changed?
    d. How have these changes affected you/clients/TOPS?
    e. Has your role or the amount of support provided by your organization at the TOPS changed since it opened?

3. What do you think is working well at the TOPS? **(Note: Ask "a & b" only if these are not already provided as responses from the participant)**
    a. What are the main strengths of the TOPS?
    b. Are you satisfied with how the TOPS is operating?
        i. What do you like most/least about the TOPS?
        ii. Is there anything you would change?

4. What do you think is not working well at the TOPS? **(Note: Ask "a & b" only if these are not already provided as responses from the participant)**
    a. **(Note: Use what stakeholder has said is not working well from Q4).** How could we improve or what needs to be changed to better serve the clients?
    b. How can we improve service delivery at the TOPS?
    c. What is your perspective on the feasibility of providing healthcare services, such as wound care and HIV/STI testing at the TOPS?

5. What type of feedback have you received from clients about the TOPS that you can share with us? **(Note: Ask "a-d" only if these are not already provided as responses from the participant)**
    a. The services offered?
    b. The location?
    c. The hours of operation?
    d. The staff at the TOPS?

6. Are clients from the TOPS accessing any of the services or support that you and your organization provide? **(Note: Ask "a & b" only if these are not already provided as responses from the participant)**

    a. If so, which services/support are they accessing?
    b. If not, is there anything that could facilitate access?

7. What is your level of satisfaction or dissatisfaction with your organization's involvement in the TOPS? Please describe.

8. Are there any stories you would like to share with us during your experience providing support at the TOPS? **(Note: Ask "a-c" only if these are not already provided as responses from the participant)**
    a. Connections with clients?
    b. Peer to peer experiences?
    c. Any emotionally charged experiences?

9. Do you have any other feedback that you would like to provide us?

Note to interviewer: Provide a summary of the participants' responses to them for validation.

Do you agree or disagree with the summary?

☐Agree

☐Disagree

Is there anything you would like to add or change to the summary?

Appendix I: Secondary Data: Ministry of Health and Long-Term Care Monthly Reporting Form

Introduction

The Ministry of Health and Long-Term Care (MOHLTC) Overdose Prevention Sites (OPS) Monthly Reporting Form was used primarily to answer the Evaluation Question, "Who is using TOPS services and what substances they are using?"

The data was analyzed to:

- Determine the number of client visits to TOPS
- Determine the number of overdoses and calls to Emergency Medical Services
- Understand client demographics
- Determine types of drugs consumed at visits

Sample

Data that is collected by TOPS Staff during service delivery is collated into an Excel spreadsheet template "MOHLTC Overdose Prevention Sites (OPS) Monthly Reporting Form". This form is required to be submitted to the MOHLTC each month by TOPS Leadership. This monthly data was provided to the Evaluation Team in aggregated form from TOPS Leads. The data did not include any client identifiers to respect the confidentiality, and anonymity to the information collected at TOPS.

Secondary Data Analysis
The Ministry of Health and Long-Term Care Overdose Prevention Sites (OPS) Monthly Reporting Form was compiled from the individual monthly reports by the Program Evaluator into one Excel file. The data was analyzed for descriptive statistics. Excel charts are provided in Appendix J.

Secondary Data Limitations

Missing Data

Data on client demographics was not recorded for age. There were some additional demographics recorded in the "Part E: Additional Comments" including Indigenous status for the months of April 1st and August 19th.

Due the way the data was reported for the type of treatment required when responding to overdoses, there is an inability to report on the total number of overdoses. Some overdoses may require treatment with both oxygen/recue breathing and naloxone.

Ministry of Health and Long-Term Care Monthly Reporting Form

Ministry of Health and Long-Term Care
Overdose Prevention Sites (OPS) Monthly Reporting Form

Please note: Data will be used for ministry reporting and evaluation purposes, and may also be shared internally and/or publicly reported. Data may be also shared with Health Canada upon request to support the exemption under s. 56(1) of the Controlled Drugs and Substances Act.

Please submit this form no later than one week after month's end (e.g. Feb. 7 for January data) by emailing this form to EOCLogistics.moh@ontario.ca, by verbally reporting the data to the Ministry Emergency Operations Centre at 1-866-212-2272, OR via fax at 416-212-4466.

Reporting site information:	OP Site ID:	_____
	Reporting Month and Year:	_____
	Number of days in operation for the reporting month:	_____
Part A: Client visits Please enter totals for the reporting month	Number of visits during **morning** hours:	_____ (between 7:00am and 11:59am)
	Number of visits during **afternoon** hours:	_____ (between 12:00 pm and 4:59pm)
	Number of visits during **evening** hours:	_____ (between 5:00pm and 9:59pm)
	Number of visits during **overnight** hours:	_____ (between 10:00pm and 6:59am)
	Number of visits where time period was not recorded:	_____
	Total number of visits:	**0**
	Number of visits where the injection was peer-assisted:	_____
Part B: Overdoses and calls to EMS Please enter totals for the reporting month	Number of overdoses requiring treatment with oxygen/rescue breathing:	_____
	Number of overdoses requiring treatment with naloxone:	_____
	Number of doses of naloxone administered:	_____
	Number of calls to EMS related to an overdose:	_____
	Number of transfers to an emergency department related to an overdose:	_____
	Number of deaths occurring in the OPS:	_____
Part C: Client demographics Please enter totals for the reporting month	Number of visits by clients **under 25 years**:	_____
	Number of visits by clients **between 25 and 64 years**:	_____
	Number of visits by clients **over 65 years**:	_____
	Number of visits by clients where age group is unknown:	_____
Part D: Types of drugs consumed	**Number of clients consuming the following substances (as identified by the client)**	
	Heroin:	_____
	Hydromorphone:	_____
	Oxycodone:	_____
	Crystal Meth:	_____
	Crack Cocaine:	_____
	Fentanyl	_____
	Unspecified Opioid:	_____
	Other:	_____
	Total:	0
Part E: Additional comments	Please provide any information you think is important to report regarding successes or challenges related to your OPS. For instance, this may include issues with staffing and resources, services offered, or service delivery. You may include additional information on non-identifiable client demographics (e.g., client gender, homelessness, etc.). Please **do not** include any personal or personal health information in your comments.	

Ministry of Health and Long-Term Care
Overdose Prevention Sites (OPS) Monthly Reporting Form

Please note: Data will be used for ministry reporting and evaluation purposes, and may also be shared internally and/or publicly reported. Data may be also shared with Health Canada upon request to support the exemption under s. 56(1) of the Controlled Drugs and Substances Act.

Please submit this form no later than one week after month's end (e.g. Feb. 7 for January data) by emailing this form to EOCLogistics.moh@ontario.ca, by verbally reporting the data to the Ministry Emergency Operations Centre at 1-866-212-2272, OR via fax at 416-212-4466.

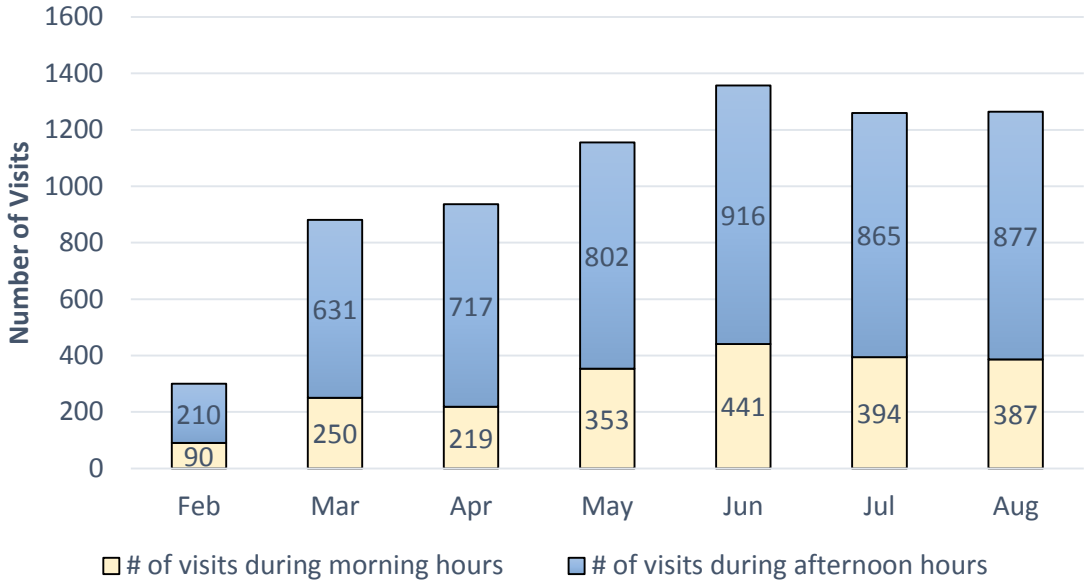
Reporting site information:	OP Site ID:	_____
	Reporting Month and Year:	_____
	Number of days in operation for the reporting month:	_____
Part A: Client visits Please enter totals for the reporting month	Number of visits during **morning** hours:	_____ (between 7:00am and 11:59am)
	Number of visits during **afternoon** hours:	_____ (between 12:00 pm and 4:59pm)
	Number of visits during **evening** hours:	_____ (between 5:00pm and 9:59pm)
	Number of visits during **overnight** hours:	_____ (between 10:00pm and 6:59am)
	Number of visits where time period was not recorded:	_____
	Total number of visits:	**0**
	Number of visits where the injection was peer-assisted:	_____
Part B: Overdoses and calls to EMS Please enter totals for the reporting month	Number of overdoses requiring treatment with oxygen/rescue breathing:	_____
	Number of overdoses requiring treatment with naloxone:	_____
	Number of doses of naloxone administered:	_____
	Number of calls to EMS related to an overdose:	_____
	Number of transfers to an emergency department related to an overdose:	_____
	Number of deaths occurring in the OPS:	_____
Part C: Client demographics Please enter totals for the reporting month	Number of visits by clients **under 25 years**:	_____
	Number of visits by clients **between 25 and 64 years**:	_____
	Number of visits by clients **over 65 years**:	_____
	Number of visits by clients where age group is unknown:	_____
Part D: Types of drugs consumed	**Number of clients consuming the following substances (as identified by the client)**	
	Heroin:	_____
	Hydromorphone:	_____
	Oxycodone:	_____
	Crystal Meth:	_____
	Crack Cocaine:	_____
	Fentanyl	_____
	Unspecified Opioid:	_____
	Other:	_____
	Total:	0
Part E: Additional comments	Please provide any information you think is important to report regarding successes or challenges related to your OPS. For instance, this may include issues with staffing and resources, services offered, or service delivery. You may include additional information on non-identifiable client demographics (e.g., client gender, homelessness, etc.). Please **do not** include any personal or personal health information in your comments.	

Appendix J: Part 1 – Data Charts for MOHLTC Overdose Prevention Site Monthly Reporting Form

Visits

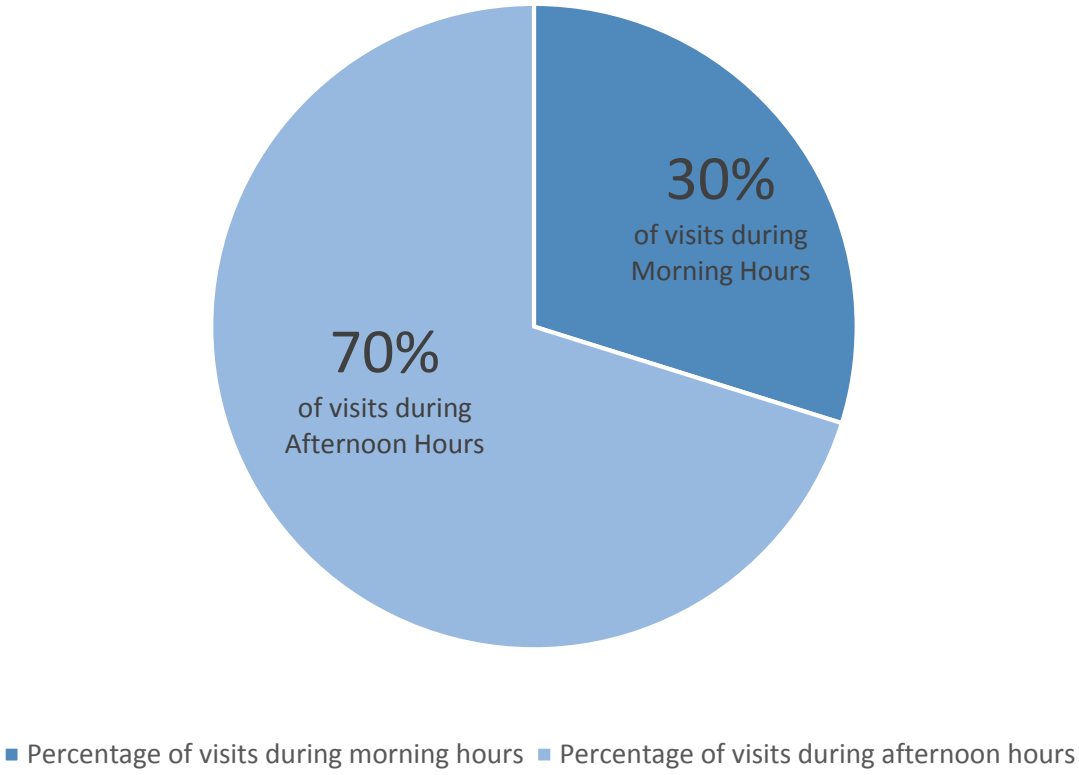
Between February 12th and August 31st of 2018, there were a total of 7152 visits at TOPS. **Figure 1** shows the number of visits to TOPS during each month for the first six months of operation.

Figure 1: Number of Visits to the Temporary Overdose Prevention Site, February 12, 2018 to August 31, 2018 [MOHLTC-OPS Monthly Reporting Form, n=7152]



The majority of visits occurred during afternoon hours between 12-4 pm (70%, n=5018), while 30% (n=2134) were visits during the morning hours between 10 am and noon. **Figure 2** illustrates the proportion of visits during the morning hours versus the afternoon hours.

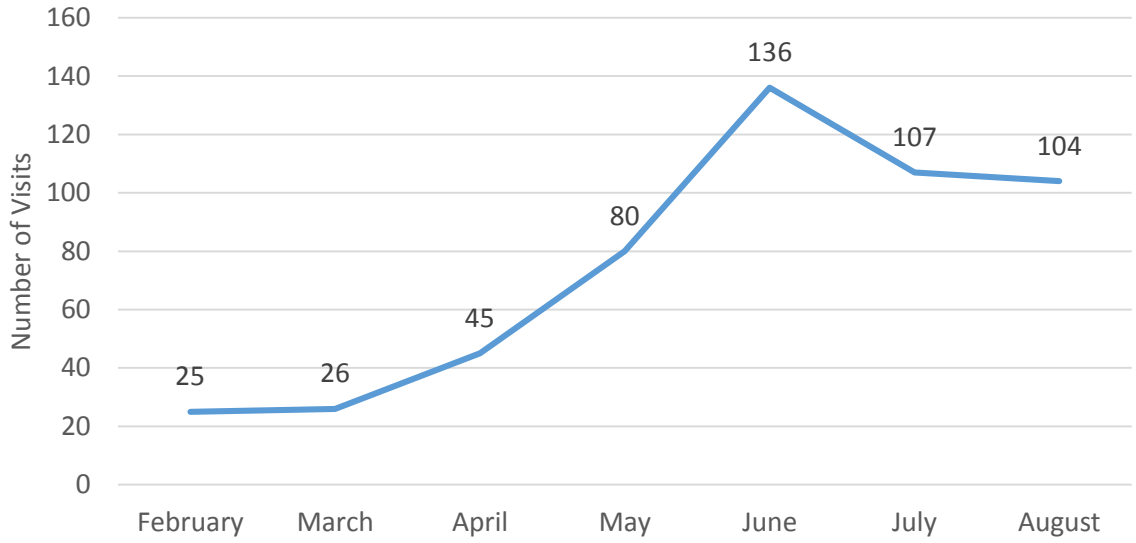
Figure 2: Percentage of Visits to TOPS during the morning and afternoon timeframes [MOHLTC-OPS Monthly Reporting Form, n=7152]


30%
of visits during
Morning Hours
70%
of visits during
Afternoon Hours
Percentage of visits during morning hours
Percentage of visits during afternoon hours

Peer-to-Peer Assisted Injections

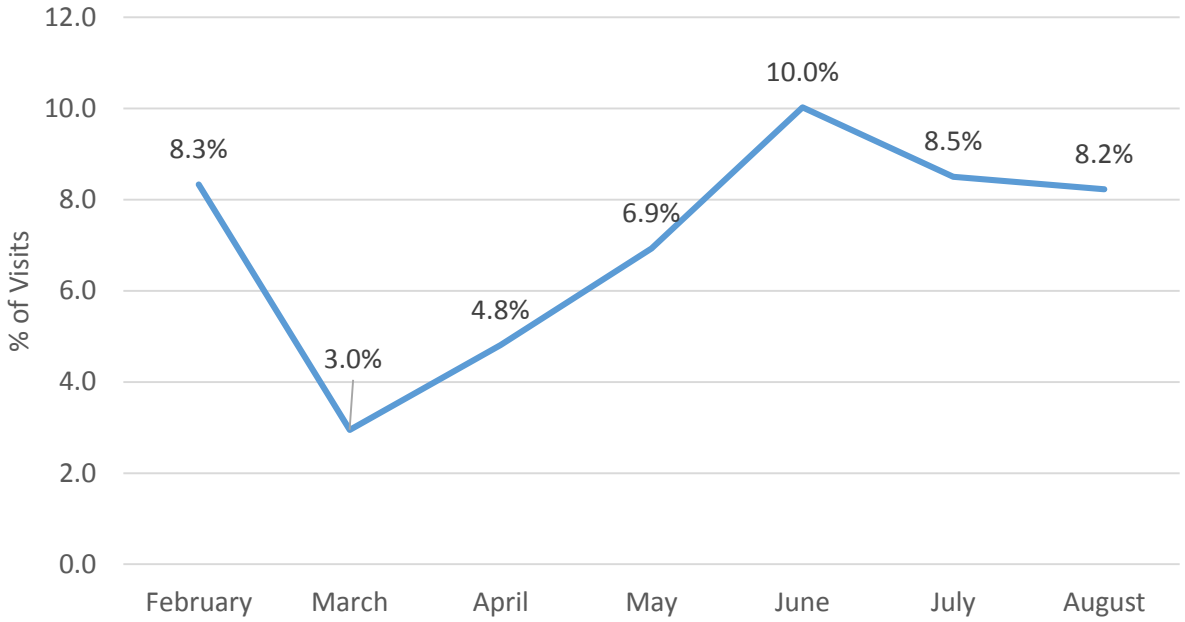
A total of 523 peer-to-peer assisted injections occurred at the site between the February and August timeframe **(see Figure 3).** This represents 7.3% (523/7152) of total visits at the site involving peer-to-peer assisted injection over the entire timeframe.

Figure 3: Number of peer-to-peer assisted injections at the site between February and August 2018 [MOHLTC-OPS Monthly Reporting Form, n=523]



The proportion of visits per month where peer-to-peer assisted injections took place was high during the month of February (8.3%) considering the site was only open for about half the month, and then decreased during the month of March (3.0%) **(see Figure 4).** There was a steady increase in the proportion of peer-to-peer assisted injections during the months of April (4.8%) and May (6.9%), and then the proportion peeked in the month of June (10.0%). The average monthly proportion of peer-to-peer assisted injections may be leveling off around 8%, as seen in July and August data.

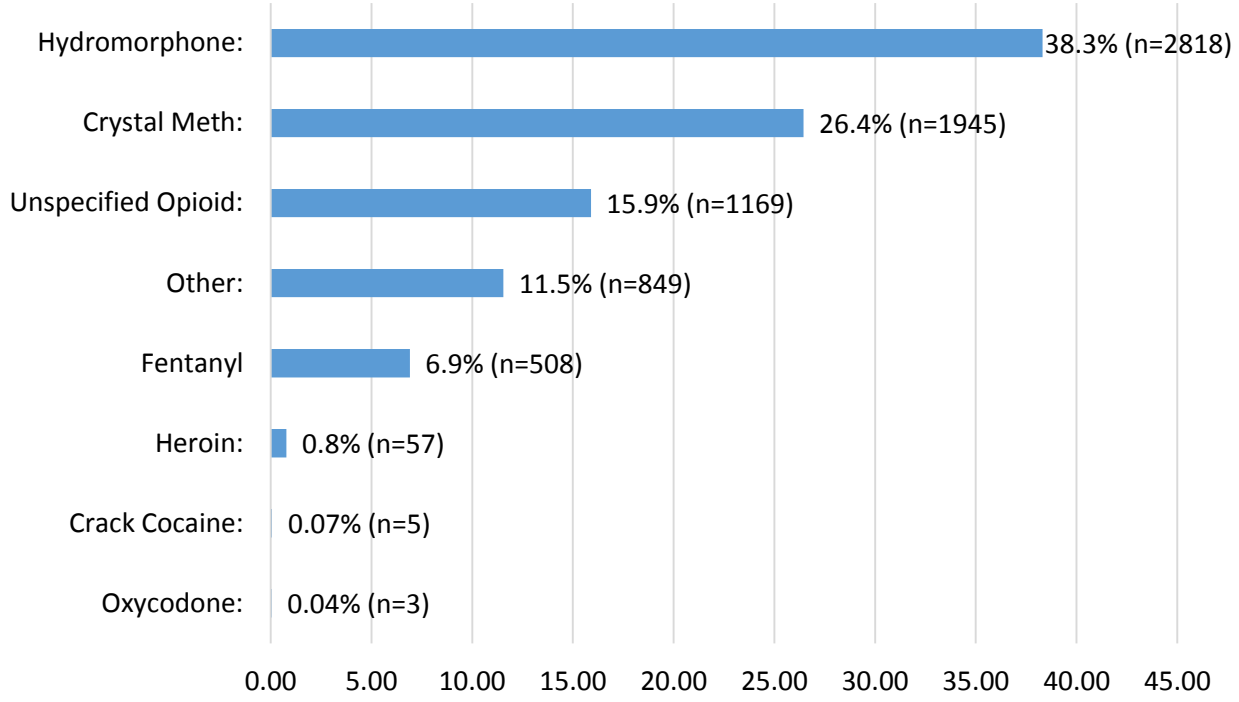
Figure 4: Percentage of Visits per month where Peer-to-peer assisted Injections took place
[MOHLTC-OPS Monthly Reporting Form, n=523]



Types of Drugs consumed

The two most commonly injected drugs reported by survey respondents were Hydromorphone and Crystal Meth. Among the types of drugs reported, it is estimated that approximately 60% of the drugs consumed are opioids (i.e. hydromorphone, fentanyl, heroin, oxycodone, unspecified opioid). **Figure 5** shows the percentages of different types of drugs consumed by clients at TOPS between February and August 2018.

Figure 5: Percentage of Types of Drugs consumed by Clients at TOPS [MOHLTC-OPS Monthly Reporting Form, n=7352*]



*Note: Some clients reported more than one type of drug per visit

Fentanyl test strip drug checking use

A total of 25 clients used fentanyl test strip drug checking services and each completed it for a total of 25 drug checks. This represents only 0.3% of all visits participating in the drug checking service at the site between February and August 2018.

Fentanyl drug checking results

Of the 25 drug checks completed, 8 tested positive for traces of fentanyl (see Table 1). Types of substances identified by individuals checked using the Fentanyl Test Strips, include: Fentanyl (6 positive, 11 negative), Crystal Meth (1 positive, 6 negative), and Heroin (1 positive, 0 negative). From these results, it appears that some clients used the test strips to determine the substance actually was fentanyl, and only 6 of the 17 tested positive for fentanyl. These results indicate that some clients are concerned about whether or not what they purchased was actually fentanyl.

Table 1: Types of substances checked for fentanyl using the fentanyl test strips [MOHLTC-OPS Monthly Reporting Form, n=25]

	Positive	Negative	Invalid
Fentanyl	6	11	0
Crystal Meth	1	6	0
Heroin	1	0	0
Total	8	17	0

Demographics

Self-identification as Indigenous

At the request from the Indigenous community leaders, tracking individuals who self-identify as Indigenous began in April 1, 2018 on the MOHLTC Overdose Prevention Site (OPS) Monthly Reporting Form. Between April 1st and August 19th, 1145 visits were recorded from individuals who self-identify as Indigenous. This reflects roughly 19% (1145/5971) of the total number of visits in the timeframe.

Appendix K: Client Survey Quantitative Findings

Part 1: Quantitative Findings from the Client Survey related to Usage of the Site and Participant Demographics

Usage of Site on the Weekends

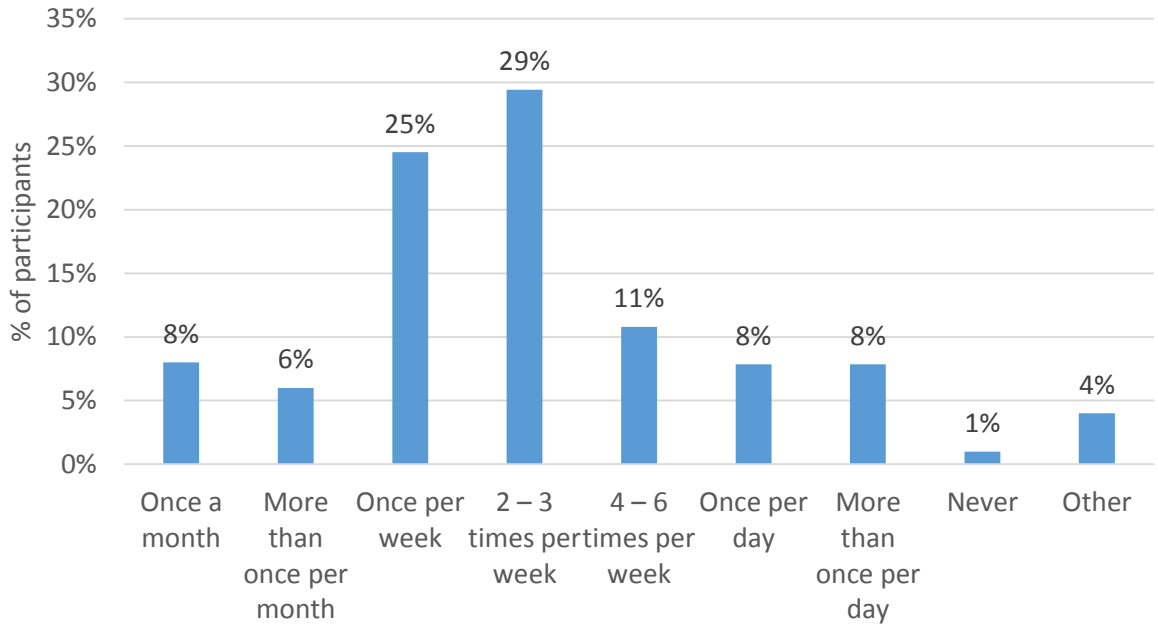
Among the respondents on the Client Survey, 74% (n=75) reported using the site on the weekends and 26% (n=26).

Figure 1: Use of site on weekends [Client Survey, n=101]

Frequency of Using Counterpoint Needle Syringe Program Prior to Using TOPS

Figure 2 shows the frequency of clients' self-reported use of Counterpoint Needle Syringe Program prior to using TOPS. The most frequently reported times, included 2-3 times per week (29%, n=30), once per week (25%, n=26), and 4-6 times per week (11%, n=11). The "other" category included descriptions such as "one time only" and "it depends".

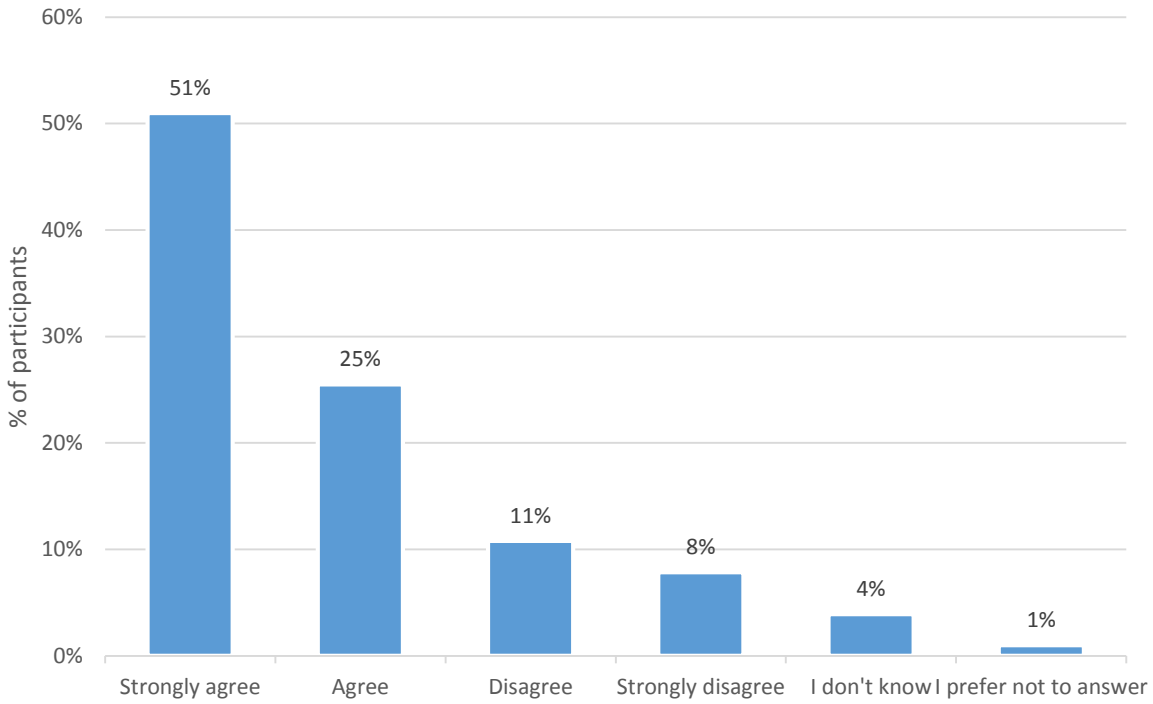
Figure 2: Frequency of using Counterpoint Needle Syringe Program at RHAC prior to using TOPS [Client Survey, n=102]



Willingness to Use Test Drugs for Fentanyl

A question on the Client Survey asked clients to report on their level of agreement or disagreement with the following statement "I am willing to test my drugs for fentanyl at the Overdose Prevention Site before using". Roughly three-quarters of survey respondents (76%, n=78) agreed or strongly agreed that they are willing to test their drugs for fentanyl and 19% (n=19) disagreed or strongly disagreed that they would be willing to use the test strips to test their drugs for fentanyl.

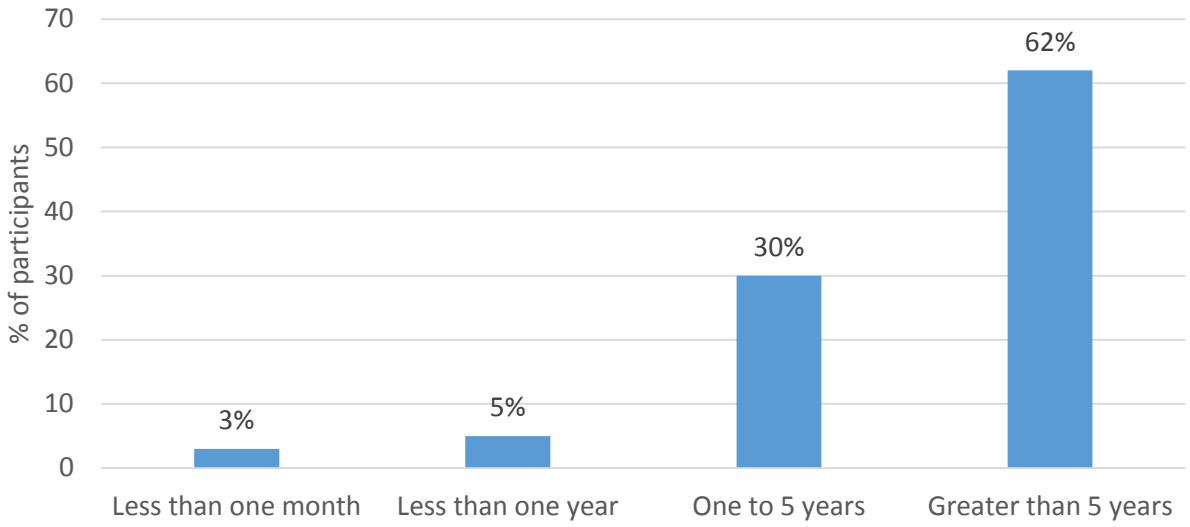
Figure 3: Level of agreement/disagreement with the statement "I am willing to test my drugs for fentanyl at the Overdose Prevention Site before using" [Client Survey, n=102]



Length of Injection Drug Use

Among clients who participated in the Client Survey, the majority of clients (62%, n=63) indicated that they have been injecting drugs for more than 5 years, while 30% (n=31) reported using one to 5 years. Only a few clients had been injecting drugs for less than one year (5%, n=5) and less than one month (3%, n=3).

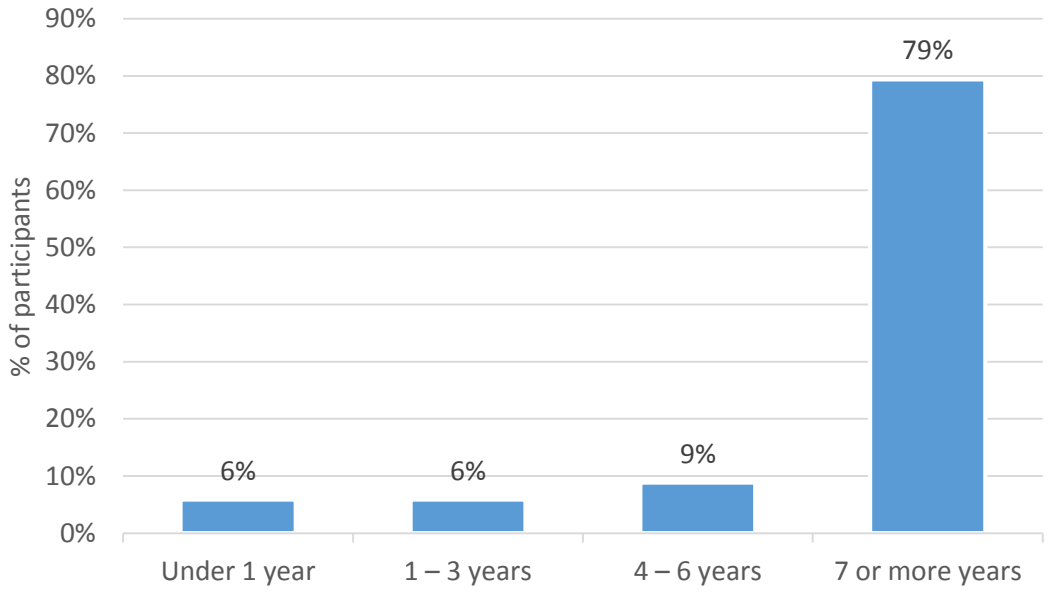
Figure 4: Length of time injecting drugs [Client Survey, n=102]



Length of time lived in London

Self-reported survey data from clients indicate that the majority (79%, n=81) of survey participants have lived in London for 7 or more years.

Figure 5: Length of time lived in London, Ontario [Client Survey, n=102]

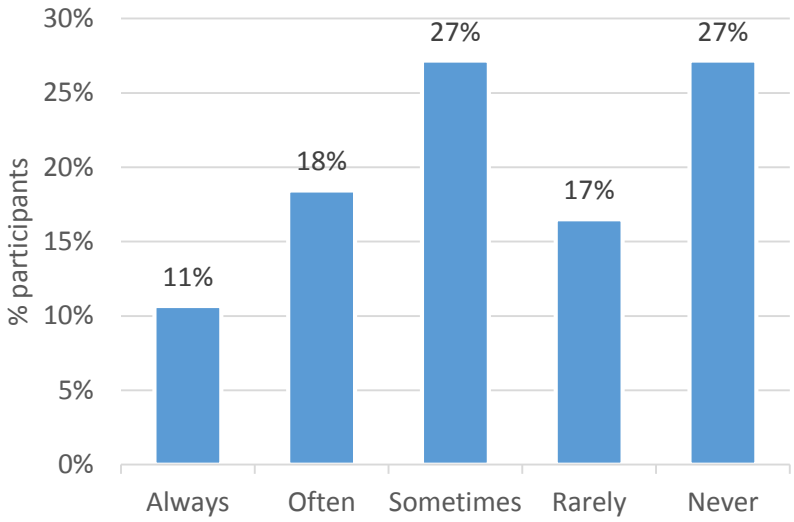


Part 2: Quantitative Findings from the Client Survey

TOPS Operating Hours

Among Client Survey respondents, 29% (n=30) mentioned that the hours of the site often or always get in their way of using the site. There were 27% (n=28) of clients who indicated that the operating hours sometimes got in their way of using the site (Figure 6).

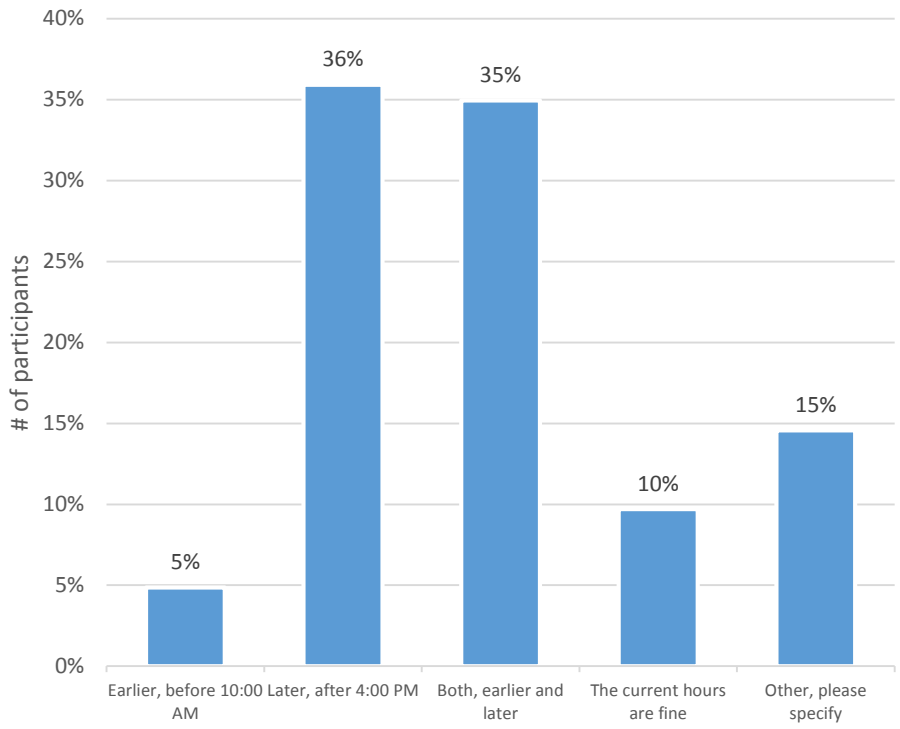
Figure 6: Client Survey responses to "How often does the operating hours of the site get in the way of you using the site?" [Client Survey, n=103]



Preferred Hours of Operation

Among the clients who participated in the survey, 36% (n=37) of clients indicated wanting later hours after 4pm. There were 35% (n=36) of clients wanted earlier and later hours. There were 15% (n=15) of clients who had other suggestions which included the suggestion for 24/7 access to the site (see **Figure 7).**

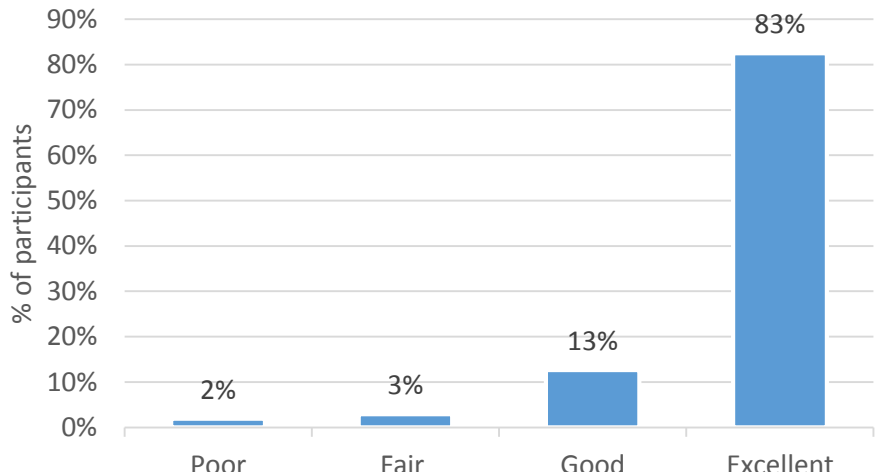
Figure 7: Client Survey responses to "What additional hours would you prefer?" [Client Survey, n=103]



TOPS Client's Satisfaction with Services

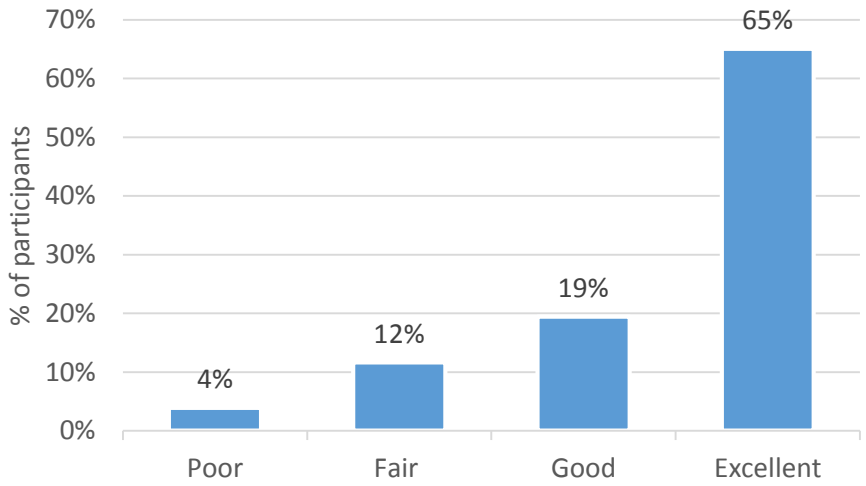
A high level of satisfaction was also reported among clients who participated in the surveys. Almost all clients (96%, n=98) rated the quality of service and care received from TOPS staff as good or excellent (**Figure 8).** Only 5% (n=5) of clients rated the quality of service and care from staff as fair or poor.

Figure 8: Client responses to "How would you rate the quality of services and care received from TOPS Staff?" [Client Survey, n=103]



A high level of satisfaction was also reported among clients in their rating of the site as a place to take or use drugs. The majority of clients (85%, n=87) rated TOPS as a good or excellent place to take or use drugs (see **Figure 9**). Only 16% (n=16) of clients rated the site as fair or poor place to take drugs.

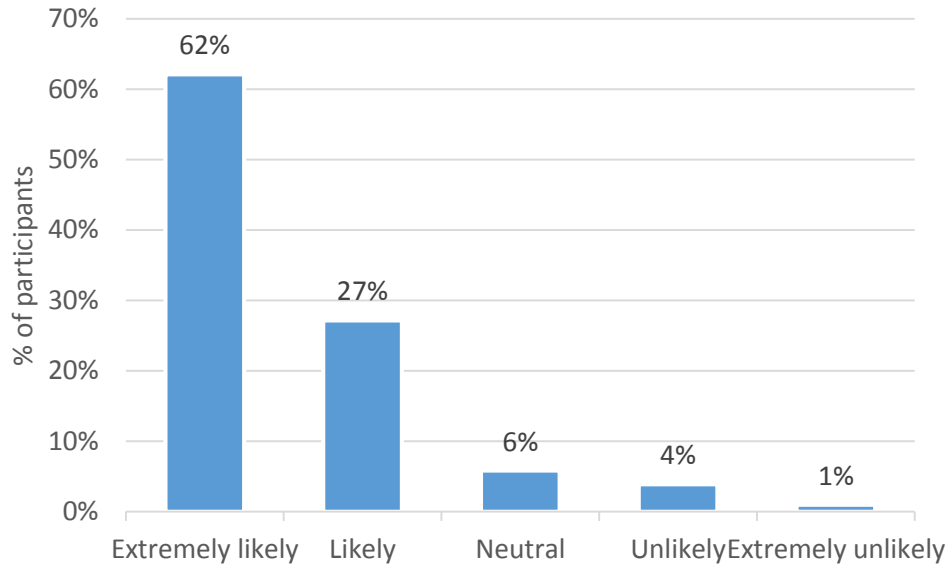
Figure 9: Client responses to "Overall, how would you rate the Overdose Prevention Site as a place to take/use drugs?" [Client Survey, n=103]



Likeliness to Recommend TOPS to Others

Eighty-nine percent (n=92) of clients who participated in the survey said they would be likely or extremely likely to recommend the site to other PWUD (**Figure 10**).

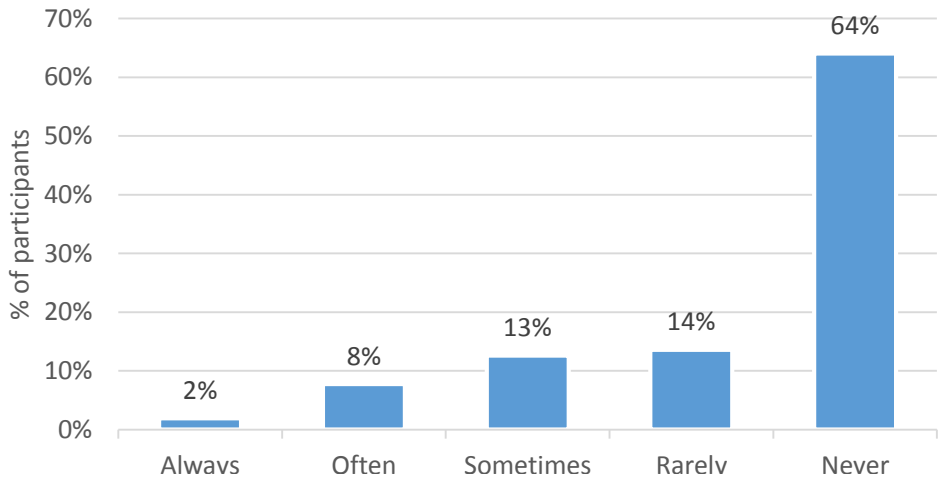
Figure 10: Client responses to "How likely are you to recommend the site to other users?" [Client Survey, n=103]



Factors Affecting Use of the Site: Location

Among the clients who participated in the survey, 13% (n=13) mentioned that the location sometimes gets in the way of them using the site and 10% (n=10) found that the location is often or always a barrier for them to use the site (**Figure 11**).

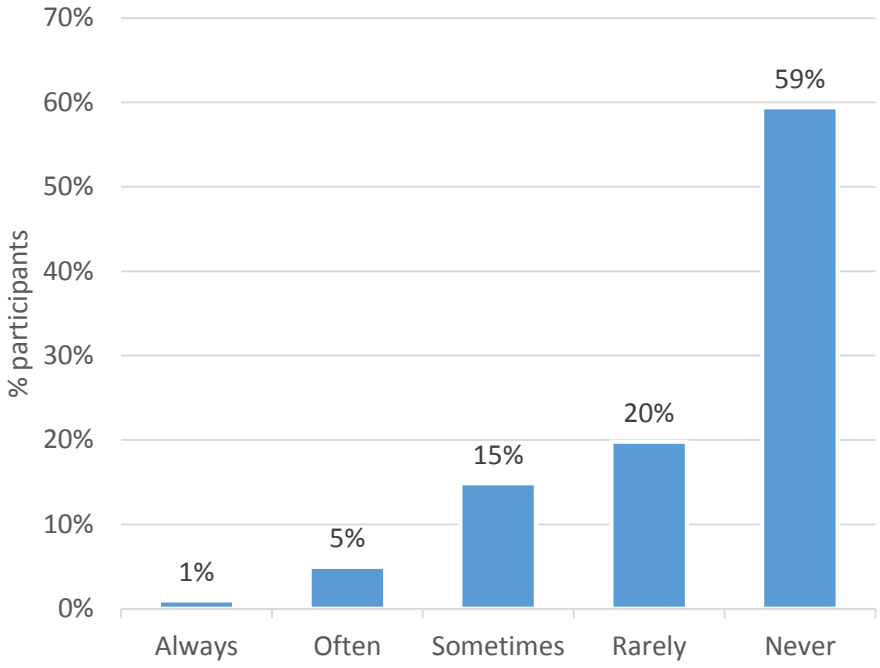
Figure 11: Client responses to "How often does the location of the site get in the way of you using the site?" [Client Survey, n=103]



Factors Affecting Use of the Site: Travel Time

However, among clients who responded to the survey, 79% (n=80) noted that the travel time to get to the site is rarely or never a barrier to using the site (**Figure 12**).

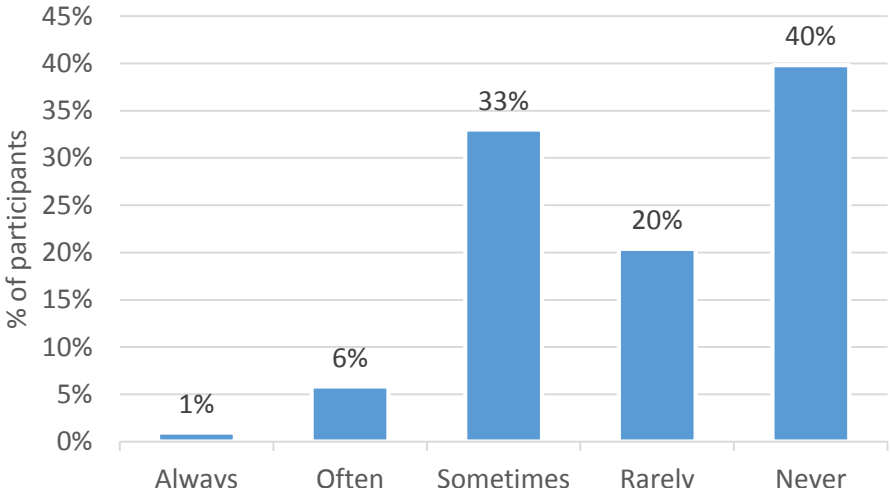
Figure 12: Client responses to "How often does the travel time get in the way of you using the site?" [Client Survey, n=101]



Factors Affecting Use of the Site: Wait Time

Among clients who participated in the survey, 60% (n=62) indicated that the wait time rarely or never gets in their way of using the site. However, 33% (n=34) mentioned that the wait time to get into the consumption room sometimes can be a barrier for them to use the site. For 7% (n=7) of clients the wait time often or always gets in the way of them using the site (**Figure 13**).

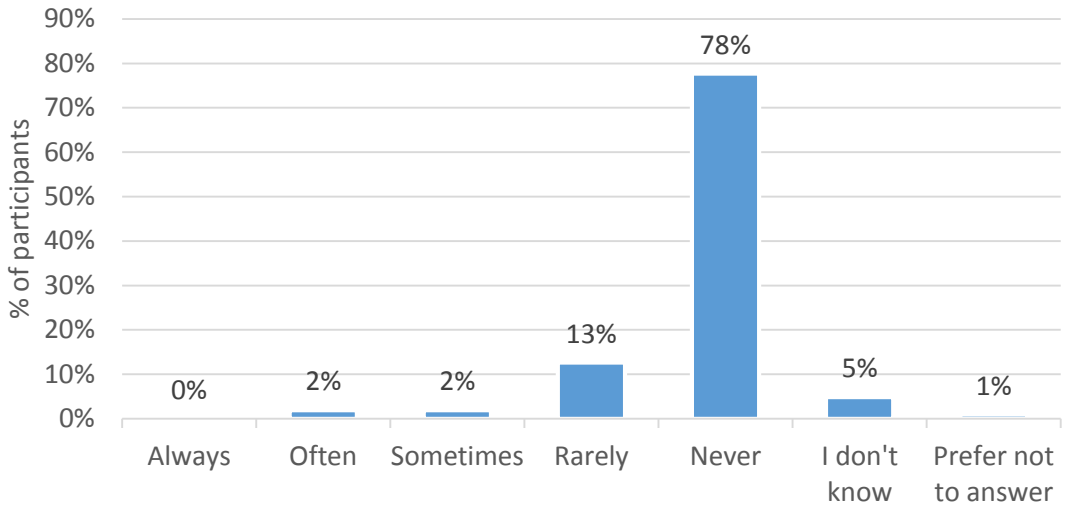
Figure 13: Client response to "How often does the wait time to use the site get in the way of using the site? [Client Survey, n=103]



Rules and Regulations

Among clients who participated in the survey, over 91% (n=93) said that the rules and regulations rarely or never get in their way of using the site (**Figure 14**).

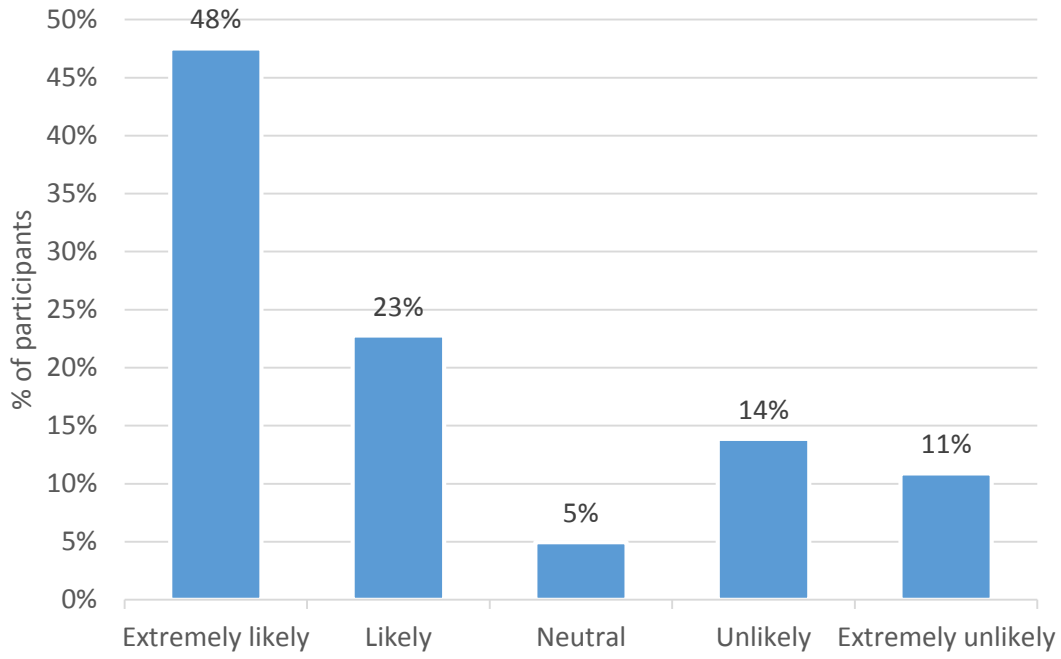
Figure 14: Client Survey self-reported data to "How often do the rules and regulations of the site get in the way of you using the site?" [Client Survey, n=103]



Willingness to Use a Mobile Site

The majority of clients (71%, n=71) indicated that they would be "extremely likely" or "likely" to use a mobile supervised consumption services van. However, a quarter of clients (25%, n=25) indicated that they would be unlikely or extremely unlikely to use a mobile supervised consumption services van (**Figure 15**).

Figure 15: Client Survey self-reported data to "If there was a Mobile Supervised Consumption Services van that could travel to you, how likely would you be to use it?" [Client Survey, n=101]

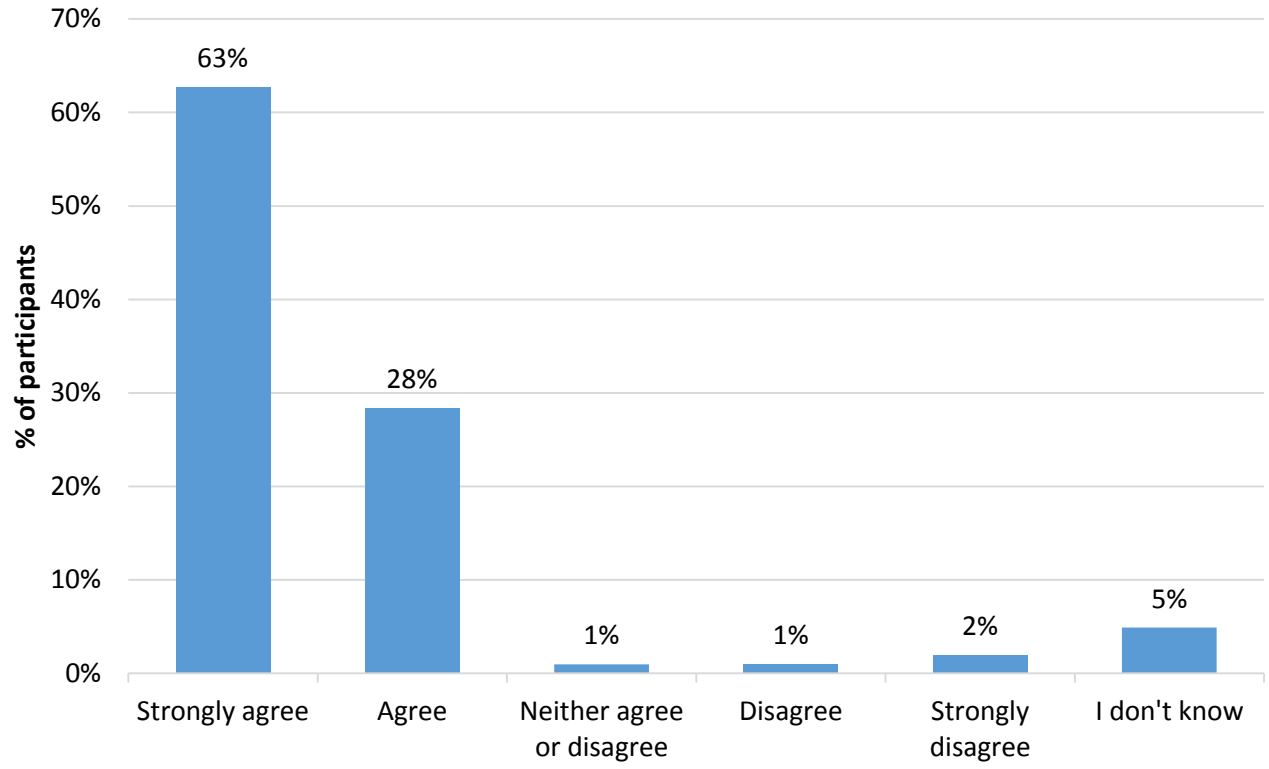


Part 3: Quantitative Findings from the Client Survey related to Impacts

Access to Naloxone

Among the Client Survey participants, 91% (n=93) of participants agreed or strongly agreed with the statement "I can access Naloxone easily at the Overdose Prevention Site" (see Figure 16).

Figure 16: Level of agreement/disagreement with the statement "I can access Naloxone easily at the Overdose Prevention Site" [Client Survey, n=102]

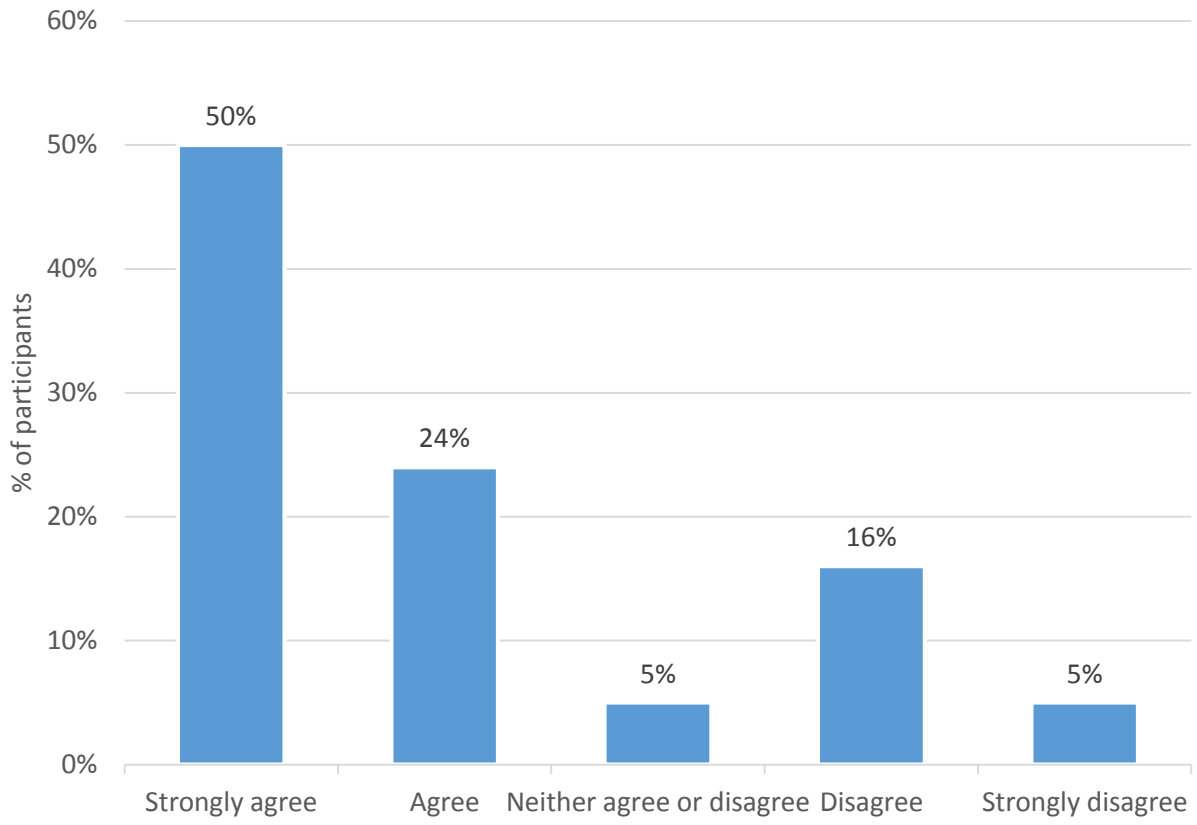


Increasing Safer Injection Behaviours

Increased knowledge of strategies to use drugs more safely

Among the clients surveyed, 74% (n=74) either agreed or strongly agreed that they have learned tips to use drugs more safely (see **Figure 17).**

Figure 17: Level of agreement/disagreement with the statement "I have learned tips to use/inject/take drugs more safely" [Client Survey, n=100]



Changes in Drug Use Behaviours

Reusing Their Own Gear

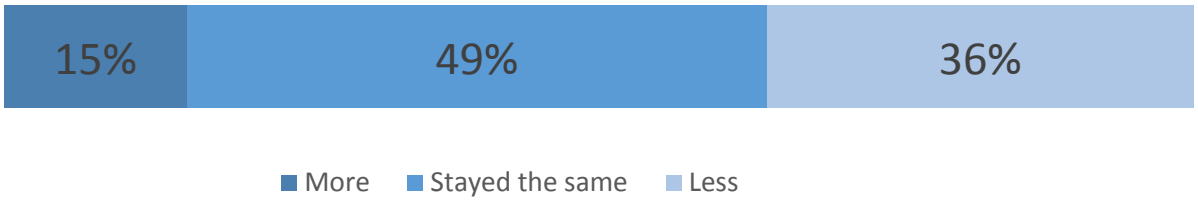
Among the clients that reported reusing their gear in the past (n=83), 72% (n=60) of clients stated that they are reusing their own equipment less often now since they have started using the site (see **Figure 18**).

Figure 18: Client Survey self-reported data "If you reused your gear in the past, would you say that now you reuse your gear more often, less often, or has this stayed the same?" [Client Survey, n=83]

Sharing of Used Gear

Among the clients that reported sharing their used gear with others in the past (n=39), 49% (n=19) noted that their sharing of used gear has stayed the same, while 36% (n=14) noted that they are sharing used gear less (see **Figure 19).**

Figure 19: Client Survey self-reported data "If you shared your gear in the past, would you say that now you share your used gear with others more often, less often, or has this stayed the same?" [Data Source: Client Survey, n=39]



Using Drugs Alone

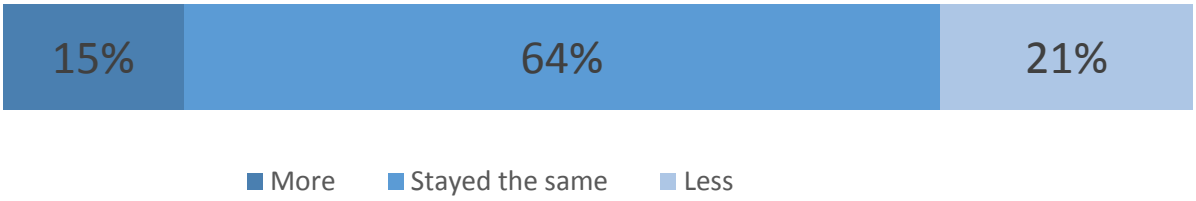
Among the clients that reported using drugs alone in the past (n=101), approximately one-third (35%, n=35) of survey participants noted that they are using drugs alone less often than before they started using the site. The majority of participants (57%, n=58) indicated that their drug use behavior in terms of using drugs alone has stayed the same (see **Figure 20**).

Figure 20: Client Survey self-reported data "If you used alone in the past, would you say that now you use drugs alone more or less often, or has this stayed the same" [Client Survey, n=101]

Needing Help to Inject

Among the clients that reported needing help injecting in the past (n=66), 21% (n=14) reported that they need less help injecting since starting to use the site. The majority of clients (64%, n=42) indicated that the need to have help injecting has stayed the same (see **Figure 21**).

Figure 21: Client Survey self-reported data "If you needed help injecting in the past, would you say that now you need help with injecting more often, less often or has this stayed the same" [Client Survey, n=66]



Using Sterile Water

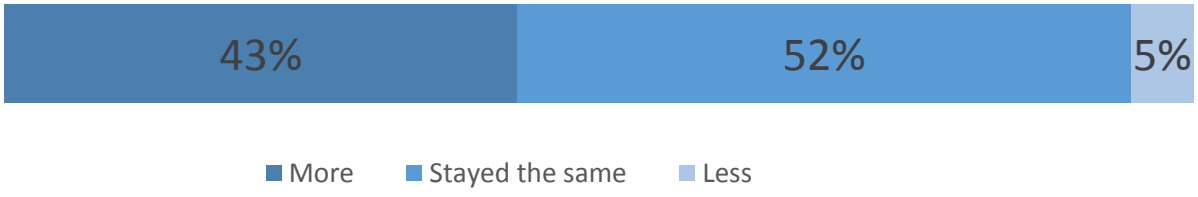
Among the clients that reported using sterile water in the past (n=99), 34% (n=34) reported that they are using sterile water more since using the site. The majority of respondents (58%, n=57) noted that their use of sterile water has stayed the same since using the site (see **Figure 22**).

Figure 22: Client Survey self-reported data "If you used sterile water in the past, would you say that now you use packaged (blue-pack) water more often, less often or has this stayed the same" [Data Source: Client Survey, n=99]

Use of Alcohol Swabs to Clean Injection Sites

Among the clients who indicated that they had used alcohol swabs in the past, 43% (n=41) of respondents indicated that they are using alcohol swabs more since using the site. The majority of clients (52%, n=49) indicated that their use of alcohol swabs has stayed the same (see **Figure 23**).

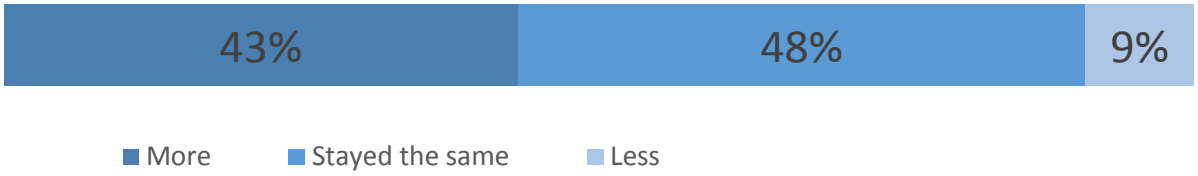
Figure 23: Client Survey self-reported data "If you used alcohol swabs to clean injection sites in the past, would you say that now you use those more often, less often or has this stayed the same" [Client Survey, n=95]



Heating Drugs Before Using

Among clients who indicated that they had heated their drugs before using in the past, 43% (n=38) reported that they are now heating their drugs more often, while 48% (n=42) indicated that this had stayed the same (see **Figure 24**).

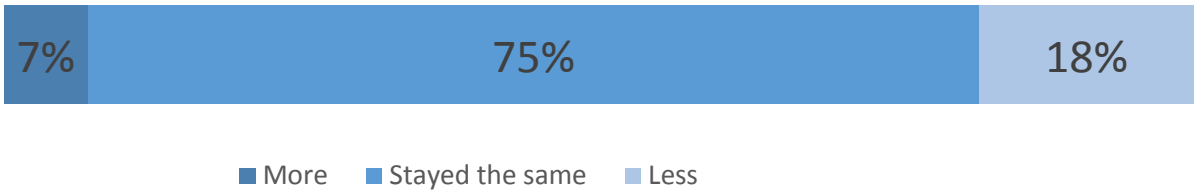
Figure 24: Client Survey self-reported data "If you heated your drugs in the past, would you say that now you heat your drugs more often, less often or has this stayed the same" [Data Source: Client Survey, n=88]



Changes in the Amount and Type of Drug Used

When asked if there had been any changes to the frequency of their drug use among Client Survey participants, 17% (n=17) reported that there had been a change, while the majority did not report a change (83%, n=82). Among those that reported a change, 12 clients indicated that their frequency of drug use had decreased since TOPS opened and 5 clients reported an increase in the frequency of drug use.

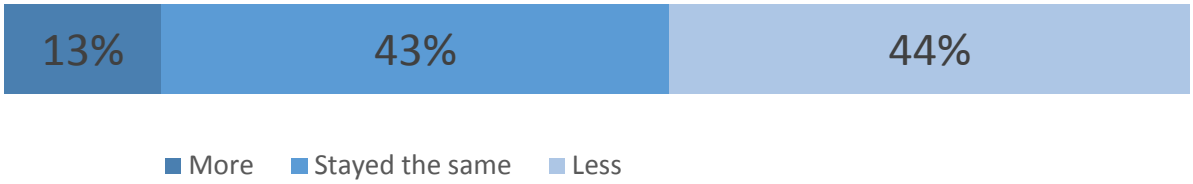
Figure 25: Client Survey self-reported data "Do you use/take more or less drugs, or has this stayed the same?" [Client Survey, n=100]



Feelings of Being Rushed While Using Drugs

When asked if they felt more or less rushed when using their drugs since using the site, 44% (n=43) reported feeling less rushed (see **Figure 26**).

Figure 26: Client Survey self-reported data "Do you feel more or less rushed when using/taking your drugs, or has this stayed the same?" [Client Survey, n=98]



Less Public Drug Use

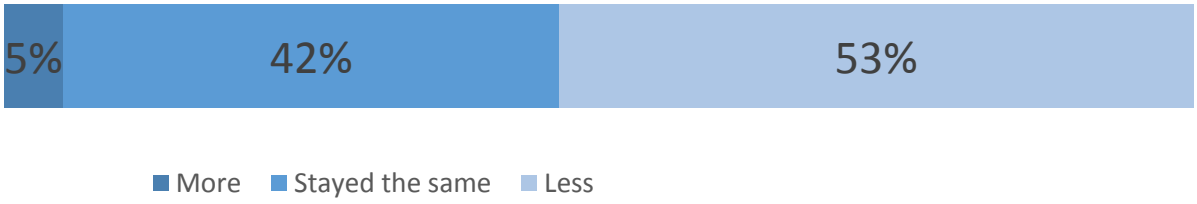
Among clients who reported injecting in public spaces in the past (n=92), 76% (n=70) reported that they are injecting less in public spaces since TOPS has opened (see **Figure 27**).

Figure 27: Client Survey self-reported data "If you injected in public spaces in the past, would you say that now you are injecting in public spaces more often, less often, or has this stayed the same?" [Client Survey, n=92]

Reduced Discarded Gear in Public Spaces

Among the clients that reported disposing of their gear in public spaces in the past (n=60), 53% (n=32) reported that they are now disposing of their gear less in public spaces since they have been using TOPS (see **Figure 28).**

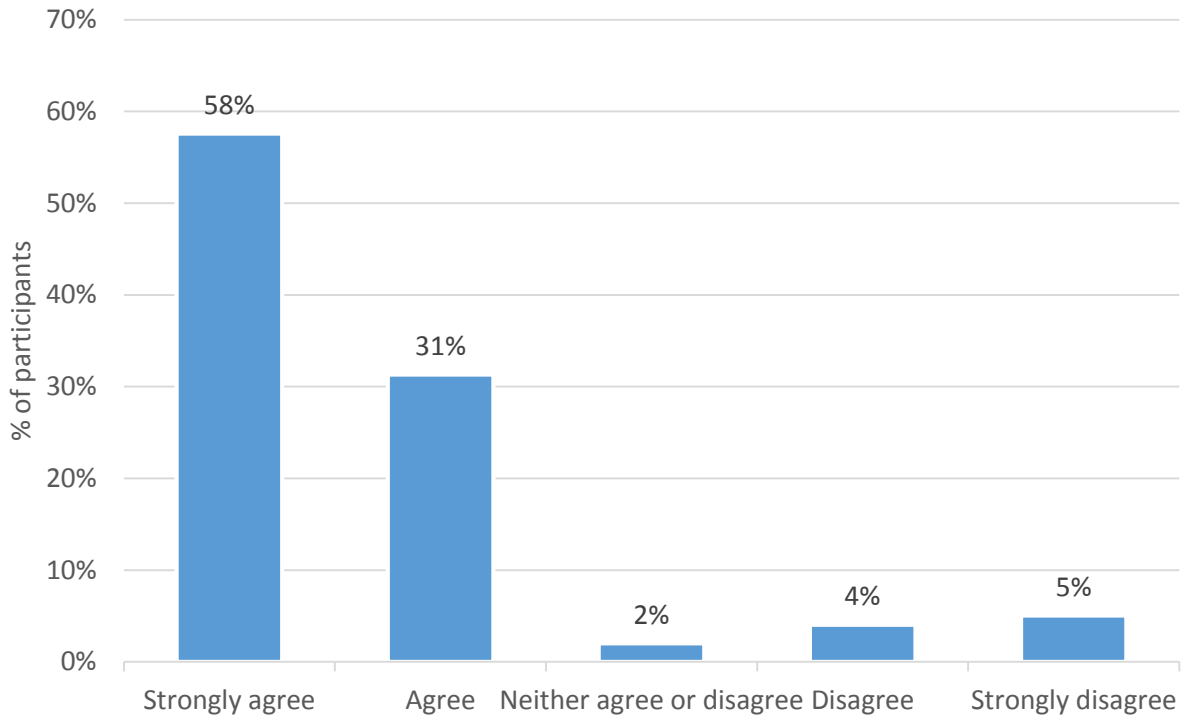
Figure 28: Client Survey self-reported data "If you disposed of gear in public spaces in the past, would you say that now you are disposing of gear in public spaces more often, less often, or has this stayed the same?" [Client Survey, n=60]



Connecting with Health and Social Services

The majority of clients (89%, n=88) either agreed or strongly agreed that staff have talked to them or helped them to access other health and social services (see **Figure 29**).

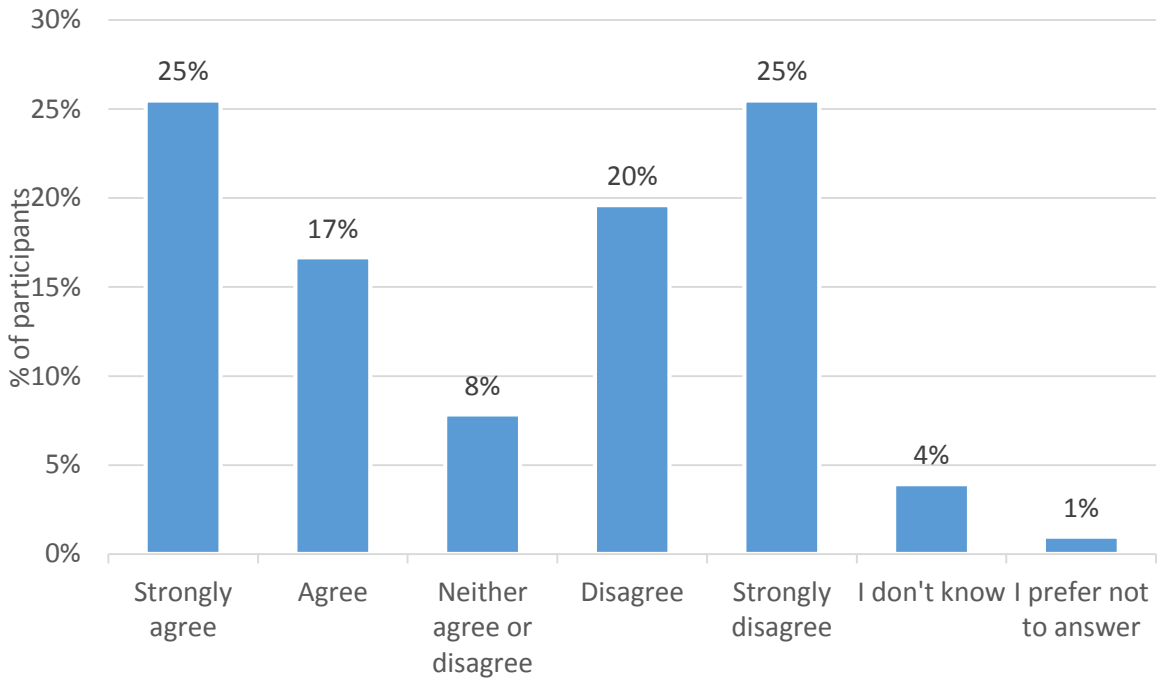
Figure 29: Client Survey self-reported data level of agreement with the statement: "Staff have talked to me or helped me to access other health and social services" [Client Survey, n=99]



Perceptions of the Community Caring About Them

While 42% (n=43) agreed or strongly agreed with the statement "I feel the broader community cares about me", a similar proportion of 45% (n=46) disagreed or strongly disagreed (see **Figure 30**).

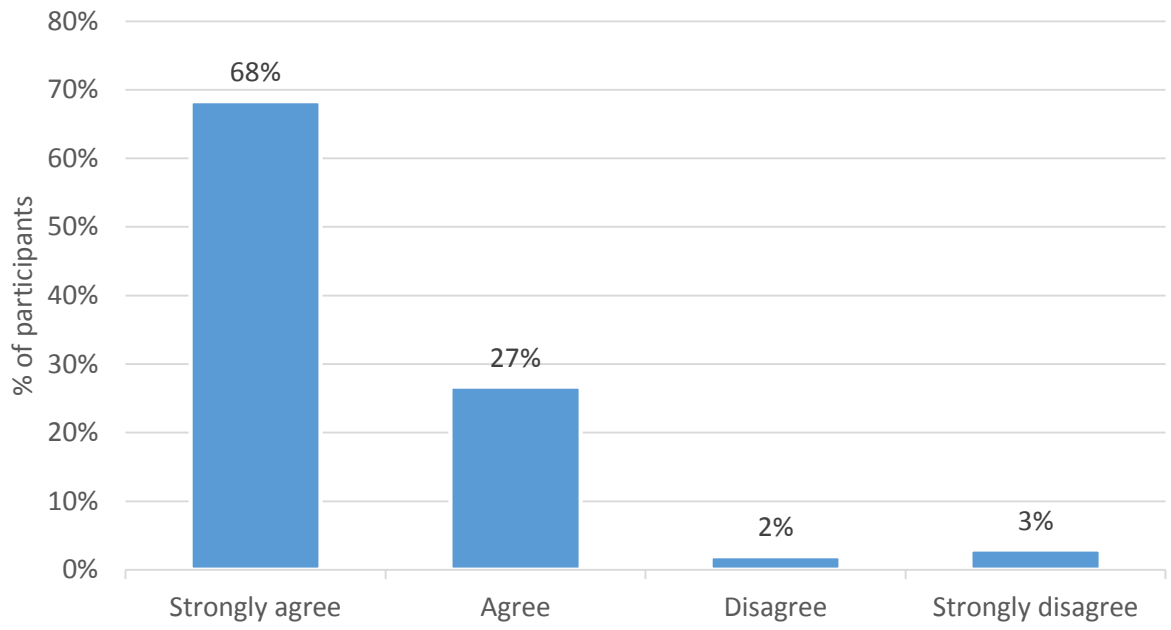
Figure 30: Level of agreement/disagreement with the statement: "I feel the broader community cares about me" [Client Survey, n=102]



Increased Feelings of Acceptance and Not Being Stigmatized or Judged

When asked to indicate their level of agreement with the statement "I feel accepted at the Overdose Prevention Site", 95% (n=97) either agreed or strongly agreed that they feel accepted at the site (see **Figure 31**).

Figure 31: Level of agreement/disagreement with the statement: "I feel accepted at the Overdose Prevention Site" [Client Survey, n=101]



Appendix L: Qualitative Data Tables to support themes related to Part 2 Service Delivery

Table 1: Quotations to support themes related to Services

Successes and Challenges: Services		
Theme	Sub-Theme	Relevant Quotes
TOPS client's satisfaction with services		*They are friendly, caring, accepting. They put a smile on your face. Always open doors, they welcome you in. - They don't judge anyone, which I really like. - Thankful for this place.* *[Data Source: Client Survey]* *I love this place. Staff are wonderful. They go above and beyond and make sure you are taken care of, set up with tests, etc.* *[Data Source: Client Survey]* *The staff here are good people. They inspire people to be happy. They have been really good and I am really impressed. They actually care about us. They don't just treat us like they are robots.* *[Data Source: Client Survey]*
Services delivered according to MOHLTC expectations	*Supervised drug injections, oral and intranasal drug consumption*	*I have never seen anyone use intranasal or orally….. Most of it [drug consumption] is IV.* *[Data Source: Staff Interview]* *I don't know if I have ever seen anyone do an intranasal consumption, maybe only once. I wonder if clients know that they can do that there, most people might think that it is all injection. This is my perception. I don't think I have ever seen anyone do intranasal. We are so focused on injection, that maybe we haven't let people know that they can do other things. Maybe when they first come in, we can ask them what drugs they are using, asking if they are injecting or snorting, asking them how they are going to use.* *[Data Source: Staff Interview]*
	Access to harm reduction supplies	*It is easy, convenient, to have all your gear, clean gear, ready so you can use. The convenience of it. No other reasons. The fact that you need gear, it [TOPS] is convenient, you come here to get gear so you might as well use it [TOPS]. You won't get arrested here [TOPS].* *[Data Source: Client Interview]*
	Responding to overdoses with oxygen or naloxone	*It [TOPS] is a safe haven, you can use here [TOPS] and not get in trouble. There is a doctor on site so if you go down there is someone here.* *[Data Source: Client Interview]* *It is convenient, they [Staff] have naloxone in case you go down.* *[Data Source: Client Interview]*

Successes and Challenges: Services		
Theme	Sub-Theme	Relevant Quotes
	Peer-to-Peer Assisted Injections	*We all know one another [peers]. There have been times I've been asked to help others inject safely and properly [peer-to-peer injection]* *[Data Source: Client Interview]* *Someone asked me if I could jug [hit on the neck] them, and I did, one of their veins was a rodeo, when you stick it [the vein] and it runs away.* *[Data Source: Client Interview]* *It's really great to see the peer support going on. So there are people knowing techniques for injecting people with small veins, or how to be able to inject that is safer. There is a lot of peer learnings that occurs. And for TOPS to have peer to peer injections is good. It's a relief when someone has been trying for so long and when a peers comes in it's a relief.* *[Data Source: Stakeholder Interview]*
	Fentanyl strips as a drug checking service	*I am happy that they [clients] are coming in, that they are hearing us, it is a better quality of life, they are using safely, in a safe place, they know their risks. They are getting their drugs tested for fentanyl, there was a client with crystal meth, then when it was positive (his test) [positive for fentanyl] he decided not to use, he went back to his dealer. Giving them the ability, they don't have to use it, going back to their dealer – look this drug was dirty, it was cut.* *[Data Source: Stakeholder Interview]* *Sometimes the test [fentanyl test] t is also inconclusive. When they come into the room, they are asked what are you using today, oh I think it's fentanyl, then they will say he we have these strips if you want to try. It isn't said to all the clients, there isn't much of a delay [to get the results], like 30 seconds. When they come in, they don't really care, they just want to use. There is that education from harm reduction, that it is there for them if they want to use.* *[Data Source: Staff Interview]*
Services exceeding MOHLTC Expectations: Additional onsite services	*Medical services and supports*	*I got stabbed a while ago and the nurses helped to take care of my wounds and abscess because I have a phobia of hospitals. But they were able to call the hospital when I needed it. The staff had been coming in everyday to change the gauze. The nurses want to do a lot for us, but they are not allowed to.* *[Data Source: Client Survey]*

Successes and Challenges: Services		
Theme	Sub-Theme	Relevant Quotes
		This is a one-stop shop; in case you have a wound you can talk to a nurse that will help, you know, with what you need to do with your wound. *[Data Source: Client Interview]* *Having a nurse and EMS, for an abscess or having them help with re-bandaging is helpful for clients. It's a safe space for people.* *[Data Source: Stakeholder Interview]*
	Wrap-around services	*I come here if I'm having a bad day. The nurses help me with my blood testing for Hepatitis. They are helping me connect with other resources in the community as well, like London Cares…. There is just somebody that cares.* *[Data Source: Client Interview]* *There's a lot of support staff here and services, like overdose kits, HIV testing, Hepatitis testing.* *[Data Source: Client Interview]* *RHAC is a wonderful partner that specializes in Hepatitis and HIV, LGBTQ rights,. . . [other stakeholders] can bring in social determinants of health, housing, assessments to link with primary care and mental health. . .. . that wrap-around support. We have a set schedule, ... clients get to know our schedules.* *[Data Source: Stakeholder Interview]* *The thing that I love the most about TOPS is that we have people from so many agencies working at the aftercare room. . .. Pooling resources together, having everyone together in one spot is beautiful.* *[Data Source: Stakeholder Interview]*
	Indigenous supports	*. . .. [It] builds an extra level of comfort for people [clients] accessing the TOPS that there is Indigenous people here. . .. The space [TOPS] is being honored as an indigenous space.* *[Data Source: Stakeholder Interview]* *When you have a person from the indigenous community in the Aftercare room they get the opportunity to get healing and reconnecting with their indigenous roots, to help make those positive change. People start to attend sweats, and before they were unwilling to do that before.* *[Data Source: Staff Interview]*

Future Enhancements to Services	*Wound care services*	*In the beginning when I first started, it was communicated to me that it should be first aid. We have equipment there that promotes more than first aid, we have different equipment for open sores. It is a little bit more than first aid, but clients really appreciate and it is really nice to do this for them. There isn't a line that I shouldn't cross in terms of wounds – I tell them keep it clean, change the bandages, that is all that I can do. What is considered first aid and what is more than that would be nicer so I could know what that is.* *[Data Source: Staff Interview]*
	Assistance by medical staff to set up injections	*The nurses can't help hit you, but they should be able to hit you if you are distraught. I had an abscess and couldn't move my arms, so I had to try hitting myself and kept missing so I waited for someone to come in and help me.* *[Data Source: Client Survey]* *Only thing – but could be very controversial is to have individuals be able to have their injections set up for them so having the needle already set into their arm. Because sometime people are trying to find their vein and it's hard for them and hard for us to watch. So having staff to get that ready and find the vein and trained in that.* *[Data Source: Stakeholder Interview]*
	Access to primary health care services	*Doctor for people who are using medication to help with bad pain. Would be helpful to book an appointment and get a small script.* *[Data Source: Client Survey]* *Medical services (steps beyond what a nurse can do) so having a doctor one day a week to prescribe for harm reduction.* *[Data Source: Client Survey]* *Urgent walk-in clinic because a lot of us don't have family doctors. One time I waited in a clinic from open to close and I didn't even get to see the doctor. Having an office to come and talk to a nurse would be helpful.* *[Data Source: Client Survey]* *I wish we had the means to have more because that would mean to have a doctor. How would it be to have that for people who use? A lot of participants their status is HIV positive whether it's for injection. Stating your status is a lot – making that discussion a little simpler and gentle.* *[Data Source: Stakeholder Interview]*

	Onsite access to rehabilitation and treatment services	*Immediate access to detox, you can't make people wait or else it won't happen (you can't cold turkey them).* *[Data Source: Client Survey]* *Treatment services - more capacity to get people into treatment.* *[Data Source: Client Survey]*
	Supervised Inhalation services	*Smoking inside, I don't like shooting up because my veins are almost shot, so I would rather just smoke up.* *[Data Source: Client Survey]* *We are missing out on a large number of people of substance users. If people are not able to smoke in the site, they are still at risk, so we are missing out on them.* *[Data Source: Stakeholder Interview]*
	Education on harm reduction	*Workshops to teach people to inject properly, lifesaving workshops (e.g. information on naloxone), what you're injecting? what street drug is out there right now to keep up-to-date.* *[Data Source: Client Survey]* *Courses on harm reduction and how to safely use and put your syringes away* *[Data Source: Client Interview]*
	Access to more counselling services on-site	*More one-on-one counselling.* *[Data Source: Client Survey]* *More social workers, someone you can talk to.* *[Data Source: Client Survey]*
	Naloxone distribution and training	*Many addicts don't know how to use naloxone kits. They need training on it. They need to be able to show and demonstrate how you use is. Everyone coming into the site should be asked, shown, and encourage to take kits. . . .it would save a lot of people's lives. It saved my life (naloxone). I just did a small toke off the tinfoil and feel down.* *[Data Source: Client Survey]*
	Refreshments and food supports	*Providing snacks and juice in the aftercare area. You don't always get enough to eat. It would be great to have a little bite to eat. It would help.* *[Data Source: Client Survey]*
	Services to meet basis needs	*Food bank items, including food for people with special needs, certain conditions (e.g. peanut allergy), dietary restrictions.* *[Data Source: Client Survey]*

		Several street people use the site, need to have hygiene products, toothpaste, socks, hygiene kits. *[Data Source: Client Survey]* *Life skill things, such as getting an ID, things that clients don't usually get around to doing (e.g., income taxes), more outlets to get legal things done.* *[Data Source: Client Survey]*
	Recreational activities	*Socializing with people in the waiting room, I see me doing that. We should almost have like a club or a coffee house, so I can sit there jamming, you know what I am saying.* *[Data Source: Client Interview]* *Maybe one thing would be to break down one of those walls [in the TOPS] and have a ping pong table here.* *[Data Source: Client Interview]*
Hours of operation challenges		*Not enough hours. It is mostly night time when you need them.* *[Data Source: Client Survey]* *I didn't know that it was open on the weekend. There needs to be a sign put up to advertise the weekend hours.* *[Data Source: Client Survey]* *I would like to change the hours; more hours are better. As many hours as possible. Vancouver is open 22 hours/day. Something similar to that.* *[Data Source: Client Interview]* *Clients are disappointed when they show up at 4:05pm. There was an overdose that happened right after it closed, they overdosed outside and they were able to come in and find staff. There was an intervention and the person did survive. They used naloxone and chest compressions and the person went to the hospital. It was a significant overdose.* *[Data Source: Stakeholder Interview]* *Lots of feedback about the hours. My shift starts at 10:30 [on the weekend at TOPS] and people don't come in till 11AM and people say "I was dope sick and I can't wait that long so I do it outside" and also closing at 4 typically people will check in at 2 at shelters and they will get rid of harm reduction equipment. So making it [the hours] longer so people can use and then go back to the shelter. So people can use more safely.* *[Data Source: Stakeholder Interview]*

Table 2: Quotations to support themes related to Staffing

Successes and Challenges: Staffing		
Theme	Sub-Theme	Relevant Quotes
Staff Characteristics and Skillset	*Nice, warm and friendly*	*One thing that I like the most is the staff make me feel welcomed, that will cause more people to want to use the site because they feel welcomed. The people here [TOPS Staff] make me feel welcomed.* *[Data Source: Client Interview]*
	Caring and compassionate	*The staff are really in tune with the people here, they really do care, you know with your heart that they do. . . That is very huge, so huge. Even when they are seeing someone in a worse shape than me, they have never told them to stay away.* *[Data Source: Client Interview]* *There's been a lot. There's been you know serious conversations, joking around conversations. It's nice to know that these people [Staff] they are individuals; they are genuinely caring people. Three of the staff in particular, I have had a sit down and have had a heart to heart and it wasn't about the drugs or the substance talk, but it was about what I was going through with my family. They [Staff] were there as a sounding board, they were there to give me advice.* *[Data Source: Client Interview]*
	Understanding of client needs	*They [staff] are more like peers than they are guards. . .. they can slide into your conversations-they are your friends not jail guards, part of your life without your drugs, there is an understanding.* *[Data Source: Client Interview]*
	Non-judgmental	*The staff are kind and courteous and don't judge you.* *[Data Source: Client Interview]* *They [Staff] don't judge you for what you are doing or how you are doing it. There's no discrimination coming here [TOPS].* *[Data Source: Client Interview]*
	Knowledgeable	*The staff, they are good and they are helpful, I have learned a lot from them [Staff]. They [Staff] have good information; I am not used to reading. The staff have and provide information about safe practices.* *[Data Source: Client Interview]* *The level of expertise and understanding throughout the people who work there on harm reduction . . . very strong background on evidence and they are able to convey this to clients who use their services. They are*

Successes and Challenges: Staffing		
Theme	Sub-Theme	Relevant Quotes
		able to communicate education in an informal way that is not academic. *[Data Source: Stakeholder Interview]*
	Skilled at de-escalation	*Two seconds ago there was an argument in there and you notice the tension rises and the staff step up and you can tell how experienced they are.* *[Data Source: Client Interview]*
Strategies to build relationships with clients	*Consistency of staff and stakeholders*	*If you can commit to 1 day consistently this help builds relationship with clients. . . helps when clients are coming in and they are able to connect with staff, overtime this has resulted with relationship with client and nurse, outreach, or community partners. It is part of establishing trust and allowing client to hopefully engage in conversation whether that leads to referrals or them coming back to use the services. I think that once clients get to know staff and develop a little rapport and trust, that's when you can start those conversations. . . this definitely helps with referrals and client comfort as they get familiar with staff. Now it isn't only the harm reduction workers, so now if one of the person is a familiar face, that helps, hey I work with that person, you can trust them as well.* *[Data Source: Staff Interview]*
	Conversational approach	*This is the most professional unprofessional place that I have worked in. Everything is so solid, but it gives that opportunity to have fun, visit people, we hang out there.* *[Data Source: Stakeholder Interview]*
	Acknowledging clients as the experts and learning from clients	*Some people say they don't want to be watched, so I say I'm not watching you, just checking to see if you are okay. I'll see something with somebody using a syringe for example and so I will ask "can you explain that to me". I'm always learning, it's important for them to know that they are experts.* *[Data Source: Staff Interview]*
	Highlighting the site as the clients' space and encouraging them to take ownership	*It is like really cleaning up after yourself. It is this ownership, being proud of the space that you have access to, that is working.* *[Data Source: Staff Interview]*
Strategies to enhance relationships with health and social services	*Contacting service providers directly to explain client needs*	*We have developed relationships with the hospitals. So there are doctors, and social workers who we work with. We call when we know that a person isn't going to stay in Emerg. We call and they will either come here or we will send them there, and that's happening because of the*

Successes and Challenges: Staffing		
Theme	Sub-Theme	Relevant Quotes
		trust that we have. When we call [community organization/hospital], we say "we know that your clinic is only open till 5 but this guy is refusing, is it at all possible for you to see this guy?", and they say absolutely. We use this when we need to, we don't abuse it. *[Data Source: Staff Interview]*
	Explaining client behaviours to service providers	*People say they've been kicked out of the hospital. But we explain that the client may verbally lash out, so you may have been approaching him in an authoritative way, he's in withdraw so he might lash out. and we really try to be respectful – there's the client's truth and there's our truth and the truth lies somewhere in the middle. My experience with social service staff, is if everyone is blaming the other, they don't see there is truth in all of it.* *[Data Source: Staff Interview].*
Supportive TOPS Leadership		*There is so much attention from the media and politicians. They are always requesting our time we are in here before 8am and leaving after 7pm. Our leadership works 14 hours a day to keep things going but never complaining. Without resources we are stuck where we are.* *[Data Source: Staff Interview]*
Areas for Improvement: Staff Resources, Role Clarity, Training, and Communication	*Staff resources*	*I worry about fatigue here [TOPS], because people can't pee without having coverage. I worry about staff resiliency. We were here until 6pm debriefing and we can't stop in the middle of the day. I worry about the staff and also the clients.* *[Data Source: Staff Interview]*
	Clarity regarding roles of medical staff	*I should be doing wound care, all I am able to do is clean up, because I don't have the supplies. But I could be doing wound care, doing deep packing, changing the packing. . . I feel like my skills are not being used there. I asked to do this and they said no because some people are not trained. I struggled with this, feeling that my skills are not being used.* *[Data Source: Staff Interview]*

	Communication between nursing staff	*I think that nursing staff are very isolated because we work 1 nurse at the time, so we don't have time to talk to each other. . .. Some days, you're there for the full day so you don't see the nurse at all. Other times you don't have the 30 minutes to talk to the other nurse because you are with a client or something. I would like to see more communication with other nurses, since we work in isolation, I may be doing something differently, I think it would also be a good learning opportunity.* *[Data Source: Staff Interview]*
	Addressing ethical dilemmas regarding service provision	*Also some of the struggles that we've talked about as an organization, just so that we can talk deeper about it on a regular basis. So if someone is coming in and using opiates but we know they are on suboxone [or] we know that they are on methadone, or someone involved in CAS and using substance with having a child there. So dealing with a bit of the ethical dilemma.* *[Data Source: Stakeholder Interview]*
	Staff training	*Having proper staff orientation and training, anytime a new person comes in. Because when you are in the room it's a lot more, so we've been doing it as we go, but proper training and orientation.* *[Data Source: Staff Interview]* *Training with everyone, RHAC had a day away, they had a day to talk about the trauma, you just silo people if you are having training for the site, you need a training from everyone, you need to be part of the team. You feel like a temp; you don't feel part of the team. There are different teams, RHAC, agencies, and MLHU.* *[Data Source: Staff Interview]* *They (the employer) assume that you have the experience coming in, it would be good to have the training for everyone, I know RHAC staff have that training, but other staff might not. Things to look for. I get I had to do orientation at the health unit, but it was a waste of time. Train me on what to do in an overdose, or go through the medical directives, I had to do the modules, what a waste of time. The most important thing was not something we went through - the medical directives. If I was in charge, I would train specifically for the site, how to keep safe, the flow, and the directives.* *[Data Source: Staff Interview]*

Table 3: Quotations to support themes related to Location

Strengths and Limitations: Location		
Theme	Sub-Theme	Relevant Quotes
Location Strengths		*Yeah, that [NSP] is a helpful aspect, it is a one-stop shop, on the weekend they have things [gear] ready for you, so when you are using, they just ask you if you need gear, so they give you those packages.* *[Data Source: Client Interview]* *It [TOPS] is convenient – I pick up my drugs here [surrounding location] so I can just use here [site] rather than going home to use. I like the staff. They [staff] keep gear, I can pick up gear, in case I need it.* *[Data Source: Client Interview]* *The convenience is what I like the most – I am downtown a lot. I have to come here to sell drugs or to buy drugs, so with having the site here, I don't have to go home to do it and I don't have to use a public washroom. I come here to get my cleans [new gear] anyways, so I can just do a hit here [at TOPS] while I am here getting more gear.* *[Data Source: Client Interview]*
Challenges with the location	*Travel time*	*The area makes it difficult, if I find something [drugs], I will find somewhere to use before I make it here.* *[Data Source: Client Survey]* *If you're sick I'm not going to walk to the site, I'm going to shoot up in the bathroom.* *[Data Source: Client Survey]* *There should be more than one site, because that's people's excuse. They don't want to walk or take the bus to the site, so they end up doing it at the park.* *[Data Source: Client Survey]*
	Back alley and north entrance	*Well look outside, the big cement blocks. It's cold. There is no sign saying anything, if you are not a user, you don't know where to go. Having a sign in the back would be good – would make the neighbours feel good.* *[Data Source: Client Interview]* *It can be sketchy using the alleyway, people get robbed and get into fights so people might not use.* *[Data Source: Client Interview]*

	Police presence	*There were 2 police cars, they scare people, that was yesterday. It was scaring people off – people were coming through the front door. I don't know what their [Police] thoughts are on this. If people start getting arrested coming here [TOPS], they are not going to go.* *[Data Source: Client Interview]* *They also worry about police being present. E.g. A guy had used a little bit of crystal meth, and when coming out, he saw the police so he ate all of his crystal meth because he didn't want to be caught with possession. Thankfully he came back and then he went to the hospital, although he was hesitant to go.* *[Data Source: Stakeholder Interview]*
Reflections on the Future Supervised Consumption Facility Locations	*York Street Location*	*There's some people who won't go East but will use a site downtown.* *[Data Source: Stakeholder Interview]*
	Simcoe Building Location	*If you put it at Simcoe, there will be a lot of traffic. . . I think that is a really wise decision. That would be perfect, if you want drugs there, you go there too, there is a lot of dealers and countless dealers in that building. . .. A friend of me died there [a few] months [ago], he injected with fenty (fentanyl) and he died right there [Simcoe building]. If there was a site there [Simcoe], he could've used it.* *[Data Source: Client Interview]* *Personally I think that they should keep it here [at RHAC] – but that is my problem. I will never go to Simcoe, or that building, there is a lot of robberies there and people getting jumped. Nothing good comes out good of that building.* *[Data Source: Client Interview]*
	Multiple sites across London	*I like to have both locations opened, the location here is ideal, have a location at the east end of Dundas too.* *[Data Source: Client Interview]* *I would like to see another site opened, there is a need. You [decision-makers] need to send it to the deep east, Clarke area, there is a lot of [drug] use there.* *[Data Source: Client Interview]* *I can see 3 sites. That could be enough to cover the city – one to the east end, 5 blocks to Argyle mall; right here [downtown], if it is 3 block radius it is good to walk; then White Oaks, and the downtown core – 4 to 5 radius of the downtown core.* *[Data Source: Client Interview]* *With the [shelter], when they are doing the random screens - If there was one right in the [shelter] then I don't need to*

		have drug paraphernalia on me. I would just go and use it there and have no need to have it [gear] on me or be giving it [gear] to others. It would save me a lot of hassle and not having to be kicked out. *[Data Source: Client Interview]*
	Mobile unit or van	*Having something mobile would be great for people.* *[Data Source: Stakeholder Interview]*

Table 4: Quotations to support themes related to Space Design

Successes and Challenges: Space Design		
Theme	Sub-Theme	Relevant Quotes
Open Room Layout and Open Table Design	*Open room layout and open table design benefits*	*The space is enough, the fact that everyone is open, the biggest thing is feeling hidden about it [drug use] or shameful, like a bathroom, when you feel hidden it works on the psyche that you are doing something bad. The open configuration is better than having stalls, that's how I see it. [Data Source: Client Interview]* *Having everyone, or the option to have peers not individually separated. It is a big advantage that I am afraid we might lose moving forward with SCF. This has allowed people, I don't want to say sense of community, but they can talk to us. It makes a big conversation, allows someone who may not be comfortable to engage with us, or other peers. This has been a great thing. [Data Source: Staff Interview]*
	Open room layout challenges	*It is so small in there [aftercare room], if you wanted to say something private you couldn't. You need an office for someone who wants to talk to someone, someone to talk to. [Data Source: Client Interview]* *The staff – sometimes it feels like they are jumping on you. They [staff] are always looking at you. If you are doing it in the river, no one is looking. But here, it isn't about getting you to leave, they [staff] are just always talking to you. It isn't a bad thing. It [TOPS] would be better if it was just a cubicle, here it is open, today I was seeing buddy here with his pants down using…The space itself, when you are using [drugs] you have someone else seeing what you're doing or they [other people in the injection room] are seeing you. [Data Source: Client Interview]* *More space to have more services, a room for nurses to do first aid, if someone has an abscess you can't predict when it is going to burst. Having a little medical space would be good for privacy, dignity, it would allow the nurse to do more. [Data Source: Stakeholder Interview]*

Inviting space		*Some do a social thing, but should just come in and out, but some people are socializing, they should socialize outside here (the site).* *[Data Source: Client Interview]* *The only thing that I don't like about it, doesn't have to do with the people at the site, but the other users who use the site. For example, some people will organize their bags, or they're talking, and they don't do what they are supposed to be doing in there. Sometimes I will go in and use and some people will still be finishing their paperwork.* *[Data Source: Client Interview]*
Limited space		*It [environment] could be bigger. There is always people in the waiting room waiting. More than four people at once. 8 spaces would be good.* *[Data Source: Client Interview]* *Hopefully we have a bigger permanent site, so we can have more people in at the time, like 8 to 12 people at a time.* *[Data Source: Client Survey]* *Need a bigger area, there has been the odd person get up and leave, reality is that they are going to shoot up outside. - double the space for clients.* *[Data Source: Client Survey]* *The intimacy of the room I love it, but it can be very squishy. When it is busy it can get claustrophobic, it is crammed, both love hate. Especially when you have someone on the floor in the injection space, for various reasons…it is tight space...I like that there is no booth, I think that is nice.* *[Data Source: Staff Interview]*
Temperature and ventilation		*I think I would make it [TOPS] bigger and fix the a/c – the standalone a/c is not as good. It doesn't do a good job. If you put a bigger one [A/C Unit] it would be better, especially with doors opening and closing so often.* *[Data Source: Client Interview]* *That [186 King] building doesn't have air conditioning. So you have someone on meth or going through withdraw and not having air conditioning isn't good.* *[Data Source: Stakeholder Interview]*

Table 5: Quotations to support themes related to Operations

Successes and Challenges: Operations		
Theme	Sub-Theme	Relevant Quotes
Successes: Policies and Procedures	*Client Code of Conduct*	*People sometimes follow the rules and some don't and get kicked out. - Sometimes people see others breaking the rules and speak up about it. We don't want the site to close. It will ruin it for everyone, if one person doesn't follow the rules.* *[Data Source: Client Survey]* *People using the site, they are very respectful of the site and each other. They respect the staff and they abide by the rules. I think that's going well.* *[Data Source: Stakeholder Interview]*
	Peer-to-peer Assisted injections	*The peer to peer injection really helps a lot of people. There is a lot of people who come in who can't hit themselves. I know that originally that [peer to peer injections] wasn't allowed, but to have that has really helped because a lot of people can't hit themselves… Originally we had people wait for someone [peers] to come through who they were familiar with. Now they [clients] come in together, we sit them together, helps the flow. They teach other people, it is a teaching moment and they [clients] are all gaining from it.* *[Data Source: Staff Interview]*
Areas for Improvement in Policies and Procedures	*Challenges with the organization of the policy manual*	*I know a book [policy and procedures binder], it is really long, no table of contents, I don't know how to find anything…If it was accessible – we have put post it notes on it so I can flip to it.* *[Data Source: Staff Interview]*
	Inconsistencies in policies and medical directives for responding to overdoses	*We have a Narcan protocol that says that if a client doesn't respond to the initial dose we need to call EMS. This is not what we have been doing – it has never been told to us that we have to follow this book. There is an algorithm that has been printed that is not aligned with the book [policy manual]* *[Data Source: Staff Interview]*
	Challenges with documentation when responding to overdoses	*I did my documentation for the overdose we had at the back, so no one knows the time between, did they switch noses, I only know from what we know. We had a lot of people there, plus clients looking to help. It was a good result and we did an hour debrief, but we couldn't say somethings like amount of time between doses because no one was paying attention.* *[Data Source: Staff Interview]*

Successes and Challenges: Operations		
Theme	Sub-Theme	Relevant Quotes
	Lack of required equipment for some medical directives	*All the medical directives. If you are expecting a glucometer for glucagon – then you need to provide me with a glucometer.* *[Data Source: Staff Interview]*
	Lack of a policy for needle and bodily splash incidents	*We had an incident with a client, we don't have a procedure for anything like body fluid splash, or having a needle stick.* *[Data Source: Staff Interview]*
	Contradictory policies between MLHU and RHAC	*There are health unit policies, then RHAC policies, some are similar and others contradict each other. So on my first week there I was asking which one should I be using, which one should I follow.* *[Data Source: Staff Interview]*
Successes: Data Collection	*Providing explanation to clients regarding the rationale for collecting data and allowing clients to visibly see what is entered*	*Any information we obtain, we share with them, they can observe any data entry and see visually what we are entering.* *[Data Source: Staff Interview]* *We show people things with the data that they give us. [example] So different size tips. So if people identify that they use a certain type of tip then we can provide this information to the Ministry to show what we need funding for and why we need funding for.* *[Data Source: Staff Interview]*
	Implementing an electronic data collection process rather than collecting data on paper	*We got a laptop, we went from paper to use the database to track stuff – collecting data and stuff like that. That's great.* *[Data Source: Staff Interview]*
	Reviewing and refining the type of data collected	*We are making a module as we go, we are literally piloting as we go… Data is hard to collect in that, you want to be low barrier. It's just staying true to what you need to know than what you want to know. Our indigenous community came to us and said we need to have stats on how many people from the indigenous community use drugs, now we collect that.* *[Data Source: Staff Interview]* *There have been referrals, now we are getting number of people getting referred to addiction services, mental health, housing so that is now captured.* *[Data Source: Staff Interview]*

Successes and Challenges: Operations		
Theme	Sub-Theme	Relevant Quotes
Areas for Improvement: Data Collection	*Collecting intake questions and forms in the injection room*	*I feel like we are interrupting, I think it would be better to ask the questions (e.g. what drug used) before the person comes into the space [consumption room]. You could walk in and ask all the questions we need to collect. It would be great if that was asked before in the waiting room and clients are given the gear and then go into the space to do what they need to do. It's less intrusive, so it would be more efficient.* *[Data Source: Stakeholder Interview]* *The flow can be changed to be a bit better. Questionnaire (rules and last drug used, etc.) can be done in the waiting room, so that they [clients] are set up and ready to go when they come into the site. So while clients are sitting down, it's a good time to get their information. Otherwise the flow is really good.* *[Data Source: Staff Interview]*
	Keeping track of referrals	*I know they want to get a laptop in the aftercare room. So we can track better when we are making referral, so it can be helpful. Right now at the end of the day we try to recall and remember where we referred people. . . The laptop would also make it easier to have the resources at hand, and being able to find the phone numbers of agencies.* *[Data Source: Stakeholder Interview]*
	Data entry into computer	*So, I am going to talk about a challenge in my role. Computer is great and we also have paper. When you are sitting in my role you are doing the work of 3 administratively. I am doing the intake, which ideally would take place in the waiting room, then info about the injection space, then from another room [aftercare room] then hearing about what referrals are being made so when I discharge someone I am trying to figure out the referrals. Having to do all those 3 things on 1 computer can be challenging. There is no way that the data that could be put from aftercare, it is not reflective of all the referrals. For me that is one of the biggest challenge, because I know it is important to have data and I don't think we are capturing it all.* *[Data Source: Staff Interview]* *As the primary, there is a written intake sheet you have to complete as clients come in. And then there is a list where you duplicate the information and then you have to enter it into the computer. So those are points where you are not making connections with the clients. I find that concerning because we are missing the opportunity to connect with them. It's too complicated to the point*

Successes and Challenges: Operations		
Theme	Sub-Theme	Relevant Quotes
		that I think it's wrong. Because you have to check people in and check them out, so it's hard to keep track when you are trying to remember people's codes when they leave, and when there is more than one client in the room. Generally, the thing about NEO is that there is no consistency. *[Data Source: Staff Interview]*
	Nursing documentation	*Charting for the nursing staff can be improved, I know this is already in the works. We are looking to see if we can make nursing documentation more streamlined. Currently we chart on the sheet, so anytime you have an interaction then you need to chart. So we are looking to have some tick boxes so that its quicker. If clients see that you are writing, then they may experience a bit of paranoia from seeing us write. So you have to write about the situation, what you provided and what the plan is in the notes. Having tick boxes (e.g. education provided) will help us chart quickly.* *[Data Source: Staff Interview]*
Daily Huddles and debriefs	*Huddles*	*Huddles in the morning about the previous shift. At the end of day, they ask what your drive home will be like.* *[Data Source: Staff Interview]* *They debrief every morning and talk about what the look out for in the morning. They also review oxygen in the morning. The nurse is responsible for the oxygen but the harm reduction worker works with them.* *[Data Source: Staff Interview]*
	Debriefing session	*We are good at debriefing in case anything going on. What is your drive home going to look like? Is there anything that sticks out? They [TOPS staff/leads] are very clear in making a point – everyone sits down and talks about things. . . It [TOPS] is a positive environment to work in.* *[Data Source: Stakeholder Interview]* *A friend of mine from childhood, someone who is street involved came to use the site. I saw her and thought if she acknowledges me, then I will leave but she just pretended to not know me. It was hard for me to know that someone you know was injecting. For me it was a bit uncomfortable. But we debrief at the end of each day and sit down and talk about 'what happened today?' and 'if you walk out the door, what will go out with you?". In this instance, the debriefing was helpful for me.* *[Data Source: Stakeholder Interview]*

Successes and Challenges: Operations		
Theme	Sub-Theme	Relevant Quotes
Measures to ensure client and staff safety	*Restricted client access to the site*	*We de-escalate as much as we can. It's like, today's not a good day so we are going to ask you to go, and we'll see you tomorrow. They tend to respond to that, we haven't had any physical reaction to that. We give chances but ultimately we have to follow through. If they come back and they still can't follow through then we say you can't come back to the site for 72 hours. Because of our controlled entrance, it's helps. We talk about the situation and say we can't have you walk around with an uncapped syringe and they leave. We have a gradual progression to restricted access.* *[Data Source: Staff Interview]* *We have a handful of people that are really physically challenging to manage in the site, so whether it be walking around with an uncapped syringe, or threatening behaviours are the only ones that we can't serve well because of the physical space, because it would limit the number of people who can access the site at the same time. Because of their use and body movement and difficulty with moving them along, we can't have other people use the site. We have approximately 5 people for whom the site is just not designed to deal with.* *[Data Source: Staff Interview]*
	Use of walkie-talkies	*The walkie system is key to safety.* *[Data Source: Staff Interview]* *If anything became a concern all staff have walkie-talkies and you are never alone and they would activate the walkie-talkie. Whenever there is an issue, we stop serving clients so they use the walkie to put the services on hold.* *[Data Source: Staff Interview]*
	Adequate staff coverage in the site	*I know that RHAC staff and even with MLHU staff, having lunch coverage is very difficult because there is no break.* *[Data Source: Stakeholder Interview]*
	Re-introduction of the security guard	*We started to see people dealing around the facility and were asking people to move along so we don't get things shut down, so we have brought in security. It's [security] from the harm reduction lens not from an enforcement lens. I think it was about addressing each concern as it came up. Be ready to have strategies in place to reduce loitering or reduce garbage. We also have the needle bins outside but people sometimes don't use it. When we started, security was on the inside. He was wearing a police like uniform, you could see*

Successes and Challenges: Operations		
Theme	Sub-Theme	Relevant Quotes
		people [clients] have a physical reaction to that. We don't need security inside, but outside it's out of our control. We trained them [security] on harm reduction and partnered with them and had them shadow to see how we interacted with people. *[Data Source: Staff Interview]* *It has been very positive for staff [to have the security guard], on the weekend there is only 3 staff no one else around. It is nice to have that extra person to go check outside, we are not staffed to go outside. For clients, personally speaking, he [security] engages really well with clients, they are really comfortable with him. Some clients will identify it good as well, some clients were worried about things going on outside – they were worried it [TOPS] might close. They are happy someone is checking up outside – they are happy we [TOPS] are here.* *[Data Source: Staff Interview]*
	Controlled access to other rooms at RHAC	*We do space design so only certain amount of people in the room. Also being aware of your body posture and being aware of the doors. We have a self-contained wait room. They cannot access anywhere in the building, but they can leave.* *[Data Source: Staff Interview]*
	Training on Crisis Prevention Training	*The de-escalation, if you can't deescalate then you might contribute to someone [client] escalating. I don't know if the nurses have that training but the staff [RHAC] here do. The training is called Crisis Prevention Intervention which teaches about being aware of your body language and getting out of a physical hold and the stance you take and how you have a conversation with someone and if someone's voice is elevated, if you elevate your voice, then the person is going to elevate their voice again. There's different levels and we have a policy where we don't get physical with anyone, so there are different levels of training you can take.* *[Data Source: Staff Interview]*

	Placement of signage throughout the site	*Clients for the most part [following policies and procedures], the biggest thing right now it has been about the passing. We originally had no passing of any drugs, but now they are trying to pay others who have helped them. This has become a blurred line, we just put signs of no exchange of anything. It gets complicated, drugs money and cigarettes we are trying to stick to. They share crushers, lighters, that goes under – it is not a big deal. The exchange of stuff has been a big thing for them.* *[Data Source: Staff Interview]* *I know that one is that we put a sign that once you go into the chill out room after the injection room that you cannot go back.* *[Data Source: Staff Interview]*
	Placement of sharps bins on the floor near clients	*We also ask people to remain seated, if someone is injecting in the floor – we put a sharps container in the floor so they don't get up with the needle.* *[Data Source: Staff Interview]*
Strategies to address verbal abuse	*Using de-escalation strategies*	*If somebody for example, somebody was struggling to find a vein and I was saying something to somebody else, and he told me to shut my mouth. In that instance, it was better to disengage from conversation, give him the space he needs to do what he needs to do. And when he came again, having the conversation with him that it was disruptive and said some things that were disrespectful to staff, and say that if it happens again he will be asked to leave immediately. So we set that boundary, so sometimes it's better to wait depending on who the individual.* *[Data Source: Staff Interview]* *There are times when escalation is happening and we tap out on each other. Someone comes in and we tap the person out because the strategy might not work and seeing a new face may help the individual. And it also allows the staff the tap out because they may start to take things personally.* *[Data Source: Staff Interview]*
	Understanding the context for the verbal abuse	*Not acting appropriately, like yelling, raising their voice if they get really angry. Sometimes it is something outside, but most often times when they [clients] get angry it is because they can't find their drugs – they think that someone has taken their drugs so they tend to get really upset. They [clients] sometimes start yelling, not at anyone specifically, but at the fact that they have lost their drugs. I mean, that would make some individuals [other clients] uncomfortable because if they are trying*

		to use, if clients are yelling. Pacing is also one of those behaviors. *[Data Source: Staff Interview]* *I think when you are service provider and the clients come in and are having a bad day and they have verbal escalation, I don't take that personally, because otherwise you may escalate things. I know people have bad days and I get it. So learning that has been huge.* *[Data Source: Staff Interview]* *Yes, verbal is, sometimes when you don't have any power, words are the only things you can speak. Swearing is a way of language on the street. Somebody may say "fuck this" or "fuck that" so they [clients] may not perceive it as abusive. But some people do cross that line and they are asked to leave.* *[Data Source: Staff Interview]*
	Offering clients a modified service or restricting access	*Typically, if someone is getting like that [upset, escalated] there is a need or want that is not getting met. If there are wanting to do something that is unsafe or they are asking for something that we can't, experience anything degree of perceptual disturbance – they are questioning us and what goes on the site. We are able to level them – them wanting to smoke inside, listen we don't have the ventilation, then everyone will have to leave. If they understand and still are upset, then we need to move them along for others safety. Clients know that we are serious when we are telling people that that is enough.* *[Data Source: Staff Interview]*
Supplies	*Replacing supplies*	*There are some resources [funding] that I wish I had more – that we would be more efficient, the sink, having a mirror in both tables, wish never ran out of lighters. We don't always have the resources to replace those things – that is tough – sometimes we can't replace them and it is tough because we [TOPS staff] want to support clients.* *[Data Source: Staff Interview]* *In other sites they [lighters] are attached on the tables. When they [materials such as lighters] walk away we don't have money to replace them. Resources would be beneficial for clients to have that we can't replace because of financial restraints.* *[Data Source: Staff Interview]*
	Wheeled oxygen tanks	*There are small things like having a wheely for the oxygen tank but they are small things, Just with oxygen tank you want to be careful because if numerous people are overdosing you want to be able to wheel to them.* *[Data Source: Stakeholder Interview]*

Appendix M: Qualitative Data Tables to Support Findings related to Part 3 Impacts of the Temporary Overdose Prevention Site

Table 1: Quotations to support themes related to harms associated with drug use

Impacts on Clients: Reductions in harms associated with drug use		
Theme	Sub-Theme	Relevant Quotes
Reductions in harms associated with drug use	*Preventing overdose deaths*	*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. I would be dead at this moment.* *[Data Source – Client Survey]* *I have gone down from using fentanyl before here [TOPS] and they [Staff] were right there, using oxygen and everything. The experience is pretty good. I have seen them [Staff] take care of other people when they have gone down as well - they [Staff] have been able to help with oxygen.* *[Data Source: Client Interview]* *It's [TOPS] nothing but positive. I'm definitely thankful for it [TOPS]. That's why we need these places [OPS] to prevent life or death situation. Its' so positive.* *[Data Source: Client Interview]*
	Safer drug use practices	*Less risky of getting disease. 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]* *Yes. I'm more responsible about it now. I can handle it better - having drugs and not have it. This place helped me realized that I need to be more responsible and helped me talk about different situations.* *[Data Source: Client Survey]* *Yes. I am barely using at all now, and if I do, I come here, to the site, it keeps my use regulated.* *[Data Source: Client Survey]* *I haven't gotten cellulitis again. I was using at home when I had an apartment and I got cellulitis. I think it was because I was sharing cookers, but I haven't gotten since [using the site].* *[Data Source: Client Interview]* *We would have more sick people if we didn't have the site, because we used to share [needles and gear] a lot, especially when you have 10 needles and when you are broke, we share.* *[Data Source: Client Interview]*
	Creating a safe space	*The fact that staff and everybody, and how professional they are, it's encouraging for people to come back - I see that and it makes people come back. It doesn't make them want to use more but want to come back to a comfortable place to be and keep them away from the street and practice safe use habits.* *[Data Source: Client Interview]*

		Positive is that people were injecting outside and in our washrooms and now we have solution and telling them to come inside and do it. It speaks to our mission, the courage to do what is right in the face the opposition and stigma. We live and breathe our values. *[Data Source: Staff 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 bathroom). I don't personally do that but people do. They [Staff] make it very comfortable for you and that there is no judging here.* *[Data Source: Client Interview]* *Basically, I don't have another place to safely use or to feel comfortable when using. If you are in a bathroom and someone is knocking on the door, most people are using to feel better or happy. So it [TOPS] is a safe place. You don't have to worry about leaving things behind. It [TOPS] is clean place you don't have to worry about disease. The staff give me a secure feeling – they are happy to see you, they remember you, they care about you.* *[Data Source: Client Interview]* *It's [environment] good, friendly safe and clean. It doesn't feel like a hospital. Hospitals make people feel uncomfortable.* *[Data Source: Client Interview]* *A lot of people would be struggling to find out where to use, the police they would have a lot of arrests. I have seen a big difference; this [arrests] isn't happening as much. They [Police] are not very nice in dealing with the junkies, not sure if you have been outside to see how they [Police] treat the junkies. Junkies are not using outside when this is [TOPS] open, they are not using in the street, so the police aren't arresting them.* *[Data Source: Client Interview]* *I don't have to worry about security guards kicking in the bathroom door. You can use here and leave your stuff.* *[Data Source: Client Survey]* *A lot of the reason why you would be on restriction [From accessing shelters] is for using or having drug paraphernalia. At the [shelter], they do random screens and if they find anything, they kick you out. So having a site like this would save a lot of those issues.* *[Data Source: Client Interview]* *The fety (fentanyl) is killing people and there is a lot of that around. The nurses here [TOPS] are definitely a good thing. There is someone OD'ing at [the shelters] all the time. I know guys who have gone down multiple times. If I had naloxone, they [staff] wouldn't let me go and give it to them. It is sad, they don't want to get a lawsuit. I have seen it, at [a shelter], this happens all the time. I had 3 naloxone kits. If you are going to do it, you can't tell staff.* *[Data Source: Client Interview]*

	Improving connection to health and social services	*I love this place. Staff are wonderful. They go above and beyond and make sure you are taken care of, set up with tests, etc.* *[Data Source: Client Survey]* *A [while] after the site opened I went to the hospital because the staff here caught the endocarditis and sent me to the hospital.* *[Data Source: Client Survey]* *I have used the nurses here. My drug of choice is opioid. I bought something that I thought was fentanyl. It was actually crystal meth. I had never thought of that. It gave me a 7-day headache, so I first came here [TOPS] to see the nurse, to ask if I should go to the hospital, is it worthwhile? If I didn't have that, I could find that I could have something major in my spinal fluid, if I didn't get the information/advice from someone [staff] I wouldn't maybe have gone. The nurses have never not done anything people don't ask about. They give you the confidence to do these things [seek services].* *[Data Source: Client Interview]* *They [staff] have helped me contact my HIV contact. They have trained me to use Nar- can [Naloxone]. They [staff] have also helped me reach out to the foodbank. They [staff] have helped me get to some blood work and sent me in a taxi over to [the hospital].* *Data Source: Client Interview]* *I think that we've had clients that we have never had been able to have more than 2 sentence interaction with. Now they sit down and have conversations with us. We are connecting them with services we didn't even know they needed before when we talked to them in NSP. We never got the opportunity to offer assistance in NSP. Having the community partners, we are seeing the connections to those supports deepen and increase.* *[Data Source: Staff Interview]*

Table 2: Quotations to support themes related to building of trusting relationships and connections

Impacts on Clients: Building of trusting relationships and connections		
Theme	Sub-Theme	Relevant Quotes
Building of Trusting relationships and connections	*Increased sense of community and feelings of belonging*	*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]* *When I first heard about the site, I thought I would never use it ... it is nice to have a place to go, to get to know the staff because they wonder and care why they didn't see me in a few days. There is a sense of community at the site. - You got people who care about you - makes you feel like you mean something to someone, it's nice. [Data Source: Client Interview]*
	Increased rapport and having someone trusted to talk to and who listens	*Staff here are very friendly, they let you hang out and talk if no one is here using. They helped me through depression. It stops us from using in parks and school yards where we need to hide. I come here if I'm dope sick or if I do not have any dope. I can sit and talk. [Data Source – Client Survey]* *I really think it goes back to that rapport – I do not think we [TOPS staff] knew. We knew dynamics would change for us and clients. We didn't know it would create the rapport we now have with some of our clients – that rapport really makes us able to tailor harm reduction and services. [Data Source: Staff Interview]* *We've had a ton of people say I want to talk about my drug use and what that looks like. We've had people have a full on emotional meltdown, or saying 'I'm sick and tired of this life'. [Data Source: Staff Interview]* *The relationships I have been able to build with people have been amazing. You can see the shift when clients come in before [earlier when the site opened] and they were guarded and suspicious and now they are relaxed and happy and engaged. That has been amazing to see actually… as the relationships have grown people have been willing to tell you more things…The relationship has allowed them to feel safe, and I can say, "Here, this is how I can help you". You need to have that relationship if you are going to refer people to other things [services]. [Data Source: Staff Interview]* *It's a trust of us that gets people coming back to us. If this was a room where people didn't know the staff in this room, then they won't connect with other services. I do not know if I can prove that, but I think so. I think it's all about coming in the room and knowing this person and that this person who knows this person so there is that trust in the room. …Substance use is not a straight line, it's an up and down thing and you catch people where we can and give people*

		the support and services when they need because of that trusting relationships. *[Data Source: Staff Interview]* *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. The other day I was in the room with another staff when a client was sharing her story about a stillborn. She just told us her story.* *[Data Source: Staff Interview]* *I actually think that even though it is a small space it creates an atmosphere of intimacy but people are able to be vulnerable in front of us, with us, and with their peers in a way I do not think would have happened outside of the injection room. This has allowed us to build strong rapport with clients – since they have been in the injection room, things have changed since the injection room. The rapport allows us to know more about them [clients] – this allows us how to provide harm reduction information.* *[Data Source: Staff Interview]*
	Increased feelings of self-worth, sense of hope and feeling valued, cared for and loved	*Someone being kind to you, that is the biggest thing you can have in a place like this [TOPS]. A lot of people already feel down, so having a person smile at you makes a hell of a difference. [Data Source: Client Interview]* *[The staff person] makes everyone feel like they are valued and welcomed. The other staff have been wonderful as well.* *[Data Source: Client Interview]* *When I first heard about the site, I thought I would never use it ... it is nice to have a place to go, to get to know the staff because they wonder and care why they didn't see me in a few days. There is a sense of community at the site. - You got people who care about you - makes you feel like you mean something to someone, it's nice.* *[Data Source: Client Interview]* *It sounds weird, I almost look forward to, I've developed friendship and relationship with staff, not anything more than on a professional basis. I'd like to say friendship because a lot of us are here every day. Friendships have been a combination of both harm reduction workers and nurses. I know that's part of [the staff person's] job, but at the side, [this staff person is] very supportive and caring and helped me out in a couple of situations. [This staff person has] given me some good advice, not having to do with drugs but in general life. [This staff person] makes you feel welcomed and loved. A lot of people don't get that.* *[Data Source: Client Interview]*

		There was someone who I haven't seen for a while and I was so happy to see him, we told him that we missed him, and he was like "I didn't know anyone cared". People feel missed and loved. *[Data Source: Stakeholder Interview]* *I think one of the ways – the TOPS has impacted clients is showing them that people care for them, genuinely care for them. For some people, they haven't seen that before and that gives them hope. And that is all that we could ever want as workers to give people [clients] hope to make sure they are safe in whatever they are doing. To really show them that they have value, we [TOPS] value them, that is huge.* *[Data Source: Staff Interview]* *It's [TOPS] saving lives, validating worth, it's an opportunity to challenge stigma. People who come are hard on themselves. People say "I do not care about overdosing; I do not care about dying". That internal worthlessness, no hope, and this site is changing that, you are worth it and there is hope. You may not feel it but we do. But you got to think why are people coming, if they think they are worth nothing, because deep down somewhere they want help. They are reaching out in their own way. 6000 times [client interactions] in 6 months.* *[Data Source: Staff Interview]*
	Increased feelings of acceptance and not being stigmatized or judged	*It [the Temporary Overdose Prevention Site] gives me some dignity; they [Staff] treat me like a full-blown human being.* *[Data Source: Client Interview]* *You feel down sometimes, having people judge. Having a place where I do not get judged, they [Staff] treat me like I am walking into my own home. That is huge for me.* *[Data Source: Client Interview]* *Someone being kind to you, that is the biggest thing you can have in a place like this [TOPS]. A lot of people already feel down, so having a person smile at you makes a hell of a difference.* *[Data Source: Client Interview]* *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've seen changes in people who have experienced that love. It's changed some people for the better. There's some people that before the site came around, whatever their upbringing may have been, or their lifestyle. I do not know what it's like, but they come here on a regular basis and have learnt how to interact and feel and be able to smile and that's not what this [TOPS] is all about. The*

		more important thing is the clean use and awareness; it's created more safe habits for a lot of people. The fact that staff and everybody, and how professional they are, it's encouraging for people to come back - I see that and it makes people come back. It doesn't make them want to use more but want to come back to a comfortable place to be and keep them away from the street and practice safe use habits. *[Data Source: Client Interview]* *I think people who are street involved have found that this is a safe haven, that there is a place they can come in and go let me gather my thoughts, whether it's in the waiting room, aftercare room. This is a place of timeout for them to take a breath of fresh air. I also think that they start to recognize their own self-worth as well when we start to shut down their stinking thinking. When they start to identify that they are a stupid junkie, or I do not deserve the hospital care. We shut it down and say you aren't a junkie, you have a mental health issue. When you can reframe, they realize oh yeah I 'm not a piece of shit.* *[Data Source: Staff Interview]* *It's the foundation of dignity and respect and meeting people where they are at which opens the door for 'I want to change', or 'I do not want to do this.* *[Data Source: Staff Interview]* *I think that from a harm reduction approach, understanding that there is education about using clean needles every time, allowing client to come in to be accepted for their life choices, once you start to establish relationships and trust, you will see that this opens conversations of where they are and where they want to be.* *[Data Source: Staff Interview]* *It's [TOPS] saving lives, validating worth, it's an opportunity to challenge stigma. People who come are hard on themselves. People say "I do not care about overdosing; I do not care about dying". That internal worthlessness, no hope, and this site is changing that, you are worth it and there is hope. You may not feel it but we do. But you got to think why are people coming, if they think they are worth nothing, because deep down somewhere they want help. They are reaching out in their own way. 6000 times [client interactions] in 6 months.* *[Data Source: Staff Interview]* *Kindness is proving to be a strategy that is effective and cost efficient and is allowing people to have confidence to ask for help and that – because of the rules and because people are used to being treated fairly and equitably we are seeing more people open up and share their trauma and getting more and more request for assistance and help people make change with the issues they face.* *[Data Source: Staff Interview]*

	Reconnecting with indigenous roots	*The Indigenous clientele, within the community there is a great reluctance to come forward. But when you have a person from the indigenous community in the Aftercare Room, they get the opportunity to get healing and reconnecting with their indigenous roots, to help make those positive change. People start to attend sweats, and they were unwilling to do that before.* *[Data Source: Staff Interview]*
	Enhanced peer interactions	*People sometimes follow the rules and some don't and get kicked out. - Sometimes people see others breaking the rules and speak up about it. We don't want the site to close. It will ruin it for everyone, if one person doesn't follow the rules.* *[Data Source: Client Survey]* *Some personalities that we wouldn't talk to outside, but we are in a room together, you are in the environment and you all talk because everyone's talking. As weird as it may sound, I have made some friends, we are all good people but it's just our lives. There are all walks of life, there are people who you wouldn't think touch drugs, and others who society would call a street bum or junkie.* *[Data Source: Client Interview]* *I am very happy that the site is here. I feel very well taken care of. I recommend the site to all the people that I use drugs with.* *[Data Source: Client Survey]* *I remember an older woman (50s) all of her veins were shit, so she couldn't find a vein that worked, a guy sitting on the other side of the room, could tell that she was struggling…so he went there and helped her and he did it with such a gentleness and helped her use (it was in a very private place) and they didn't know each other before that. Crazy stuff, a powerful experience... you do not see that there is not that type of brother and sister approach in general folks. This allows you to learn about the value of being with each other, something that we are losing.* *[Data Source: Stakeholder Interview]* *We have people who will either not want to – cook your drugs – we get people doing the same thing, where peers are, they know at this point, so when someone does not do one of those things – the clients will rouse them a little bit and hand them what they need. It is already in the table in front of them – figure out. They [clients] have learned and now they are holding each other [peers] accountable – it is nice to see. This one guy in particular, he never wants to cook. His one friend, every single time is telling him – use the cooker. So he uses the cooker, which is what we are asking of him.* *[Data Source: Staff Interview]* *We had a client come in who had not used IV before. One of the other workers had a chat with him – he was determined that he was going to use. We wanted to provide a safe space, and then he was in the room. Another peer came in, they recognized each other. This*

		other peer was like "what are you doing? You do not want to do this! You do not want to go down this road". They hugged each other. I sat there in awe. The love they had for each other created that space where that peer was able to say, "you do not need to do this, you do not need this". We all gave them that space – no staff needed to intervene. At the end of this chat, the individual said, "I was feeling thirsty anyways" and he consumed orally. *[Data Source: Staff Interview]* *Peers will kind of check in with people who are in the Aftercare room and make sure they are okay. If they are on the nod then they check in and say "hey, you doing okay" which is great. There are conversations about people looking out for one another on the streets. So that's nice to hear.* *[Data Source: Stakeholder Interview]* *There is a lot of peer help, if people are trading, or littering, or being mouthy, they [peers] will step in and say you can't do that shit here. They want the site to be open. So they kind of manage it themselves.* *[Data Source: Stakeholder Interview]* *The caring between our clients, the mutual support. I've seen people dissuade people from using a drug, people say 'dude you do not want to do this let's go have a coffee'. We are seeing compassionate people and that's not what anybody expected.* *[Data Source: Staff Interview]* *General observation how peers treat each other – they look after each other way better than me and my neighbour- that speaks volume about the sense of community that population has and how RHAC is able to foster that sense of community within that space. In many ways, that group of people [PWID], all they have is each other.* *[Data Source: Stakeholder Interview]*

Table 3: Quotations to support themes related to Negative Impacts on Clients

Unintended Negative Impacts On Clients		
Theme	Sub-Theme	Relevant Quotes
Feeling intimidating and ashamed	*Feeling intimidated using the site*	*I have some concerns. I guess everyone has seen you here, I am one to keep to myself and quiet, I don't like to have other people seeing me use. It's been okay though, nothing bad at all.* *[Data Source: Client Interview]* *The space itself, when you are using [drugs] you have someone else seeing what you're doing or they [other people in the injection room] are seeing you.* *[Data Source: Client Interview]* *I think clients are a little intimidated. Some say they feel like they are being watched... I remember a guy saying, I just feel that the staff are always hovering and coming too close.* *[Data Source: Stakeholder Interview]*
	Feeling ashamed and uncomfortable that stakeholders see clients using the site	*There are times when friends or family members have come in, they saw me, and they left. I didn't know about their drug use. I have been working with [TOPS Leadership] about this – trying to be conscious and how to leave if people are going to use. There was a girl who I knew, and when she saw me her eyes got full of tears and she just left.* *[Data Source: Stakeholder Interview]* *A negative impact – I had one with a client of mine. He caught a glimpse of me as he was coming into using the site. I was holding the door open for another client. This client wasn't comfortable with me being there while he was injecting.* *[Data Source: Stakeholder Interview]*
Concerned about confidentiality and privacy	*Feeling concerned about information being shared with external service providers*	*People saying what if I come in and you call CAS?* *[Data Source: Stakeholder Interview]*
	Feeling concerned about police presence	*I wondered about client engagement. If there was a way to increase this, clients sometimes are scared to go to TOPS they worry about CAS or police. If there was a way to increase client comfort. It might be the location, it might also be about communicating through media or brochure, how it is safe and ways it is safe. Communicating that the police isn't here, patrol, but they patrol everywhere.* *[Data Source: Stakeholder Interview]*

Concerned about the future of the site	*Feeling concerned about the potential closure of the site*	*This to me is an important key to keep it going [TOPS] – it needs to be kept - the service, I am worried because London is really small town, the council, they don't want anything metropolis here. Drug use is in your backyard, wake up. We need to help it [drug use] or it is going to get worse. We need to conceal it. The council needs to understand this. This [TOPS] is a good thing, it is.* *[Data Source: Client Interview]*

Table 4: Quotations to support themes related to impacts on staff

Impacts on Staff		
Theme	Sub-Theme	Relevant Quotes
Increased job satisfaction	*Building relationships*	*It's exhausting, but I love it. You are in there [site] watching, talking, laughing, educating, sometimes you are in there doing 10 things at once, I can do it, but at the end of the day I'm done. There's so much satisfaction about being in the room, about being able to connect with people, singing, singing happy birthday, showing kindness, have a joke, or saying "I'm sorry you are going through this, can I help you?".* *[Data Source: Staff Interview]* *It has bonded me with my coworkers that I have never experienced. When you are part of an overdose, I have been present for 6 [overdoses] – my team has my back and I have their back. We are calm. We work so well together, we are in sync together, we communicate well, make decisions. Together everyone achieves more – take it to the grave. When you go through those kinds of life saving experiences together. You are bonded in a way that I haven't experienced in the past – that enhances our ability to work together.* *[Data Source: Staff Interview]*
	Feelings of gratitude	*I have grown, my clients and coworkers teach me things every day. I am able to share this knowledge with other people, staff, colleagues and the community. This is a privilege to be working with everyone I work with.* *[Data Source: Staff Interview]* *Everyday there is something, I walk home and my [spouse] will ask what happened at work. And every single day it's full of grace and humanity and it's great.* *[Data Source: Staff Interview]* *It's exhausting. It's a very real thing, I've been exhausted for 6 months, but on a service spiritual level, it's made me recognize how close even the most grounded people are to the lives of our clients that we serve. There is the separation between the life that I've had the good fortune to live since*

		30 onward and the life my kids can enjoy right now; it is just an unforeseen event from what these folks live. These conditions blindsided our clients as well, they didn't see this future. I'm very appreciative. Gratitude comes very easily now. I don't take things for granted. *[Data Source: Staff Interview]*
	Feeling inspired from the clients' commitment to survival	*I felt humbled to be in the space and to see how each client has come from to where they are, despite the challenges, they are coming to the service and they are willing to share the space, they are compelling and willing to share the space.* *[Data Source: Staff Interview]* *I get inspired by a lot of these stories because I look at people's commitment to survival and people just make bad choices, but when you see the back story and you see what got them here you see that that's a perfectly good choice. I want to be out there advocating on their behalf and talking to medical staff and showing the humane and kind way to talk to people with substance use.* *[Data Source: Staff Interview]*
Increased knowledge and skills	*Increased knowledge of drug use practices*	*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]* *Personally, I really believe in harm reduction and supervised consumption facilities, but because I am not an injection user and I hadn't seen anyone inject before, it was hard for me because since I had never seen it, I wouldn't know to suggest to someone the steps to do an injection safely. Like, I have read about it, but it's different. It has been helpful to see people how they inject, and that experience, because now I can talk to someone to tell them what they need and tell them about things that they can do safely – this has been helpful for me.* *[Data Source: Staff Interview]*
	Increased understanding and compassion level for client experiences	*Well, I am emotional. I have worked in mental health and with vulnerable populations for 12 years. You kind of feel like you've seen it all and you've heard all the trauma, then you come here and you're like whoa, this is a whole new level of trauma. Some people is heartbreaking and you think of course you are going to numb all your emotions with an addiction because how else can you get through the day.* *[Data Source: Staff Interview]* *We have all been given a different hand, but we are all a few decisions away from being where they are. They didn't*

		sign up for this, just being able to hear them and be kind and show them that we want you to be alive. *[Data Source: Staff Interview]* *So, my understanding changed when they are injecting certain drugs they do it not to feel high but to feel normal and get through the day. When you have anxiety or feeling sick, using is a warm hug that allows you to feel better or relaxed. Understanding what pill sickness looks like changes, once someone uses they can get on with their day, because right now at that time, they feel like they are dying.* *[Data Source: Staff Interview]*
	Increased comfort level in engaging in conversations with PWUD	*This makes me better equipped as a nurse elsewhere – I feel comfortable if someone tells me they inject drugs, I feel more comfortable. It is not something I get uneasy about or get uncomfortable about. It is much easier to have that conversation with someone [who uses drugs] now.* *[Data Source: Staff Interview]*
	Increased understanding of institutional barriers	*There are barriers everywhere to meet clients in the hospital. Here, people have been in the trenches working with this population in a while and seeing how they validate people and their knowledge and willingness to share and teach you. Every client that came in, [Staff member] knew them all, [Staff member] was hugging them, it was the most beautiful thing. These are people who are not getting love or kindness. I've learned so much about inclusivity, acceptance, and not being judgmental and meeting clients where they are at.* *[Data Source: Staff Interview]*
Application of harm reduction philosophy into practice	*Provides opportunity to put beliefs and values of harm reduction into practice*	*We get comments about how caring we are coming from a place of genuine, you actually care, you do not get paid to care, you are here because you are invested in the work you do, because you care. It goes back to our values – we have the courage to do what is right and the clients see that.* *[Data Source: Staff Interview]*
Negative Unintended Impacts on Staff		
Increased stress levels and impacts on physical well-being	*Feeling physically exhausted and stressed due to under resourcing of staff*	*Our workload at RHAC has tripled. There's stress and change. It's like snow globe and it's been shaken up. It's been over 6000 visits in six months. It's intense. The wait room, it used to be in and out, but now it's more people which is fine but we have to manage it.* *[Data Source: Staff Interview]*
	Overwhelmed with extensive media coverage and requests for information and tours	*Because of the nature of the service being new to our community and being very high profile, we are managing a lot of tours. There are a lot of [other organizations] who are looking to open TOPS in other jurisdictions, so there are constant requests of how are you doing it. We are the first in*

		Ontario doing this through the government sanctioned service. It's very demanding, which we didn't anticipate this. [Data Source: Staff Interview]
	Feeling stressed about uncertainty regarding the continuity of the site	*The trauma and the issue that we are being affected by, is the uncertainty of our roles and how long the [government] will continue wasting time examining evidence and opinions. We shouldn't be considering the opinions, only the evidence. [Data Source: Staff Interview]*
Concerns regarding meeting client needs	*Concerned about client well-being and availability of supports to meet their needs*	*Our society, media and politician portray it as a choice. When you do not have no other tools and no mental health counselling services. You are going to wait 9 months (for free counselling, you get 3-4 sessions), it's bullshit. We consistently see people unable to deal with the trauma and that feeds into the addiction. We have dismantled our mental health services in this province. [Data Source: Staff Interview]*
	Limited availability to perform other tasks to support clients	*Because of the busyness of the site, my ability to assist people to make long term changes with substance use has diminished because my time is helping with the site rather than helping with the changes they [clients] desire. [Data Source: Staff Interview]*

Table 5: Quotations to support themes related to impacts on stakeholders and their organizations

Positive Impacts on Stakeholders Roles		
Theme	Sub-Theme	Relevant Quotes
Increased Knowledge	*Increased knowledge of the client experiences*	*For us, the positive impact is to increase the street knowledge of counsellors, most have Masters of Social Work, some of them don't have the lived experience, so talking to clients while they are managing allows you to provide better counselling. You have a better understanding of the physical symptoms, routines, barriers, it is a private moment and you get to know them better. For a counsellor that is the best thing, to be in a private moment with people.* *[Data Source: Stakeholder Interview]* *Simply how individuals go about using substances, literally from taking your substance to prepare the substance and cut the substance with and draw it up and how and where they are injecting. Some of the trends around that. I learnt that jugging, it's quite prevalent. I thought it was more rare and helped me understand the frequency in which it occurs and the risk with that. The step by step process helped me to better talk with people about harm reduction strategies like cooking their drugs and changing their filter or standing up with an uncapped needle. Also the trends in terms of the substance being used has been helpful for me.* *[Data Source: Stakeholder Interview]*
	Increased knowledge of harm reduction philosophy and creating a supportive culture	*It's a change with being there, that has been helpful for me, in that I'm able to learn more about outreach, about how to work with individuals who are in the pre-contemplative stage, practices of substance use and deeper understanding of the philosophy and practice of harm reduction.* *[Data Source: Stakeholder Interview]* *I think that RHAC staff are so skilled and have taken the lead in teaching us and their culture, taking some of their culture and bringing it back to [Stakeholder Organization], we have a great culture, but the staff there have been phenomenal and they are very caring about their clients. The culture, so I guess there it is more, there doesn't seem like there is authority, but for me there is always authority over a client, but with them, they give a hug to the clients, we do not do that here. They say I love you to a client and hug them, you know, I would get fired if I did that. It's like family and friends there.* *[Data Source: Stakeholder Interview]*

	Increased knowledge of services and supports at other organizations	*So, unintended impacts …I think one of the positives has been though all the interactions with service providers, I think that SOAHAC's profile has been raised with other organizations, so they know more about SOAHAC than they did.* *[Data Source: Stakeholder Interview]*
	Increased understanding of the Indigenous community, culture and history	*Sharing things with staff and helping them understand that things are the way the are – talking about homelessness, indigenous people are overrepresented in many things, in homelessness, housing that we get is not the best on the reserves.* *[Data Source: Stakeholder Interview]*
Enhanced skills	*Enhanced skills in active listening*	*If people [clients] are having a bad day, and they want to rant, we can talk to them. Today someone had a bad because security stole their pillow and sleeping bag and they threw them out. Now I can talk to them, reflect their feelings, I was never a good active listener, but now I can because I am thinking of ways to better find solutions.* *[Data Source: Stakeholder Interview]*
Building relationships and connections	*Increased ability to connect with new clients and reconnect with existing clients*	*The fact that there are clients who I would have never met, if it weren't for TOPs. It's been really rewarding to have individuals who use the site to trust me. Two clients who use the site, who have come to me now for housing supports and I'm working toward getting those guys stable housing. One guy has been sleeping in stairwell for over 12 years. Some are scared to stay in shelter. So working with these guys has been really rewarding.* *[Data Source: Stakeholder Interview]*
Positive impacts on Stakeholder Organizations		
Increased knowledge	*Increased knowledge of drug practices and harm reduction practices among their colleagues in their organizations*	*My background as an addiction counsellor, harm reduction has been my philosophy, but I didn't know what this was until I was at the TOPS. So many things that I didn't know that I was missing. One of my coworkers was showing someone how to use something with the ice, cooking with ice so it [wax] spreads to the end. That person was teaching that person how to use best. Harm reduction isn't about allowing people – who are we to allow? It is about teaching people the safer ways [to use].* *[Data Source: Stakeholder Interview]*
Increased reach	*Expanded the organizations' ability to reach clients from the population of PWUD*	*So the impact it [TOPS] has had on our organization has put us in touch with a new population of indigenous people that we haven't had access to. As you know PWID, don't tend to access doctors, it is not part of their day…So this has allowed us to get in touch with people who are at the highest need of care.* *[Data Source: Stakeholder Interview]*

Enhanced service delivery	*Created new approaches or services at their organizations to meet clients' needs*	*I guess, there is TOPS influence on new programs that we [stakeholder organization] are developing – not old ones changing, but new ones that are being developed. [Data Source: Stakeholder Interview]*
Strengthened partnerships	*Strengthened existing relationships between RHAC and stakeholder organizations*	*Positive thing about our relationship is that it gotten stronger even though we had high collaboration [between RHAC and the organization] before. But having our staff in the site and having the relationships with [RHAC staff] and we can build relationships with clients and we can carry that over to the work we [the organization] do. [Data Source: Stakeholder Interview]*
Negative Unintended Impacts on Stakeholders		
Level of organizational involvement	*Concerns regarding their organization's level of involvement and role in TOPS*	*There's excitement to be involved at TOPS, it would be more helpful to have more staff from our organization involved for coverage and chat through some of the things that we are experiencing there. Having a little bit more supervision around TOPS so if our supervisors knew more about how it feels to have a shift there, just so that we can chat with them about the challenges. If feels like the organizations are excited but it's a bit distance. [Data Source: Stakeholder Interview]* *There's excitement to be involved at TOPS, it would be more helpful to have more staff from our organization involved for coverage and chat through some of the things that we are experiencing there. Having a little bit more supervision around TOPS so if our supervisors knew more about how it feels to have a shift there, just so that we can chat with them about the challenges. [Data Source: Stakeholder Interview]*
Managing workload	*Challenges managing caseloads and other organizational priorities at stakeholder organization*	*I still struggle – because I am still at TOPS every other [week] – so we also have numbers that we have to see as part of the [stakeholder organization], so I have to do double the work to do my work at the TOPS. [Data Source: Stakeholder Interview]*
Stakeholder Well-Being	*Challenging to hear client stories of violence and trauma*	*Another [client] was speaking about a violent or threatening incident. So I had a client elsewhere and I knew the person as related to the other person and the incident was quite threatening and that was hard for me because I knew the other side of the story. Some of the violence I hear is hard for me. [Data Source: Stakeholder Interview]*

Table 6: Quotations to support themes related to impacts on the community

Impacts on the community: Perceived Benefits on the Community		
Theme	Sub-Theme	Relevant Quotes
Public Order	*Less public drug use*	*I feel more safe coming here than injecting in bathrooms or alley ways because anyone can take your drugs. There is no safety and no protection in public places. This place has been life changing for me as I used to inject in alley ways and the bathroom at [a restaurant].* *[Data Source: Client Survey]* *It stops us from using in parks and school yards where we need to hide.* *[Data Source – Client Survey]* *It's good for people because they can come in here and do it and avoid the risk shooting up outside and getting caught and going to jail, especially if it's someone I care about.* *[Data Source: Client Interview]* *A lot of people would be struggling to find out where to use, the police they would have a lot of arrests. I have seen a big difference; this [arrests] isn't happening as much. They [Police] are not very nice in dealing with the junkies, not sure if you have been outside to see how they [Police] treat the junkies. Junkies are not using outside when this is [TOPS] open, they are not using in the street, so the police aren't arresting them.* *[Data Source: Client Survey]*
	Reduced discarded gear in public spaces	*This is a place to use properly with clean needles. A lot of mentally [ill] drug users in the community, so this is good because they are disposing properly.* *[Data Source: Client Survey]* *I think without the site there would be more garbage and contaminated needles everywhere, I think the site is reducing that, it has to be.* *[Data Source: Client Interview]* *But for the overall well for downtown London its good. Mainly so that there's no needles everywhere and in bathrooms and there could be blood like Hepatitis and HIV, so it [TOPS] is keeping clean. This place [TOPS] is a clean place and clean environment and they give you alcohol swabs. Junkies use places where everyone is shooting up and they don't filter it properly. So this is just a clean place.* *[Data Source: Client Interview]*

		That it's [TOPS] good and they need it because people are shooting up in bathrooms. They [Clients] are shooting up everywhere and that's putting needles everywhere and getting pricked. With the fentanyl, it's good they are able to help when people are having an overdose. *[Data Source: Client Survey]* *But this place provides a safe place and it protects the community, and it creates jobs. I totally agree with it. The needle use and the way people dispose of gear, that's the problem with society.* *[Data Source: Client Survey]*
Health Outcomes	*TOPS is saving lives and delivering compassionate services*	*I support TOPS (and potential SIS) in my neighbourhood because I believe it will save lives. Having RHAC deliver their continued support to folks who inject drugs in a compassionate and informed way makes me proud of London.* *[Data Source: Community Resident and Business Survey]*
Cost-effectiveness	*Highlighting the site as a cost-effective strategy*	*Then, for folks that care more about money, it is saving millions of dollars by saving a lot of expenses, HIV, Hepatitis, ambulances, hospital visits, etc. Saves a lot of Money.* *[Data Source: Stakeholder Interview]*
Community Awareness around Drug Use	*Increased awareness about substance use, addictions and the impacts of overdoses*	*I would say that it [TOPS] has helped to create some awareness around substance use and some of the consequences of substance use in the community.* *[Data Source: Stakeholder Interview]*
Community Acceptance and Support	*Increased support and acceptance for TOPS and SCFs*	*The message about harm reduction is that people are more familiar and aware. People who were on the fence are more supportive of it now.* *[Data Source: Staff Interview]*
Impacts on the Community: Perceived Concerns for the Community		
Public Order	*Increased public disorder including increased loitering, increased garbage, discarded needle waste and drug selling/purchasing surrounding the site outside*	*The increased number of needles - street activity has increased in a negative way (hang outs) - waste of money to tax payers.* *[Data Source: Community Resident and Business Survey]* *Stop providing needles!!! STOP!!! They scream and shout, flair, weave, lie down, mentally unavailable. Cloud of negativity surrounds areas! Addicts and mentally ill should have recovery places. The cops do 0 - ZERO! It happens daily, needle paraphernalia, needles, wrapping and zoned out on the disgusting downtown. Addiction is self-induced. They break windows, doors, furniture and hearts.* *[Data Source: Community Resident and Business Survey]* *Unintended is the amount of garbage, that has been a problem, I don't know what it was like before but it has*

		become a busy walkway that has resulted in a lot of garbage. I understand for people and business around here. Security is helping with that piece. *[Data Source: Staff Interview]* *They {neighbours] are just frustrated with [clients] hanging out back, deals out back, people using outback when it [TOPS] is full. We were originally doing 4 sweeps, asking people [loitering outside] what is going on, what do you need? If not can you move along?* *[Data Source: Staff Interview]*
	Negative consequences on local businesses and residents due to criminal activity	*We were never asked or informed about 'TOPS' being placed in our residence building. The increase in vagrants and drug abusers has certainly and negatively affected our ability to enjoy our home.* *[Data Source: Community Resident and Business Survey]* *There has been an extremely obvious increase in negative situations since TOPS. My car is broken into and vandalized frequently. People shoot up on my lawn. I see needles everywhere and constantly approached by aggressive drug users. Thanks a lot for negatively impacting the contributing working people in this area.* *[Data Source: Community Resident and Business Survey]* *Drug dealers have moved into the building, but no one knows that. I know the staff have struggled with people selling around the facility. They [staff] are more cautious of it now. I'm pretty certain that high end drug dealers rent places at [the residential building where the site is located].* *[Data Source: Staff Interview]*
Community Awareness around Drug Use	*Promoting drug use*	*I thought I would be open minded about these programs but it's become common to see people injecting in the street and selling the drug more openly. These sites seem to be promoting that it's okay to do these drugs so people are less cautious to do them openly on the street. I'm now scared for my child to play in Victoria Park for fear of needles.* *[Data Source: Community Resident and Business Survey]*

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