



# Evaluation of Overdose Prevention Sites:

Campbell River, Courtenay, Cowichan Valley, and Port Alberni  
FINAL REPORT

August 2018

## Acronyms

AVI	AIDS Vancouver Island
BCEHS	British Columbia Emergency Health Services
CC	Criminal Code
CDSA	Controlled Drugs and Substances Act
HRS	Harm Reduction Supplies
IDU	Injection Drug Use
OAT	Opioid Agonist Therapy
OD	Overdose
OPS	Overdose Prevention Sites
PWID	People who Inject Drugs
RCMP	Royal Canadian Mounted Police

### **Report prepared in partnership by:**

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### **Acknowledgements:**

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- Canadian Mental Health Association: Cowichan Valley Branch;
- Port Alberni Shelter Society;
- S/Sgt. Chris Swain, North Cowichan/Duncan RCMP;
- Shawna Leleski, Criminal Intelligence Analyst, RCMP; and
- Bernadette (Bernie) Pauly, Professor, School of Nursing, University of Victoria; Scientist, Canadian Institute of Substance Use Research; Island Health Scholar in Residence; and Uvic Provosts' Community Engaged Scholar

# Executive Summary

## Context

On December 9, 2016, a Ministerial Order was issued under the Emergency Health Services Act and Health Authorities Act in response to the opioid crisis, which allowed for the establishment of temporary overdose prevention services. Overdose prevention services are managed by health authorities in partnership with local provider agencies. The following report presents key findings from the evaluation of four Overdose Prevention Sites (OPS) in medium-sized urban communities (i.e. not in large urban centres) on Vancouver Island (Campbell River, Courtenay, Cowichan Valley and Port Alberni). The aim was to capture process learning regarding implementation, and highlight early outcomes using interviews conducted with OPS and Island Health staff; surveys with community partners, neighbours/business owners, and OPS clients; and a review of select administrative data, including information provided by the RCMP Island District.

Each OPS provides different levels of harm reduction services, which are available primarily during daytime hours. However, all sites provide:

- Monitoring of drug use of those at risk of overdose, and intervening, if necessary;
- Access to harm reduction supplies (e.g., safe injection kit), including safe disposal of used supplies;
- Education about overdose prevention and safer drug use;
- Drug checking using fentanyl test strips, where clients receive information regarding the presence of fentanyl in the substance tested; and
- Referrals to mental health and substance use services and other health and social care organizations. It is valuable to highlight that OPS staff also support clients with a variety of other day-to-day activities (e.g., completion of various forms, connecting with housing managers/landlords).

## Summary of Key Findings

The following is a summary of the key evaluation findings that were identified. They have been presented using five overarching themes:

### Client Visits to OPS:

- The Port Alberni OPS had the highest number of total client visits (n=7,126) when compared to the other OPS sites (Campbell River: n=582; Courtenay: n=659; Cowichan Valley: n=4000). However, it was brought forward that Port Alberni is the only OPS to offer inhalation services, which is likely a contributing factor to the high number of client visits, as this is an alternate method of consumption.
- Individuals also visit sites for the purposes of picking up harm reduction supplies (HRS) only (i.e., they do not utilize the drug use monitoring services). Since the start of OPS service delivery in the Cowichan Valley and Port Alberni, there have been over 19,800 visits for HRS (e.g., sterile syringes, glass stems, Take Home Naloxone kits) pick-up only.
- OPS clients would like to see hours expanded to include early morning (7:00am – 8:00am) and late evening (9:00pm – 12:00am) access. Almost 60% (n=37) of OPS clients who responded to the survey believed that their local site was not open when they needed it. In addition, about 55% (n=36) of participating OPS clients noted that they only use the OPS half of the time or less when they use drugs. A private home or public bathroom were the most common “other” locations identified.
- Neighbours of the Cowichan Valley OPS who participated in the survey indicated that the location was poorly integrated into the community (n=31). A primary concern cited was that the Canada Avenue location was within a residential neighbourhood, and therefore not appropriate for an OPS. The Cowichan Valley OPS was moved to Trunk Road on April 7, 2018 due to increased demand and expiration of the existing property lease.

# Executive Summary

- OPS staff aim to link clients with health and social care services, although there is an opportunity for improvement in ensuring that these providers also support clients in connecting back to OPS services. OPS teams also identified the need for improved connections between Opioid Agonist Therapy (OAT) prescribers, substance use treatment supports, and OPS services in local communities.

## Community Engagement and Awareness:

- Many community partners, businesses and residents expressed feeling a lack of proper engagement in regards to the creation, location selection and implementation of the OPS, with some participants commenting that they only found out about the sites in their communities after they had opened. As some of the more fulsome comments detailed, this has created some feelings of distrust and alienation towards the OPS and Island Health. In addition, comments from neighbours and community partners reflected limited understanding of the continuum of substance use services. The OPS were viewed as either the only support available to those who use illegal substances, or as an inappropriate service because it was enabling clients to continue using.

## Local Environment:

- Community partners (e.g. police, ambulance) experienced little to no change in the level of visible public drug consumption or drug-related litter (e.g. discarded needles or other drug paraphernalia) since sites opened. However, participating neighbours of the OPS specified that the addition of the service had worsened many of these issues, with the exception largely of Campbell River, where public opinion regarding the impact of drug related litter was reflective of some improvements.

## Early Impact:

- There have been 45 overdoses managed onsite (first 180 day period), and zero deaths at the Overdose Prevention Sites, since opening.
- Emergency Department visits for overdoses have decreased (although in some locations, minimally), since the implementation of OPS.
- Overall, the number of ambulance attending illegal drug overdoses (ODs) within a 1km zone of the OPS have decreased in all four communities when reviewed up to six months following the start of services. However, the number of ambulance attended ODs outside of OPS operating hours remains higher when compared to those occurring within OPS operating hours.
- Overall, 59% of participating neighbours and businesses felt there was an increase in drug related crime and public nuisance in their communities.
  - Cowichan Valley (72%; n=33) and Port Alberni (67%; n=6) neighbourhood survey respondents felt strongly that drug related crime had increased in their communities, citing theft, vandalism, verbal and physical altercations, and a lack of accountability from officials.
  - Based on RCMP Island District data, there have been no significant increases or decreases in incidences of Criminal Code or Controlled Drug Substances Act crimes within the regional and 100m zone around the OPS. However, property crime has been increasing in the Comox Valley at the regional level at a greater rate than in other study locations since 2016.

## Investment in OPS:

- Like any new service, it takes time, typically around three months, to become established and to see service use stabilize. However, use of OPS in Campbell River and Courtenay continue to remain low even after one year of operation when compared to increases in client usage at the Cowichan Valley and Port Alberni locations.

# Executive Summary

## Recommendations and Next Steps

Based on the evaluation results, the following recommendations are put forward to advance the overarching aims and objectives of overdose prevention services. The Vancouver Island Overdose Response Committee (Island Health, BCEHS, FNHA regional leadership) has provided corresponding actions that will be taken to inform improvements, based on each of the recommendations. It should be noted that actions will be reviewed for progress in approximately one year. The Vancouver Island Overdose Response Committee will provide a written status update, on activities taken to advance the recommendations listed, directly to the Overdose Response Executive Committee (Island Health leadership).

### **Recommendation #1: Help strengthen and build on existing local community working groups (or equivalent forums) in each participating location...**

- It is recognized that emergent need of OPS in Campbell River, Courtenay, Cowichan Valley, and Port Alberni, due to the declared Public Health emergency and high number of OD rates, did not allow for the completion of a fulsome needs assessment (or equivalent), and consultation and engagement was limited at some sites prior to opening. However, as the overall responses around local engagement and awareness highlighted feelings of distrust from many community partners and businesses, particularly in the Cowichan Valley, it is recommended that overdose prevention services establish a forum to enhance support in their communities. Communication about overdose prevention services should include the following issues: improving links to and between local health and social care providers; hours of service; and supporting increased use of fentanyl test strips. Forum membership should also be reviewed to ensure they are inclusive of a diverse group of key stakeholders and community members in each of the four locations.

### **Recommendation #2: Island Health and service partners are encouraged to engage in efforts to increase knowledge and awareness of OPS, and improve links between site staff and Opioid Agonist Therapy prescribers...**

- OPS continue to be met with stigma, and were viewed by a number of participating community partners and neighbours as a service that “enables” substance users versus supporting them. Open-ended comments were also reflective of a limited understanding amongst some participants about the continuum of substance use services (i.e., how OPS fits in the range of addictions supports). As such the following actions are suggested:
  - Island Health, in partnership with local OPS service delivery organizations are encouraged to increase knowledge sharing with local community members. For example, current communications material that are available on the Island Health internet site or those of OPS partner organizations have low profile and in some instances, provide inconsistent hours of operation because information has not been updated as hours changed.
  - Discussions around stigma and broader public education efforts should also be brought forward at a provincial level (e.g., Overdose Emergency Response Centre).
- It is also suggested that OPS staff be provided with a list of OAT prescribers (or equivalent) in local communities. To further support connections between primary care providers and OPS sites, exploring information sharing through the Island Health Forums on Mental Health and Substance Use is an additional resource that may be utilized to strengthen connections with local OAT prescribers.

# Executive Summary

## Recommendation #3: Continue to evaluate and/or monitor overdose prevention services...

- The Vancouver Island Overdose Response Committee is encouraged to continue evaluation and/or monitoring of OPS, given the limited research available on the use of this model in non-large urban centres. In addition, the following changes are recommended to the evaluation process:
  - The Vancouver Island Overdose Response Committee is encouraged to conduct a preliminary, exploratory examination of how a distributed model of care delivery, in medium-sized communities, may support individuals who consume illegal substances, and how this may impact the continuum of substance use services;
  - Ensure a client advocate or peer support worker is part of the evaluation working group;
  - Include methods that aim to gain the opinions of those individuals who consume illegal substances, but choose not to visit OPS; and
  - Island Health and OPS partner organizations should also work to better define administrative data collection categories to allow for standardized comparison across sites.



# Introduction

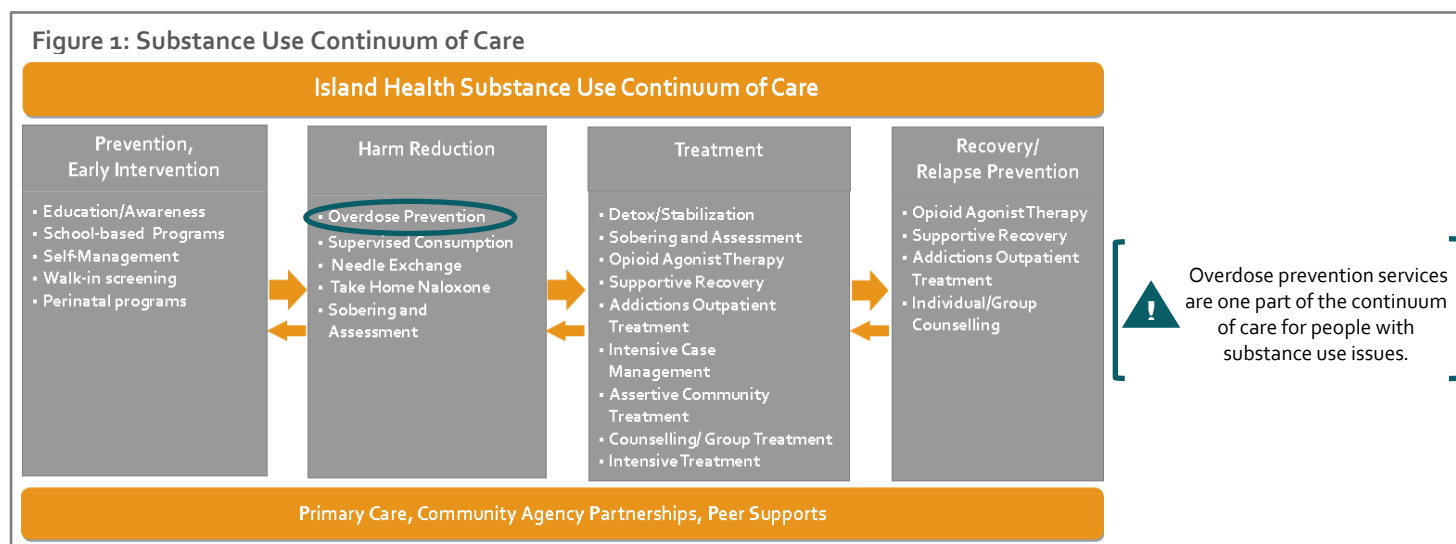
## Background

On December 9, 2016 a Ministerial Order was issued under the Emergency Health Services Act and Health Authorities Act in response to the opioid crisis which allowed for the establishment of temporary overdose prevention services. Overdose prevention services, managed by health authorities in partnership with local provider agencies, aim to provide low-barrier access to supports for those with substance use issues, and offer a mechanism for monitoring drug use of those at risk of overdose, and intervening, if necessary.<sup>1</sup>

Nine Overdose Prevention Sites (OPS) were established on Vancouver Island between December 2016 and September 2017. Five OPS were opened in large urban centres/ locations (four in Victoria and one in Nanaimo), and four sites were introduced in the medium-sized urban communities of Campbell River, Courtenay, Cowichan Valley, and Port Alberni. As Island Health is one of the only health authorities to implement an OPS model in medium-sized urban communities (i.e. non-large urban centres), evaluation activities for 2017/18 focused on the four sites in these communities on Vancouver Island.

## Substance Use Continuum of Care

OPS are part of Island Health's cross continuum of services, which include substance use strategies related to prevention/early intervention, harm reduction, treatment, and recovery (Figure 1). The substance use continuum of care is not meant to reflect a linear process. Instead, it is important to note that individuals may cycle through this continuum.



## BOX 1: Guiding Principles....

Due to the critical need for overdose prevention services, and limited research on OPS in non-urban centres, the Evaluation Working Group recognized early in the assessment process that the primary aim of evaluation activities was to capture early learning to support improvements in the following areas:

- Enhance access to low barrier services for people with substance use issues; and
- Strengthen partnerships with local community partners, including neighbours.

Given these objectives, three overarching principles were used to guide or frame evaluation activities:

1. Due to the high need of overdose prevention services, it is recognized that OPS need to exist in certain communities;
2. Evaluation learning will not be used to remove funding from services that mitigate to risk of overdose; and
3. To ensure clients receive the best supports possible, OPS will not be removed without ensuring that a comparable service is in its place (e.g., via outreach).

<sup>1</sup> British Columbia Ministry of Health. (2018). *Overdose Prevention*. Retrieved from Overdose Prevention and Response in B.C. website: <https://www2.gov.bc.ca/gov/content/overdose/what-you-need-to-know/overdose-prevention>

# Introduction

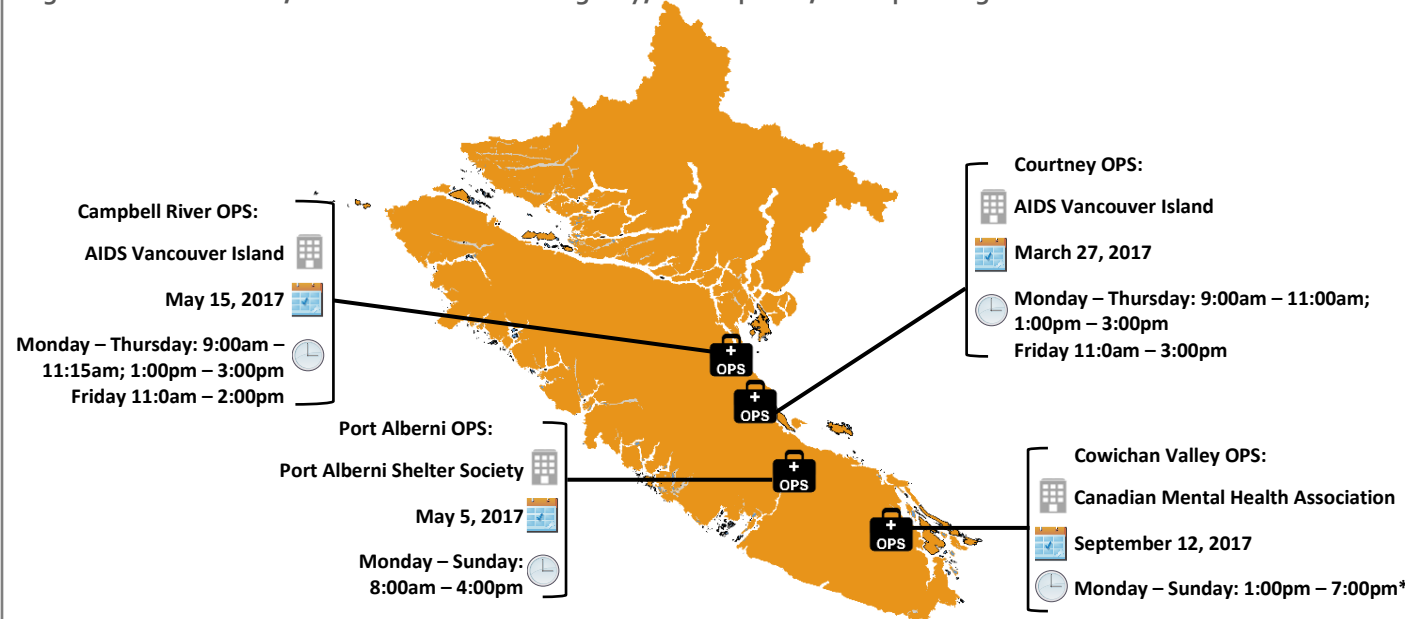
## Overdose Prevention Sites (Campbell River, Courtenay, Cowichan Valley, Port Alberni)

Each OPS provides different levels of harm reduction services, which are available primarily during daytime hours (Figure 2). All sites provide:

- Access to harm reduction supplies (e.g., safe injection kits), and safe disposal;
- Education about overdose prevention and safer drug use;
- Voluntary drug checking, using a test strip method that can detect the presence of fentanyl; and
- Referrals to mental health and substance use services and other health and social care organizations.
- It is valuable to highlight that OPS staff also support clients with a variety of other day-to-day activities (e.g., completion of various forms, connecting with housing managers/landlords).

Each OPS also provides unique service elements, depending on a variety of factors, including staff mix and number of injection stations (Table 1). For example, the Port Alberni OPS provides outreach services, where a trained staff member or clinician can travel to the client in need of support within a relatively short time (usually within a few minutes).

Figure 2: OPS Location, Local Service Provider Agency, Date Opened, and Operating Hours



Source: OPS Administrative Data

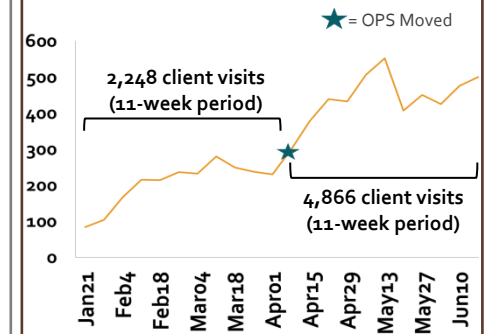
\* Reflects revised Cowichan Valley OPS operating hours (as of January 2018). Previous operating hours were: September – October 2017: Sunday – Saturday: 2:00pm – 8:00pm; and November – October 2017: 6 days/week: 7:30am – 1:30pm and 1 day/week: 5:00pm – 9:00pm. Site was also moved to new location on April 7, 2018.

Note: OPS in some locations continue to revise operating hours based on client needs.

### BOX 2: Cowichan OPS Relocated...

The Cowichan Valley OPS relocated to Trunk Road on April 7, 2018. Primary data collection (interviews, surveys, and 90 days comparisons of administrative data) does not include information from the new location. A number of community partner and neighbourhood survey respondents expressed concerns regarding the placement of the original service on Canada Avenue. An additional review, examining the number of client visits, since the move, shows an increase in usage for the period of April 8 – June 23, 2018 (Figure 3). We do recommend exercising caution when examining Figure 3, as client visits will need to be monitored for a greater period of time to understand any prolonged impact of the move. In addition, the number of injection stations available at the new site increased to 10. This is significant compared to the four stations available at the former site.

Figure 3: Cowichan Valley OPS Client Visits (January 21, 2017 – June 23, 2018)





# Introduction

## Evaluation Approach

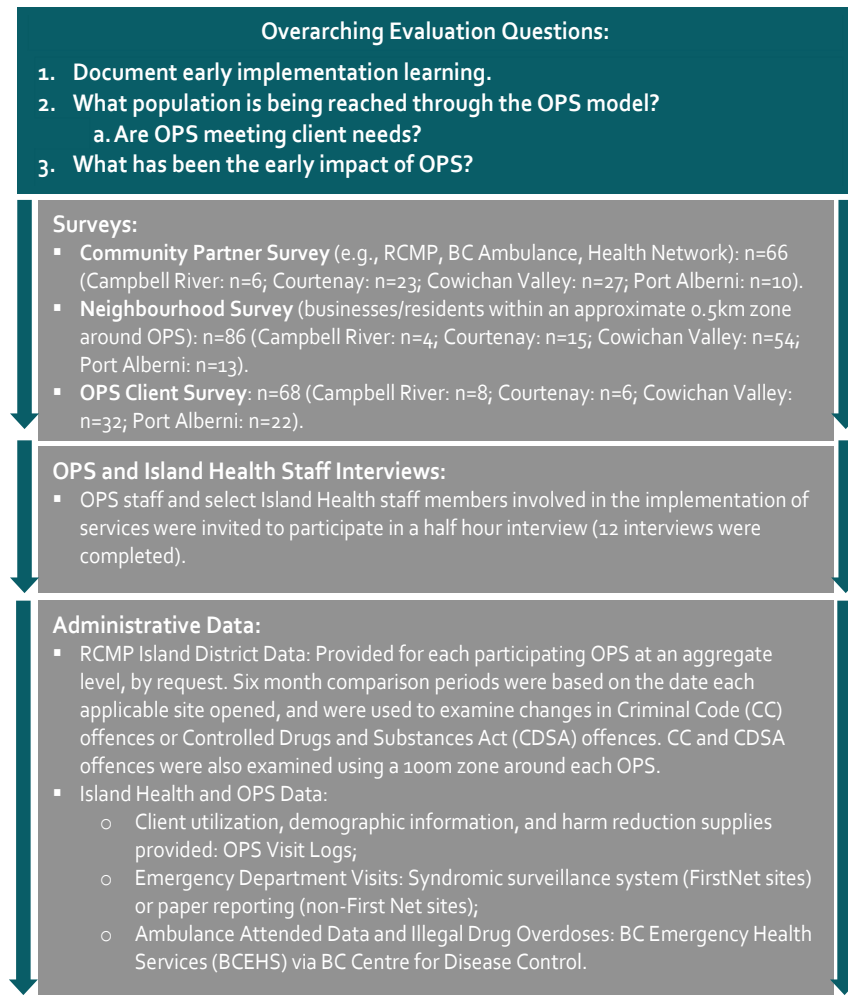
A process evaluation approach, as well as a review of early outcome measures was used to guide evaluation activities. Multiple methods were also used to gain as much insight as possible about what improvements can be made to strengthen services, and what elements have been contributing to increasing access and helping to support overdose prevention in participating communities (Figure 4).

## Limitations

The evaluation had some constraints that may have implications for the way in which we are able to draw conclusions and recommendations based on the findings. While some strategies may be employed to mitigate limitations, those listed below could not be addressed within the timelines of early evaluation activities.

- **Limitation 1:** Low survey response rates, especially from OPS clients and neighbouring businesses/residents. The responses therefore only represent a subset of these populations.
  - Neighbourhood surveys were delivered via Canada Post using their Neighbourhood Mail™ service. Delivery routes could not be segmented, which resulted in some surveying outside the desired 0.5km zone, while omitting some that were within the target area. Attempts were made to pick a larger number of delivery routes to enhance coverage. Residents who have opted out of receiving Neighbourhood Mail™ did not receive the survey invitation. However, surveys were provided to any resident/business owner in participating communities who requested a survey.
  - The number of survey responses, for all participant categories, was the highest for the Cowichan Valley region.
- **Limitation 2:** The Cowichan Valley OPS was moved to 221 Trunk Road on April 7, 2018. The move was in response to increased client demand, and expiration of the property lease at 715 Canada Avenue. As described in Box 2, the Cowichan Valley OPS was relocated after the completion of primary data collection activities. Therefore, results presented do not account for/reflect the new location.
- **Limitation 3:** The methods employed were not inclusive of substance use clients who do not utilize OPS. The addition of this cohort would have provided valuable information in enhancing current services, including hours of operation and location. However, this group of users, who are highly vulnerable to OD are hard to reach.

Figure 4: Evaluation Questions and Methods



"... my nephew died from a fentanyl overdose. So this hits very close to home now. I have since been trained to administer Naloxone. And have read articles and gathered information."

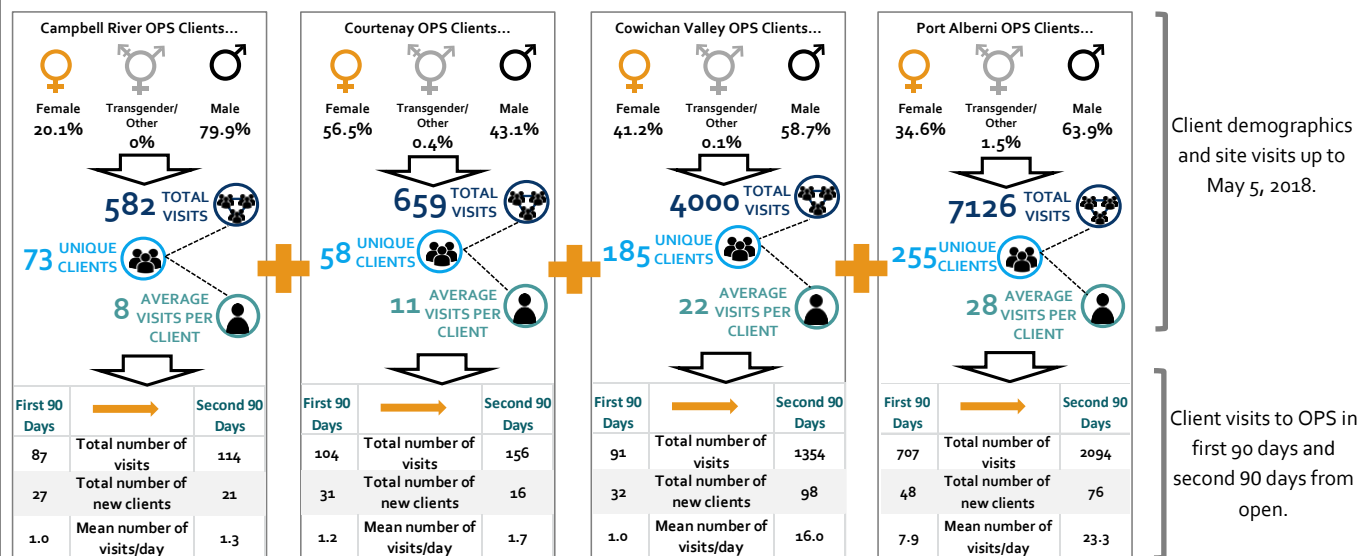
Comox Valley Neighbour

# Service Provision and Site Visits

## Client Visits to OPS

Obtaining recent information about the number of people who inject drugs (PWID) in participating communities is challenging. However, 2013 – 2015 estimates generated by the Ministry of Health, based on injection drug use (IDU) diagnosis codes and opioid substitution treatment prescriptions, estimated that there were 1,720 PWID in Campbell River, Courtenay, Cowichan Valley, and Alberni. Additional work is underway to improve current estimates, as expert opinion suggests that the number of individuals who inject illegal substances is lower for participating regions, and may be between 1,000 – 1,200. Since the start of OPS service delivery in the evaluated sites on Vancouver Island, 571 distinct clients have utilized OPS services (up to May 5, 2018). All four OPS were subject to a ramping up period, where each site saw an increase in the number of clients utilizing services after approximately three months from the date of open (Figure 5). As cited by participating staff representing all four sites, select clients, and community partners, the absence of safe inhalation rooms was identified as a gap in OPS services. Currently, only the Port Alberni OPS offers inhalation services outside, monitored by camera. This may be a contributing factor to the relatively higher number of client visits at this site. It is also valuable to highlight that site accessibility is subject to a number of community and policy factors. For example, in Courtenay there was a significant drop in the number of OPS clients in the fall of 2017 that was attributed to a local drug dealer being “red zoned” from the downtown core. Red zoning is a process by which individuals are prohibited from entering specific areas, and are part of court-imposed conditions introduced at bail or at sentencing.<sup>2</sup>

Figure 5: Snapshot of OPS Client Demographics and Site Visits



Source: OPS Visit Logs

Note: OPS client demographic information (gender) is based on the total number of client visits, not discrete OPS clients.

### BOX 3: Harm Reduction Supplies: Port Alberni and Cowichan Valley OPS

All clients who responded to the survey question (100%; n=65) indicated that they have used/picked up harm reduction supplies (HRS) (e.g., sterile syringes, glass stems, Take Home Naloxone kits) at the OPS. Individuals also visit sites for the purposes of picking up HRS only (i.e., they do not utilize the drug use monitoring services). Since the start of OPS service delivery in the Cowichan Valley and Port Alberni, there have been over 19,800 visits for HRS pick-up only (up to May 5, 2018):

- Cowichan Valley OPS: 1,315;
- Port Alberni OPS: 18,488.

The numbers above do not include clients who pick up HRS and use OPS drug use monitoring services in the same visit.

Note: AIDS Vancouver Island services in Campbell River and Courtenay were pre-existing. Therefore, those sites do not track HRS specific to OPS, and have not been included here.

<sup>2</sup> Sylvestre, M. E., Bernier, D., & Bellot, C. (2015). Zone Restrictions Orders in Canadian Courts and the Reproduction of Socio-Economic Inequality. *Oñati Socio-legal Series*, 5(1). Retrieved from <http://www.opo.iisj.net/index.php/osls/article/view/379/563>

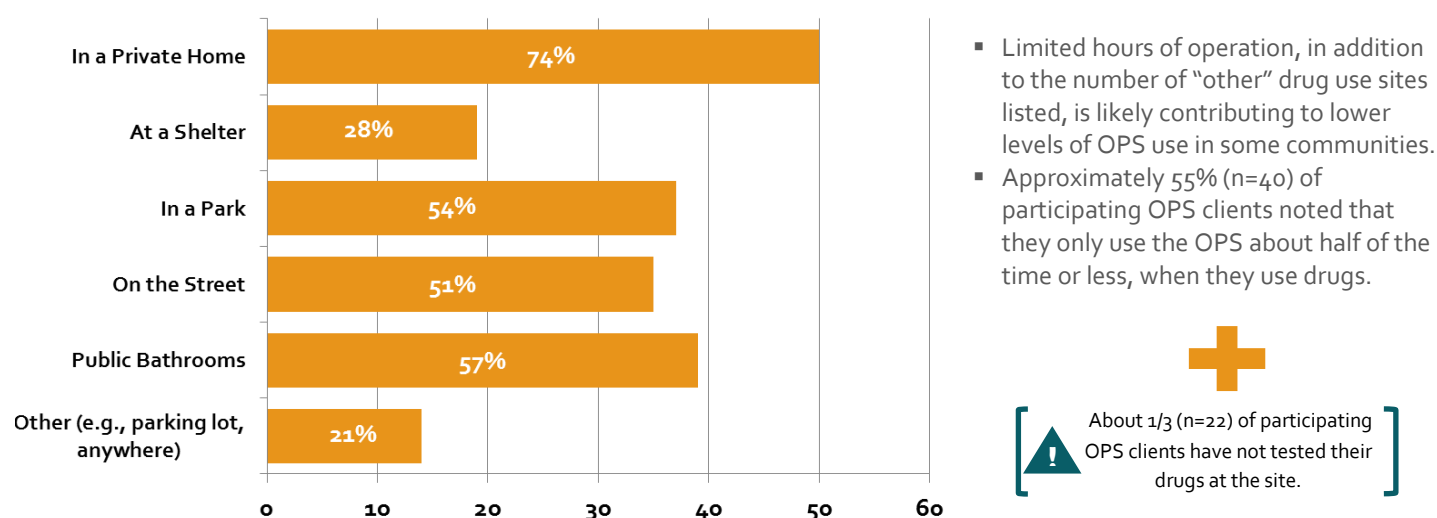
# Service Provision and Site Visits

## Hours of Service

Almost 60% (n=37) of OPS clients who responded to the surveys believed that their local site was not open when they needed it. When asked what hours of operation would be preferred, most comments called for extended hours that started earlier in the morning (e.g., 7:00am – 8:00am) and lasted until later in the evening (e.g., 9:00pm – 12:00am), or 24 hours/day. A number of community partners, and select neighbourhood survey respondents echoed the need for longer service hours. Like participating OPS and Island Health staff, they noted that clients are often on site before and after hours. In addition, some local businesses and residents described that when OPS do close for the day, clients often move to surrounding areas, such as parks or public bathrooms to consume substances. Clients were asked to share where they consume drugs, when outside of the OPS (Figure 6). Private homes (n=50), public bathrooms (n=39), and in parks (n=37) were rated the highest amongst respondents.

In conjunction to OPS staff being able to administer and distribute naloxone, efforts to enhance community-based overdose prevention services include the provision of drug checking (fentanyl strips) as a harm reduction intervention. OPS clients were asked to specify how often they use the OPS to test their drugs. Of the 67 clients who answered this survey question, 45 (67%) said they have tested their drugs at the site. Only about 16% (n=11) of OPS client respondents indicated that they test their drugs “all of the time”.

Figure 6: OPS Clients: Substance Use Locations



Source: OPS Client Survey (n=68)

Note: OPS clients were asked to select/indicate all locations (other than OPS) where they may consume drugs; therefore, percentages do not total 100%.

## BOX 4: Space Planning Considerations: Injection Stations...

Due to the rapid implementation of OPS, and limited number of locations that could house services, Medical Health Officers, Mental Health and Substance Use staff/leadership, and representatives from Public Health, in partnership with local provider agencies opted to start with a smaller number of injection stations at each site. As part of the strategy, stations would be added pending client usage and applicable space. An important learning that emerged regarding space planning for the sites was recognition that some stations require a higher level of privacy, as injection may occur on the groin or foot. As previously noted, the Cowichan Valley OPS rapidly outgrew its previous location. Currently, the number of injection stations available at each participating site ranges from 1 – 10 (Table 1).

Table 1: Number of Injection Stations by Site

OPS	Injection Stations (#)
Campbell River	1
Courtenay	1
Cowichan Valley	10*
Port Alberni	2 + inhalation services

\*Number of stations at original location increased from three to four.

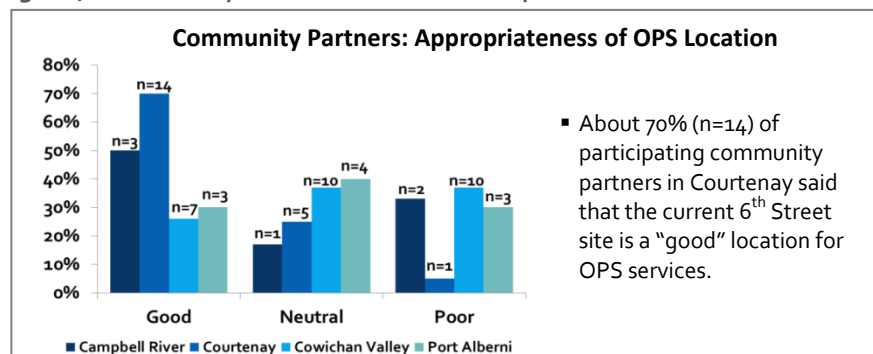
# Service Provision and Site Visits

## Location of OPS

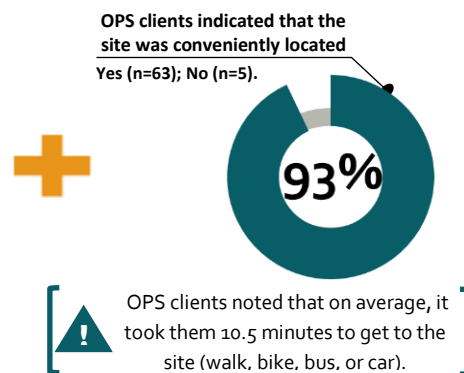
The task of selecting a location for OPS that balances proximity to other services (e.g. health/social services, shelters) and a space that will attract a diversity of users was acknowledged by OPS staff and key stakeholders as a major challenge at the outset of service planning. Also, adding a service that fits within existing or new tenancy/leasing agreements was notably difficult. For example, when selecting possible locations for the Courtenay OPS, Island Health faced challenges related to allowable uses of the site per landlord/tenancy agreements already in place.

One of the most prominent concerns voiced by business owners and residents of the Cowichan Valley in the neighbourhood survey was in relation to the observed inappropriateness of the selected location. Open-ended comments, especially extensive for Cowichan Valley, described the Canada Avenue location as incorrectly placed “in a residential area”, and poorly integrated into the community (n=31). However, participating community partners felt the selected locations of the OPS, were on average, well placed within their communities, referencing the importance of having OPS close to other services, including shelters (Figure 7). Participating OPS clients also felt the sites were conveniently located to meet their needs (93%; n=63). Both OPS and Island Health staff, including some community partners involved in the direct delivery of health and social care services, emphasized that access is a complex issue that has a number of contributing factors, and should not just be framed in terms of placement of services within communities. For example, it was underlined that transportation barriers may also limit uptake of OPS services. It should be noted that some OPS clients indicated that they drive to the site within the open-ended comments submitted. This is recognized as an additional risk related to impaired driving. Moreover, interview respondents also emphasized that when OPS are located in “less desirable” areas of town coupled with a lack of confidentiality/discretion when entering the sites, some substance users may be discouraged from accessing the site. This was particularly emphasized in Campbell River.

Figure 7: Community Partner and Client Perceptions about Location of OPS in Community



Source: Community Partner Survey (n=63); and OPS Client Survey (n=68)



## BOX 5: Staffing the OPS

Ensuring that sites are appropriately staffed was identified as one of the main operational challenges by interview participants. Sites need the right mix of team members to not only support a wide variety of tasks, (building relationships with clients, local health/social care providers, and members of the community), but they must also be able to respond to challenging situations, and manage changes in the volume of clients.





Feelings of fatigue and burnout, due to the nature of the work, have also introduced additional difficulties in retaining OPS staff. It was suggested that additional supports, to help address workplace burnout, be explored. Finally, ensuring that a team-based model, where OPS staff and existing employees at local provider agencies are able to maintain a collaborative, shared environment, was cited as an important consideration when hiring site staff. Currently, staffing models vary for these OPS. However, at least one harm reduction worker, and management/supervisory staff support all OPS. People with Lived Experience also support the Port Alberni OPS, while the Cowichan Valley site has retained some security services.

Mobile Response Team services have been made available for staff and front line workers experiencing stress or burnout.

# Service Provision and Site Visits

## Connections to Health and Social Services

Participating clients were asked if they receive referrals to other health and medical services through their contact with the OPS, in an attempt to better understand continuity of care (Figure 8). Over half of the clients surveyed (52%; n=33) said that they had received some form of referral to social or health care supports through the OPS. Referrals received by clients were grouped into four overarching categories:

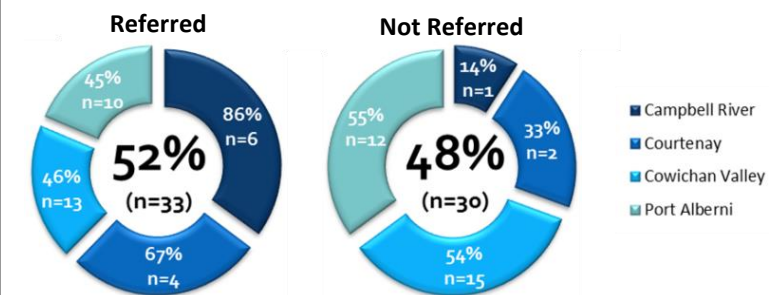
-  Social services (e.g. housing, disability, income assistance, employment services),
-  Substance use specialists (e.g. rehabilitation clinics, Community/Crisis Response Team nurses, Opioid Agonist Therapy prescribing physicians),
-  Mental health supports (e.g. counseling); and
-  Other medical services (e.g. dental care, podiatry, public health).

By the end of 2017, 66 practitioners (physicians, nurse practitioners) prescribed Opioid Agonist Therapy (OAT), including Methadone, Buprenorphine/Naloxone, and Slow Release Oral Morphine across all four participating communities. This is an increase of 62 practitioners over a period of approximately 2 years.

There was some variation in client referrals to other health care services in each of the four communities, suggesting a higher level of connections being made in Campbell River, with 6 of the 7 clients representing the site noting that they received some form of referral to community supports through their interaction with the OPS team. However, as this area is geographically dispersed, interviews with OPS staff highlighted that making referrals in this community is challenging, coupled with wait times for access to treatment once connections are made. Staff interview respondents also stressed that the OPS provide an opportunity to serve as an entry-point to other services by creating stronger connections with clients and providers, although barriers to services, including minimal availability of local housing and detox space, mental health supports, and limited access to physicians who are comfortable prescribing Suboxone, were brought forward. No formal referral pathways were identified between participating OPS and those providers who can prescribe OAT. When reviewing the number of practitioners that prescribed OAT in participating communities, the number of prescribers has increased from 4 in 2015 to 66 at the end of 2017 within each applicable local Health Service Delivery Area (Campbell River: n=10 (1 in 2015); Courtenay: n=17 (1 in 2015); Cowichan Valley: n=21 (1 in 2015); Alberni: n=18 (1 in 2015)). Although the number of providers is increasing, linking clients to these providers could be improved upon. Currently the OPS do not have a formal or informal list to connect staff with OAT providers, suggesting a possible avenue to increase connections for clients along the continuum of care.

In addition to the gaps in continuity of care between OPS and other services, OPS staff also highlighted the importance of providers linking clients back to the Overdose Prevention Sites. These priorities were also addressed by neighbourhood survey respondents, who in addition to access to low-barrier services, believed that wrap-around, integrated support should be a priority within the model of care for OPS clients.

Figure 8: Number of Participating Clients referred to Other Community Services by OPS



Source: OPS Client Surveys (n=63)

"I believe in the necessity of the overdose prevention site but the opioid crisis needs to be viewed with a lens greater than simply saving lives from an overdose. Lives need to be saved by treatment and prevention, outpatient therapy and separating mental health from the hospitals."

Cowichan Valley Community Partner





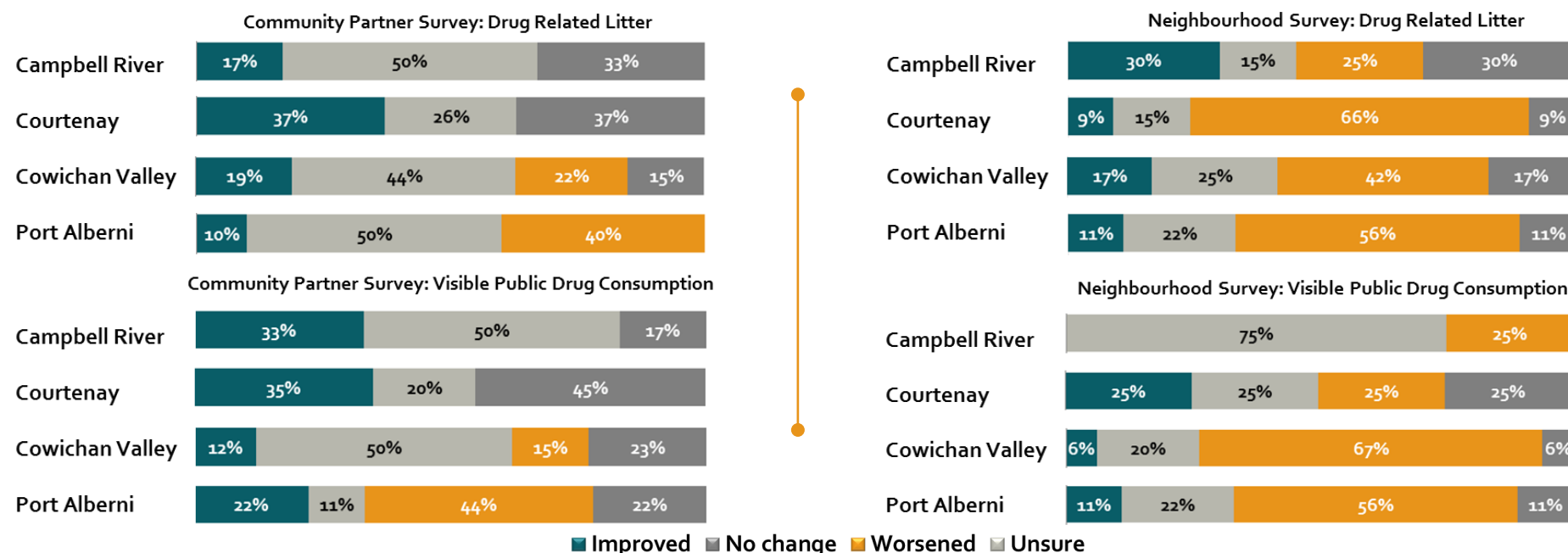


# Community Impact and Early Changes

## Local Environment

In an attempt to measure the impact and community experience associated with implementation of OPS, survey questions were included that discussed visible effects of the new service in each of the four locations. The perceived impact of the OPS on surrounding neighbourhoods was noticeably different between community partners (service providers, police, emergency responders) and neighbourhood residents and business owners. When asked to assess some of the environmental effects of the OPS on the surrounding area over the last six months (Figure 10), community partners experienced little to no change in the level of visible public drug consumption or drug-related litter (e.g. discarded needles or other drug paraphernalia). However, participating neighbours of the OPS specified that the addition of the service had worsened many of these issues. The exception was Campbell River, where public opinion regarding the impact of drug related litter reflected some improvements, while there were no visible changes in drug consumption since the OPS opened. Neighbourhood residents and business owners identified finding discarded needles, other drug paraphernalia, wipes, litter, clothing, and bodily fluids in and around the OPS. In response to some of these community concerns, Port Alberni OPS staff have started to incentivise the return of used needles/sharps to the sites (a draw for a gift card is held once a month), and have implemented twice-daily garbage collection in the surrounding area. Port Alberni OPS team members also speak with local businesses about any concerns they have relating to the operation of sites.

Figure 10: Perceived Change in Drug Related Litter and Visible Public Drug Consumption



Source: OPS Community Partners Survey: Drug Related Litter (n=62); Visible Drug Consumption (n=61) and Neighbourhood Survey: Drug Related Litter (n=86); Visible Drug Consumption (n=85)

Note: Community Partners were asked what effect the introduction of the OPS had on these parameters while Neighbourhood Survey respondents were asked if they had seen a change in their community over the last six months on the same parameters (drug related litter and visible public drug consumption).

# Community Impact and Early Changes

## Early Impact

### Public Safety and Crime

The public safety implications of opening OPS in each community were assessed both through crime report statistics from the RCMP, and through survey and interview responses. Neighbourhood survey respondents were asked to indicate if they had seen a change in the level of drug-related crime (e.g. violence/assaults, open drug trafficking, property crime and theft) or public nuisance (e.g. noise disturbances, loitering, panhandling) in their communities since the opening of OPS. Overall, 59% of neighbours saw an increase in drug related crime and public nuisance in their communities (n=43 and n=50, respectively) (Figure 11). There were some concerns among select community partners and neighbours that the RCMP were limiting their response to OPS facilities in an effort to encourage use of the sites, but that this had also resulted in individuals “openly” engaging in illegal activities. It is important to note RCMP do respond to all calls received, but do not actively surveil OPS. Overall, neither participating neighbours or community partners felt that there were significant improvements to drug-related crimes or public nuisance since the OPS opened. Incidentally, increased crime was cited by many survey respondents (excluding clients) as a major reason for the decrease in the level of support for the sites, compared to when the sites first opened (neighbours: 42% (n=36); community partners: 18% (n=10)).

RCMP data for participating communities was reviewed, with a focus on Criminal Code (CC) and Controlled Drug and Substances Act (CDSA) offences in each community over a six month time period. To provide comparison, the same time period was reviewed for the previous two years (i.e., 2015 and 2016) (Figure 12). A large number of survey respondents in the Cowichan Valley had negative responses with respect to local crime and the OPS in the Cowichan Valley. However, it is noteworthy that the number of CC and CDSA offences in the 100m zone surrounding the OPS remain very low from 2015 through to 2017, with the lowest incidence (n=2) in the year the OPS was opened. Please note that the 100m zone was included at the recommendation of the RCMP Island District to allow for inferences to be made specific to the opening of the OPS. There is a division amongst perceived neighbourhood implications based on local experience related to crime in the Cowichan Valley, when examined in conjunction with the crime statistics data. Some neighbourhood respondents also suggested that not all residents may choose to report every incident to police. However, these comments contrast the volume of responses that indicated complaints were made to the RCMP. In addition, perceived offences reported to police may not meet the legal definition of a Criminal Code offence. A 2004 European review paper of five drug consumption rooms in the Netherlands also noted a contrasting finding, stating that levels of public nuisance had decreased in the area since the facilities opened<sup>3</sup>. Similarly, this and other reviews found little to no change in the levels of drug-related crime in the areas surrounding Safe Injection Facilities (SIF) across Europe, Australia and North America<sup>3-4</sup>.

“I live three blocks away and our office is one block away from the OPS. There has been literally no impact on either my home, my neighbourhood, or our office.”

Comox Valley Neighbour

“Vandalism in this area has increased substantially, break-ins, encounters have escalated and this area has substantially gotten a bad rep.”

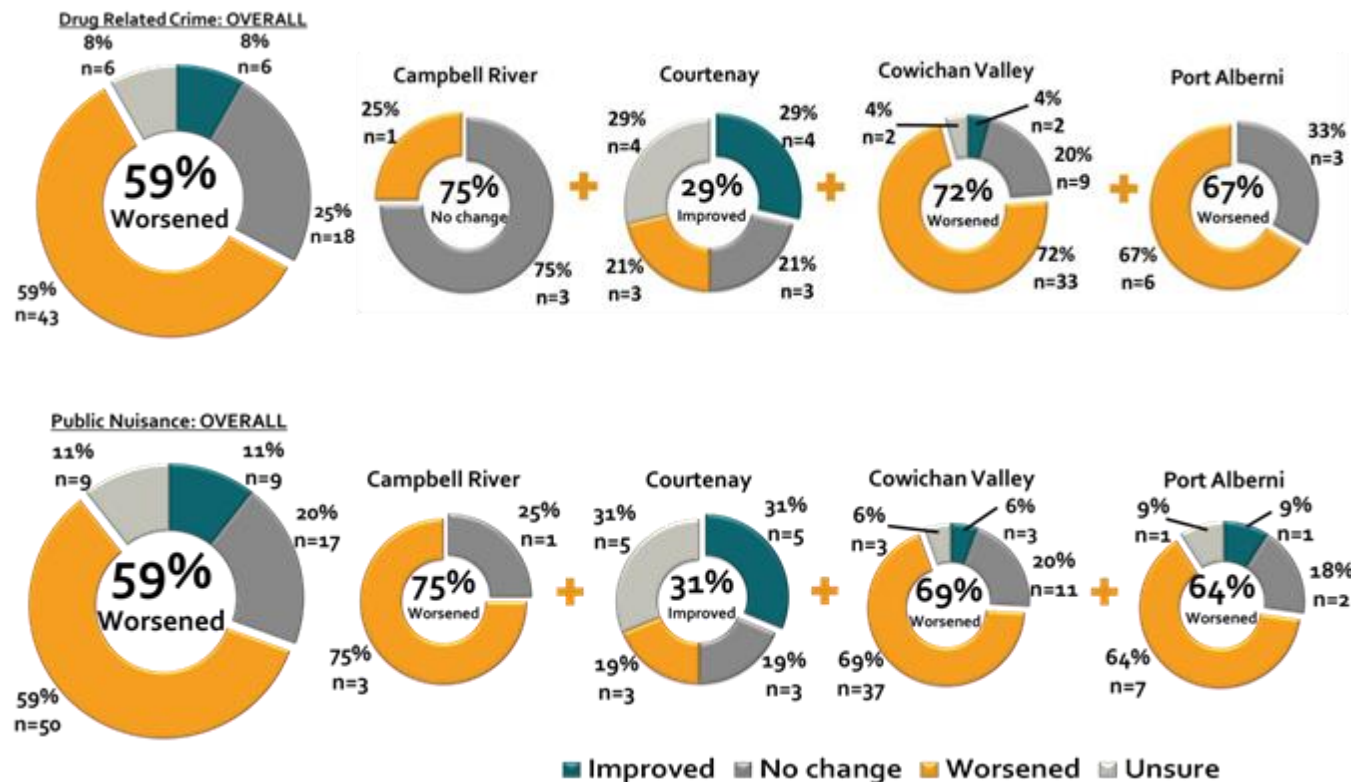
Port Alberni Community Partner

<sup>3</sup> Hedrich, Dagmar. (2004). European Report on Drug Consumption Rooms. *European Monitoring Centre for Drugs and Drug Addiction*. Retrieved from [https://www.dublininquirer.com/wp-content/uploads/2015/08/consumption\\_rooms\\_report.pdf](https://www.dublininquirer.com/wp-content/uploads/2015/08/consumption_rooms_report.pdf)

<sup>4</sup> FactCheck: Do supervised injection centres reduce drug-related crime? (2017, February 19). Retrieved from <http://www.thejournal.ie/supervised-injection-centres-crime-fact-check-3238499-Feb2017/>

# Community Impact and Early Changes

Figure 11: Change in Drug Related Crime and Public Nuisance: Neighbourhood Survey



- The Cowichan Valley (72%; n=33) and Port Alberni (67%; n=6) neighbourhood survey respondents felt strongly that drug related crime had increased in their communities, citing increased theft, vandalism, verbal abuse, physical altercations, trespassing and a lack of accountability from officials when complaints are lodged.
- Neighbourhood respondents in Campbell River, Cowichan Valley and Port Alberni felt there had been a significant worsening in public nuisance since the OPS opened in their communities, while Courtenay residents did not appear to notice any significant change.

Source: OPS Neighbourhood Survey: Drug Related Crime (n=73); Public Nuisance (n=85)

## BOX 7: Investment in OPS....

The total cost per use for OPS is calculated using the contract values, hours of operation, and visit volumes by applicable periods (first six months of operation).



OPS contracts for 2018/19 (i.e, year 2) have been renewed. Where necessary, contract values and hours have been adjusted for some participating sites to help support increased volume.

Source: OPS Visit Logs and 2017/18 Contracts

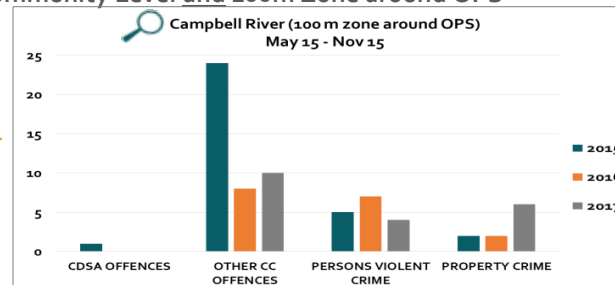
"The staff at [OPS] are innovative and resourceful, but increased funding would further the development of their program and possibly expand hours of operation, in-services, and debriefing for those managing overdoses in the community and at OPS."

Comox Valley Community Partner

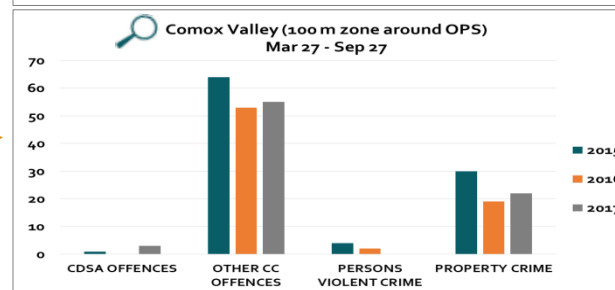
# Community Impact and Early Changes

Figure 12: RCMP Criminal Code and CDSA Offences: Regional/Community Level and 100m Zone around OPS

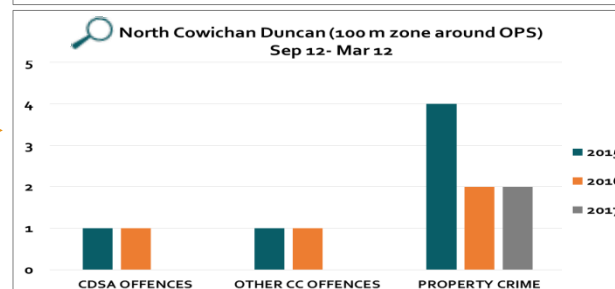
Campbell River	Regional/Community Criminal Code & CDSA Offences		
	May 15th-November 15th		
	2015	2016	2017
CDSA Offences	63	91	58
Other CC Offences	626	647	613
Persons Violent Crime	246	294	256
Property Crime	846	941	912
Total CC and CDSA Offences	1781	1973	1839



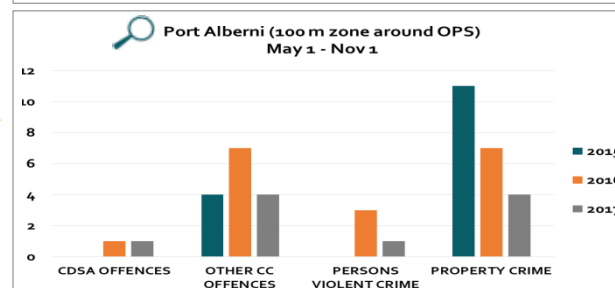
Comox Valley	Regional/Community Criminal Code & CDSA Offences		
	March 27th-September 27th		
	2015	2016	2017
CDSA Offences	69	50	79
Other CC Offences	433	457	549
Persons Violent Crime	261	200	236
Property Crime	778	753	1115
Total CC and CDSA Offences	1541	1460	1979



North Cowichan Duncan	Regional/Community Criminal Code & CDSA Offences		
	September 12th-March 12th		
	2015/16	2016/17	2017/18
CDSA Offences	36	54	46
Other CC Offences	90	141	122
Persons Violent Crime	51	93	81
Property Crime	276	391	359
Total CC and CDSA Offences	453	679	608



Port Alberni	Regional/Community Criminal Code & CDSA Offences		
	May 1st-November 1st		
	2015	2016	2017
CDSA Offences	40	54	76
Other CC Offences	383	458	364
Persons Violent Crime	223	228	234
Property Crime	577	646	719
Total CC and CDSA Offences	1223	1386	1393



- There have been no significant increases or decreases in crime at the regional level or within the 100m zone, with the exception of property crime at the regional level in the Comox Valley. Although some communities' regional level data (e.g. Campbell River, North Cowichan Duncan) appear to show decreases in total CC and CDSA offences after the introduction of OPS, while others (e.g. Port Alberni) appear to show an increase (when compared to the same six month period in the previous year), there are a number of mitigating factors that should be considered. For example, in the 100m zone in Campbell River, the decrease in reportable offences in 2016 and 2017 compared to 2015 may be due to the temporary closure of a local pub. With the recent re-opening in 2017, the RCMP anticipates that these numbers will increase. In the Comox Valley, 75% of the "Other CC Offences" are Breach of Conditions, Bail Violations, and Failing to Appear. Further, almost half (n=83) of all "Other CC offences" within the 100m zone of the Comox Valley OPS (over the same three year period) took place at the Comox Valley Court House.
- Property crime has been increasing, at a regional level, in the Comox Valley at a greater rate than in other study locations. RCMP are aware of this issue and local law enforcement are working on crime reduction strategies in the area.

Increases in the 100m zone around the OPS are very small increments and should be viewed and evaluated with caution

Source: RCMP Island District

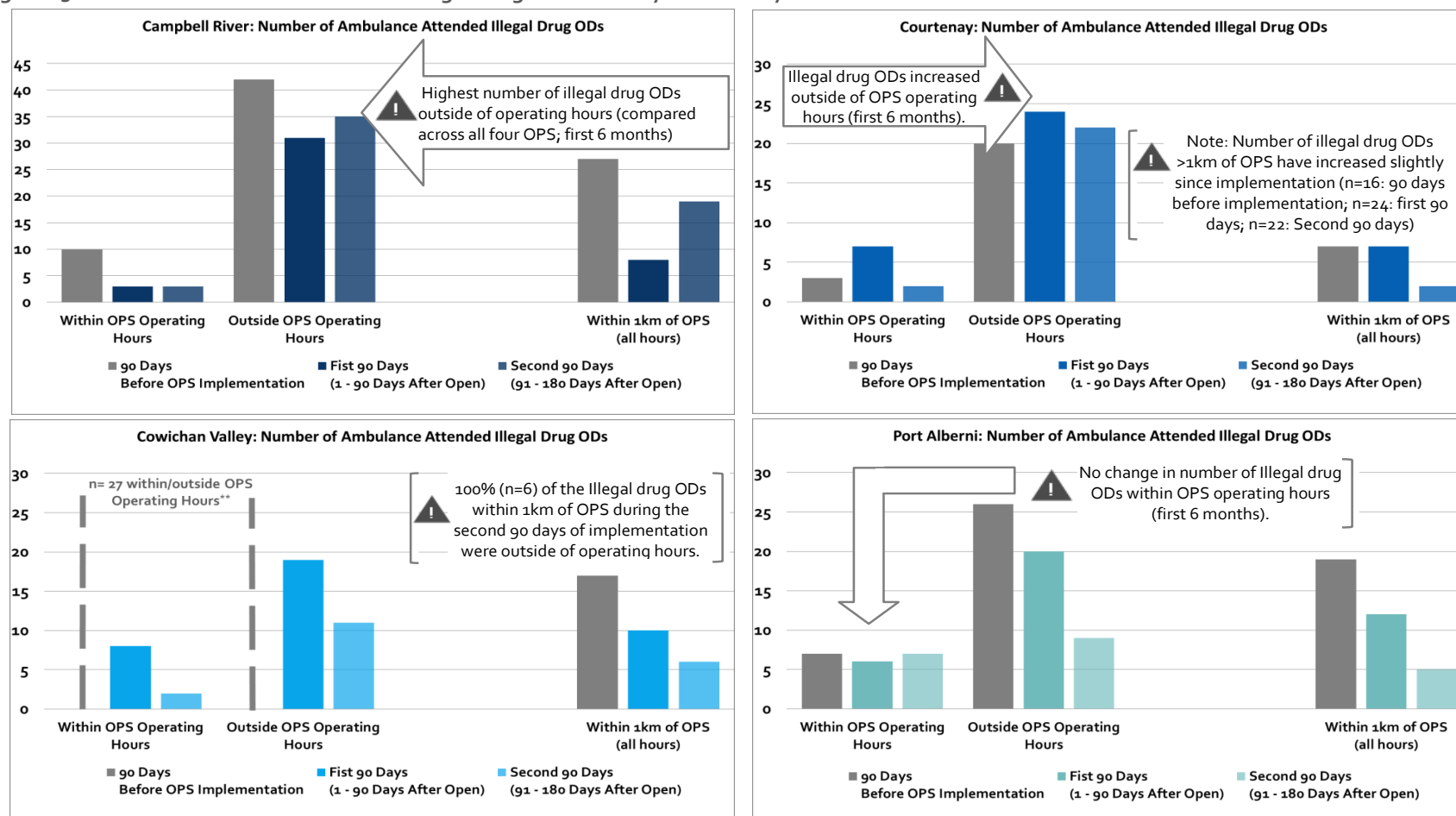
Note: RCMP data provided using the following naming conventions for each location: Campbell River, Comox Valley (Courtenay, Cumberland, and Fanny Bay), North Cowichan Duncan, and Port Alberni. RCMP Island District suggested that a 100m zone be used to review incidences around the OPS, as anything greater would incorporate the downtown core and thereby limit any inferences related to the addition of OPS.

# Community Impact and Early Changes

## Ambulance Calls related to Illegal Drug Overdose, Overdose Rates, and Emergency Department Visits

Overall, the number of ambulance attending illegal drug overdoses within a 1km zone of the OPS have decreased in all four participating communities when examined across the three and six month periods following the start of OPS services versus the 90 days prior to the service start date (Figure 13). The number of ambulance attended overdoses outside of OPS operating hours remains higher when compared to those occurring within OPS operating hours. Incidentally, the communities of Cowichan Valley and Port Alberni do show a decrease in ambulance attended overdoses outside of operating hours over time, although it is difficult to determine the cause.

Figure 13: Number of Ambulance Attended Illegal Drug Overdoses by Community

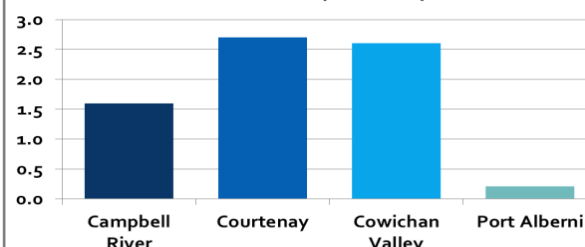


Source: BCEHS via BC Centre for Disease Control

# Community Impact and Early Changes

When examining the overdoses that occurred within each OPS for the 180 day period after implementation as a rate per 100 hours open, Port Alberni had the lowest reported overdose rate (0.21) (Figure 14). Emergency Department (ED) visits for overdoses have decreased at all participating OPS, when compared to the 90-day period before service provision (Table 3). Correspondingly, over 80% (n=37) of overdoses occurring inside the OPS were managed onsite (Table 4).

Figure 11: Overdose Rates per 100 hours Open (inside OPS) 1 – 180 Days after Open



Source: BCEHS via BC Centre for Disease Control

Table 3: Emergency Department Visits for Overdose

ED Visits for Overdose: All Communities			
	90 Days Before OPS Implementation	First 90 Days (1 - 90 Days after Open)	Second 90 Days (91 - 190 Days After Open)
Campbell River	41	36	23
Courtenay	28	28	25
Cowichan Valley	35	22	15
Port Alberni†	18	14	14

Source: Island Health Syndromic Surveillance (First Net sites) or paper reporting (non-FirstNet sites).

† West Coast General Hospital implemented FirstNet on June 26, 2017. Cases before that date are prone to underreporting. These results should be interpreted with caution.

- Emergency Department visits for overdoses have decreased (although in some locations, minimally), since the start of OPS services.

Table 4: Number of Overdoses Inside and Outside of OPS

Number of Overdoses <u>INSIDE</u> OPS			
	First 90 Days (1 - 90 Days after Open)	Second 90 Days (91 - 180 Days After Open)	Total (1 - 180 Days After Open)
<b>Campbell River: Number of ODs</b>	5	1	6
Naloxone Administered	0	0	0
Transported to ED	0	0	0
ODs Managed Onsite	5	1	6
Left Against Advice	0	0	0
<b>Courtenay: Number of ODs</b>	2	8	10
Naloxone Administered	2	6	8
Transported to ED	0	3	3
ODs Managed Onsite	1	4	5
Left Against Advice	1	1	2
<b>Cowichan Valley: Number of ODs</b>	2	24	26
Naloxone Administered	0	4	4
Transported to ED	0	0	0
ODs Managed Onsite	2	22	24
Left Against Advice	0	1	1
<b>Port Alberni: Number of ODs</b>	2	1	3
Naloxone Administered	1	0	1
Transported to ED	0	0	0
ODs Managed Onsite	1	1	2
Left Against Advice	0	0	0



Number of Overdoses <u>OUTSIDE</u> OPS			
	First 90 Days (1 - 90 Days after Open)	Second 90 Days (91 - 180 Days After Open)	Total (1 - 180 Days After Open)
Campbell River: Number of ODs	0	0	0
Courtenay: Number of ODs	2	2	4
Cowichan Valley: Number of ODs	1	1	2
Port Alberni: Number of ODs	0	2	2

- Campbell River (6/6), Cowichan Valley (25/27), and Port Alberni (2/3) OPS managed all or most ODs that occurred onsite on OPS premises; no clients were transported to the ED during the first 180 day period. Courtenay OPS managed about half of their clients (5/10) who overdosed onsite.
- Overdoses that occurred in the area adjacent to the OPS are recorded as "Outside OPS" as they did not take place on site and individuals were not distinctly supervised. The exact definition of what distance that covers at each site varies slightly.
- There were 45 overdoses onsite (first 180 day period), and no deaths at the OPS since the services opened.



"Naloxone administered", "Transported to ED", "ODs Managed Onsite" and "Left Against Advice" values are NOT unique values. Therefore, counts can be higher than the total number of ODs in each community for each three-month period.



# Recommendations and Key Actions

## Actions for Improvement

Based on the evaluation results, three key recommendations are put forward to advance the overarching aims and objectives of overdose prevention sites in these medium-sized urban communities. The Vancouver Island Overdose Response Committee, which includes local and regional leadership at Island Health, has provided responses and actions to inform improvements, based on each of the recommendations. These actions will be reviewed for progress in approximately one year. The Vancouver Island Overdose Response Committee will provide a written status update on activities in response to the recommendations to the Overdose Response Executive Committee. This will include any challenges or barriers encountered that have limited the advancement of the actions as well as mitigation strategies that were used to address these challenges.

### **Recommendation #1: Help strengthen and build on existing local community working groups (or equivalent forums) in each participating location...**

- a. It is recognized that emergent need of OPS in Campbell River, Courtenay, Cowichan Valley, and Port Alberni, due to the declared Public Health emergency and high number of OD rates, did not allow for the completion of a fulsome needs assessment (or equivalent), and consultation and engagement was limited at some sites prior to opening. However, as the overall responses around local engagement and awareness highlighted feelings of distrust from many community partners and businesses, particularly in the Cowichan Valley, it is recommended that overdose prevention services establish a formalized forum to enhance support in their communities. Communication about overdose prevention services should include the following issues: improving links to and between local health and social care providers; hours of service; and supporting more regular testing of illegal drugs prior to use. Forum membership should also be reviewed to ensure they are inclusive of a diverse group of key stakeholders and community members in each of the four locations. Although membership should be determined based on community context, the following representatives are suggested:
  - Local Island Health leadership/management from Public Health and Mental Health and Substance Use;
  - OPS supervisor/manager (or other organizational representative);
  - Local RCMP;
  - Person with Lived Experience;
  - Local municipal council representative;
  - Local residential neighbour and/or business owner;
  - Representative from other health and social care provider agencies; and
  - Local First Nations representative(s).
- b. Hours of service was also an area requiring review at all local sites. In particular, the Campbell River and Courtenay OPS may benefit from service hour adjustments (i.e., the time of day they are open to better support OPS clients). This may be best addressed at the local level as OPS staff and community stakeholders, in partnership with other health and social care providers, can more easily identify how local trends may be impacting usage of OPS. Island Health leadership in partnership with local provider agencies in Campbell River and Courtenay are also encouraged to examine whether changes to the service delivery model may be required, particularly if changes to hours of service do not impact client utilization of OPS services.

# Recommendations and Key Actions

- c. Opportunities may exist to increase utilization of the fentanyl test strips that are available at the OPS as the survey indicated only about 2/3 of survey participants have checked their drugs at the sites, even though the strips are free and available at each OPS.

## Response:

- Extending service hours at OPS may support increased utilization, however, lower utilization sites are encouraged to look at changes to the service provision model. Increasing OPS service hours will impact the ability to provide other services within an overall budget.
- Indications across British Columbia, including at all OPS/Supervised Consumption Services in Island Health, are that use of the fentanyl test strips is low and that there is limited client interest in this drug checking method. Drug checking is new in BC. Studies are underway in the Lower Mainland to assess the effectiveness of alternate drug testing methodologies. Island Health is interested in exploring the effectiveness of newer drug checking approaches.
- Island Health is committed to supporting and requiring formalized neighbourhood and community-based structures with a diverse membership that share agreed-upon processes to raise, discuss and address topics related to OPS.

## Key Actions:

- Island Health will:
  - Engage in conversations with the OPS service delivery organizations and other stakeholders in Courtenay and Campbell River during fall/winter 2018 to discuss opportunities to better reach and support individuals in those communities who are not accessing OPS.
  - Expand availability of drug test strip checking through outreach initiatives in an effort to engage those clients who may not utilize OPS in fall/winter 2018.
- To ensure positive relationships are formed and maintained, Island Health will support local OPS provider agencies to lead stakeholder and community engagement and to develop formalized partnerships (or equivalent) with the surrounding neighbours and businesses. This is now a requirement as part of contract management processes for OPS services.

## Recommendation #2: Island Health and service partners are encouraged to engage in efforts to increase knowledge and awareness of OPS, and improve links between site staff and Opioid Agonist Therapy prescribers...

- a. OPS continue to be met with stigma, and were viewed by a number of participating community partners and neighbours as a service that “enables” substance users versus supporting them. Open-ended comments were also reflective of a limited understanding amongst some participants about the continuum of substance use services (i.e., how OPS fits in the range of addiction supports available). As such the following recommendations are put forward:
  - Concentrated efforts should be made by Island Health, in partnership with local OPS service delivery organizations, to support increased knowledge sharing with local community members. For example, current communications materials that are available on the Island Health internet site or those of OPS partner organizations have low profile and in some instances, provide inconsistent hours of operation because information has not been updated as hours changed.
  - Discussion around stigma and broader public education efforts should also be brought forward at a provincial level (e.g., Overdose Emergency Response Centre). Some preliminary or starting discussion points that are suggested, include:

# Recommendations and Key Actions

- Review current education strategies for inclusivity of content aimed at:
  - Defining substance use as a health concern; and
  - Identifying overdose prevention as one part of the substance use care continuum.
- Develop a consistent process to better estimate the number of individuals who engage in substance use, and the diversity amongst users (e.g., estimate of the number of individuals that may also require housing support) to help inform service needs. Please note this work may also be linked to the exploratory examination of how a distributed model of overdose prevention services in medium-sized communities may affect the continuum of substance use services (discussed below), and used to inform provincial discussions.
- b. While OPS clients are being referred to other health and social care services, there is a need to increase connections between OPS teams and Opioid Agonist Therapy (OAT) prescribers in particular. It is recommended that OPS be provided with a list (or equivalent) of OAT prescribers in local communities. There should also be concerted efforts made to link OPS clients to primary care providers (for those who would like one and do not have one) and OAT prescribers. Linking this cohort to larger primary care initiatives, such as the Primary Care Networks under development is also recommended.
  - Engagement/service planning efforts should also support addressing concerns expressed by OPS staff about the absence of follow-up from health and social care providers about the outcome of referrals they submit on behalf of OPS clients, and ensuring that OAT prescribers and service providers encourage clients to utilize OPS services, if and as required. Regionally developed Island Health Forums (CME accredited educational offerings) on Mental Health and Substance Use may be an important resource in supporting enhanced provider engagement.

## Response:

- Island Health recognizes that perceptions – or stigma – around people who use illegal substances, and the services that are in place to support these individuals continue to be significant barrier to advancing informed and respectful dialogue around the needed services and supports for people who use drugs. We acknowledge more work needs to be done to build understanding and support for these services and that opportunities exist to improve connection and linkages between OPS and other social and health support, including when the client is ready, with treatment.
- Enhanced supports for Primary Care Providers to provide care, including Opioid Agonist Therapy, and the establishment of Primary Care Networks will improve linkages between services delivered in the community by physicians, Island Health and community/social service agencies. The Primary Care Networks will also support strong, seamless linkages with the Mental Health and Substance Use Specialized Community Service Program, where services for higher needs substance use are typically provided.

## Key Actions:

- Island Health will:
  - Prioritize working with OPS service delivery organizations to ensure that overdose prevention sites operate as an integral part of the substance use continuum by implementing a system wide approach to strengthening and formalizing linkages between OPS clients and

# Recommendations and Key Actions

primary care, treatment, and recovery services. This will be done through engagement with service providers and formalized within service provision contracts.

- Continue awareness activities throughout the fall, winter and spring of 2018/19 focused on reducing stigma, in conjunction with provincial strategies, through Island Health's Overdose Response Steering Committee and the provincial Opioid Emergency Response Centre.
- Support expanded access to Opiate Agonist Therapy across Island Health, with a focus on medium-sized communities through training, support, and engagement with primary care providers.
- Deliver substance use education to providers, including general practitioners and nurse practitioners through engagement processes with Island Health Substance Use leads and regular physician education processes.

## Recommendation #3: Continue to evaluate and/or monitor overdose prevention services...

- a. The evaluation of overdose prevention sites in Campbell River, Courtenay, Cowichan Valley, and Port Alberni was aimed at documenting early implementation learning, describing the population that was reached through the OPS model, and bringing forward the early impact of services. The Vancouver Island Overdose Response Committee is advised to continue some evaluation and/or monitoring of OPS and services, given the limited research available, particularly around the use of this model in non-large urban centres. In addition, the following changes are recommended to the evaluation and/or monitoring process:
  - The Vancouver Island Overdose Response Committee is encouraged to conduct a preliminary, exploratory examination of how a distributed model of care, where OPS service models are located in and embedded with other health and social services, in medium-sized communities may support the continuum of substance use services. Exploring how to integrate these supports with existing services will not only help to assess the current model in medium-sized communities, but will also support the testing and refinement of overdose prevention services so that they are more accessible to individuals who engage in substance use. It is suggested that the exploratory examination be supported by or linked to proposed additional evaluation activities.
  - It is recommended that any future evaluation strategies be inclusive of clients who use these services, at the working group level.
  - The evaluation was also absent of the views and opinions of those individuals who consume illegal substances, but choose not to engage with OPS services. Service planning and recommendations to enhance supports would be highly strengthened with the inclusion of this group. It is recognized that service providers throughout British Columbia, including within Island Health, are challenged to effectively reach this group of substance users.
  - Finally, Island Health and local OPS provider agencies should work to better define administrative data collection categories to allow for standardized comparison across sites.

## Response:

- With respect to the evaluation approach Island Health took with respect to OPSs, the early planning discussions by the Evaluation of Overdose Prevention Sites Working Group were centered on designing an evaluation approach that was more focused in scale, and would therefore provide rapid (in approximately three months), but actionable evidence to support operational changes that may improve OPS. However, the

# Recommendations and Key Actions

approach was adjusted to include additional data collection activities, which also required extending the evaluation and reporting timelines. Unfortunately, although the scope and timelines of the evaluation were adjusted, client advocates, OPS clients themselves, or peer support workers were not engaged during the evaluation planning/development (e.g., reviewing client survey questions, providing input on data collection approach) or the reporting process.

## Key Actions:

- Island Health will:
  - Continue to evaluate overdose prevention services and produce an OPS Update Report (winter 2019/20).
  - Improve OPS data collection activities through the addition of a data analyst in the fall of 2018. This individual will be a dedicated resource to provide specialized support to harm reduction and mental health and substance use services.
- Using early learnings from the current Overdose Follow-up in Emergency Department initiative in Nanaimo, Victoria, Port Alberni, and Campbell River, implement similar initiatives in the North Island Hospital Comox Valley, and Cowichan District Hospital Emergency Departments as part of the initiative's implementation in all Island Health Emergency Departments. The initiative is focused on engaging individuals who present with overdose in emergency prior to discharge to discuss service and support options (March 31, 2019).