PARKDALE QUEEN WEST COMMUNITY HEALTH CENTRE

SOS SAFER OPIOID SUPPLY

2023 EVALUATION REPORT

PARKDALE
QUEEN WEST
Community
Health Centre

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EXECUTIVE SUMMARY

The Safer Opioid Supply program

The Safer Opioid Supply (SOS) Program at Parkdale Queen West Community Health Centre was founded in 2019 by primary care providers in response to increasing rates of overdose death from the unregulated supply of fentanyl. In 2020, the SOS program received funding from Health Canada's Substance Use and Addictions Program (SUAP). The program model has evolved to accommodate client and community needs, including the creation of a full-time, dedicated SOS team including staff in both clinical and social care roles: nurse practitioners, nurses, case managers, and a counsellor. The cornerstone of the SOS program is the provision of prescribed safer supply alongside comprehensive primary healthcare, case management, and social supports.

As of December 31, 2022, there were 86 active clients in the PQWCHC SOS program.

Program clients reported their gender as:

- Woman: 40%
- Man: 53%
- Trans/Nonbinary/Two-Spirit/Other: 7%

Program clients reported their racial or ethnic identity as:

- Indigenous: 22%
- White: 58%
- Other identities, including Black, Asian, and mixed race: 20%

The evaluation

This report presents the results from the preliminary evaluation of the SOS program at PQWCHC. Using data from surveys and interviews with SOS clients, the key metrics questions examined in this evaluation include whether the program is effective in:

- Reducing the risk of overdose and death;
- Offering low-barrier care in a community setting;
- Connecting clients with healthcare, social care, and harm reduction services; and
- Decreasing harms associated with involvement in criminalized activities related to substance use.

The purpose of this evaluation is to determine what has been working well during the initial pilot phase of the SOS program and identify which program elements need improvement. Recommendations for the program and for the broader system and policy level are also identified.

Summary of main findings

Decreased risk of overdose due to decreased exposure to the toxic, unregulated drug supply

- Clients felt strongly that their **risk of overdose had decreased since starting safer supply** even if some were still using fentanyl. The predictability of access to safer supply helped clients manage use patterns that might put them at increased risk of overdose.
- **Rates of overdose reported by clients dropped dramatically** after entry into the SOS program. Among clients starting the SOS program, 50% reported having had an overdose in the 3 months before starting safer supply. Among clients who had been in the SOS program for at least six months, 15% reported having had an overdose in the past 3 months.

Reductions in use of unregulated fentanyl from the street supply since starting the SOS program

- Overwhelmingly, clients were able to **reduce their use of unregulated fentanyl** since starting the SOS program – sometimes dramatically. Some clients reported being able to stop using fentanyl completely.
- **52% of clients reported having stopped using street fentanyl** since starting safer supply, with an additional 26% reporting a decrease in their use.

Decreased withdrawal, dopesickness, and pain

- Many clients highlighted how **a major benefit of safer supply was that they experienced less withdrawal,** or stopped experiencing it altogether. Clients also talked about being able to manage painful medical conditions with safer supply medication rather than having to rely on unregulated fentanyl.

Improved access to comprehensive healthcare

- A significant benefit of the safer supply program was that clients were able to access low-barrier primary healthcare, which was particularly important for people who had been alienated by and estranged from the healthcare system due to having experienced discrimination and stigma because of their drug use.
- **73% of clients surveyed reported that they had been able to address a health issue for the first time** since starting safer supply.

Access to and use of hospital care

- Clients continue to face stigma in hospital-based care, and many safer supply clients reported negative past and present experiences, including having their safer supply medication discontinued in the hospital.
- On a positive note, some clients said they were witnessing positive changes in medical culture, with some hospital-based providers being familiar with safer supply and continuing prescriptions.

Access to social care, including counselling and case management

- Clients were very positive about the integration of primary healthcare and social care that is fundamental to the SOS program model.
- Clients valued the counselling offered within the SOS program, and distinguished this from "information-giving" roles of clinicians and case managers.
- Clients also reported increased access to housing supports, with **27% reporting they had gotten new or better housing** as a result of being in the SOS program.
- Clients reported improved quality of life as a result of being in the safer supply program, including improvements in relationships, work, and mental health. Importantly, many clients associated the daily take-home doses of medication with freedom and autonomy in their lives.
- Clients reported having good access to harm reduction supports and programming, with 30% of clients reporting increased access to harm reduction supplies since starting safer supply.

Decreased involvement in and harm from criminalized activities

- Clients reported **a striking decrease or complete stop to their involvement in street-based or criminalized activities** as a result of being in the SOS program.

Client-identified needs

Based on the report findings, there are several recommendations for improvement that emerged out of the survey and interviews with clients.

1. **A desire for a greater range of options relating to medication, use, and treatment.** This included access to more opioid medications (particularly those that mirrored clients' drug of choice), as well as access to medications that can be consumed by smoking/inhalation, and access to a supervised inhalation site in the community. Finally, some clients highlighted that they would like to access residential treatment programs, which was difficult as treatment programs did not accept clients on safer supply.
2. To increase their autonomy, many clients highlighted that **access to take-home doses for more than one day** would be helpful.
3. Due to **high levels of ongoing need for safer supply within the community,** clients highlighted the necessity of both sustained funding to continue offering care for existing clients and increased program capacity to meet the need for SOS programs in the community.
4. Clients who were finding increased stability in their lives due to their participation in the SOS program frequently highlighted that they would be **interested in volunteer and/or low-barrier work opportunities.**

Recommendations

Stemming from the evaluation findings and the client-identified needs above, there are several recommendations from this program evaluation. These are divided into program-level recommendations, community-level recommendations, and policy and system-level recommendations.

1. Program-level recommendations

a. The SOS program should explore options for providing access to pharmaceutical heroin and fentanyl. This includes both injectable and smokeable options to meet a wide array of clients needs.

b. The SOS program should develop work and volunteer opportunities for SOS clients and add roles for people with lived or living experience of substance use to the program delivery model.

c. The SOS program should continue to foster connections to additional supports for clients both inside and outside of PQWCHC, including to mobile programs, Indigenous programs, and external counselling.

d. The SOS program should continue to provide housing support, and connections to housing support, to help clients cope with the continuing affordable housing crisis and support clients to find a decent home.

e. The SOS program should continue to assess methods of increasing funding and creating capacity to intake people into the SOS program.

f. The SOS program should engage clients to develop education on safer use practices specific to the needs of safer supply clients.

2. Community-level recommendations

a. The SOS program should collaborate with and contribute to the development of sector-wide protocols and resources around availability of multi-day take-home doses for clients in safer supply programs.

b. The SOS program should work with partners on educational resources for hospitals and treatment centres to improve continuity of care for clients receiving safer supply.

3. Policy and system-level recommendations

a. There is a need for more options for medications for safer supply clients. The options for high-dose pharmaceutical opioids covered on the Ontario drug formulary need to be increased immediately to provide more options for prescribed safer supply.

b. There is a need for the development of program models for the delivery of non-medicalized models of safer supply, and financial support for these models.

c. There is a housing affordability crisis in Toronto, and addressing the crisis requires coordinated and immediate intervention from all levels of government, with a focus on ensuring access to safe and affordable housing for all, regardless of income level, and providing housing with a harm reduction ethos supporting the tenancy of people who use drugs.

d. People who use drugs face significant harms due to the criminalization of the possession and exchange of currently illegal drugs, including heroin, fentanyl, cocaine, crack, and crystal meth. The criminalization of people who use drugs results in both health and social harms and requires the full decriminalization of drug possession, as well as access to a regulated drug supply without fears of criminal prosecution.

BACKGROUND

The drug toxicity overdose crisis in Ontario

The prescribed safer supply program at Parkdale Queen West Community Health Centre emerged during a period of high rates of overdose death. The emergence of unregulated fentanyl and the variability of its composition in the street supply led to a dramatic spike in opioid-related drug toxicity fatalities in Ontario beginning around 2016. Additionally, fentanyl analogues, unregulated benzodiazepines, and other contaminants in the street opioid supply have intensified the risk of overdose for people reliant on the street supply. The presence of fentanyl, fentanyl analogues, and unregulated benzodiazepines has led to dangerous and more complex overdoses due to the variety of substances present, as well as inadvertent dependence on benzodiazepines and withdrawal if stopped (Canadian Community Epidemiology Network on Drug Use, 2021).

The public health crisis of COVID-19 has only made more imperative the provision and scale-up of safer supply programs alongside the decriminalization of drugs (Bonn et al., 2020). In 2019, just before the beginning of the pandemic, the City of Toronto reported 296 overdose fatalities (Toronto Public Health, 2023). In 2020, that number shot up to 545, an 84% increase. And in Ontario, there were 2,462 opioid-related deaths in 2020, a 58% increase from 2019 (Public Health Ontario, 2022). The combined overdose crisis and COVID-19 pandemic had a disproportionate effect on people facing discrimination and poverty. While most cases of overdose fatality took place in a private dwelling, between July 1, 2021 and June 30, 2022, 25% of people who died of an opioid overdose in Toronto had experienced homelessness in the last year (Toronto Public Health, 2022). Looked at another way, 54% of deaths among people experiencing homelessness in 2022 were due to drug toxicity, contrasted with fewer than 1% of deaths to due COVID-19 itself (City of Toronto, 2022). Overdose rates across the province have somewhat stabilized in the past year; however, in 2022, the overdose mortality rate remained 56% higher than it was pre-pandemic in 2019 (Office of the Chief Coroner (OCC), 2023, February 23).

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Safer supply

One of the many policy and programming responses put forward to meet the crisis of drug toxicity deaths is safe (or safer) supply (Tyndall, 2020; Ryan, Sereda, & Fairbairn, 2020; Hajdu, 2020). In early 2019, the Canadian Association of People Who Use Drugs (CAPUD) released its *Safe Supply Concept Document* that defined safe supply as "a legal and regulated supply of drugs with mind/body altering properties that traditionally have been accessible only through the illicit drug market" (Canadian Association of People Who Use Drugs (CAPUD), 2019, p. 4). Safe supply allows people who would otherwise use unpredictable and unregulated street-based substances to instead use pharmaceutical medications (opioids or stimulants) of known quality and quantity to help them avoid overdose and other harms. Additional anticipated benefits of accessing a safe supply include decreased involvement in criminalized activities and street hustles to obtain substances, and decreased health consequences associated with contaminants in the street-level supply. Safe supply can complement existing treatment options for people who use drugs; while opioid agonist therapy (OAT) provided in the form of methadone, buprenorphine, and slow-release oral morphine is acceptable for many, only 40% of people in southern regions of Ontario were retained in treatment for a year (Eibl et al., 2015). Furthermore, the abstinence focus of OAT excludes those who wish to experience a high from opioids or decide for themselves what their use will be. In Canada, evidence supporting the implementation of safe supply emerged from diacetylmorphine (heroin) assisted treatment studies, which had high retention rates and were linked to decreased unregulated opioid use (Oviedo-Joekes et al., 2009; Oviedo-Joekes, et al. 2016).

Currently, prescribed safe supply – where access to regulated pharmaceuticals is available by prescription from a medical provider such as a doctor or nurse practitioner – is the only sanctioned form of safe supply in Canada.[1] Prescribed safe supply programs in Ontario are often based in community health settings and offer pharmaceutical opioids available on the provincial drug formulary, such as short-acting hydromorphone prescribed as take-home doses, often with an observed daily "backbone" consisting of a long-acting opioid to prevent withdrawal. Other attributes common to many safe supply programs are the provision of wrap-around care via counsellors, peers, case managers, and other social support workers. Additionally, they often prioritize the enrollment of people who use drugs who are disconnected from healthcare or who are facing barriers to accessing healthcare due to stigma and discrimination, including Indigenous people, Black people, people of colour, members of 2SLGBTQ+ communities, women and nonbinary people, and those who are precariously housed or unhoused.

Evidence for safer supply

Strong evidence is emerging relating to the feasibility, efficacy, and benefits of prescribed safer supply programs:

Decreased medical costs: A recent study found that participants' healthcare costs (excluding primary care and medication costs) decreased significantly after enrollment in a London, Ontario safer supply program when compared to a similar matched cohort diagnosed with opioid use disorder who were not enrolled in the program (Gomes et al., 2022).

Fewer hospital visits: The same study found that emergency department visits, hospital admissions, and admissions for incident infections in the year following enrollment declined when compared to the year prior, again without a similar change observed in the matched cohort unexposed to safer supply (Gomes et al., 2022).

[1] Non-prescribed forms of safe supply could include buyers' clubs or compassion clubs.

Reduced risk of overdose: Drawing on Ontario health administrative data, no overdose-related deaths were identified in the London cohort of safer supply clients, echoing the findings of other published research (Gomes et al., 2022; Haines, Tefoglou, & O'Byrne, 2022; McNeil et al., 2022; Selfridge, Heaslip, Nguyen, Card, & Fraser, 2020).

Engagement and retention in care: Safer supply programs provide increased access to health and social care, including primary care, COVID-19 quarantine, OAT, counselling, and support with housing; programs also foster improved relationships between clients and providers (Selfridge, Heaslip, Nguyen, Card, & Fraser, 2020; Brothers et al., 2022; Kolla, Long, Perri, Bowra, & Penn, 2021; McMurchy & Palmer, 2022; Selfridge et al., 2022).

Improvements in physical and mental health: Research has found that participants in prescribed safer supply programs experience improved chronic and infectious disease management, adherence to medication, pain management, sleep, nutrition, and energy level (Kolla, Long, Perri, Bowra, & Penn, 2021; McMurchy & Palmer, 2022; Klaire, Sutherland, Kerr, & Kennedy, 2022; Ivsins et al., 2020b).

Improvements in social wellbeing and stability: Safer supply participants' economic improvements (Haines, Tefoglou, & O'Byrne, 2022; Selfridge, Heaslip, Nguyen, Card, & Fraser, 2020; Ivsins et al., 2020b) have reduced inequities resulting from the intersection of drug use and social inequality (Ivsins, Boyd, Beletsky, & McNeil, 2020a) and promoted engagement in employment and hobbies (Haines, Tefoglou, & O'Byrne, 2022; McMurchy & Palmer, 2022). In addition, participants have had greater housing access (Haines, Tefoglou, & O'Byrne, 2022) and have experienced improved relationships with family and friends (Selfridge, Heaslip, Nguyen, Card, & Fraser, 2020; Kolla, Long, Perri, Bowra, & Penn, 2021; McMurchy & Palmer, 2022).

Reduced use of drugs from the unregulated street supply: Receiving medical safe supply has led to reduced overdose risk as well as, for some, reductions in overall drug use or the cessation of the use of drugs by injection (Haines, Tefoglou, & O'Byrne, 2022; McNeil et al., 2022; Selfridge, Heaslip, Nguyen, Card, & Fraser, 2020; Kolla, Long, Perri, Bowra, & Penn, 2021; Ivsins et al., 2020b).

Improved control over drug use: Safer supply participants can manage pain and avoid withdrawal owing to the lower-barrier, flexible model of safer supply programs and the known dose strength of the medications offered (McNeil et al., 2022; Selfridge, Heaslip, Nguyen, Card, & Fraser, 2020; Ivsins et al., 2020b).

There is also important new research that characterizes the strongest and most supportive safer supply programs in the eyes of clients; such programs will meet the following criteria:

1. Right dose and right drugs;
2. Safe, positive, and welcoming spaces;
3. Safer supply and other services are accessible;
4. Participants are treated with respect;
5. Participants can easily get their safer supply; and
6. Safer supply helps participants function and improves their (self-defined) quality of life. (Pauly et al., 2022)

Parkdale Queen West Community Health Centre Safer Opioid Supply (SOS) Program

The Parkdale Queen West Safer Opioid Supply (SOS) Program was started by a small group of primary care physicians who began prescribing high doses of short-acting opioids to their patients who used unregulated fentanyl in 2019 (Izenberg & Marwaha, 2019).[2] These physicians decided to start prescribing safer supply due to the worsening drug toxicity crisis and high rates of overdose among community members. Together with colleagues at London InterCommunity Health Centre, who had begun offering safer supply prescriptions a few years earlier, and other primary care providers in Toronto, these early prescribers developed and circulated the first guidelines for safer supply prescribing in the province in 2019 (Hales et al., 2020).

In 2020, PQWCHC was able to secure funding from Health Canada's Substance Use and Addictions Program (SUAP) for a pilot program, one of several new safer supply programs funded in the context of the COVID-19 pandemic (Glegg et al., 2022). Two subsequent funding extensions have ensured stable program operations at the current staff complement to March 31, 2024.

As the program and number of participants grew, the need to fully integrate clinical and social care, and to offer care that was both flexible and consistent, became apparent. The demands on primary care providers who were also managing a full community roster were unsustainable. To add to this issue, the program quickly reached its capacity, and there was a high burden of moral distress on staff, and anxiety on community members, as the program was unable to accept more participants. This necessitated the building of a full-time clinical team that would be able to assess capacity and create systems to offer more efficient yet comprehensive care.

This led to the creation of the current program model, which operates using a nurse-led model, where registered nurses who work full-time in the SOS program are the first point of clinical care and work to their full scope, making clinical recommendations to the team's full-time SOS nurse practitioners. Clients who neither require changes to their prescriptions nor have complex medical needs mostly see the registered nurses, with prescribers assessing them every few weeks. In addition, full-time case managers and a counsellor serve clients on a drop-in and appointment basis, offering a range of services including accompaniments, referrals, counselling, support in obtaining ID, assistance completing taxes, housing support, and advocacy. An important aspect of the program design is the strong connection between the clinical and social care providers, with the team meeting quarterly for Grand Rounds and in constant communication to optimize client care. The transition to a nurse-led and full-time model has allowed for expanded capacity, increased sustainability, and reduced stress associated with waitlist management among staff. A final crucial part of the SOS program model is the SOS Client Advisory Committee, which meets monthly and provides guidance and feedback from current SOS clients on programming, policies, and community needs.

Program statistics

- Number of active clients, December 31, 2022: 86*
- One-year retention in care, December 2021-December 2022: 80%
  - Deceased (all causes): 4%
  - Transferred to OAT: 4%
  - Transferred to other SOS program: 1%
  - Discharged (any other reason): 11%
- Gender:
  - Woman: 40%
  - Man: 53%
  - Trans/Nonbinary/Two-Spirit/Other: 7%
- Racial/Ethnic identity:
  - Indigenous: 22%
  - White: 58%
  - Other identities, including Black, Asian, and mixed race: 20%

* Note that the number of active clients represents all clients who received a prescription for hydromorphone in the previous 60 days. The number of active clients fluctuates as some clients leave care and others are onboarded.

[2] The PQWCHC program is termed "safer supply" to reflect the fact that pharmaceutical opioids must still be used with a good deal of knowledge for them to be "safe" to the user.

REPORT AND EVALUATION FRAMEWORK

With two years of implementation of the safer supply program model complete, including the transition to full-time nurse- and NP-led care, there was a need to assess the program's success in meeting key objectives set out in the original proposal for the pilot safer supply program. This evaluation report draws from the example of program evaluations of the London and Ottawa safer supply programs (Kolla, Long, Perri, Bowra, & Penn, 2021; Haines, Tefoglou, & O'Byrne, 2022).

In its pilot program proposal, Parkdale Queen West Community Health Centre committed to a few key objectives. These include:

1. **Reduce the risk of overdose and deaths** by providing adults exposed to the contaminated illegal drug supply with low-barrier access to safer drug supply;
2. Quickly respond to the ongoing overdose crisis by **implementing and evaluating a low-barrier, community-based safer supply model that can be delivered by primary care providers** with minimal resources;
3. **Engage participants** who face barriers to accessing traditional models of primary care in harm reduction, stabilizing healthcare, and comprehensive care services; and
4. **Reduce harms associated with illegal activities** required to access drugs through the illicit market.

The four objectives listed above formed the framework of the evaluation, with additional questions related to quality-of-life outcomes for clients of the safer supply program.

The report that follows first presents findings related to the primary outcomes, which emerge from the objectives listed above, before presenting secondary outcomes, which touch on quality of life and access to social supports. The report then summarizes client-identified needs and concludes with recommendations drawn from the findings.

FINDINGS: PRIMARY OUTCOMES

Objective 1: Reduce the risk of overdose and death by providing adults exposed to the contaminated illegal drug supply with low-barrier access to a safer drug supply

Overall, three main themes were identified in this section. Importantly, the evaluation identified a reduction in the risk of experiencing a potentially fatal overdose due to having access to the SOS program. Additionally, clients highlighted that access to the SOS program allowed them to change their patterns of drug use, both by reducing their use of unregulated fentanyl from street markets and by giving them the option to change their route of administration if they desired. Finally, clients emphasized the impacts of safer supply on reducing their experience of withdrawal or dopesickness, and in treating pain.

Decreased risk of overdose due to decreased exposure to the toxic, unregulated drug supply

One of the major findings of our evaluation, using data from both client surveys and interviews, is that participating in the Parkdale Queen West Community Health Centre Safer Opioid Supply Program is decreasing clients' risk of overdose by reducing their use of fentanyl from the unregulated street supply.

"When I started the program, I was on fentanyl, a lot of fentanyl. And I was at the point of overdosing all the time. I didn't want to die. So they offered me the program at [PQWCHC], and I went, yes! She said, 'You're a candidate, would you like to...?' I started to cry. I needed something to keep me alive. I started the program there." (SOS Participant)

As highlighted above, there was agreement among clients that starting the SOS program was necessary and lifesaving. As one client commented, "I haven't had an overdose since I've been on the program. I had a couple shortly before where I had to be defibrillated." Other clients mentioned in interviews that they had experienced multiple overdoses before the program, including overdoses that were difficult to manage due to the unwanted presence of unregulated benzodiazepines as contaminants in the fentanyl supply. Clients also recounted times they had saved their partner's life during an overdose. These kinds of traumatic experiences contribute to the high levels of stress that people who use unregulated drugs experience. Avoiding overdose is therefore not only lifesaving; reduced exposure to overdoses also improves the mental health of clients in the program.

Significantly, clients also felt that their risk of overdose had decreased even if they were still using fentanyl. One client shared, "It's furthered me away from using street drugs. I'm still using street drugs, but in my brain, I now have a way out, and I'm trying to move in that direction." One client identified that their reduced overdose risk is due to the reliability of their access to a safer opioid supply: "I don't feel the need to have to use as much [fentanyl] as possible because I don't know when I'm going to have something next." This points to the role of the predictability of access to safer supply medications in protecting clients from patterns of use that may put them at increased overdose risk.

The benefits of decreased fentanyl use extend beyond avoiding potentially fatal, and often debilitating, overdoses. As one client identified, with less fentanyl use comes less unintended benzodiazepines in their body. Some clients expressed a preference to use alone, mentioning that with their prescription, this is now safer due to having a known quantity of a regulated opioid, which dramatically reduces overdose risk when compared to using fentanyl of unknown potency. Another client said that they no longer need to use in risky places or rush shots—both known risk factors for overdose—due to fears of police being around, since the possession and use of their prescribed hydromorphone was perfectly legal.

"The program is feasible, and it can save your life." (SOS Participant)

Survey results on experience of overdose

Survey results also reflect these qualitative findings regarding a decreased risk of overdose. In the survey conducted with clients at baseline (conducted within the first four weeks of entry into the SOS program), 50% of respondents reported having had an overdose in the three months before starting safer supply. Among clients who participated in the ongoing care survey conducted at least six months after entry into the program, this number dropped dramatically to 15% (Fig. 1 and Fig. 2).

Figure 1. Had an overdose in the last 3 months (Baseline – Program Entry) (n=10)

Yes	50%
No	50%

Figure 2. Had an overdose or was given oxygen/naloxone after using in the last 3 months (Ongoing care) (n=27)

Yes	15%
No	85%

While is it unsurprising that such a high percentage of clients had had a recent overdose at baseline (since having experienced a recent overdose is one of the criteria considered for admission), the dramatic decrease in overdoses experienced emphasizes the comments shared by clients in interviews: that access to a safer supply allows people to avoid potentially fatal overdose from drug toxicity due to the highly unpredictable street supply.

Changing patterns of drug use since starting in the SOS program

Several clients highlighted their changed patterns of drug use due to having access to the SOS program and a regulated supply of pharmaceutical opioid medications. For example, one client stated that the program reduced their risk of overdose, "By 1000%. No more needles. Big time. I used to have my own seat downstairs, in the injection site, you know? My own mat! You know? Now I don't even go in there."

The SOS program operates from a harm reduction philosophy, where there is no requirement to stop using fentanyl or to stop using drugs by injection (changing the route of administration). Clients are able to set their own goals for their drug use, following their own timelines. As in the quotation above, some clients changed their route of administration, eventually ceasing to inject their medications and switching to oral use. And although it is not required or a goal of the program, other clients reported being able to stop using fentanyl completely:

"In the beginning, I wasn't totally honest, I wasn't sure what it was going to do. You want to, but you don't want to. But from getting the support constantly, and from getting the medication, eventually that want becomes bigger. Then I quit using the fentanyl one day." (SOS Participant)

For many clients, having access to safer supply creates choices in how often they want to use opioids, and which opioids they want to use. For some clients, the pharmaceutical options provided by the program—usually take-home doses of hydromorphone tablets, paired with a long-acting opioid like slow-release oral morphine or methadone—were able to meet their needs.

The SOS program operates from a harm reduction philosophy, where there is no requirement to stop using fentanyl or to stop using drugs by injection (changing the route of administration). Clients are able to set their own goals for their drug use, following their own timelines.

Survey results on changing patterns of drug use

In the baseline survey conducted when people started in the SOS program, 78% of people reported using fentanyl daily; this dropped dramatically in the ongoing care survey, where only 31% of clients reported using fentanyl daily (Fig. 3 and Fig. 4). In fact, 52% of clients reported having stopped using street fentanyl since starting safer supply, with an additional 26% reporting a decrease in their use of street fentanyl (Fig. 5).

Figure 3. Average total daily fentanyl use (Baseline - Program Entry) (n=9)

Do not use fentanyl daily	22%
Use fentanyl daily	78%

Figure 4. Average total daily fentanyl use (Ongoing care) (n=26)

Do not use fentanyl daily	69%
Use fentanyl daily	31%

Figure 5. Change in street-acquired fentanyl use since starting safer supply (Ongoing care) (n=27)

Increased overall amount I use	4%
Stayed the same	11%
Decreased overall amount I use	26%
I stopped using street fentanyl	52%
Other ("it varies/off and on")	7%

Impact of safer supply on withdrawal, dopesickness, and pain

One of the key reasons that clients pointed to when discussing why they were able to decrease their overall fentanyl use was that safer supply was managing their "dopesickness," or withdrawal symptoms. Many clients listed decreased or absent dopesickness as a primary benefit of accessing a safer supply. As one client commented:

"I wanted to come off of [fentanyl] completely, and I have. I went from doing a half a ball every other day to doing like, now I do like maybe one, two points a day. Some days I do nothing. It's awesome. But it's anxiety too, right? As long as I have a little bit of fentanyl on me, I don't need to do it. It's the anxiety of not having it. Some days I don't even touch it, because I know I don't have the money to get it tomorrow, so I won't even touch it. I'll just save it for the next day. But with being on the Dilaudids and the methadone, I don't get sick, so I don't need to do it." (SOS Participant)[3]

Clients reported that having access to a regulated, consistent supply of pharmaceutical opioids through the SOS program reduced their experience of withdrawal. But an additional impact of access to safer supply highlighted in the quotation above is a reduction in anxiety around procuring opioids to manage withdrawal. The client above describes how this reduction in anxiety empowered them with more control over their use.

An additional benefit of access to safer supply medications was highlighted by clients with significant experiences of chronic pain that was managed only by using opioid medications. These clients said that having access to a safer supply allowed them to reduce their use of unregulated fentanyl to manage their painful medical conditions:

"Because these pills work. [...] I use mainly for pain. I don't get high off fentanyl, I don't get high off of – I have a chemical imbalance, but it takes the pain away. If I don't have – whether it's fentanyl or pain pills – I'm actually bedridden. The pain's too great." (SOS Participant)

[3] Note that in interviews, clients frequently referred to the prescribed medication using brand names such as Dilaudid (hydromorphone) and Kadian (slow-release oral morphine).

While some clients reported no longer using fentanyl at all, others voiced their frustration with the medications currently available within the SOS program, often nevertheless affirming the benefits of the program in the same breath. Currently in Ontario, SOS programs have limited opioid options that are covered by the provincial formulary; at the PQWCHC SOS program, tablet hydromorphone is the only short-acting pharmaceutical option available for prescription. While several clients said that they have a current desire to stop using fentanyl all together, some have found that the lack of availability of other short-acting opioids made this impossible, with many highlighting the need for pharmaceutical fentanyl. As stated by one client:

"It's just the fentanyl part, like... [hydromorphone] just doesn't cut it, you know? That's the truth, it doesn't cut it. I'm still using. Not as much, but I am still using. I'm trying not to use as much." (SOS Participant)

Several clients bluntly stated that the current version of safer supply available in the program is simply insufficient for them to fully quit fentanyl. Many mentioned that they need opioids for physical pain management, and some struggle with pain that is not fully addressed by hydromorphone. This is particularly the case after clients have received poor pain management and care in the medical system in the past and had been using street-acquired fentanyl to manage their pain as a result. This significant gap in the program will be discussed further in the Client-Identified Needs section below.

Survey results on the impact of safer supply on withdrawal, dopesickness, and pain

Respondents to the ongoing care survey overwhelmingly reported that the way they were using opioids since starting safer supply caused fewer or better side effects, with 92% of respondents stating that this was true for them (Fig. 6).

Figure 6. Side effects from current opioid use (Ongoing care) (n=24)

The way I'm using opioids causes fewer or better side effects than before	92%
The way I'm using opioids causes more or worse side effects than before	4%
Neither statement is true for me	4%

While several clients said that they have a current desire to stop using fentanyl all together, some have found that the lack of availability of other short-acting opioids made this impossible, with many highlighting the need for pharmaceutical fentanyl.

Objectives 2 and 3: Healthcare access, including primary care

Improved access to comprehensive healthcare among SOS clients

The SOS program was designed not only to provide prescriptions for pharmaceutical safer supply, but also to offer primary care to clients who had commonly been alienated by and estranged from the healthcare system due to its endemic discrimination and stigma against people who use drugs. When they entered the SOS program, many clients reported having health issues that they had not been able to address; this improved significantly for SOS clients as they were now in frequent contact with a primary care provider who could address healthcare needs in addition to providing their SOS prescription. Health issues that clients had been able to work on ranged widely, including both chronic and acute issues. Some of the issues clients listed receiving care for included chronic infections, vitamin deficiencies, and dental problems, and they were able to get needed x-rays, eyeglasses, gynecological exams and care, care for sexually transmitted infections (STIs), vaccinations, and pain investigation. A few clients mentioned that they had been able to begin treatment for hepatitis C because of the program. One client linked their safer supply care to holistic health support:

"But here, I feel like more than my health within the SOS program—with the Dilaudids and Kadians—even more stuff, like my mental health stuff, is being looked into and after. And even if I have a cut or something on my arm or something, I feel like I can come here and talk to [my nurse practitioner] about it." (SOS Participant)

To several clients, this integrated model of care marked an important difference between the safer supply program and their past experiences with OAT:

"There is kind of a holistic approach, and there's a real distinction from the methadone program. There's a lot of things that are great about it, the Dilaudids can be taken home. The infrequency of urine screenings. It's a very unintrusive program, and it seems like there's a real urgency or care taken to do what's best for the clients." (SOS Participant)

Several clients spoke about the advantages of having a nurse practitioner who is now their primary care provider as well as their safer supply provider. Repeatedly in interviews, clients identified the trust that they share with their primary care provider as key to their confidence in seeking help for health issues. One client stated:

"The nurse practitioners at Parkdale. I'm not afraid to ask them anything now. I trust them fully. Whereas before, for 10 years, 15 years, I didn't even want to walk into a doctor. I wouldn't go into a hospital if my leg was half chewed off. You know what I mean – I just didn't trust them, until the program. It's a good thing." (SOS Participant)

Aside from the profound impact on the clients interviewed and surveyed of being able to address non-substance-related health issues with the support of the clinical staff in the program, there was also a benefit associated with providers sharing substance-specific knowledge. For example, one client talked about information they received from a clinical provider and then shared with friends:

"The program also told me, there's something in my system that's causing sores, and I was wondering how I was getting them. If it wasn't for this program, I'd be getting these sores, and I wouldn't even be healing them properly." (SOS Participant)

Clients' comments regarding the healthcare they receive in the SOS program affirm that two supports are regularly taken up: both prescribed safer supply *and* a range of primary healthcare services. But more than the simple offering of health services for clients to accept, the relationship-building and trust-building that take place between clinical providers and clients in the SOS program are essential aspects that set the program apart in the eyes of many clients.

Survey results on access to healthcare services

When asked at baseline about access to healthcare services, 40% of the cohort surveyed rated their healthcare access as "very bad" or "bad," with 20% reporting "okay" access, and, somewhat encouragingly, another 40% claiming "good" or "very good" access (Fig. 7).

A clear picture of the increased access to healthcare for clients of the SOS program became apparent when clients were asked if they had unaddressed health issues. Of the cohort surveyed at baseline, 33% reported having a health issue that was unaddressed before starting safer supply. Among the clients who responded to the ongoing care survey, only 4% stated that they had a health issue that was unaddressed, with 73% stating that they had been able to address a health issue for the first time since starting safer supply (Fig. 8 and Fig. 9).

Figure 7. Access to healthcare services before safer supply (Baseline - Program Entry) (n=10)

Very Bad	10%
Bad	30%
Okay	20%
Good	20%
Very Good	20%

Figure 8. Have an unaddressed health issue (Baseline - Program Entry) (n=9)

Yes	33%
No	67%

Figure 9. Able to address a health issue for the first time since starting safer supply (Ongoing care) (n=26)

Yes	73%
No, I don't have a health issue I need to address	23%
No, I have an issue, but it hasn't been addressed	4%

Access to and use of hospital care for safer supply clients

Stigma against people who use drugs within healthcare settings and when receiving hospital-based care is well documented. For decades, people who use drugs have been organizing to defend their human rights in healthcare and social service settings. Yet barriers to care continue, and discrimination and inadequate treatment in hospitals continue to have a negative impact on health outcomes for people who use drugs. For example, in the interviews for this evaluation, one client was asked about whether they would have wanted to continue their safer supply medications during a hospital stay:

"I would have, and I asked about that. And the question I got back was: 'How did you manage to talk a doctor into giving you so many Dilaudids?' You know? I mentioned the safer supply program, and that seemed to be the end of that." (SOS Participant)

In this interaction, this client faced stigma from the healthcare provider, and due to the hospital provider's unwillingness to continue their prescribed safer supply medications, the client's attempt to access continuity of care at the hospital was thwarted. Access to care has multiple dimensions: first, the actual encounter with healthcare; and second, the alignment of the care offered with the needs of the patient so that their health is truly supported. This type of stigmatizing comment and a lack of continuity of care (due to the denial of requests to have prescribed medications continued while receiving in-hospital care) continue to be major issues faced by patients in safer supply programs.

Many clients mentioned past and present negative experiences at the hospital, including being lied to about a medication being administered, being provided inappropriate pain medications, being switched off safer supply medications onto methadone or suboxone and experiencing withdrawal, and getting kicked out without care. Some expressed anxiety about whether pain management would ever be sufficient in the hospital for people with high opioid tolerance due to reticence among healthcare providers to prescribe the high doses needed. Some clients refuse to go to the hospital at all. However, others mentioned more positive experiences, including being continued on safer supply, which reveals some hope of a changing medical culture. One client said:

"The hospitals are... hm, it depends on the doctor. Right off, I'm going to say to them, 'Are you familiar with safe supply?' If they say no, you're in trouble, like for real. But if they're aware of it, or you can tell by their attitude towards it, then you can kind of get a feeling for it. They don't know enough about it. It's such a grey area for people." (SOS Participant)

While it is important that the standard of care shifts in hospitals so that people on safer supply can have confidence that their medications will be continued and their pain and withdrawal managed when they access hospital-based care, there are signs that participation in the SOS program itself decreases people's need for the hospital. Some clients mentioned that they had not been to the hospital at all since they started in the program, with one client stating:

"I was constantly getting abscesses and stuff like that, so that kind of thing has stopped. I'm not in the hospital so much getting my abscesses drained, because I'm actually swallowing my medication. I find it more effective." (SOS Participant)

With clients' access to primary care dramatically improving because of the program, more health needs can be addressed in that setting, so that the hospital visits are reduced and only used for emergencies and acute health concerns.

Survey results on access to and use of hospital for safer supply clients

At baseline, 40% of respondents reported having gone to the emergency room in the last three months, and there was no difference in this rate in respondents to the ongoing care survey (41%) (Fig. 10 and Fig. 11). This finding differs from those in reports from other safer supply program evaluations and research, which find decreased visits to the emergency room after people start in a safer supply program (Gomes et al., 2022). However, there are some potential explanations. First, as a downtown health centre serving many clients who live in the area, Parkdale Queen West is located near several emergency departments, meaning that emergency department access is geographically convenient and there are multiple hospitals to choose from. Second, there is an interesting result in the ongoing care cohort responses related to the reason for visiting the emergency department. In this cohort, 9% of total visit reasons given were for overdose, with the remaining visits for a combination of infection, mental health, and physical health issues such as injuries (note that respondents may have reported multiple visits/reasons for visits) (Fig. 12). It is important that clients do visit the hospital to obtain necessary acute care, and it is encouraging to see that there is a relatively small rate of hospital visits for overdose.

Figure 10. Went to the emergency department in the last 3 months (Baseline - Program Entry) (n=10)

No, I didn't need the emergency room	60%
No, I was advised to go to but decided against it	0%
Yes, but I left before my issue was addressed, and/or my issue was not addressed	10%
Yes, and my issue was addressed	30%

Figure 11. Went to the emergency department in the last 3 months (Ongoing care) (n=27)

No, I didn't need the emergency room	56%
No, I was advised to go but decided against it	4%
Yes, but I left before my issue was addressed, and/or my issue was not addressed	7%
Yes, and my issue was addressed	30%
Other (Yes)	4%

Figure 12. Reason for visiting the emergency department (Ongoing care)

Overdose	9%
Infection	27%
Mental Health	18%
Other (Physical health, injury, seizure, etc.)	45%

With clients' access to primary care dramatically improving because of the program, more health needs can be addressed in that setting, so that the hospital visits are reduced and only used for emergencies and acute health concerns.

Objective 4: Decreased involvement in and harm from criminalized activities

People who use fentanyl are made very vulnerable by the continued criminalization of drug use, the stigma they face as people who use drugs, and the risks that arise in regularly obtaining a street supply of unregulated opioids. Many clients mentioned past encounters with the police in interviews. Discussing a past issue in which they needed and would have appreciated police support, one client recalled:

"And the police, they did absolutely nothing. They didn't give a shit, right? They didn't give a fuck about me. They never have. They never will. I went to the penitentiary when I was [a young adult], so I have a bad record. Actually, since I've been on the safe supply program, I haven't been in any trouble with the law." (SOS Participant)

As this client so forthrightly showed, many people who use currently illegal drugs experience a double vulnerability with respect to police: they are prosecuted for criminalized activities related to their drug use, and they are not protected when their rights have been violated due to stigma and discrimination based on their use of drugs or criminal records.

People who use fentanyl are made very vulnerable by the continued criminalization of drug use, the stigma they face as people who use drugs, and the risks that arise in regularly obtaining a street supply of unregulated opioids.

One important finding from this evaluation is that clients report a striking decrease or complete stop to their involvement in street-based or criminalized activities as a result of being in the SOS program. Several clients listed this as a significant benefit of their participation in the program. When asked about whether their safer supply prescription changed their risk of overdose, one client said,

"It did. It did, and the crime stopped. I didn't end up in jail anymore. My social life got better. My physical [health] got better, because I didn't – there was days I didn't sleep in days, and when you do that, no sleep, no eating, and then you use fentanyl, you're going to die. So if you're not sleeping, you're running around trying, you're committing crime, you're going to overdose or you're going to end up in jail or you're going to die, bottom line. When the program kicks in, you start going, 'Oh my god, I don't have to run around to [run] for drugs anymore. Oh my god, I'm not doing crime. Oh my god!' That's how it really starts." (SOS Participant)

Women particularly mentioned the safety associated with being able to reduce or cease their involvement with sex work, including street-based sex work. One client spoke about the link between her sense of safety and her choices since starting safer supply:

"It has made me feel safe, and I don't know if this comes into play for the program, but before I used to street work. I don't have to go and fucking work to get fentanyl because if anything, I always have the pills to fall back on. So that was one of the safety things...I haven't worked since I've been on the program. That's actually one thing that just as I'm saying it, I'm like, 'Wow! I haven't worked since I started this program...it's fucking awesome, actually. Really loving that!'" (SOS Participant)

Survey results on involvement in criminalized activities

Surveys also indicate that clients have been able to avoid involvement in street-based and/or criminalized activities since beginning the SOS program. In the baseline survey conducted when SOS clients entered the program, 44% of clients reported having engaged in criminal activities in order to get drugs in the past 3 months (Fig. 13). This dropped to 19% of respondents in the ongoing care survey (Fig. 14).

Figure 13. Done illegal things to get drugs in the last 3 months (Baseline - Program Entry) (n=9)

Yes	44%
No	56%

Figure 14. Done illegal things to get drugs in the last 3 months (Ongoing care) (n=27)

Yes	19%
No	81%

As for encounters with police, 10% of clients mentioned having been stopped by police in the last 3 months at baseline, with 7% reporting stops in the ongoing care cohort (Fig. 15 and Fig. 16). No clients in either survey reported having been in jail in the past 3 months. Clients in the ongoing care cohort were also asked about any changes in police interactions they noted since starting safer supply; 42% reported no police interactions, with a further 23% reporting no change related to safer supply. Promisingly, 27% of those surveyed reported a decrease in police interactions, while 8% reported feeling an increased level of interactions with police (Fig. 17). Overall, the trend is clear: clients in this evaluation reported a decrease in engagement in criminalized activities since beginning in the SOS program, as well as fewer interactions with police.

Figure 15. Stopped by police in the last 3 months (Baseline - Program Entry) (n=10)

Yes	10%
No	90%

Figure 16. Stopped by police in the last 3 months (Ongoing care) (n=27)

Yes	7%
No	93%

Figure 17. Changes in police interactions associated with safer supply (Ongoing care) (n=26)

Increased interactions	8%
Decreased interactions	27%
No changes related to safer supply	23%
N/A – I do not have police interactions	42%

FINDINGS: SECONDARY OUTCOMES

In addition to these strong primary outcomes of the SOS program, many secondary outcomes are apparent in data from client interviews and surveys. Secondary outcomes include the following:

1. Access to social care, including counselling and case management
2. Access to housing supports
3. Improved quality of life
4. Access to harm reduction supports and programming
5. Increased safety

Access to social care, including counselling and case management

Key to the design of the SOS program is the multidisciplinary team, integrating clinical care from registered nurses, nurse practitioners, and physicians with social care and supports from case managers and a counsellor. The team prioritizes the provision of full wrap-around supports on top of essential clinical care, a process that begins at the point of intake and continues throughout participation in the program. Distinguishing it from their previous experience in a methadone program, one client described the process of intake into the SOS program this way:

"They take the time to get to know you. [...] I had the three people, before I got to get any prescription, and that was good. They asked all the right questions, and it's not, 'Here, fill out this form.' Here they get to know you." (SOS Participant)

When asked about the appointment structure in the SOS program, another client said, "It's crazy, I love it. [...] When I'm done with one worker, I can go down to my worker, I love it. I make it where it's my support group." This is encouraging feedback, as the SOS program is designed to knit together clinical and social care so that clients can seamlessly pursue both their health and social goals.

Apart from the improved access to healthcare (one of the SOS program's primary outcomes), clients also identified the social supports provided by case managers as a significant benefit of being in the SOS program. One client said:

"[Case manager's name] helped me out with all of my things that I needed to work on that I couldn't do. I didn't have anybody working for me to access all of those resources that are available to people living with homelessness in the city. Overall, this jump-started my attaining normal life." (SOS Participant)

Clients discussed the positive impacts of receiving support from case managers, for example in procuring new identification and birth certificates, assistance with organizing Christmas presents, referrals to harm reduction counselling, and support to obtain housing.

Counselling

Adding a counsellor to the SOS program in 2022 was a direct response to clients' high burden of trauma as well as feedback from clinical providers about how frequently mental health supports were requested by clients in clinical appointments. In interviews, clients mentioned the importance to them of accessing counselling via the SOS program. When asked about the what the best part of being in the SOS program was, one client stated:

"I'd say the counselling. When you use the counselling for what it's there for and take advantage of it, that would be the best part. It's just made it feel that I'm getting listened more to, and I'm guessing other clients are getting listened more of their concerns and observations toward what's working and what's not working compared to just, the people that are working in the thing, giving their information, you know?" (SOS Participant)

This feedback highlights the benefits not just of the counselling itself, but of clients having access to support that is perceived as separate from the "information-giving" roles of clinicians and case managers.

Importantly, at least one client expressed hesitation to connect with the SOS counsellor because of the client's own community role. Another client mentioned that they were waiting to find the right "fit." This feedback is important as it highlights that while an internal counsellor is a necessary service, maintaining referral pathways to other counselling options, including to other counsellors at the health centre and in the community, remains necessary to meet the breadth of client needs.

Survey results on access to case managers and counsellors

Among the baseline cohort, 40% of new clients had worked with a case manager, housing worker, outreach worker, or counsellor in the 3 months prior to starting safer supply (Fig. 18). Among respondents to the ongoing care survey, this proportion increased to 89% (Fig. 19).

Figure 18. Met with a case manager, housing worker, outreach worker, or counsellor in 3 months before starting safer supply (Baseline - Program Entry) (n=5)

Yes	40%
No	60%

Figure 19. Met with a case manager, housing worker, outreach worker, or counsellor in last 3 months (Ongoing care) (n=27)

Yes	89%
No	11%

Access to housing supports

At the time of intake in the SOS program, many clients are precariously housed or homeless; 56% of respondents to the baseline survey said that they needed new or better housing (Fig. 20). Lack of affordable housing is a chronic and structural problem in Toronto; waitlists for affordable housing are famously long, and even people with middle-class incomes struggle to find housing they can afford. According to the ongoing care survey, most SOS clients are receiving social assistance, either Ontario Works (7%) or Ontario Disability Support Program (81%), which provide monthly amounts for housing that are too low and that make finding housing in Toronto nearly impossible.[4] As one client put it:

"I don't think I would change anything with the program itself. The only issue that I have, housing is a factor for everybody, and it can't be taken care of at this level, so if we're talking on a program basis, housing is a big problem." (SOS Participant)

One client talked about the profound change in their life as a result of receiving case management support to obtain housing:

"At first it was just getting on the program helped me to slow down on using street and it just went from there, it just went great. Everything started getting better and better. Then I started getting introduced to [case] management and stuff like that. When I met [the case manager], I was on a bench this summer. I was the last 8, 10 years I've been every winter out on the street except for the last two. Since I met her was the last winter I spent on the street. So I think it's fantastic. It's amazing." (SOS Participant)

Housing is a critical source of stability and has been identified by clients as the foundation from which other desired life changes are possible. The ability of SOS program staff to effectively connect clients with housing is a fundamental support to the autonomy, self-determination, and safety of people receiving safer supply. The ability to retain housing is also a significant stabilizing factor for people. One client spoke about how they felt their life would be different without the SOS program:

"I would definitely be using, I would definitely be on the street, I would definitely not have this home still, I would have probably gone back to *[city]* and lost everything I've gained in the eight years I've been working hard to change my life for the better, whatever that looks like – to be healthy." (SOS Participant)

[4] For example, in 2023, the shelter allowance for a single person on ODSP was just $522 per month.

Survey results on access to housing supports

The current affordable housing crisis in Toronto is severe, and in light of the difficulty of finding affordable housing for people receiving social assistance, it is remarkable that a proportion of clients report having gotten housing as a result of being in the SOS program. While 56% of respondents needed new or better housing in the baseline survey, of the respondents to the ongoing care survey, 27% had gotten new or better housing as a result of being in the SOS program (Fig. 20 and Fig. 21).

However, 54% of the clients surveyed said they still wanted or needed better housing (Fig. 21). The high number of people experiencing precarious housing or homelessness suggests that in addition to the provision of clinical and social services at the health centre, mobile care that operates using an outreach model into community is necessary for this population. Mobile outreach and care models can decrease the burden and remove the barrier of coming to the health centre to receive care. Furthermore, even though several clients spoke positively about their experiences of being supported with finding and obtaining housing, some also highlighted the need to ramp up housing supports for unhoused clients in the SOS program.

Fig. 20 – Currently need new or better housing (Baseline - Program Entry) (n=9)

Yes	56%
No	44%

Fig. 21 – Have gotten new or better housing because of the SOS program (n=26)

Yes	27%
No - but I have wanted housing	54%
I do not need new or better housing	19%

Improved quality of life

While several clients referred to the program as "life-saving" in interviews, it is notable that this was never the only benefit of the program that they cited. Clients linked their participation in the program with positive impacts on an array of social determinants of health, including outcomes related to relationships and work, psychological and mental health, and money.

"I got a job, got stable housing, stopped using, connected with kids again, I'm in school."
(Respondent to Ongoing Care Survey)

Relationships and work

Several clients mentioned that their relationships have improved as a result of being in the SOS program. Some clients talked about their improved capacity to be there for important individuals in their lives, including family members and pets. Several linked improved relationships to their ability to plan and move more freely, highlighting the importance of take-home dosing to people's autonomy. One client stated: "I'm able to go and see my mother today. Before I was on a safe supply program, that wasn't even an option. That's huge for me. Huge. Humungous." Strengthening these relationships provides broader community support for people so that they have access to a wider range of options for feeling secure and cared for.

One factor that clients mentioned regarding navigating relationships with friends, family, and employers was that they could use safer supply medications on their own schedule, without people needing to know, which facilitated relationships where there would be judgment and stigma. One client stated, "If a job were to hear that I was injecting – if my boss knew I was injecting, dude. I wouldn't have a job."

Some clients linked being on safer supply with being able to work or take more hours at work, which is possible due to having take-home doses of a medication. This is a major benefit as clients receiving take-home doses of hydromorphone are not required to come to a clinic several times a day, as is the case in programs where all doses of opioid medications must be observed. The level of autonomy and choice that stemmed from take-home doses of medications led to positive outcomes in different facets of clients' social and work lives.

"The best part is the freedom. I don't have to do crime every single day just to get some fentanyl. [...] It just gives me a lot of freedom, more freedom than I had before, more options than I had before. That's a beautiful thing. And the support that comes around with it." (SOS Participant)

However, it is important to note that some also felt that their daily trips to the pharmacy to pick up their medications identified them as participants in a substance use-related program, and also somewhat limited their choices.

Psychological and mental health factors

Clients frequently made it clear that being in the SOS program had positive impacts on their mental health. A common improvement that clients cited was that they no longer had to spend their days looking for fentanyl and involved in street hustles to obtain fentanyl, with some drawing a direct link to a decrease in their stress. As one client put it,

"Before I got on the program, my days were spent like – as soon as I woke up, I was like 'Where am I going to get money to get fetty? And where am I going to get fetty?' And all of the above. Now, I know that I'm not going to be sick that day because I have my pills." (SOS Participant)

Clients also highlighted that a major benefit of the SOS program was that their pain was better managed, which was a significant contributor to overall health, including their mental health. One client stated that access to a safer supply is helping them sleep better after over 15 years:

"Good changes are that before I did this, because the pain wasn't looked after, I'd be up all night, no sleep. And so, with the methadone and then if I can't afford the fentanyl, I would smoke crack. I don't have to do that now." (SOS Participant)

A few clients mentioned having a routine, or a "normal life." One person mentioned that they were less lonely because of the ability to speak honestly about their substance use with their provider. Clients also listed setting future goals, being able to travel, being able to devote time to work and family responsibilities and needs, wanting to live longer, having more free time, and having decreased fear of suffering a bad overdose as improvements in their lives. Not being preoccupied with getting fentanyl daily provided more space in people's lives to do other things.

Survey results on improved quality of life

In the ongoing care survey, 81% of respondents said that they had more time to do things they wanted to do (Fig. 22). Additionally, clients highlighted that they now have more money or are better able to manage their money due to being in the SOS program. With a decrease in the need to purchase fentanyl, clients are finding they have more money to do things they want to do since starting safer supply, with 77% of respondents to the ongoing care survey reporting that this was true for them (Fig. 22).

Figure 22. Quality of life measures (Ongoing care) (n=26)

Being on safer supply has not really improved things for me	0%
I am more connected to healthcare	85%
I have more time to do things I want to do	81%
I have more money to do things I want to do	77%
I have a greater sense of safety	88%
Other things in my life have improved	85%

However, this does not mean that clients have financial stability. At baseline, 70% of clients said that they had trouble having enough money for essentials, and this number remained high on the ongoing care survey, at 59% (Fig. 23).

Figure 23. Had trouble having enough money to pay for essentials in last 3 months (Ongoing care) (n=27)

Yes	59%
No	41%

Access to harm reduction supports and programming

One of the key objectives of the pilot SOS program was to connect clients with harm reduction supports. In interviews, clients spoke about the array of harm reduction services they accessed both before and after joining the SOS program, including supervised consumption services (SCS), drug checking, access to sterile drug use equipment, and harm reduction education.

"Harm reduction is pretty much the allowance of a human being to use their drugs in a safe way and a safe space as long as they're not harming others or harming themselves, per se. More than the way of taking the drugs, and to give them all the correct information and knowledge to allow them to consume and use what they want, how they want, when they want, in the safest way possible. For them to get the safer supply if possible to use said drug. Including smoking." (SOS Participant)

Many interviewees reported using or having used an SCS, with some mentioning the sense of community they found there among service users and staff. When asked about how they found using their prescribed safer supply in the SCS, one client mentioned that the support they found in the SCS led to positive changes in their relationship with their prescriber, and improvements in their life:

"It was good, because I started staying away – that's when I really started not going to the dealers anymore. Using my safer supply only. Then you start to get like, I start to get shy of using, and I didn't like it anymore, the injection, so I dropped that. The more I'd go back to the sites but just to say hello and get support, and the support's there because they know you. After that, I started opening up to the doctor and saying, 'I'm not using needles' And that's when honesty, really brutal honesty kicks in. Then I just from there, it just went uphill." (SOS Participant)

Survey results on access to harm reduction supports and programming

One interesting finding in the evaluation surveys was that 100% of clients reported using new or sterile needles and harm reduction equipment (such as water and cookers) every time they used at baseline; fewer reported doing so in the ongoing care cohort (67% of participants who inject, with a further 22% reporting that they did so "very often") (Figs. 23, 24, 25 and 26) The lower uptake among participants in the ongoing care cohort warrants some probing, as supplies are accessible at the health centre when clients come for appointments. 61% of clients in the ongoing care cohort reported that they already had good access to harm reduction supplies; however, a further 30% said that their access to harm reduction supplies had increased (Fig. 27).

Figure 23. Frequency of using sterile/new needles and syringes (Baseline - Program Entry) (n=10)

		Among Clients Who Inject
Every time	50%	100%
Do not inject	50%	0%

Figure 24. Frequency of using sterile/new injection equipment (Baseline - Program Entry) (n=10)

		Among Clients Who Inject
Every time	50%	100%
Do not inject	50%	0%

Figure 25. Frequency of using sterile/new needles and syringes (Ongoing care) (n=26)

		Among Clients Who Inject
Sometimes	3.8%	5.6%
Fairly Often	11.5%	16.7%
Every Time	53.8%	77.8%
Do not inject	30.8%	0%

Figure 26. Frequency of using sterile/new injection equipment (Ongoing care) (n=26)

		Among Clients Who Inject
Sometimes	7.7%	11%
Fairly Often	15.4%	22%
Every Time	46.1%	67%
Do not inject	30.8%	0%

Figure 27. Change in access to harm reduction supplies since starting safer supply (Ongoing care) (n=23)

Increased	30%
Stayed the same - Already had good access	61%
Decreased	9%

Clients were asked about multiple harm reduction strategies at baseline and in the ongoing care cohort (Fig. 28).

Figure 28. Harm reduction strategies used

	Baseline - Program Entry (n=10)	Ongoing Care (n=27)
Used a supervised consumption site regularly	50%	33%
Used a supervised consumption site sometimes	30%	41%
Avoided using alone	60%	59%
Carried naloxone	90%	78%
Picked up sterile equipment from PQWCHC	50%	81%
Picked up sterile equipment from elsewhere	50%	81%
Had my drugs checked at PQWCHC	20%	52%
Had my drugs checked elsewhere	70%	30%
Given info to friends about safer use/harm reduction	90%	93%
Shared info with friends about safer supply	100%	93%
Used a spotting service (e.g., NORS)	10%	15%
Used community spotting (e.g., with a friend)	40%	56%

Notably, clients in the ongoing care cohort reported carrying naloxone at lower rates than those in the baseline cohort (78% vs. 90%), and also reported using a supervised consumption site regularly in a lower proportion (33% vs. 50%) (Fig. 28). This may be partly explained by the number of clients who have entirely stopped using street fentanyl or transitioned from injecting to taking their safer supply medications orally, which are both positive outcomes.

On the other hand, clients remain very likely to share information about harm reduction and safer supply with friends, and about 60% of clients in each cohort avoid using alone (Fig. 28). Additionally, just over half of clients surveyed in the ongoing care cohort (52%) said they had their drugs checked at PQWCHC.

Overall, clients report a relatively high level of access to and knowledge of harm reduction supports. This reflects clients' existing strong knowledge of harm reduction as well as the efforts of the staff in the SCSs, harm reduction rooms, outreach teams, and SOS program to bridge the services and offer harm reduction education to SOS clients.

Safety in the community

Clients commented on several aspects of safety in interviews and the ongoing care survey. In interviews, clients spoke about their increased sense of safety in the community and in their routines since beginning safer supply. When asked about whether her sense of safety had changed since being in the SOS program, one client, a woman, said, "Yeah, because I don't have to go looking for fentanyl. I get it off the same person every day in the morning. I don't have to go looking for more in the nighttime." Women in the program often brought up the risks that come with the vulnerability of having to regularly buy fentanyl, such as going to dealers who don't feel safe or being out alone at night. Another woman described the greater safety experienced by women in the program, including not depending on others for cash and avoiding sexual assault:

"Yeah, I think it's probably helped a lot of women, most that are on it, probably. It has saved their lives. We don't have to go on the street, we don't have to bother people for money, be ever put in a position where we have to bother somebody for money to get our drugs. It's safe. We know we're not being poisoned to get [sexually assaulted]. It's a safe place to get our drugs." (SOS Participant)

Related to this, another woman spoke about her ability to have autonomy from men due to safer supply:

"You stop letting those men take advantage of you. In the program, when you guys gave us the Dilaudids, we stopped doing that and we stopped doing all those things and we believed there was hope. For me, I believed there was hope. So, I stopped giving them the power of controlling me." (SOS Participant)

Some clients did talk about the safety risks associated with carrying a large quantity of opioids after picking up their prescriptions. Clients mentioned being harassed for their medication and even having it stolen, including right outside of the pharmacy. This caused increased anxiety for some clients, especially as they feared that a stolen prescription might not be replaced or would result in discharge from the program. However, people also shared their own strategies to avoid or mitigate safety concerns, such as changing pharmacies and never telling anyone that they receive safer supply. These findings reinforce the need to have open conversations with clients to develop safety plans, especially if clients are ever carrying multi-day doses.

Another important aspect of safety as it relates to the SOS program is cultural and emotional safety. Clients who were Indigenous and/or women/queer/nonbinary/trans were asked about whether they felt supported in the SOS program, and what further supports the program should provide to Indigenous and/or queer program members and women. Suggestions from Indigenous clients included adding more direct links to Indigenous programming, promoting access to Elders, and supporting space to smudge. However, clients also mentioned having good existing connections to Indigenous-specific programming, including to the health centre's

Niiwin Wendaanimak program as well as to other organizations. Women and nonbinary, trans, and queer clients did not offer many suggestions for improvement, finding the care acceptable and not finding issues around their gender or sexuality to be a source of conflict with the care offered.

The data from client interviews suggest that while some program innovations would be welcome to further connect people with cultural supports, on the whole, clients have positive experiences in the program around needs related to cultural and emotional safety. This is a critical finding, as the program deliberately prioritizes onboarding clients who are discriminated against and underserved in healthcare: trans and nonbinary people, Indigenous people, Black people, people of colour, queer people, and women. For all clients to benefit from the program, they must feel safe and have trust in their providers.

In terms of further facets of emotional safety in clients' lives, one client pointed to the stigma and judgment particularly faced by women who use drugs, especially mothers. There were no questions around the experience of parenting while receiving safer supply, a topic which merits exploration in future evaluations.

Survey results on safety

Another dimension of safety that the SOS program addresses is safer use. It is significant that 92% of clients surveyed said that the way they are using opioids since starting in the SOS program feels safer to them (Fig. 29). Additionally, in the ongoing care survey, 58% of respondents reported injecting opioids less frequently since starting safer supply, which is supported in the qualitative data, in which several participants mentioned having stopped injecting at all. As would be expected, given the oral formulation of hydromorphone available, 50% of respondents said they eat opioids more often since starting safer supply (Fig. 30). The data shown in Fig. 30 offer a mixed snapshot of client use patterns that deserves further and more precise exploration. One explanation for the coincident increase (19%) and decrease (27%) in the smoking of opioids is that clients sometimes have a goal of reducing injection of fentanyl by switching to smoking fentanyl, which then represents an improvement to them.

Fig. 29 – Sense of safety related to use (Ongoing care) (n=26)

The way I'm using opioids feels safer	92%
The ways I'm using opioids feels less safe	4%
Neither statement is true for me	4%

Fig. 30 – Changes in method of use (Ongoing care) (n=26)

I eat opioids more often	50%
I eat opioids less often	12%
I smoke opioids more often	19%
I smoke opioids less often	27%
I inject opioids more often	15%
I inject opioids less often	58%
None of the above	4%

The SOS program is a harm reduction program that is designed to be neutral on clients' preferred method of drug use and follows client-led goals. If clients decide to transition to oral use of their medications and find this acceptable, the program supports them with this. As there is less risk of bloodborne infection transmission with the oral use of medications, the decrease in use of opioids by injection can be a positive outcome for clients who chose this as a goal.

It is significant that 92% of clients surveyed said that the way they are using opioids since starting in the SOS program feels safer to them.

CLIENT-IDENTIFIED NEEDS

Several needs related to improving the SOS program and harm reduction programming for SOS clients surfaced during interviews. This section outlines these needs and is followed by the recommendations coming out of this evaluation.

1. Desire for a greater range of options relating to medication, use, and treatment
2. Desire for multi-day take-home doses ("carries")
3. Desire for scale-up and sustainability
4. Desire for work and volunteer opportunities

1. Desire for a greater range of options relating to medication, use, and treatment

Greater options and drug of choice: As discussed in the Primary Outcomes section above, while some clients are satisfied with being prescribed short-acting hydromorphone, others state that it is not the medication they prefer or require. Clients commonly listed either heroin or powdered fentanyl as their drug of choice; some emphasized that an injectable option is necessary for them. Other clients listed a safer supply of cocaine, methamphetamine, or benzodiazepine as options they would want to access.

"I have a lot of pain. And – I'll never be off opiates. You know? So I don't understand why they wouldn't just give me the opiate that I want. I just don't get it. As long as I'm responsible, which I've shown to be, I don't understand why that can't happen." (SOS Participant)

This is one of the strongest findings in the evaluation – the combined reality that clients are overwhelmingly benefiting from the SOS program and that the current options available by prescription are not what many SOS clients need to thrive. Providing clients' drug of choice is particularly critical considering the rampant contamination of fentanyl with fentanyl analogues, xylazine, and benzodiazepines.

Safer supply for non-daily use: Clients also mentioned that they require a safer supply of substances that they do not currently use daily. Clients wish to access safe and regulated substances for recreational or occasional use, such as for parties.

"It would be nice if I wanted cocaine if I could call [my prescriber] and be like, I want this much cocaine. I'm going out to a party. And get safe drugs. Because I don't think I need that shit every day." (SOS Participant)

Supervised space for smoking: While many clients did report smoking their opioids, there is currently only one supervised consumption site in Toronto where people can smoke their drugs. Clients highlighted the desperate need for more supervised smoking or inhalation spaces, as many people are dying of overdoses after smoking fentanyl.

Treatment that accepts safer supply: Some clients expressed a desire to go to a residential treatment centre but said that abstinence-based policies and the inability to continue prescribed safer supply while at a treatment centre presented a barrier to them.

"The hiccup of it is if I go into treatment. Having a hard time getting them to follow along with the SOS [while I'm there]." (SOS Participant)

2. Desire for multi-day take-home doses ("carries")

While all current SOS clients receive daily take-home doses of short-acting hydromorphone (usually with a dose of a long-acting "backbone" observed daily at the pharmacy), many clients shared a desire for more regular access to multi-day carries to provide them with flexibility, greater freedom, and the ability to go on trips (to visit family members in other cities or provinces, for example). Clients also mentioned the stigma that they experience as daily visitors to the pharmacy.

"What would I change about the program? I'd make it so that people wouldn't have to go to the pharmacy every day." (SOS Participant)

"I never get downtime. I'm always, always working, working. And I don't mind, but after a while, I burn out sometimes, right? I just need a break. I guess it's what it is, it's when you have to go [to the pharmacy] every single time, people start to realize why you're going, and then I have to live in that neighbourhood. That's probably what it is, the stigma around it. Now, people turn heads. It's right up the street from where I stay, right, so of course people are going to notice." (SOS Participant)

3. Desire for scale-up and sustainability

Ongoing community need for the SOS program: Clients frequently talked about friends who died from fentanyl overdose and how they might have benefitted from the SOS program. They emphasized the astronomical scale of loss, observing that it had only intensified during the pandemic. Clients felt strongly that there is intense continued need in the community for the SOS program.

"Well, I think it should be expanded. I think you should cover as many people as possible. There's a lot of suffering out there. I just found out today that a friend of mine died of an overdose last week, someone that I had known for 30 years. It was very sad to hear. He was on the verge of retiring. A really sad thing. I don't know if safer supply might have helped him or not." (SOS Participant)

Desire for program capacity to meet people at the point of need: Clients emphasized the importance of the program being open and able to admit people using fentanyl when they are ready to begin SOS. Frequently, the SOS program at Parkdale Queen West Community Health Centre (and at other SOS programs in the city) has had to close to new client intakes as there was not capacity to take on more clients because of the ability to hire and train new staff members and the early program model that divided providers' time between community primary care and SOS. There is a need for the program to have the flexibility to be able to offer support to people as needed, which requires continuing, stable funding as well as increased funding to grow program capacity.

"I can understand someone... a lot of people do want to come to this program and it's already filled up here so you can't. Other sites it's filled up. But the methadone's not working for other people." (SOS Participant)

"That's the program, is like, it really does save lives. I just wish that more people could get in on it. That's the thing. I have a lot of people who are serious, but they're only serious for that moment, and then if you don't catch them right at that moment, they're gone. Then it might take them – I've been there – it might take them another nine months to be *ready* again." (SOS Participant)

Desire for a sustained program to continue to offer appropriate and life-saving care: Clients expressed two linked anxieties related to the future of the program.

First is the anxiety that the current pharmaceutical option (i.e., short-acting tablet hydromorphone) is not sufficiently strong to continue to meet people's needs following long periods of exposure to fentanyl and to support them over time:

"We all do now know that they can't prescribe enough Dilaudids to actually kick that fentanyl addiction. It was a great idea, and thank them for starting it, but they now know that it's not going to work, so they gotta start working on something that will work or we're just going to go back to having hundreds and hundreds of dead people again, really quick, really soon." (SOS Participant)

The second anxiety relates to the program's sustainability as a funded project that faces resistance from traditional medical and addiction medicine models:

"If they were just to take away the funding one day, because so much misinformation has won, it's – that terrifies me. That's a part of the nightmares that terrifies me, because I don't know, they would have a shit storm on them,
the city would explode. It would be dangerous. It would be killing people, if they were to take it away." (SOS Participant)

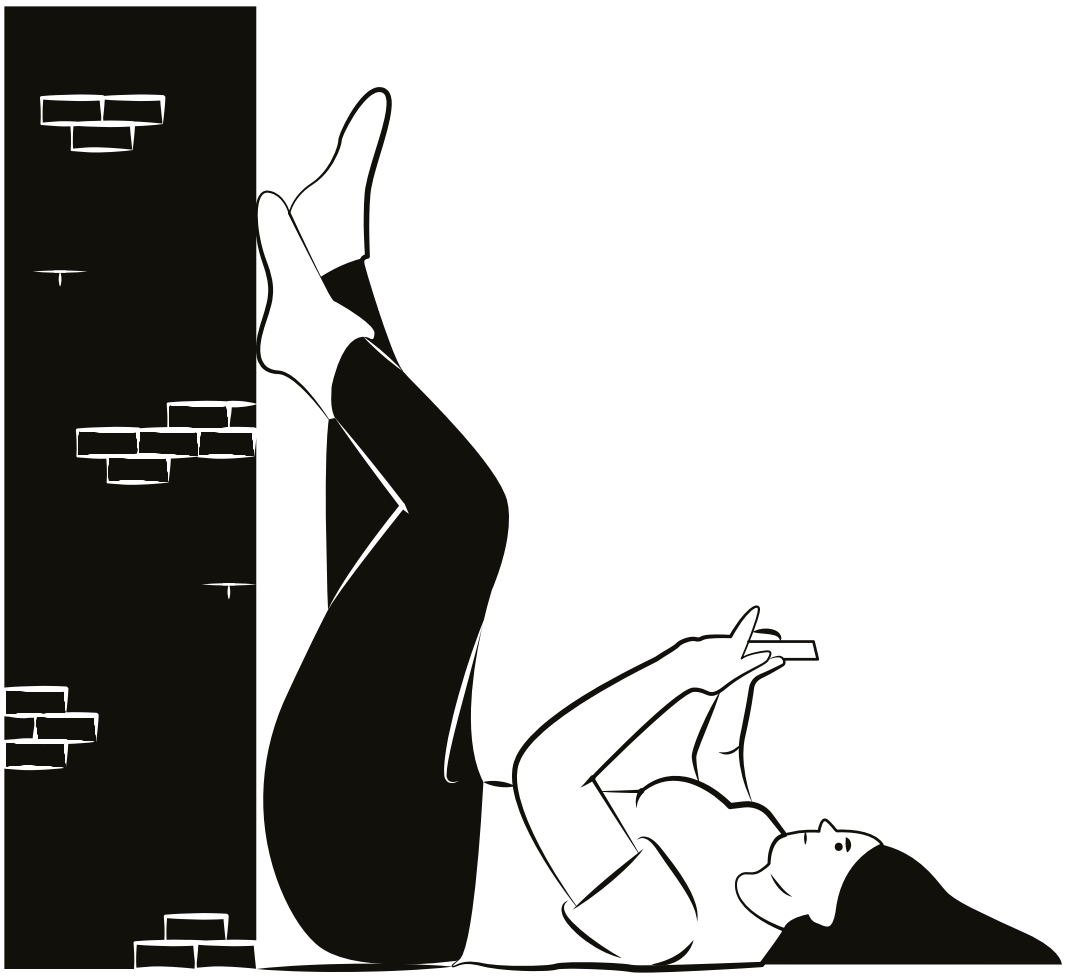
In addition, clients made it very clear that OAT programs have largely not offered them the kind of healthcare and social support they require, affirming the ongoing need for the SOS program to meet their needs.

"It's a real thing! It's really helping. It's real, it's not just hearsay, it's not just the media trying to make things sound better than they actually are. It really is that amazing, this program. It's better than methadone I would say, tenfold. I can't speak for suboxone, but it's also better than me taking heroin once a week trying to doctor myself that way. How many times have I tried that? It's never worked. This program's worked. It's the only one." (SOS Participant)

4. Desire for work and volunteer opportunities

Many clients not currently employed mentioned having worked in the past. Lots of clients stated that they would like to have more opportunities to work and volunteer, whether in the SOS program, at PQWCHC, or in the community. They emphasized the skills they bring to these opportunities, and the potential to build community through them.

"That will help, having something to do – volunteering would be helpful, I would think. Maybe to have a component – do some volunteer stuff, whether it's kit making or whatever. But for the program to have like, have the clients make the kits, then you have people talking about things that are in common, what's hard, I think that would be beneficial." (SOS Participant)



RECOMMENDATIONS

The evaluation findings generate several recommendations to maintain, improve upon, and grow the PQWCHC Safer Opioid Supply Program. In addition, findings point to the need for community-level and policy-level work to advance health and justice for people who access or wish to access prescribed safer supply options.

1. Program-level recommendations

a. Explore options for providing safer heroin and fentanyl.

Clients were clear that there is a strong need for a range of pharmaceutical options to meet a range of opioid-related needs among community members and to be able to provide people with their drug of choice. Exploring options to provide prescribed diacetylmorphine (heroin) and powdered fentanyl to clients – both of which are available in the province of British Columbia – is critical to keep up with the rapidly evolving street supply.

b. Develop work and volunteer opportunities for SOS clients and add roles for people with lived or living experience of substance use.

Clients are looking for meaningful ways to spend their time, connect with others, and earn income. Connecting clients with volunteer and work opportunities whenever possible will support them to build their experience, independence, and confidence. In addition, while clients did not foreground this need, creating roles in the safer supply program that are explicitly held by people with lived and living experience of substance use would would be a strong example of people who use drugs being involved in all aspects of SOS programming. However, to be able to develop new roles, the program would require increased funding for these roles as well as staff support.

c. Continue to foster connections to additional supports for clients, including to mobile programs, Indigenous programs, and external counselling.

While many clients are satisfied with the care they are receiving in the SOS program, others would benefit from increased connections to additional or alternate programs. Linking unhoused clients with mobile safer supply options when possible and if desired will help decrease the stress of traveling to receive care and may improve engagement. Fostering stronger ties with the PQWCHC Niiwin Wendaanimak Indigenous Health and Wellness program will create more pathways of collaborative care for Indigenous clients. And connecting clients with external counselling options if they require a different "fit" than the counselling offered by the program will ensure that more clients' mental health needs are met.

d. Continue to provide housing support and connections to housing support to enable more clients to find a decent home.

While the current affordable housing crisis is beyond the control of the SOS program, the efforts of the social care team to connect people with housing are having a meaningful impact. However, the need for affordable housing remains great. Networking widely with housing supports in the city and providing strong referrals and advocacy will continue to benefit the many clients who are looking for new or better housing.

e. Continue to assess and create capacity to intake people into the SOS program.

Under the initial program model, it was difficult to assess and create capacity to intake new clients because prescribers also had busy primary care schedules at the health centre. Moving to a full-time nurse practitioner- and nurse-led model, with its accompanying efficiencies and consistent communication, has meant that it is easier to determine when it is appropriate to open the program to new clients. There is still strong community need for the program, and regular assessments of staff capacity are warranted to determine when there is space for new clients. However, advocacy for more providers, more SOS programs, and greater funding to increase capacity to offer safer opioid supply broadly throughout the community is crucial to ensure the longer-term sustainability of the model of care.

f. Engage clients to develop education on safer use practices for safer supply clients.

One unexpected finding was that clients in the ongoing care cohort used sterile equipment somewhat less frequently than those in the intake cohort. If this finding accurately reflects patterns across the program, then it is important to discover what clients using safer supply may want in terms of access and education to minimize any harms associated with methods of use. While small sample sizes make it difficult to judge if this is a representative finding, engaging the SOS Client Advisory Committee to discuss this finding and to determine what clients' needs and interests may be around safer use and other aspects of harm reduction will help to ensure that the program can plan programming or education to address any gaps.

2. Community-level recommendations

a. Contribute to sector-wide protocols and resources for multi-day take-home doses in safer supply programs.

While access to daily take-home doses of medication provides flexibility to clients (especially compared to models that require all doses of opioid medications to be taken under observation), many clients highlighted that access to multi-day take-home doses would provide greater freedom and autonomy. **Ongoing evaluation and research to determine how to balance the need for greater flexibility for clients with other factors constraining prescribers would be useful.**

b. Work with partners to provide greater education to hospitals and treatment centres about the benefits of safer supply to facilitate care continuity.

SOS clients continue to experience discrimination and stigma in healthcare settings, including hospitals. To add to this, most treatment programs are not willing to provide services to clients who are on safer supply. **Working with clients, other programs, and the National Safer Supply Community of Practice to produce educational resources for hospital and treatment settings will help to strengthen sector-wide advocacy for continuity of care across health services** for people receiving safer supply.

3. Policy and system-level recommendations

a. Expand the opioids offered on the Ontario drug formulary to immediately provide more options for prescribed safer supply.

The Ontario drug formulary covers a narrow range of pharmaceutical opioids that can be used for safer supply. **As part of a shift to offering more options, the formulary must expand.** Oral, transdermal, and injectable options should be available in appropriate doses for clients who wish to use them, for both a variety of opioids, including fentanyl and heroin (diacetylmorphine), and stimulants.

b. Develop and support non-medicalized models of safer supply.

Due to a need to provide access to safer supply for people at the highest risk of overdose – namely, people who are dependent on the street supply of fentanyl – admission to the program is generally reserved for clients who use fentanyl daily prior to program admission. **However, there is a strong need for non-medicalized safer supply programs** (i.e., access to regulated psycho-active drugs) to support the range of people who use drugs and their wide variety of drug use patterns.

c. Address the housing affordability crisis at all levels of government.

Housing is a human right, and a critical determinant of stability and health. Creating truly affordable, accessible housing is necessary for all people. The current housing affordability crisis is affecting people across Canada and is particularly acute in Toronto. Due to the experience of intersecting forms of stigma, SOS clients may face particular barriers to housing, and many are carrying the trauma of colonization, the residential school system, and institutional racism. **The intersection of the overdose crisis with the affordable housing crisis requires swift action from all levels of government,** with a focus on ensuring access to safer and affordable housing for all, regardless of income level, and housing that integrates a harm reduction ethos to support the tenancy of people who use drugs.

d. Decriminalize drugs and regulate the supply.

People who use drugs face significant harms due to the criminalization of the possession and exchange of currently illegal drugs, including heroin, fentanyl, cocaine, crack, and crystal meth. **The criminalization of people who use drugs results in both health and social harms and requires the full decriminalization of drug possession,** as well as access to a regulated drug supply without fears of criminal prosecution.

METHODS APPENDIX

This evaluation was designed to examine the Parkdale Queen West Community Health Centre Safer Opioid Supply Program's success in meeting four of its key objectives as defined in its pilot proposal. In addition, the evaluation sought to highlight any secondary outcomes emerging in quantitative and qualitative data provided by clients in the program. The evaluation was designed by the lead evaluator (KA) in consultation with Dr. Gillian Kolla, staff of the SOS program, and an Evaluation Advisory Committee.

The goal of the evaluation was to determine how the experiences of clients in the Safer Opioid Supply Program align with the aims of the program and offer insight into what is working well, and what needs improvement.

Data were obtained from three key sources:

1) Surveys:

a. Baseline survey:

i. This survey and the ongoing care survey were developed by the lead evaluator with staff and client input and based on similar tools developed by London InterCommunity Health Centre for their evaluation released in Fall 2021.

ii. This survey was administered between July and November, 2022, after intake periods in the safer supply program, with 10 new SOS clients. The survey was conducted by members of the social care team (case managers) as well as the lead evaluator. Participants were recruited to complete the baseline survey within the first four weeks of having received a safer supply prescription at PQWCHC.

b. Ongoing care survey:

i. This survey was administered between August 2022 and January 2023 using a convenience sample of clients who had been enrolled in the safer supply program for more than 6 months. There were 27 respondents. The survey was conducted by members of the social care team (case managers, placement student).

2) Semi-structured interviews:

In November and December 2022, the lead evaluator conducted semi-structured interviews with 15 SOS program members. SOS program members were invited to participate if they were current clients of the SOS program, with a focus on ensuring robust representation of the experiences of women and Indigenous clients in data collection.

Interviews were recorded and transcribed with the consent of participants. Data were analyzed using iterative and thematic methods. The lead evaluator coded and analyzed transcripts and established themes that corresponded to the key evaluation questions stemming from the program objectives.

3) Review of program statistics:

Aggregated program statistics were obtained from the electronic medical record and reviewed by the evaluators to extract demographic and program retention data.

LIMITATIONS

Initially, the evaluation plan aimed to include an analysis of the observed arm of the PQWCHC Safer Opioid Supply Program. The observed arm of the SOS program was a distinctive feature of the program that allowed clients with greater medical complexity (e.g., concurrent alcohol use, seizures) to have access to witnessed doses of SOS and direct nursing support to allow for safe access to the SOS program. However, the observed arm is currently in a restructuring period, and not enough past clients were available to participate in interviews.

Response rates on the baseline and ongoing care surveys were somewhat low, with 10 respondents to the baseline survey (approximately a third of the 2022 intake cohort), and 27 respondents to the ongoing care survey (approximately a third of active clients). In addition, surveys were generally conducted by program staff and the results may not be reflective of the entire client group. Data should be interpreted with caution. It should be noted that the baseline and ongoing care surveys were not longitudinal, and surveyed two separate cohorts during the same time period, so no causal inferences should be drawn from the data.

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Land Acknowledgment

We at Parkdale Queen West Community Health Centre acknowledge that we work and live on the traditional territories of the Huron-Wendat, Anishinaabeg, the Chippewa, the Haudenosaunee Confederacy and most recently, The Mississaugas of the Credit River First Nation. Ontario is covered by 46 treaties and other agreements, and is home to many First Nations, Inuit, and Métis Peoples. These treaties and other agreements, including the Dish with One Spoon Wampum Belt Covenant, are agreements to peaceably share and care for the land and its resources. Other Indigenous Nations, Europeans, and newcomers were invited into this covenant in the spirit of respect, peace, and friendship.

We are mindful of broken covenants, and we strive to make this right, with the land and with each other. We are all Treaty people. Many of us have come here as settlers, immigrants, newcomers in this generation or generations past. We also acknowledge those who came here forcibly, particularly as a result of the Trans-Atlantic Slave Trade, as stolen people to a stolen land. It is a privilege to be here and to be in solidarity with Indigenous Peoples in the continuing struggles against colonization and its lasting impacts. As a Centre we work in solidarity with Indigenous peoples' fight against colonization and for the right to land and sovereignty.

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