Safer Supply Program Evaluation

A response to drug poisonings in Thunder Bay, Ontario

Santé Canada Health Canada

NorWest Community Health Centres
Centres de santé communautaire NorWest

Lakehead UNIVERSITY

Artist Acknowledgement

Turtle by William Perrault, Cover Page Art

William Perrault, Artist, painted the turtle in response to thinking about the Safer Supply program. The turtle represents a safe place where you are treated with dignity and respect. Will stated that "the program saved my life, and it stopped me from reverting back to my old ways. Safer Supply makes my daily life easier to deal with."

William Perrault's artwork is showcased throughout the report.

Chi-Miigweech William for sharing your time, wisdom and talents.

A Reflection on Lives Gone Too Soon

We cannot discuss life saving measures designed to address the opioid epidemic, without first acknowledging the individuals who have died as a result of the toxic unregulated drug supply in Northwestern Ontario. We recognize the grief of families, friends, and communities that have been forever changed by these deaths, we recognize the outrage at not having timely or enough services for those in their greatest time of need and we recognize the profound loss that communities have endured due to this preventable epidemic and finally we recognize the mobilization of their grief into compassion and advocacy to prevent future deaths. We will not forget those who are no longer with us as we work collectively to find solutions.

Land Acknowledgements

NorWest Community Health Centres acknowledge they are on the land of the Anishinabek Nation and the traditional territory of Fort William First Nation, signatory to the Robinson-Superior Treaty of 1850. It is further acknowledged that Thunder Bay is a hub in Northern Ontario and is home to many members of both Treaty no. 3 and Treaty no. 9. NorWest Community Health Centres recognizes the detrimental and intergenerational impact that colonization continues to have on Indigenous peoples on Turtle Island. It is recognized that the Western medical model plays a role in the traumatization of Indigenous Peoples and has structural barriers to Indigenous Peoples accessing care; every interaction must be approached with this knowledge in order to avoid re-traumatization. NorWest Community Health Centres commit themselves to the principles of health equity and trauma-informed care.

Lakehead University respectfully acknowledges its campuses are located on the traditional lands of Indigenous Peoples. Lakehead Thunder Bay is located on the traditional lands of the Fort William First Nation, Signatory to the Robinson Superior Treaty of 1850. Lakehead University acknowledges the history that many nations hold in the areas around our campuses, and is committed to a relationship with First Nations, Métis, and Inuit Peoples based on the principles of mutual trust, respect, reciprocity, and collaboration in the spirit of reconciliation.

Funding

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The Safer Supply Program Evaluation Report was supported by:

Safer Supply Program Clients and Staff

This report would not have been possible without the support of both the clients and staff from the Safer Supply program, who welcomed the evaluation team into their space and graciously shared their time and wisdom with us. You are remarkable people.

People Who Use Drugs (PWUD) Advisory Committee

The PWUD Advisory Committee supports people who are struggling with drug use through education and the use of informal networks, and advocates for meeting the basic needs of people who use drugs. This peer lead initiative also supports and provides advice to the Safer Supply Program and the Steering Committee; including the design of the program logic model and evaluation methodology.

Steering Committee

The Safer Supply Steering Committee provides oversight and direction for the implementation and operation of the Thunder Bay Safer Supply Program. The committee provides guidance and recommendations on program functions, the evaluation framework and supports networking within the community, as well as participating in relevant advocacy initiatives.

Steering Committee Membership
Juanita Lawson, Committee Chair, NorWest Community Health Centres
Brittany D'Angelo, Co-chair, NorWest Community Health Centres
Meagan Drebit, Dilico Anishinabek Family Care
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Executive Summary

Northern Ontario is facing a severe opioid crisis, evidenced by the highest per capita rates of overdose in Ontario. The north region's limited access to healthcare and geographic challenges exacerbate the vulnerabilities of people who use drugs (PWUD). The prevalence of fentanyl, fentanyl analogues and benzodiazepines in the illicit drug market has dramatically increased the risk of overdose. PWUD face constant uncertainty about the potency and content of the drugs they consume and whether or not their use will lead to a fatal drug poisoning event/overdose.

The Safer Supply pilot program in Thunder Bay, Ontario, is a rich program, with breadth and depth. The program provides a prescription of pharmaceutical opioids for individuals with opioid use disorder as an alternative to the unregulated toxic drug supply. Their delivery of wraparound services is key to client engagement, program retention and client change.

Since October 2022, 35 clients in Thunder Bay have received a prescribed medication to the toxic unregulated drug supply. The evidence thus far from Safer Supply Program evaluations across the province has demonstrated the effectiveness of Safer Supply programs in reducing overdoses, increasing stabilization in clients' lives and reducing crime, among others (National Safer Supply Community of Practice, 2024). This evaluation covered the time period October 1, 2022 to March 31, 2024 and highlights program and client outcomes and adds to the growing body of evidence.

This report aims to provide the results of a program evaluation from October 2022 to March 2024. The evaluation utilized a mixed-methods approach with three data collection techniques: de-identified program data, surveys and semi-structured interviews to respond to the program logic model created in August 2023.

The evaluation's key findings were decreased risk, increased access to basic needs, increased physical and mental health, and increased connection and inclusion. The report also outlines the program's strengths and challenges, service recommendations and recognizes the inherent challenges of pilot funding in light of the growing death rate in Canada and northern Ontario.

Artwork by William Perrault

Background

In 2016, in response to a growing concern about opioid-related deaths, Canada implemented a national surveillance system to track opioid fatalities and harms (Health Canada, 2024). Since that time, the overdose crisis has only increased. Over 42,000 people have died since 2016, an average of 22 people a day, with the majority of fatal poisonings attributed to fentanyl (Health Canada, 2024). However, the toxic supply has also been found to be contaminated with fentanyl analogues, benzodiazepines (Thompson et al., 2021; Wilson & Day, 2024) and other drugs such as xylazine (Canadian Centre on Substance Abuse and Addiction, 2023). While all of Canada is grappling with this crisis, British Columbia, Alberta, and Ontario have the highest number of opioid-related fatal overdoses (Statista, 2023) in the country.

Northern Ontario has been disproportionately impacted by the opioid epidemic; while it only comprises 6% of Ontario's population (Statistics Canada, 2023), the North has the five highest opioid-related death rates per capita (Public Health Ontario, 2024). Thunder Bay currently has the highest death rate in the province at 69.5 per 100,000 (preliminary data), which is almost 4 times higher than the provincial rate of 17.5 (Office of the Chief Coroner, 2024b). Not only has Northern Ontario been disproportionately impacted, but Indigenous People within Northern Ontario are disproportionately impacted by opioid fatalities at 40.8% in Thunder Bay and District vs. 4.4% in Ontario (Sawula et al., 2018). Additionally, since the implementation of the national surveillance system, Thunder Bay has gone from a per capita death rate of 9.1 in 2016 (Public Health Ontario, 2024) to 69.5 in early 2024 (Office of the Chief Coroner, 2024b), a 663% increase in 8 years.

Based on the significant need in Thunder Bay, Health Canada's Substance Use and Addiction Program (SUAP) funded a Safer Supply pilot program at NorWest Community Health Centres (NorWest CHC) in July 2022, called the Thunder Bay Safer Supply Program (TBSSP). The purpose of Safer Supply programs is to provide prescribed pharmaceutical alternatives to people who have an opioid use disorder, that is overseen by a primary healthcare provider, with the goals of preventing overdoses and saving lives (Health Canada, 2023). The inclusion of TBSSP has complemented the menu of harm reduction services that NorWest CHC and its partners provide to the community.

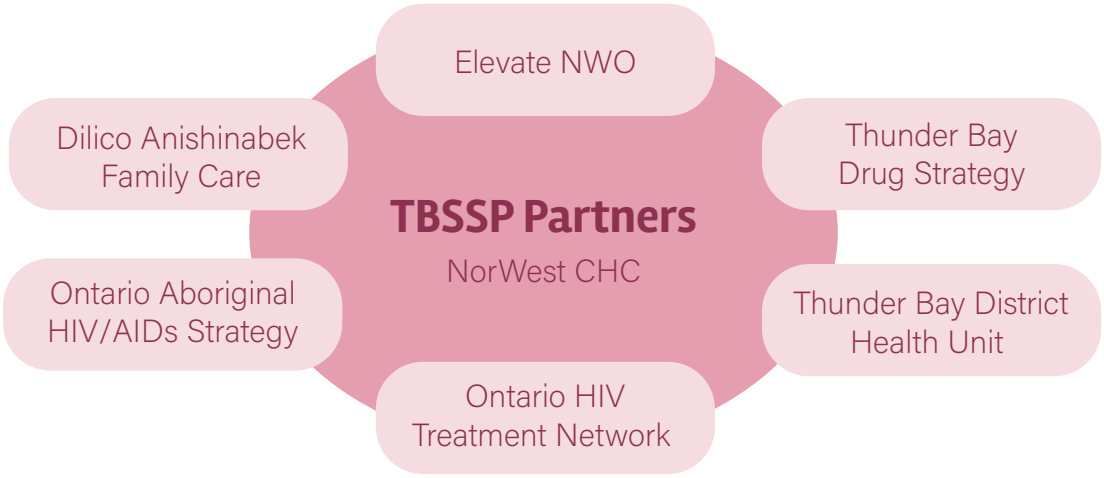
The pilot program in Thunder Bay is one of twenty-four programs in Canada and the only SUAP-funded program in Northern Ontario.

Artwork by William Perrault

Program Overview

"Safer supply is the use of prescribed medications as a safer alternative to the toxic illicit drug supply for people who are at high risk of overdose."
—NorWest Community Health Centres, 2024

NorWest CHC, with support from 6 partners, launched an 18-month pilot to implement a safer supply program in Thunder Bay.



The pilot is based on a flexible, low-barrier, community-based safer supply model that was embedded within NorWest CHC existing model of care. TBSSP provides assessment, monitoring, and prescriptions for daily-dispensed and take-home oral hydromorphone (Dilaudid ®) and slow release oral morphine (Kadian ®) to rostered clients. Clients have access to a range of health and psychosocial supports and wrap-around services that address the social determinants of health.

The opioid crisis has had a significant and disproportionate impact in Northwestern Ontario; therefore, a range of interventions are needed to address the root of the problem: the toxic, unregulated drug supply. In Thunder Bay, as in other places across the country, the illicit drug market is highly contaminated by fentanyl and fentanyl analogues, which are major drivers of opioid-related drug poisoning and death. Therefore, TBSSP has expanded the menu of harm reduction services related to opioid use and the toxic, unregulated drug supply.

Goals & Objectives

TBSSP aims to offer a safer pharmaceutical opioid alternative to people who use drugs from the toxic illicit drug supply. The overarching goal of TBSSP is to reduce deaths and harms related to the toxic drug supply. *Additional program goals include providing a supportive environment to engage clients in care and start on a path towards greater stability and wellness. The program established the following objectives:*

1) To launch and implement the safer supply program (SSP) in Thunder Bay—accommodating up to 40 potential and enrolled clients over the 18-month pilot project;

- TBSSP has provided services to 35 SSP clients and 79 Wraparound Services clients

2) To engage people with lived/living experience to participate in program design, delivery, outreach, and evaluation;

- PWLLE are engaged as staff members, members of the Steering Committee, members of the People Who Use Drugs (PWUD) Advisory Committee, feedback sought directly from clients in service, as well as clients actively involved as members of the evaluation team.

3) To create awareness and dispel stigma and discrimination in health care and social service settings for people who use substances through community champions who support safer supply;

- Program staff and management have sought a number of opportunities to raise awareness to dispel stigma and discrimination. Presentations have occurred within NorWest CHC and externally to key audiences, such as a deputation to Thunder Bay City Council, a presentation at the 2023 Harm Reduction Conference in Thunder Bay, Thunder Bay High Schools, College and University. The reach of these presentations has been to over 4800 individuals.

4) To contribute to the body of evidence for safer supply programs in Canada, by producing and disseminating knowledge about safer supply through evaluation and creation of best practices that are specific to northern areas and sharing this knowledge with other practitioners.

- TBSSP has created Standard Operating Practices, supporting program documentation, and a brief educational video: 9 Reasons to Support Safer Supply.
- Program Evaluation Report

Guiding Principles

The program has established six guiding principles, the program evaluation took these principles and looked for examples of the guiding principles to align principles and practice. The de-identified program data, survey and interviews provided multiple examples that these principles are operationalized within the program.

People Who Use Drugs (PWUD) are the Experts: PWUD are part of program design, provide feedback, support evaluation, are members of advisory committees to the program and are hired as staff members.

Client Centred: Clients are involved in all decisions regarding their care. They set their goals and determine which aspects of the program to engage in. Clients indicate that staff are nonjudgemental and support client autonomy in decision-making.

Harm Reduction: Staff meet clients where they are at and support clients as they make or don't make decisions to reduce risk in their life at any given time. Engagement in the program is itself reducing harm.

Low-Barrier Care: The TBSSP has provided low-barrier care by removing traditional institutional barriers. Clients drop in as needed to meet with program staff and are not met with judgement. The program is collaborative to meet the needs of clients and has streamlined client paperwork. Further, the SSP team supports clients' to access other services where barriers exist.

Compassionate (Non-Punitive): The evaluation found a similar strength-based theme instead of non-punitive that the clients and staff described, which was compassionate care. Staff seek to understand client experiences and help when struggles arise. This has allowed for an environment of trust for clients to be forthcoming to allow for a plan to be made that allows for their continued success in the program.

Trauma-Informed: The program expects all clients to have a trauma history intertwined with drug use. Staff engage in trauma-informed practice and are responsive to clients' needs, reinforcing that TBSSP is a safe space for clients.

Staffing Model

TBSSP is delivered by an interdisciplinary team of health care providers (nurse practitioner, nurses) along with harm reduction outreach workers (weekday/weekend support), a system navigator, a medical secretary and a program manager. People with lived/living experience ("PWLLE") were recruited as members of the TBSSP team. As a northern program, Nurse Practitioners have been recruited as the program prescribers, and to support the staffing model an offsite pharmacy is used for dispensing on the weekends. A formalized Memorandum of Understanding (MOU) supports the partnership between the pharmacy and TBSSP. The diversity of disciplines and roles within the program model has allowed for diverse ideas and internal capacity building to deliver a comprehensive program to clients enrolled with TBSSP.

Involvement of People with Living/Lived Experience

In addition to staff with lived experience, PWLLE are involved in providing guidance to the program as members of the TBSSP Steering Committee and with the People Who Use Drugs (PWUD) Advisory Committee, as well as seeking regular clients feedback on the program and services offered.

Services Offered

TBSSP services are delivered in three stages: harm reduction, stabilization, and comprehensive care. These stages correspond to clients' circumstances, needs, and readiness for engagement, however, these stages are not linear, allowing clients to access the service they need on a drop-in or by scheduled appointment. TBSSP programs and services include:

- Prescription and dispensing of alternative medication
- Wraparound Services
- Outreach
- Primary Care
- Harm Reduction Activity Group
- Education
- Referrals and Advocacy
- Transportation
- Access to Showers
- Breakfast/snacks

Wraparound Services

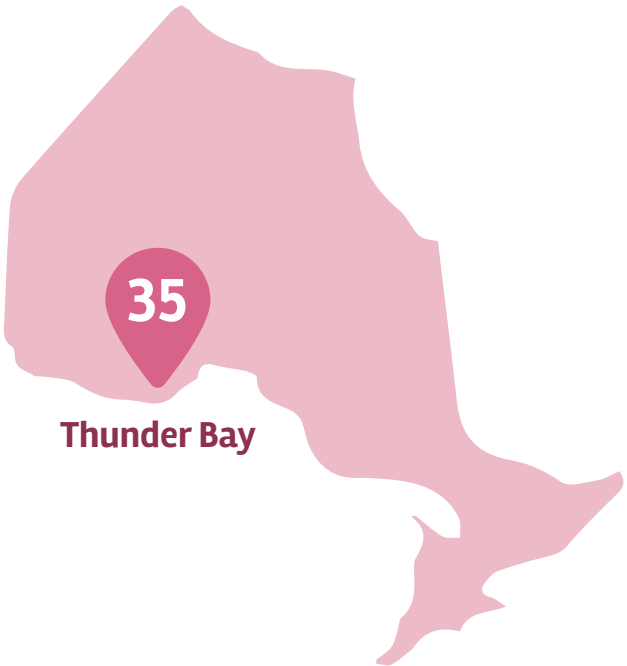
In addition to the being prescribed alternative medication in the Safer Supply Program (SSP), TBSSP also offers wraparound services to all individuals who are waiting to enroll in SSP (e.g, program at capacity), or who may not meet the criteria for SSP (e.g., not using opioids). Wraparound Services (WS), include but are not limited to primary care, system navigation, outreach, and harm reduction supplies/group. The program staff provide case coordination for clients, including appointment reminders, and provide/arrange transportation to medical appointments.

Where services cannot be delivered by TBSSP to meet clients they have access to a range of psychosocial supports and health care services through NorWest CHC or referrals to external services that are faclitated by the system navigator.

Analysis of Need

As of March 31, 2024, TBSSP has delivered care to 35 SSP clients and 79 Wraparound Services clients. While the evaluation is focused on the delivery of SSP for opioid use disorder, a need also exists to support others impacted by the toxic, unregulated drug supply. This includes individuals who use stimulants and other drugs and who are also at risk of overdose and harm due to drug contamination but do not have a service available to them. TBSSP works with all clients to reduce the harms of the toxic drug supply regardless of which program they may be involved in.

However, specific to individuals using opioids, an enrollment of 35 clients only begins to scratch the surface of the need in the Thunder Bay and District. While the exact number of individuals using opioids in Thunder Bay and District is unknown, the number of opioid toxicity deaths is known. According to the Office of the Chief Coroner of Ontario (2024a), from October 2022 to March 2024, the time period of this evaluation, there have been 107 confirmed opioid-related deaths, and another 13 suspected yet to be confirmed by the Office of the Chief Coroner of Ontario (2024a) for a total of 120 in the same 18-month period.



While there have been no deaths due to opioid toxicity in the TBSSP, the majority of the clients interviewed believed they would have been dead due to the toxic drug supply if not for the Safer Supply Program.

Target Population

Based on the needs and demographics of Thunder Bay, the prioritized target population for TBSSP are individuals who:

- Have an Opioid Use Disorder (OUD)
- Are at high risk of harms related to the contaminated illicit drug supply
- Experience drug poisoning events/overdoses
- Are engaged in high-risk behaviours/situations (e.g., sex survival work, theft)
- Are not connected with health/social services
- Identify as Indigenous
- Are the partner of the identified client, and meet the criteria for OUD

Client Pathways (See Figure 1.0)

Process:

Pre-Screening

1. Potential clients meet with a Harm Reduction Worker for a pre-screening assessment (e.g., goals, existing supports, current substance use patterns).
2. Potential client is offered existing NWCHC or partner services (e.g., harm reduction information/supplies; primary care; psychosocial services).
3. Potential client and TBSSP prescriber meet for clinical assessment and to discuss program expectations, risks, and benefits.

Program Enrollment

4. If the client meets eligibility requirements, they are enrolled in the program; TBSSP expectations are reviewed. Eligibility requirements include: opioid use disorder; self-reported regular illicit drug use; and capacity to consent. TBSSP will ensure that clients have a current and accessible safety plan.

5. Enrolled clients work closely with TBSSP prescriber to determine appropriate opioid daily dose of hydromorphone, and sustained release oral morphine, as needed. A clinical guidance document for titration and prescription of safer supply is used alongside clinical guidelines for i-OAT as well as general prescribing guidelines.
6. Upon intake, clients see TBSSP's prescriber weekly for monitoring/assessment and renewals of daily dispensed prescriptions. Appointment frequency is amended as appropriate to address clinical needs, client stability, and preference. Additional health issues are identified, discussed, and (when possible/appropriate) treated, or referred to other providers.
7. Clients work with Outreach Worker or Systems Navigator towards self-identified goals and stabilization, according to their needs.
8. Clients visit a community pharmacy, where their daily-prescribed dose is dispensed on weekends or when they have a period of stabilization.
9. Urine Drug Screens are completed weekly to monthly.
10. Clients access harm reduction supports as well as a range of health and psychosocial supports/services, at NorWest CHC or via partners.

Program Discharge or Re-admission

11. Clients are re-admitted to the program should they leave and return to the community after treatment, incarceration and/or hospitalization.
12. Clients are discharged either voluntarily or involuntarily. The client or the team may decide the program is not working for the individual and alternative care programming is sought.

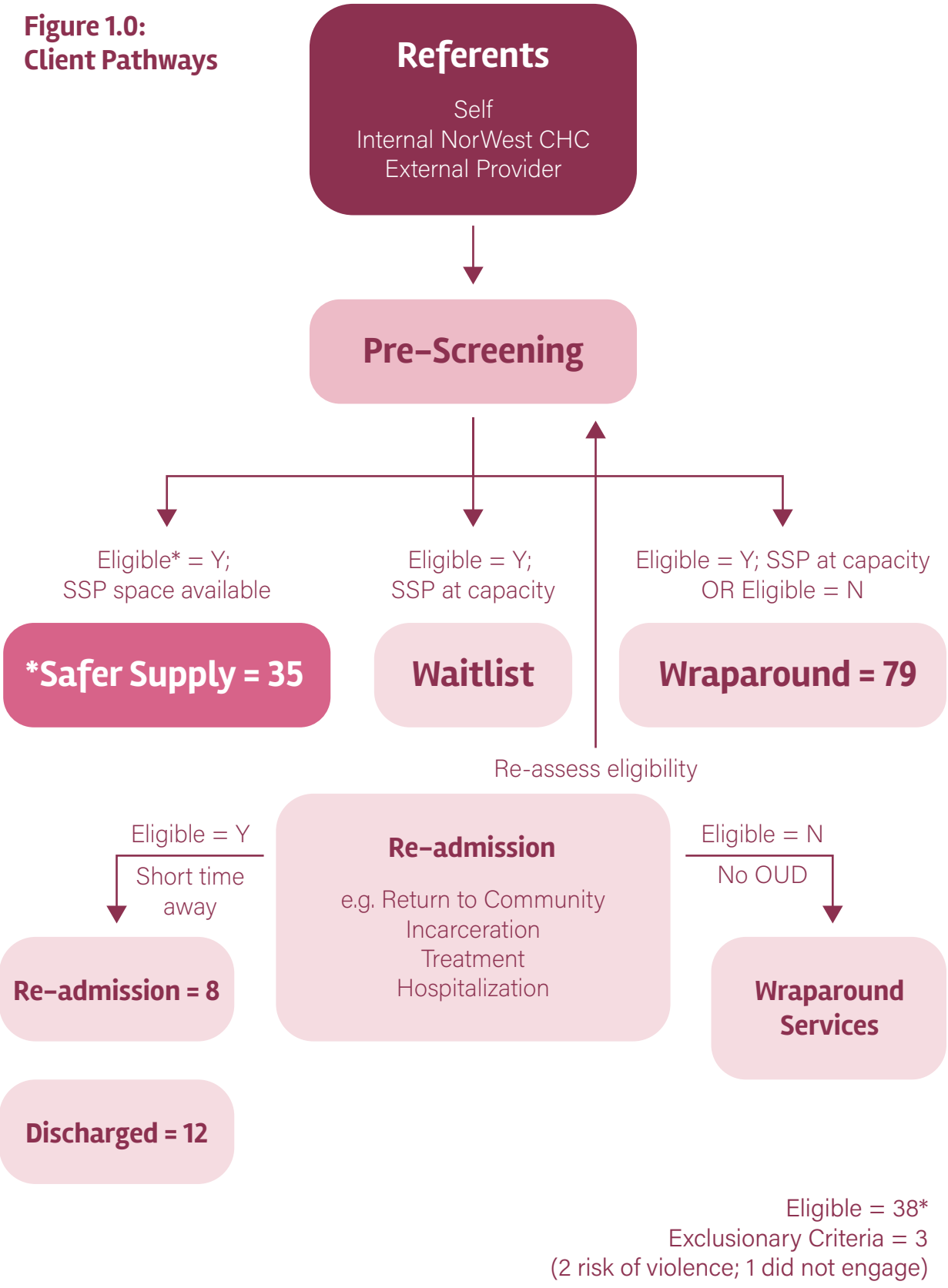
Program Description

The Safer Supply program is situated within NorWest CHC at its Thunder Bay location. The program has two secure entrances, one through the main entrance at NorWest CHC and another through Path 525 (Consumption and Treatment Services), which offers choice to clients about how to enter the space. The program is only accessible to clients and invited visitors; each person must be allowed onto the secure floor by a staff member. Upon entry to the program a Harm Reduction Worker, with lived experience, greets the clients and is the first point of contact.

The entry space is the hub of the program and welcomes clients with couches, coffee and breakfast/snacks. The harm reduction supplies (naloxone, sterile pipes, condoms, etc.) are easily accessible for clients to take as needed. Surrounding the hub are medical rooms for observed dosing, staff offices and group room spaces. Program staff have an open-door policy, and any client can drop into the office to connect with any team member. The walls of the site have client artwork displayed along with harm reduction safety tips. A whiteboard is visible to all and has the latest drug alerts to inform clients of drug toxicity, strategies and tips on safe drug use, and service information. As clients attend the program, they spend time connecting with other clients, checking in with staff and accessing the current service they may need.

Artwork by William Perrault

Figure 1.0:
Client Pathways



Eligible = 38*
Exclusionary Criteria = 3
(2 risk of violence; 1 did not engage)

Evaluation Framework

The evaluation utilized a mixed-methods community-based approach that included de-identified program and client data, client surveys, and client and staff interviews. The evaluation framework was guided by the program logic model, which was developed in collaboration with the TBSSP, TBSSP Steering Committee and the People with Lived/Living Experience (PWLLE) Advisory Committee. The logic model (see Figure 2.0) outlined the project's inputs, activities, outputs and outcomes.

Data Collection*

Due to the sensitive nature of the program evaluation, research ethics board approval was received from Lakehead University. The three data collection methods were:

1. De-identified program and client (n=35) data was reviewed for an 18-month period, from Oct 1, 2022 to March 31, 2024
2. Surveys were conducted with two separate client groups in order to understand the client needs and progress made in the separate programs:
    a. Clients (n=23) prescribed pharmaceutical opioid alternatives (SSP) and
    b. Clients (n=17) not prescribed pharmaceutical opioid alternatives (Wraparound Services)
3. Interviews were conducted with TBSSP clients (n=20) and staff (n=10) to evaluate TBSSP program outcomes.

De-identified program and client data were received from TBSSP in an Excel spreadsheet with all identifying information removed. Data was collected from the baseline intake, client surveys completed at 3-month intervals; as well as monthly drug use surveys, outreach tracking forms and the clients' electronic medical record (EMR). De-identified data included program outputs, such as the number of outreach interactions and the number of groups provided, which provide for a broader view of program delivery beyond the 35 SSP clients.

*Data collection occurred from January to April 2024. Surveys and Interviews were conducted from February to April 2024.

*Surveys*** were selected as the method to gather descriptive data, review progress in the program and determine program satisfaction outcomes. Surveys were completed in a confidential room at NorWest CHC to provide clients with a low-barrier way to engage in the evaluation. Clients did not have to make an appointment; the evaluation team had access to office/group room spaces, which allowed clients to drop in and hear about the evaluation when they attended for the daily dose. If interested, participants then signed a consent form prior to completing the survey. Surveys took 15-25 minutes to complete. Participants were provided with a participant number and data from the surveys was entered for analysis into survey. Clients received an incentive of $25.00 cash to complete the survey.

*Semi-structured interviews*** (SSI) were selected given the exploratory nature of the evaluation questions. TBSSP clients who participated in the surveys were invited to attend an interview to explore areas specific to identified program outcomes further. Participants completed another consent form specific to the interview process. Interviews were held at NorWest CHC in a confidential room and followed a semi-structured interview template, which lasted approximately 45 minutes. Participants received an incentive of $50.00 cash for interview participation. The staff SSI explored the staff perspectives of the program design and delivery, the role the program has played in clients' lives and the impact of the pilot status on staff and clients' lives. Staff completed a consent form and participated in an interview, which lasted approximately 1 hour. Participants received an incentive of a $25.00 gift card for interview participation. All participants selected their pseudonym and all interviews were recorded, transcribed and entered into qualitative software for thematic analysis.

Data Analysis

The de-identified client data provided descriptive statistics, program outputs and client outcomes. Similarly, the surveys provided descriptive statistics of participants and provided further data regarding the impact of the SSP program and Wraparound Service. A thematic analysis of the interviews was conducted to identify themes and patterns within the data. The coding framework was developed deductively (based on the logic model) and iteratively as the data was analyzed. The three data collection methods served to provide for internal consistency as the findings were congruent with one another.

**The evaluation team consisted of a research assistant with living experience (RWLE) who was involved in creating the logic model, surveys, and semi-structured interview templates.

TBSSP: Program Logic Model

Goal & Vision

To reduce the deaths and harms related to the toxic drug supply by providing individuals with opioid use disorder (OUD) prescribed opioids in a supportive care environment, leading to greater stability and wellness by addressing the social determinants of health to enhance overall quality of life.

Situation

Canada is amid an unprecedented opioid overdose crisis. Recent data released by the Office of the Chief Coroner of Ontario (2024a, 2024 b) shows that public health units across Ontario's north have the highest rates per 100,000 of opioid-related deaths. Thunder Bay District Health Unit's rate has increased by 663% since the national surveillance system was implemented in 2016, going from 9.1 death rate in 2016 to 69.5 in in the first quarter of 2024. The implementation of the Safer Supply Program pilot adds to the continuum of harm reduction services offered in Thunder Bay to people with an opioid use disorder.

Locally, there are

69.5

deaths per 100,000

(Chief Coroner's Office, 2024)

An increase of almost double over the past year.

Figure 2.0: Program Logic Model

Resources/Inputs

TBSSP Staff: 9.5 FTE's
- 1.0 Medical Secretary
- 2.5 Harm Reduction Support Workers
- 1.0 Indigenous Systems Navigator
- 2.5 Registered Nurses
- 1.5 Nurse Practitioners
- 1.0 TBSSP Program Manager

NWCHC Staff
- Indigenous Wellness Worker

Non-Staff
- Pharmacy
- PWUD Advisory
- TBSSP Steering Committee
- National Safer Supply Community of Practice

Activities

Direct Service
- Screening/ Assessment
- Referrals
- Waitlist Management
- Wraparound Service
- SS Administration (daily dispense/ monitor/urine screens)
- System Navigation
- Outreach
- HR Activity Group
- Primary Care
- Advocacy
- Education

Indirect Service
- Resource Development
- Community Engagement
- Targeted Communication
- Knowledge Exchange/ Transfer
- Staff Training
- PWUD Advisory Meetings
- Steering Committee Meetings
- Evaluation

Outputs

Client Data
- 38 individuals screened/assessed
- 3 individuals deemed ineligible
- 35 unique clients initiated on SS
  - 79 clients on wraparound
- 12 clients discharged from SS
- 661 client referrals
  - 233 for SSP
  - 428 Wraparound clients
- 10,864 client interactions
  - 1,317 System Navigation
  - 1,092 HR Workers
  - 44 HR Group
  - 7,190 Primary Care
- 1,265 of outreach encounters with non-rostered individuals
- 1,148 of naloxone kits provided to clients/non-rostered individuals
- 78 vaccinations
- Daily client-focused events providing educational material

Knowledge Transfer
- 21 KT events
- 12 Provider Education Sessions
- 4,866 individuals reached via community awareness
- 10 Staff training events
- 12 of PWUD Advisory Meetings
- 17 Steering Committee Meetings

Program Documentation
- Operational Practices & Guidelines
- Program documentation (intake, assessment, consent forms, etc.)
- Pharmacy MOU/Contract

Client Engagement/ Satisfaction Outcomes
- 100% of clients satisfied with the SSP
- 100% of clients feel listened to
- 96% of clients feel respected
- 100% of clients were engaged in their treatment plan

Outcomes

Client Outcomes
- 100% Reduction in withdrawal symptoms
- 92% Reduction in overdoses
- 80% reduction in fentanyl use
- 100% Reduction in incarceration (of those who had been incarcerated pre-SSP)
- 68% Reduction in criminal activity
- 50% of those who use the hospital reducted attend ER
- 68% Increased engagement in primary care
- 51% received Immunizations from SSP
- 100% Increased engagement to HIV/HCV care (of those requiring care)
- 68.5% engaged in management of chronic illness
- 54% Improved physical health
- 40% Improved mental health
- 43% Increased sense of stability
- 43% Increased social supports/sense of community/belonging
- 45.7% Increased positive relationships with family
- 20% Increased positive relationships with friends
- 20% Increased connection to culture/identity
- 86% Increased access to shelter/housing
- 37% Increased food security
- 100% Increased engagement in harm reduction practices
- 100% Increased knowledge/skills about substance use

Results

"This program is the best thing that's happened in my life … it saved my life… I would probably be dead already if it wasn't for this."—CRN

The de-identified client data presented represents 35 unique individuals who are or were enrolled in the SSP from October 1, 2022, to March 31, 2024. The main source of evaluative client data came from the de-identified client surveys administered by TBSSP every 3-months; these surveys demonstrated the clients' journey and change process during their involvement with TBSSP. The surveys (n=23) and interviews (n=20) completed with current SSP clients provide a narrative of those journeys, with insight from the staff interviews. As the program also offers wraparound services to non-prescribed alternative clients, the evaluation engaged a small sample (n=17) to explore the type of services and changes that have occurred over time due to their involvement in Wraparound Services.

De-identified Client Data (n=35)

Client Demographics

35
Safer Supply Clients

66%
Self-Identify as Indigenous

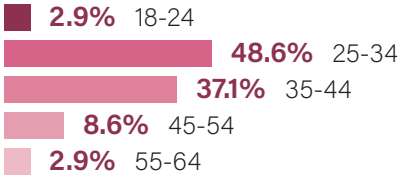
Substance Use: Average Age of Onset
13.8

Opioid Use: Average Age of Onset
17.5

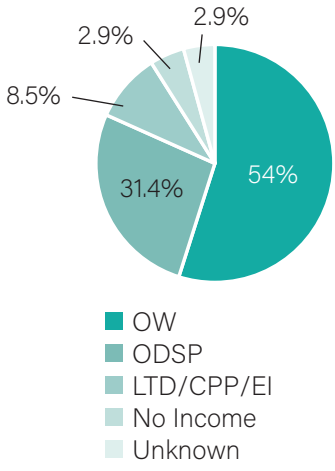
Men's Average Age **39**

Women's Average Age **32**

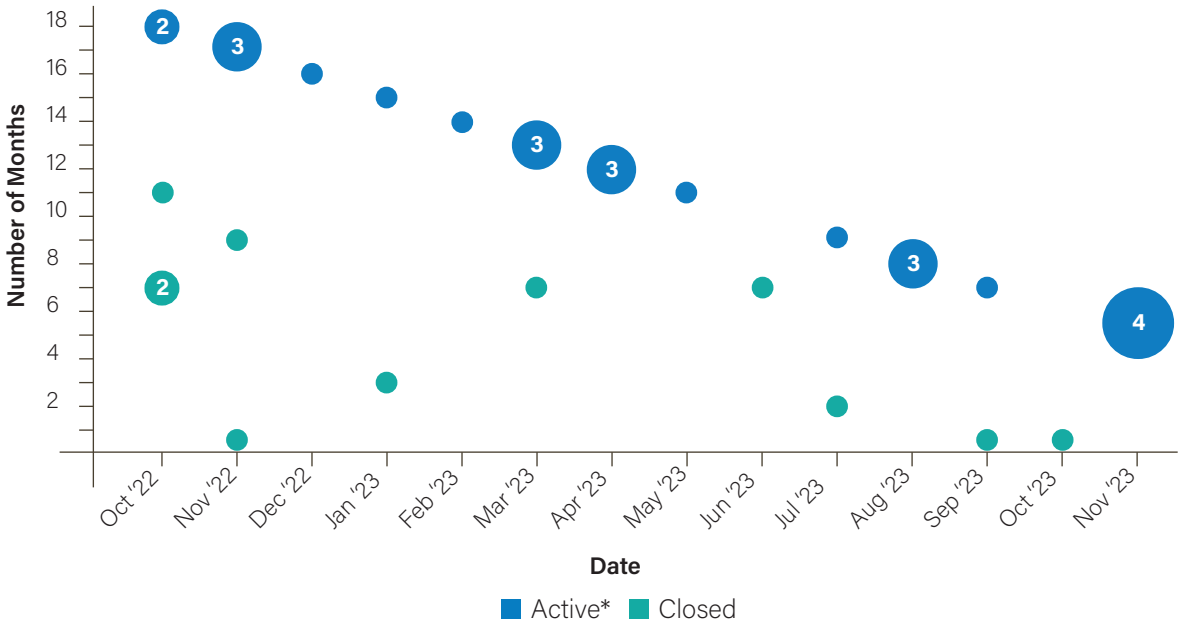
Age



Income Source



Length of Service



The strongest outcomes are demonstrated for those who have been in the program for at least 6 months. The data demonstrates that longer periods of stabilization, due to the prescribed alternatives and wraparound support, are leading to increased outcomes related to physical and mental health, inclusion and connection with family and community, and securing housing or a safer place to live. For those not remaining in the program, discharge reasons include re-locating to another community, going to mental health or substance use treatment, and not being able to attend the site twice a day.

The median length of stay in the program for active clients is 12 months (range: 5 months to 18 months). The median length of stay for discharged clients is 5 months (range: less than a month to 11 months). Overall, the program's median length of stay is 9 months (range: less than a month to 18 months).

TBSSP Survey & Interview Participants (n=23)

While the program de-identified data is based on 35 clients, at the time of the evaluation, 25 clients were active in the program. 23 of 25 clients completed the survey, and 20 went on to participate in the interviews. 92% of the current client group provided feedback to inform the program evaluation.

Of the 23 individuals who participated in the evaluation, 12 identified as men and 11 as women. The age range was 25-34 (52%), 35-44 (35%), and 45-54 (13%). 61% of the participants self-identified as Indigenous and 70% reported being housed.

*As of March 31, 2024

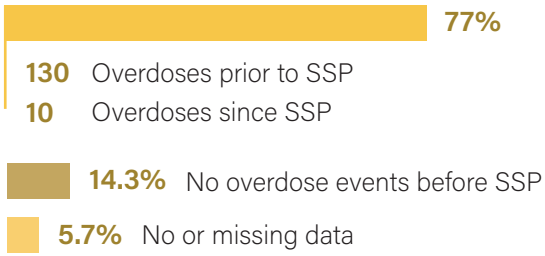
The evaluation found four key themes: decreased risk, increased access to basic needs, increased physical and mental health, and increased connection and inclusion. This section will explore those themes and sub-themes within those areas.

Decreased Risk

The main goal for implementing SSPs was to prevent fatal drug poisoning/overdose events for individuals with opioid use disorder by reducing their use of fentanyl and other analogues from the unregulated, toxic drug supply. The evaluation demonstrated a 92% decrease in self-reported drug poisoning events, as well as 25.7 % of clients reporting no longer using fentanyl and an additional 54.3% reporting a reduction in the use of unregulated fentanyl. In addition to the program's main goals being met, four other high-risk areas also demonstrated reduced risk. These included a decrease in polysubstance use, a decrease in injection drug use, a decrease in withdrawal symptoms, and a decrease in criminal activities to support drug acquisition. Clients enrolled in TBSSP have seen an overall reduction in areas that have led to increased risk in their lives.

Drug Poisoning/Overdose Events

Reduction in drug poisoning/overdoses since SSP:



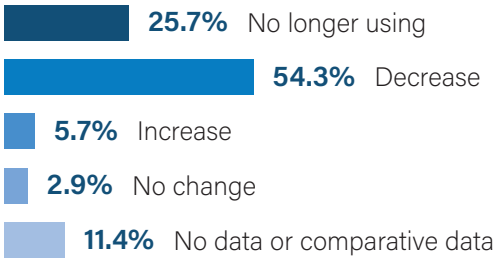
92% reduction in drug poisoning events

"We're people too, and we need this program; it's saving our lives." —WP

"I feel very blessed inside to be part of something that's, you know, saved my life and, you know, and will save others."—Romeo

"My last urine test was clean for fentanyl. I've actually had a couple clean urine tests. So it's a big change. Yeah. Yeah. I've been cutting down Yeah. Okay. So cutting dealing and I was stealing when I didn't, when I needed to."—Pete

Decreased Fentanyl Use



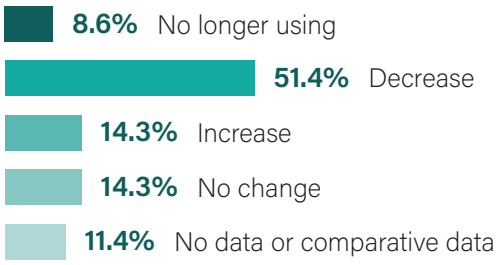
"Decreasing, yeah.[overdose]. Now, see I'm not doing fentanyl or anything like that. So I'm not dying every week."—Viola

"My family was like, they were so like, scared that I was gonna die any minute. Yeah. It was having a big effect on them. Like, I don't have to go out every, all the time looking for fentanyl. All right, because this kind of helps, helps with, kind of tapers me off the fentanyl."—Pete

Not only has fentanyl use declined, but other drugs, such as crack cocaine and methamphetamine, are decreasing, with less street drugs being used.

Polysubstance Use Decrease:

Crack Cocaine Use



Methamphetamine Use

100% No longer using

14/14 individuals report no longer using

"I was shooting up fentanyl. I was smoking crack. Shooting up soft [cocaine] and meth. I really use maybe a quarter like what I used to use to"—CRN

"Like I was using like crack, down, and I was smoking like chip- meth or whatever, snorting pers-, snorting cocaine and doing a lot, so I just like stick to here and weed now. Even drinking, I stopped drinking like, I used to drink a lot. Yeah."—Helen

Decreased Injection Drug Use

Participants identified several harm reduction strategies, such as ensuring they have Narcan close by or using sterile tools. However, a theme that was continually shared was the reduction of injection use. There was a substantial change in mode among the participants who were interviewed, and this was supported by the de-identified client data. Participants noted that they moved from injecting to smoking, however this did raise another concern in that Thunder Bay does not have a safe inhalation site, therefore participants shared they did not have a safe place to smoke their drugs which at times lead to higher risk situations for them, for example using alone.

"I haven't been doing fentanyl. I haven't been shooting up. For the first little bit of the program here where I started, I would inject the dose, whatever but I still need the drug for the pain management but I don't want to shoot up anymore."—Fats

"Like we used to shoot up all the time now. Now we only, we hardly even shoot up fentanyl anymore; shoot once in a while …But, we don't shoot up as much."—WP

Decreased Withdrawal Symptoms

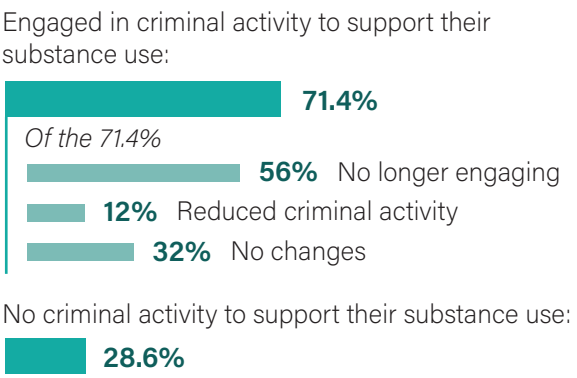
100% of clients reported a reduction in withdrawal symptoms. Participants in the interviews shared how debilitating and painful withdrawals were, and this, along with wanting to live, was one of the top reasons to access TBSSP.

"Ah fuck it was awful man, it was awful. I felt like dying, I didn't want to sleep because I knew I'd wake up sick . Yeah. Like I hated going to sleep. It's an awful, it's the worse feeling.. I don't feel sick in the mornings, I just come straight here and I'm good."—WP

"Horrible. It feels like death. Yeah. I would never wish it upon my fucking worst enemies. Yeah. Anybody I wouldn't wish it upon nobody. It's the pain that, think about thinking about breaking your bone if I don't have ever broken a bone and times it by 100. Yeah. That's what the pain feels like. And It doesn't go away. Right? Is is a constant constant draining, pain that runs through your body that doesn't go away. And there were all there are drugs you can take to help. But it's it's a very, very, very horrible unwanted feeling that nobody ever wants. Nobody, nobody wants to go though, trust me. … Now because I have pretty much the right drugs, the right medication bundle that it covers everything. And they even if I miss a day, the morphine is long acting, so it lasts for two days. So you got two days, give or take 48 hours."—Romeo

Criminal Activity*

71.4 % of the TBSSP clients reported engaging in criminal activity to support their substance use before being enrolled in the program. Of those 68% now report decreased or no current criminal involvement to support their use.



"like it's gone down a lot [fentanyl use]. My life, my life isn't revolved around my fix anymore. Like, I can come. I can come here … Like, it's not as much as I want it to be. But I can come here and I can actually be content. I don't have to fucking do the trap life anymore."—Nathan

"And the amount of money that I was having to spend or come up with every day was unrealistic, even probably was a job kind of thing. So I was out daily, boosting, stealing, not just like once, two, three times a day to get multiple, buy some freaking fentanyl or crack or whatever. Yeah, just to be able to be normal functioning towards the end of the day. And the next morning, the whole thing was start over again, where I'd wake up sick. And then I'd have to go and boost to get the first fix and then go up boost and again to get another fix and then go out and boost again to get either a final or semi final fix, right."—Jason

"I'd do all types of shit like I'd like … honestly like probably would do anything … like like steal, like like hustle, I dunno. Like try to, I'd do whatever it whatever I could honestly do whatever I could to be totally honest. … I'd like probably steal or hustle or sell shit yeah. I don't do that no more."—James

"Sex work, and like selling drugs or whatever…like I haven't really been doing sex work. Like at all for the last few months."—MR

"Always, just your everyday hustle and bustle. You pick it up for people and so you can make something off it. Stealing copper, that was one of my things. You know you scrap it and whatnot. So yeah, yeah, there's always there's always, always ways to make money. Sometimes, sex work but not usually…Yeah well, survival now I can just clean out my houses and what not."—Jane

*Criminal activity, as defined by the legal system, included theft, prostitution, living on the avails of prostitution, and trafficking drugs.

Reduced Fundraising

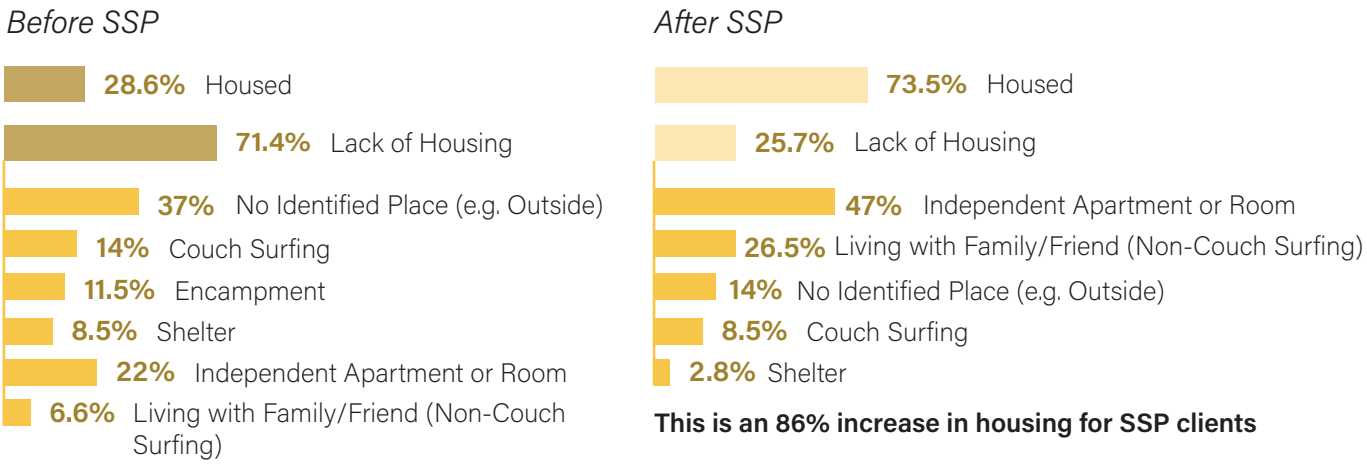
Participants reported a reduction in criminal and non-criminal fundraising due to reduced purchasing of street drugs, increased access to social assistance and increased stability in their lives.

Criminal	Non-Criminal
Theft (B&E, Boosting, Car Hopping)	Panning/Flying a Sign
Violence/Assault	Pawning Personal Items
Drug Trafficking	Borrowing Money from Friends/Family
Security in Trap Houses	Trading (Favours for Drugs)
Human Sex Trafficking	Sex Work*/ "Sugar Daddies"
Pawning Stolen Items	Employment (Odd Jobs/Casual)

Meeting Basic Needs

TBSSP has supported clients to access their basic needs, many of which were not being met prior to their involvement with the program. Participants highlighted that food, clothing, access to a shower were immediate needs that they were able to have met. Participants were then able to get support with shelter and housing, medical care, support in obtaining their personal identification (e.g., birth certificates) and accessing income support. The most substantial increase in meeting basic needs once involved with TBSSP was access to housing.

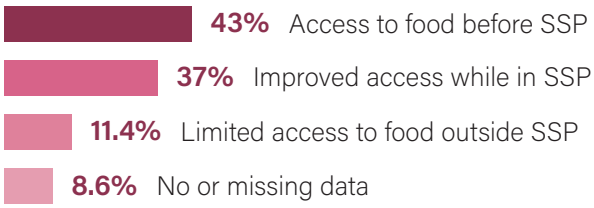
Housing



*It is not the position of participants that sex work is a crime, that is it a service in exchange for money.

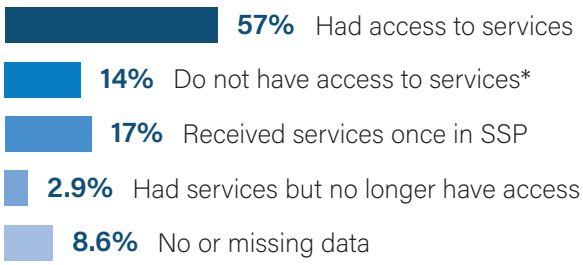
"I was homeless. I was up to homeless till about a month ago. Okay. Yeah. I was staying in my [redacted]. But we had a tent. And even though it wasn't heated, like we had like, like a propane heater but, but it was one that converts into a home. So it wasn't worried about poison. But yeah, like, it was hard getting here. You know what I mean? Yeah. Because we have to be here twice a day for the first bit. .. But now I have an apartment and job lined up."—GD

Access to Food



"But for me, already being on a low budget on a very limited budget. Like I can't, I can only afford rent, like, yeah, on disability, even with my work disability. That's all I can really afford. So leaning on, on the food that they supply and feed you every day is is a big, big in keeping my health. I probably be a stick, but the food that they supply. So that's one of them for sure."—Romeo

Access to Services

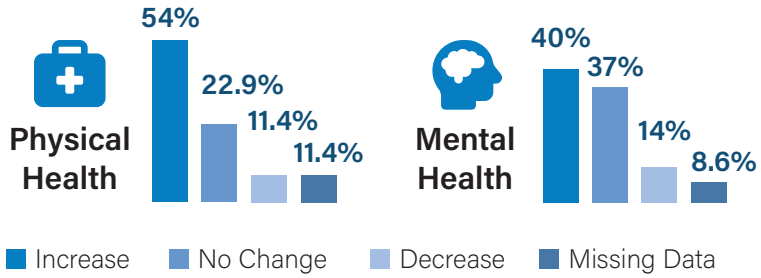


"They helped with taxes, getting my IDs, getting on housing, doctor's appointments, things like that." WP

"I go to the staff, like someone to talk to you. And they helped me like, they help you like find ID. When you ID and stuff. They help you like, like get your birth certificate, if you need help, they try to like help you, a lot of agencies and stuff. Yeah, and they have a shower things too for people … but they have a lot of resources for the other things, too." —James

*Services outside of SSP, such as housing and income supports

Physical & Mental Health



The physical and mental health of clients was an area that surfaced many times throughout the evaluation. Interview participants shared that prior to accessing TBSSP, they were in a 'rough state' and physically unwell; many experienced significant health issues, such as skin infections, organ failure, respiratory issues, and constant dopesickness (withdrawals). In addition to physical health concerns, participants described a range of mental health concerns, including worry, stress, anxiety, fear, hopelessness and depression before accessing TBSSP. However, once enrolled in TBSSP, the de-identified client data demonstrated that 54% of clients had improved physical health, and 40% had improved mental health.

Once involved in TBSSP, participants described gaining weight, sleeping better, having more energy, and improving their hygiene. Some participants shared receiving sexual health care, immunizations and addressing chronic health issues, such as Hepatitis C. They disclosed that having access to primary care within TBSSP increased their confidence in addressing their physical health needs and decreased their reliance on the hospital, specifically the emergency department. The de-identified program data demonstrated a 50% reduction in those who formerly accessed the emergency department prior to enrolling in TBSSP. However, in the interviews, a number of participants noted that not attending the emergency department was also due to other reasons such as past experiences of discrimination, healthcare providers who were unfamiliar with what a prescribed alternative program was and/or providers who passed judgement on their prescribed dose or on the program's philosophy. Therefore, a reduction in hospital visits is not a clear indication of services being used more appropriately.

Not only was there an improvement in clients' physical health, but there was a significant increase in their mental health status. Since being involved with TBSSP, participants described increased hope, decreased shame, feeling calmer and happier, and having a new desire to live. Participants identified receiving mental health support from TBSSP staff, learning new coping skills, and sharing their daily stressors to receive support. Participants shared that not only were staff knowledgeable about drug use, but they also understood the impact of trauma in participants' lives.

This understanding helped to reduce participants' feelings of internalized stigma and shame and increased their ability to reach out for support as needed. Chart 1.0 provides an overview of the types of physical, sexual and mental health care provided by TBSSP.

I would say that I'm more energetic, and more happy. Sometimes everybody has their days, but I feel like I'm just more happy and more energetic and happy … I wouldn't be able to do this without the program, like getting off of everything. I wouldn't have been able to do it. Or even in treatment, or detox, you know. 'Cuz I do not feel safe in any of those places."—Viola

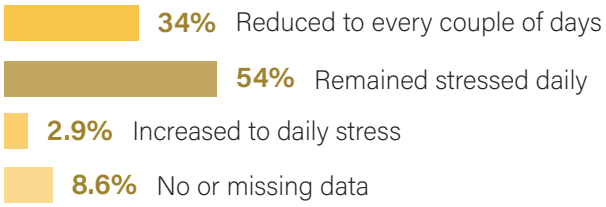
"Before I actually had panic attacks. I actually walked out on two haircuts because I just, it would snowball. Yeah, I'd feel weird, because something, that made me feel awkward and then the awkwardness would make me feel a little bit scared and that scary would make me feel a little bit cold. And then I feel chill in myself. And then that would really freak me out. And then I would feel dizzy and eventually I'd just get up and walk away without even giving an explanation. Yeah, and I've done that twice. So yeah, all part of mental thing. Yeah. Just the fact that I'm holding it together and able to have this conversation …, you know, make me feel like I'm worth listening to, you know."—GD

"My outlook …has changed…more positive. Whereas before, I've always felt negative about almost everything to do with … my mental health … and my physical health. You know, other parts of the program that, you know, I felt like I didn't even think that that [change] was going to be possible when I first came on the program, I thought it was just gonna be something, they were gonna just [going to]supply me with drugs every day. And that was it kind of thing right?"—Shiz

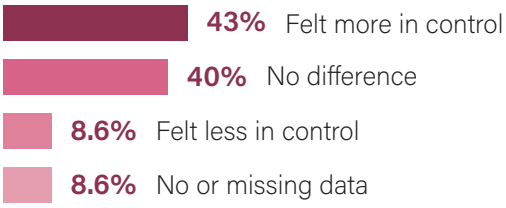
"Just recently one type of down [fentanyl] started to cause my feet to swell out like how, as they were before with my legs and having a really bad abscess on my, my leg right? Like I probably even almost lost the one leg so probably within the next couple of months or something like that, if I wasn't on this program, I would, I would have probably health problems again like that."—Jason

"When I had my interview to get on one of the questions is obviously the same thing as well … Why do you need this? At the time, my health, you can see how I look now. I looked like I was dying person on the street. There wasn't much life left in me and I had scars all over my face and cysts or whatever, abscess and yeah, I wasn't doing good. So it was a big, big trajectory change to where I am now."—Romeo

Change in Daily Stress



Change in Feeling in Control of Life



"I feel like really mentally sound, like before, I was either like, autopilot getting fucked up, or like, going insane. And now, I don't know. I feel like I'm getting back to myself. And I'm like, I guess like, getting the opportunity to be able to like repair myself, essentially."—MR

Decreased Emergency Department Visits

- 50% of those who used the hospital pre-SSP reduced their attendance at the emergency department after SSP involvement. Due to access to primary care at TBSSP, participants are opting to have their healthcare addressed at NorWest CHC.

Increased Chronic Care Management

For clients with an identified chronic condition:

- 68.5% Engaged in increased management of their chronic illness
- 100% Engaged in HIV/HCV care
  - For those treated for HCV, 80% have successfully cleared the virus

"I did contract Hep C, but they [nurses] did jump on it right away."—GD

Immunization

- 62.8% of clients received immunizations through primary care at TBSSP

"I was able to get my immunization shots and other shots that would basically help with my health problems with my weakened immune system. Yeah. So that I was able to get all that done through here. So I didn't have all this running around to do Yeah, so that I was able to just focus on daily routine daily."—MR

In addition to the care of Opioid Use Disorder (OUD) and wound care (related to drug use, and violence) the following additional care has been provided to clients who are not under the care of another provider:

Chart 1.0

Physical Health* (n=33)	Mental Health* (n=21)	Vaccinations (n=22) (78 provided)	Sexual Health (n=12)
Hepatitis C (HCV)	Depression	Hepatitis A (HAV) & Hepatitis B (HVB)	Reproductive Health (e.g., birth control)
Human Immunodeficiency Virus (HIV)	Anxiety	Influenza/Flu	Sexually Transmitted Infection (STI) Testing
Chronic Obstructive Pulmonary Disease (COPD)	Post-Traumatic Stress Disorder (PTSD)	Tetanus & Diptheria	STI Treatment
Asthma, Flu, Colds, Pneumonia	Attention Deficit Hyperactivity Disorder (ADHD)	Pneumococcal Disease	Supplements*:
Group A Streptoccal Infections	Psychosis	Meningococcal	Vitamins (e.g, D, Calcium)
Chronic Pain	Personality Disorders	Measles, Mumps, Chickenpox	Ensure Shakes
Foot care	FASD	HIV Prevention & Treatment*:	Other*:
Other medical conditions**	Stress	(PrEP) and (PeP)	Drug side effects (e.g., constipation)

*33 clients have received daily medications for management/monitoring of chronic physical health conditions, and 21 clients have received daily medications for and management /monitoring of chronic mental health conditions.
**#'s not provided to ensure anonymity

Inclusion & Connection

Another area of improvement was found in participants' relationships with others since becoming involved with TBSSP. Four areas showed improvement: relationships with family and friends, feeling more connected to the community at large, and connection with their identified culture.

Family:

- **5.7%** Good relationship
- **37%** None/challenging relationship
- **8.6%** No or missing data
- **45.7%** Improved relationships

Friends:

- **25.7%** Good relationship
- **37%** None/challenging relationship
- **8.6%** No or missing data
- **20%** Improved relationships

"It's saved my life. Got me back in touch with my family and friends and in good graces and I'm helping, and doing good things for my family. And not doing any crime. I don't know, things are going smoother. And then the if the program was, I don't know. Just hopefully. This program would stay.." —Pete

"My mom, my daughter, for instance, like, you know, like, if this program wasn't here, I don't know where I'd be with them, if I'd even be here. Yeah, yeah. Sad to say yeah, I probably wouldn't even be here." —GeeDee

Feel Part of the Community

SSP clients reported whether they felt part of the larger community before coming to TBSSP:

- **51.4%** Felt disconnected from the community
- **28.6%** Felt connected
- **6%** Felt sometimes connected
- **6%** Felt connected but no longer do

No or missing data: **8.6%**

Once involved in SSP, 71.4% reported feeling connected to the larger community.

"'I'm just not that drunk junkie guy people tend to stray away from you know. And I have people, I could conversate with people better. People are engaging with me more, you know, I'm just more I'm more human. I consider people's feelings now, as before, I would just not care...I'm not so down in the trenches no more. I feel I feel more clean cut that. Yes. You know what, I'm back. I'm part of society."—CRN

Culture

Many participants shared that their culture was important to them; however, at this point in their life, they were not ready to re-engage or engage with their culture due to their substance use. However, 20% of participants noted that after being involved with TBSSP, they had increased their connection to their culture. Some participants specifically mentioned the Harm Reduction Group as one way this was occurring in the program.

"I love, I love well, it's nice to have any kind of connection to my First Nation, and Traditional teachings and ways to go about things. I'm really big into that. And that's why my treatment is going to be first, I'm gonna on a first, like First Nations based treatment facility. Yeah, I mean, I've been thinking like, maybe not a lot more, but a little bit more, you know, how, my, my identity and how, how I can be more involved in the culture? Yeah. And you know, give back eventually, right? Yes. Something I really want to do."—Romeo

Summary

On average, based on the TBSSP client surveys completed every three months, clients begin to report an immediate decrease in overdoses and reduction in withdrawal symptoms, at approximately the 3-6 month range, decreased substance use including fentanyl, decreased injection use, and positive physical health changes are realized, and at 6-9 months decreased criminal activity, increased mental health, access to housing, increased connection to family, and a sense of belonging are evident. Clients also demonstrated a gradual change in goals, going from survival goals to noticing stabilization and considering new goals focused on the future and connection. Goal evolution will be explored in the next section of the report.

The Safer Supply Program has demonstrated that when clients have access to a prescribed alternative, have the support of program staff and have access to healthcare, the following occurs:

Decreased Risk
- *Decreased Drug Poisoning/Overdose Events*
- *Decreased Fentanyl Use*
- *Decreased Polysubstance/Street Drug Use*
- *Decreased Injection Drug Use*
- *Decreased Withdrawal Symptoms*
- *Decreased Criminal Activity*

Increased Access to Basic Needs
- *Increased Access to Housing*
- *Increased Access to Basic Needs (food, clothing)*
- *Increased Access to Services*

Increased Physical & Mental Health
- *Increased Physical/Sexual Health*
- *Increased Chronic Disease Management*
- *Increased Immunizations*
- *Decreased Emergency Department Visits*
- *Increased Mental Health*
- *Increased Feeling of Control*
- *Decreased Daily Stress*

Increased Inclusion & Connection
- *Increased Positive Relationships with Family*
- *Increased Positive Relationships with Friends*
- *Increased Sense of Belonging*
- *Increased Cultural Connection*

Wraparound Services

In addition to clients accessing the safer supply program, the evaluation was also interested in understanding the Wraparound Services for those not being prescribed an opioid alternative. Wraparound clients are those who do not meet the eligibility criteria for safer supply, which is typically not using opioids, their use does not meet the high-risk assessment, they are waitlisted due to program capacity, or are not ready for the safer supply program. The Wraparound clients, in comparison to the safer supply clients, appear to have more stabilization factors in their lives. Many of the wraparound clients access the program as needed and are not daily or weekly clients.

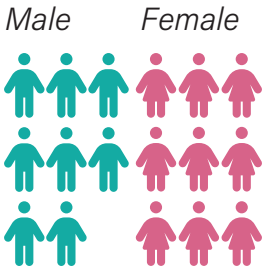
As of March 31, 2024, 79 individuals were listed as Wraparound clients. Eight of those were former Safer Supply clients and already captured in the Safer Supply client data. Of the 79 current wraparound clients:

- 43 clients receive daily medications for and management/ monitoring of chronic physical health conditions (iron, blood pressure, etc.)
- 11 clients received physical and mental health care (e.g. anti-psychotics, anti-depressants, etc.)

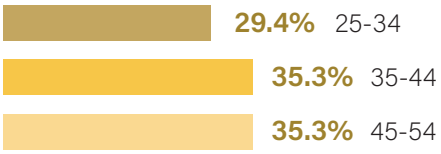
Of the 71 unique Wraparound clients, 24% (n=17) completed the survey about receiving Wraparound Services.

Survey Participants (n=17)

Gender*

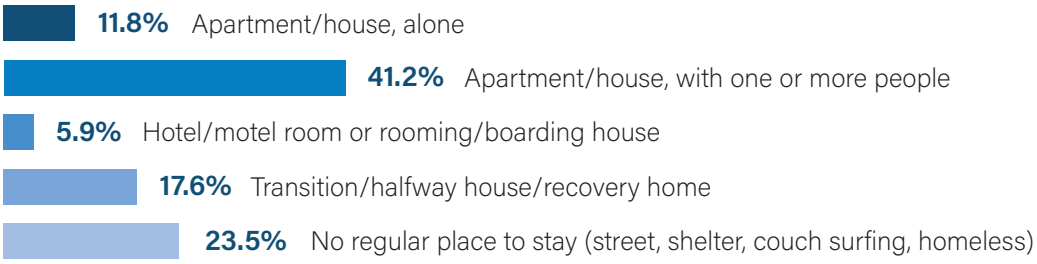


Age



59% Self-Identify as Indigenous

Housing



Substance Use Findings

- The average age of substance use onset: 17.6 years old
- The average age of drug of choice onset: 23.6 years old
  - Participants identified drug of choice:
    - 56% crack cocaine/cocaine
    - 12.5% crystal methamphetamine
    - 31% fentanyl or another opioid

*Includes cis and transgender

- 100% of participants identified receiving referrals to treatment, mental health support, healthcare and social services
- 82% have participated in a formal substance use program to address their use
- 64% identified using less drugs since being involved with wraparound services
- 60% would be interested in a safer supply of crack cocaine if it was available
  - The main reason for the interest in a safer supply is to reduce the risk of overdose (76%)
- 100% of participants identified that Wraparound Services makes their lives better
  - Examples include assistance with basic needs, healthcare and social support, and having a safe space to access staff where they feel comfortable
- 100% of participants either agreed or strongly agreed that they felt respected, treated with dignity, listened to, understood and supported.

"The people, and supports, and services keep me alive and help me to be ok a lot of day."

"Honestly, I have never felt more "seen" in my years of addiction."

"I have better mental and physical health because I get support here. They are great, you feel like a person and cared about. I'm not a stat here and I don't want to be a stat. I feel like I matter here, I don't feel ashamed here so it's easy to come here."

"The NWCHC has been incredibly accepting and understanding with my current situation. I have always felt comfortable, safe, and accepted here, and they are always willing to help any way they can."

"Since being supported for treatment … my life has meaning, my family is back in my life. I'll always be so very grateful for Norwest for believing in me."

"It's been a huge benefit to my life and recovery to have a nurse practitioner who supports me medically as well as mentally/emotionally. I was able to achieve housing, stability, reunification with family (kids), and now full time employment."

Goal Evolution

The results and findings thus far have provided evidence of the program meeting or exceeding the identified program outcomes. However, this section focuses on the evolution of client change through goal formation and education received as supporting factors to the client change process. As clients enroll in TBSSP, they identify self-directed goals and are supported by the TBSSP team. All initial goals at program enrollment were specific to survival, with some considering re-engaging with their former lives. Based on the de-identified client data and the semi-structured interviews, the following are client goals upon entry to the safer supply program.

1. **To stay alive**
2. **To prevent or reduce overdose/drug poisoning events**
3. **To reduce risky situations (e.g., engaging in crime, sex survival work)**
4. **To reduce withdrawals/dope sickness**
5. **To get their life back/move forward**
6. **To gain structure/stability in their life**
7. **To gain access to support and resources (e.g., healthcare)**

Then at 3 to 6 months enrolled in the program, clients' goals begin to change as their lives begin to experience stabilization. Goals after a period of stabilization include;

8. **To reunite with family/have access to children**
9. **To be employable/secure employment and save money**
10. **To attend school, upgrade or post-secondary**
11. **Seek volunteering opportunities or find work**
12. **To engage in substance use treatment programs (community based, live-in treatment)**
13. **To have access to take-home doses**
14. **To secure/have stable housing**
15. **To reconnect with their culture**
16. **To stop substance use, with an emphasis on fentanyl**

There appears to be a correlation between the length of service, stabilization, the evolution of client goals, and positive changes. For the majority of clients who stay in the program for more than 6 months, there is a noted change, as demonstrated by client outcomes (as noted in the logic model).

"…me getting off the program opens up a spot for somebody else. Yeah. And that's, you know, and that's the way I see it as like I want to get better and I hope the person that fills my spot wants to do the same thing. I can't tell anybody what to do. But I'm hoping that that's the route that they, everybody wants to go … there's always hope."—Romeo

Referrals

To support client-led goals and client autonomy, TBSSP staff advocate for and make multiple referrals on behalf of clients in both the SSP and Wraparound Services. Referrals provided by the program to support clients are vast and include such places as housing, income assistance, food banks, withdrawal management, treatment facilities, victim services, emergency shelters, harm reduction services, legal aid, and healthcare outside of NorWest CHC, to name only a few. In the evaluation period, 661 referrals were made, with 22% (n=23) individuals (combination of TBSSP and Wraparound) referred to live-in treatment.

Often, referrals require staff advocacy to support clients' needs and educate other providers about the safer supply program. Staff also provide transportation to support clients attending appointments. In addition to practical support and advocacy, staff also provide education to increase clients' awareness of current drug toxicity, safe drug use and services available. Based on this, clients described both staff and the whiteboard as tools to learn about drugs.

Education & Awareness

A component of the TBSSP is to increase knowledge of substances, specifically raising awareness of the contaminated drug supply, harm reduction strategies and service availability. All participants noted an increase in their awareness about drug toxicity, and all participants noted the utilization of harm reduction strategies. Participants noted increased education and implementation of safe drug use practices.

1. The main source of client education is received by
    a. Whiteboard (in centre of SSP site)
        I. Drug Alerts
        II. Harm Reduction Strategies/Hints/Tips (safe use practices)
        III. Awareness of Services (or places to avoid)
            01. Programs to meet their needs
            02. Access to the Care Bus
        IV. Advice and reminders
        V. Positivity and jokes
    b. Staff
        I. Same list as above, as well as
        II. Ad hoc, answer questions as they arise
        III. Learn from staff with lived experience how they made changes in their lives
        IV. Teach interpersonal skills (e.g., communication skills)

Program Strengths & Challenges

Participants were asked to reflect on what works well with the TBSSP and areas that have caused challenges or barriers in their lives.

	Program Strengths	Program Challenges
1	**No fatal opioid poisoning events:** TBSSP clients - "I'm alive." ▪ Reduction in overdose frequency	**Care Pathways:** Limited or no access to various healthcare and correctional facilities re SS prescription. Leading to no continuity of care and places clients at risk of significant withdrawals and reduce tolerance level once discharged from the facility ▪ Treatment Centres ▪ Hospitals ▪ Jail/Correctional Facilities
2	**Staff:** ▪ Supportive/Caring ▪ Feel cared for, feel like a person, "you are seen", no judgement a. Create safety b. Role Models - Staff with lived experience	**Restricted Movement:** ▪ Travel Restrictions, unable to travel with family or to see family
3	**Welcoming Environment** (Program Atmosphere) ▪ Safe ▪ "Feels like home" ▪ Supportive, positive space	**Location:** attending twice a day challenging for those who do not live close to the SSP site (transportation, time)
4	**Sense of Community:** ▪ Don't feel alone/support available ▪ See others with same struggles	**Pharmacy Model:** ▪ For individuals working on stabilization the pharmacy impacts their routine and increases risk when not in the safety of the SSP site to receive doses. ▪ Pharmacy hours – limited availability on weekend (if client unable to attend during these hours they will not have their required doses for the weekend)

	Program Strengths	Program Challenges
5	**Increased Access to Services:** ▪ Access to Primary Care ▪ Access to Mental Health Care	**Hours of Operation:** Impacts ability to work due to program hours or to work outside of Thunder Bay
6	**Wraparound Service:** ▪ Access to basic needs (food, clothing, bus tickets, housing support) ▪ System navigation (external)	**Lack of fentanyl-based products:** Current medication not potent enough to address level of use or potential withdrawals
7	**Accessibility/Removing Barriers:** ▪ Intake to program start date; average 7 days. ▪ Couples accepted together, to allow stabilization to occur	**Lack of Non-Opioid Safer Supply:** No access to regulated stimulants. The majority of clients use both fentanyl and crack cocaine. So while they may be experiencing stabilization in some areas there is still fundraising and seeking the crack cocaine that is reducing some clients' quality of life
8	**Routine/Structure:** Attending program daily provides and requires routine and structure - allows for stability and positive changes in life	**Not all benefits cover needed prescriptions:** This creates barriers to care, including if a coverage ends and the client no longer has access. Universal coverage is not present
9	**Harm Reduction Approach:** client autonomy supported, nonjudgemental, reduces stigma	**Prescriber recruitment:** Primary care recruitment can be challenging in the North, there is an added challenge of recruiting for Safer Supply as there is a lack of prescriber education on this topic
10	**Reduction in injection drug use:** there is a reduction in injection drug use and lowering of risk, however, there is an increase in inhalation, which has resulted in the lack of access to a safe consumption site, thereby increasing risk	**Pilot Status and Inability to Scale-Up:** Uncertainty of program continuity and a staffing model that cannot meet the demand in Northern Ontario

Recommendations

Wishes of the Collective Magic Wand

In addition to being asked to reflect on the strengths and challenges of TBSSP, participants also shared how they would build the program if they had the opportunity, if they had a "magic wand". Participants noted the following would be beneficial to the program and their success.

1. **Accessibility:**
    a. Change hours 12:00 - 8:00; or extended hours 8:30-8:00
    b. Weekend hours at NorWest CHC
    c. Mobile access
2. **Access to alternative Safer Supply Prescription:**
    a. Fentanyl
    b. Liquid Dilaudid
    c. Stimulants - specifically Crack Cocaine
    d. All drugs
3. **Take-home doses:**
    a. Increase flexibility to support travel and employment
4. **Program Scale-Up:**
    a. Annualized funding, not pilot funding
    b. Increase space in the program for others in need
    c. A secondary location in Port Arthur (northside of Thunder Bay)
5. **Resources:**
    a. Enhance access to food, such as lunch availability onsite,
    b. Access to more clothing (weather-specific and shoes)
        i. Donation organization
    c. Television in the common area
6. **Programming & Services**
    a. Safe inhalation site/ventilated room
    b. Increased access to primary care
    c. Access to dental care
    d. Groups
        i. about treatment and recovery
        ii. for women (safe space)
        iii. increase harm reduction groups
    e. Financial trustee service
    f. Personal Lockers

7. **Housing**
   a. A housing complex, with staff similar to TBSSP
8. **Employment**
   a. Hire peer workers
   b. Provide opportunities for clients to have paid work onsite

Other wishes outside of program delivery:

9. **Address public conceptions of diversion:**
   a. Concerns that these conceptions put the program at risk; public awareness campaign suggested
10. **Government and policy recommendations:**
    a. Comprehensive funding to support sustainability and program enhancement
    b. Increase access to housing for people living with an addiction
    c. Decriminalization of drug use and possession or legalization of drugs
    d. Stigma reduction campaign (national and local)

Discussion

Many themes were found during the evaluation. The themes discussed here were often found across many conversations: connection, health, housing, and trauma. While diversion was not a theme from the clients, it is a theme that continues to be raised in relation to the prescribed alternatives/safer supply program, and the clients' view on this topic is important to understand in light of this ongoing conversation. The last theme discussed is a combination of many themes that surfaced throughout the evaluation – the future of the program.

1. Connection

Earlier in the report the increase in relationships with family, friends and community was presented. Another area of connection that was consistent throughout every interview and on the client surveys was the connection with staff. Participants shared many stories about the importance of their relationships with staff. These stories were beyond "I feel listened to"; these stories were "I feel understood" and "I am seen". The core of the program is essential: a safer supply of opioids to reduce overdoses and help people to stay alive. The add-on to the program is the staff group and the intentional decision to have people with lived experience as the first point of contact for the program. Participants shared not feeling human and void of most connections and feeling hopeless before SSP. Participants shared, "It's like family here," "They see you as a human being," "They support me here," and "They care about me". Additionally, the staff members with lived experience are seen as 'role models,' and the possibilities may still exist for their chosen future. Not all participants were thinking about change or the future; nor do they need to as right now, for some, it was to have access to a safer supply. However, all participants did share the importance of connection with staff and they enjoyed coming to the program and seeing staff and never felt judged.

> "Yeah, the staff here they- they seem to be they just they will be right there with you. They are blood family kind of like. And maybe that's me being just desperate for fucking family or whatever- but I'll take it. If they want to like give that feeling that guard thing down and like that feeling of like- being safe like I don't know know just being people- good people. I'll take that any day over the fucking streets."—Nathan

"You can just see the compassion in their eyes like, and the way they talk and the judgement isn't there. You could just feel that and the way that a lot of like their questions aren't the same thing. Just yeah, just feel. Feel it. You can feel people."—Fats

2. Housing

The Safer Supply Program has played a crucial role in increasing access to housing for PWUD. By providing a safer supply of opioids, the program has reduced the financial burden and instability associated with seeking and obtaining drugs through illicit means. Participants experience fewer health and criminal justice crises and are better able to maintain stable housing with family or by themselves. Additionally, the program's comprehensive approach includes support services that connect individuals with housing resources and assistance. This stability not only improves individual health and safety but also fosters a greater sense of community and belonging. The Safer Supply Program is making significant strides in addressing the intertwined issues of substance use and housing insecurity. While housing has dramatically increased, it's important to note that many individuals are living with family and these relationships are predicated on stabilization from the program. There is still not adequate housing in Thunder Bay or secured ongoing funding for TBSSP, leaving the client's housing in somewhat of a precarious situation.

"I've had, like, I've had a lot of trouble…But yeah, [redacted staff name] here helps me apply for housing. I've got my housing. Because I left my abusive boyfriend … But when I left him, [redacted staff name] helps me apply for housing. So I applied for housing, emergency housing, and they helped me apply for treatment. Because again, like I don't, I don't want to be the kind of addicts that is on the street, right, you know, not having to live. I would like to live. I would like to live and I would like to function, I'd like to be a functioning member of society. But if we're constantly being deprived of what our body needs or, what our mind needs? That leaves us on the street, you know"—Dawn

3. Integration with Primary Care

The integration of prescribed alternatives with primary care is key to addressing the multifaceted needs of clients. This connection enhances the effectiveness of supporting chronic health conditions, urgent care needs, vaccinations and substance use.

Throughout the interviews participants reflected on how important it was to them to have their physical health needs met along with receiving their prescription. The onsite comprehensive care helped clients with stabilization and consistent follow-up with their care. This personalized approach also helped clients experience care that was not stigmatizing. This integration not only enhances the effectiveness of harm reduction efforts but also promotes overall health, reduces stigma, and supports clients' well-being.

> "Definitely my health, my, my overall health has been impactfully better. I'm finally able to hold weight, like as far as before, I would go to jail for eight months, I'd get out, I'd be close to 200 pounds and that within two, three months, I'm already down to 150 pounds again with everything right? So I'm able to stay at a stable, healthy,, healthy weight, daily, and well with some of my health problems. I'm able to focus on, on certain little things that would help with having a jeopardized immune system. Like for instance, I usually get Ensures, like a box of Ensures weekly, right and like that keeps my nutrition level to a point where I don't lose weight, like I used to. And I'm able to not have to worry about mental health afterwards that comes to like the weight loss a lot of times."—Jason

4. Addiction as Trauma

The evaluation took a trauma-informed approach and did not delve into stories from the past; in the interviews, however, stories came to the surface. Not just stories of what lead to participants use but what has happened to them since their use began and situations they found themselves in that if not for the addiction they probably would not have experienced. As participants shared their stories a picture of addiction as it's own trauma became apparent. The losses suffered due to addiction: fatal drug poisonings of friends and family, withdrawal symptoms, experiences of narcan being used on themselves or having to use narcan or someone else, loss of family connection, loss of access to children, assaults, being robbed, incarceration, stigma, discrimination and racism – all trauma experiences.

> "I hate humans. And I feel like there's a lot of cruelty and inhumanity and throughout my addiction like my patience, my humanity is just been strained and destroyed through like, the terrible things that have happened to me and then all the things that have happened to people I care about"—MR

5. Diversion

Diversion is a difficult topic to discuss without fear of reprisal. However, participants shared four areas about diversion: 1) If they had ever diverted, 2) if so, under what circumstances, 3) why they think others on SSP may divert, and 4) how they feel about the topic. Participants clearly stated that diversion is a concern as they do not want the program to be put at risk as it has changed their lives.

The majority of participants did not report diverting their prescription. The few individuals who did share that they diverted were very clear that they had not provided or sold Dilaudid to anyone else, and the reason for taking their observed dose off-site was to self-administer later in the day.

Reasons for diversion:

a. *Off-site/alternative self-administration:* of those who shared an instance on diversion for personal use, it was to a) get them through the night and not experience withdrawals and/or b) not to have to seek contaminated drugs to get them through evening withdrawals.

Participants shared hypothetically other reasons for diversion may be for:

a. *Compassionate sharing:* to share with a loved one in withdrawal or to prevent withdrawal
b. *Withdrawal Management:* current safer supply is not strong enough, and therefore looking to trade/purchase prescription for more potent drug
c. *Survival:* to meet basic needs, such as accessing funds for shelter, food

Participants were also concerned about the public image of the program and that diversion was being focused upon more than the role that SSP has in saving participants' lives. They were further concerned that this misinformation could put the program at risk and, essentially, their lives.

> "Reasons for diversion are compassion. In the same way, I might offer you a Tylenol, they might offer someone hydromorphone, …"Have you ever been in withdrawal? Have you felt every hair on your body hurting?". And so if you see someone in that state, and you can offer them the equivalent of $4 of Dilaudid."—Ned

> "I use to do that, try and spread them out for 2 or 3 days to help with feeling sick, I wasn't getting enough so I'd try to make them last"

6. Future of the Program

Throughout the evaluation process, 3 groupings of themes (see Chart. 2.0) were consistently present. The first was **Pre-SSP**, when participants discussed feeling hopeless, alone and not sure if they would live or die. The second, however, once **enrolled in SSP**, and experiencing the benefits of stabilization, participants were hopeful for a new future or regaining the life they once had as well as feeling connected to staff and other participants and overdoses had either stopped or decreased significantly and the possibility of death didn't feel as close as it once had. In the last grouping, when discussing the **future of SSP**, participants discussed fear of not having access to their daily doses but of losing connections to staff and re-established connections to family and friends. The worry about the program's future and its impact on their lives and those around them was difficult for many participants to fully discuss without becoming emotional. The life-saving nature of the program cannot be overstated.

Chart 2.0

Themes	**Pre-SSP (past)**	**SSP (present)**	**SSP Sustainability (future)**
Emotional State	Hopeless	Hope	Fear
Connection with Others	Alone	Supported	Uncertain
Overdose Frequency	High	Low	Uncertain
Probability of Life or Death	Death	Life	Uncertain

"It honestly makes me want to cry thinking about them [politicians] taking it away, I just, honestly, that just looks like my whole world collapsing."—Shiz

"It means life, life or death. Because without this program, my life would have been cut short. And I just feel like it's, I feel like this is where I'm meant to be right now. On my, my quest of life. ,,, I just know, on my journey. This is just where I'm supposed to be right now. And, you know, I'm, I'm tailored to be somewhere else. And this is a step along..."—Romeo

Key Messages to Decision-Makers

As part of the evaluation, participants who took part in the client interviews were asked, "What would you tell decision-makers about you or the program if they were with us right now?" The following is a sampling of their voices sharing the program's impact on their lives, with the hope that their voices will be listened to and will influence decisions about their healthcare delivery.

"We're people too and we need this program, it's saving our lives… It saved my life, I'm still here, because of this program."—WP

"I'm not gonna rob you today [because of this program]"—Billy

"This program is the best thing that's happening in my life. It's better than Suboxone. It's a lot more community based help it's really helpful for community. If it could grow, that would be great."—Romeo

"It saved my life. I would probably be dead already if it wasn't for this. It was self-destruction, you know."—CRN

"I have had family to catch me and keep me from being that- falling that far. So I count my blessings. .. first of all, no one's overdosed since the program. Number one. That isn't even the best part. This is like the best part. You know, that girl I just hugged over there? She doesn't work the streets. I started to bawl my eyes out, that's the most beautiful thing I've ever heard. They're not working the streets. It's beautiful."—Dawn

"I say it's a safer alternative…like less likely to overdose…people because some people don't want it. Some people that want to get off the down. We don't want to do that anymore. It's a safe thing. Like the pills are helping people like people just want to stop using down. They are helping."—James

"Um, I feel like I matter now. Yeah, I feel like I matter [getting emotional]. I'm not just another statistic"—Nathan

"It's a good program, it's helping me and probably a lot of people too. It's affected me in a good way, I plan to get off program soon but slowly … like lets keep doing it [TBSSP] so everyone feels that they have somebody that really cares; that they want me, they want to stop- to get a little push from somebody… who cares"—Helen

"It does more good than harm, basically, like, you know, what I mean? and like, taking it away, it's gonna cause a lot more fallout, like, you know what I mean? Like, if you think there's a problem with it (opiates), now, take it away. And like, you know, what it means? Do you see what that does? Like, it's gonna, that's gonna cause like, a big domino effect. And just, you know, what I mean, all those people that got better than they're gonna be back on the street, and just, you know, what I mean? Like, just, it's I know, it's helped me and just changed my life. So just, that would be really devastating"—Shiz

"That is making an improvement in my life. Like an incredibly visible one." —Fats

"Why would you shut it down for when it has lots of lots of resources and stuff like that? It's actually good for the people that are coming here. Because they can help you with anything they help you with food, they help you with clothes, they can help you with shelter? They help you with everything you need. There's doctors here. Yeah, give me a medication and stuff like that, and the staff are good."—D

"I'm trying, I try my best and you know the program has helped me and I just want to keep keep moving forward … and just kind of stay positive." —Trevor

"Well, who I am as a person is definitely not … what maybe the community's outlook has been on me as whereas I'm looked down upon as being a thief kind of thing, for stealing for so many years just to support a habit right? Whereas now, the people that thought that might still think and they feel that way not obviously seeing the difference that I've taken already, made. That's realistically a positive thing about how the program's able to help stop that stigma, kind of thing, right?"—Jason

"I'm alive today … I was going down a road that I probably, you know, a year later, I probably wouldn't be here. Honestly, I don't think that would be so… that's what it was looking like."—Jane

Conclusion

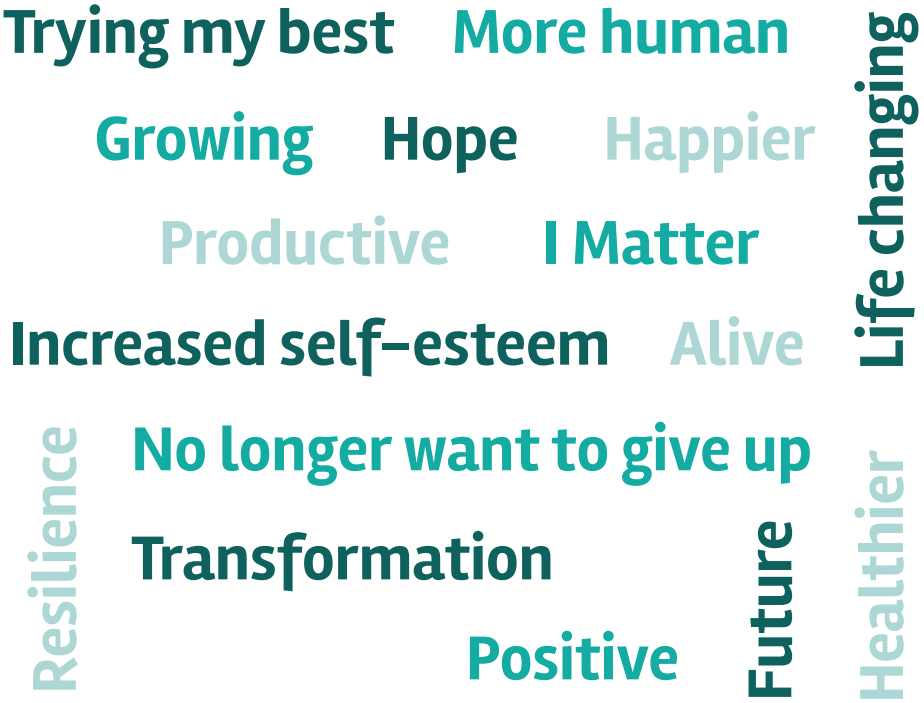
The evaluation of the Thunder Bay Safer Supply Program in Northern Ontario demonstrates its profound impact on addressing the opioid crisis and improving the lives of people who use drugs (PWUD). The evidence gathered in the evaluation underscores the necessity and effectiveness of safer supply initiatives in addressing the opioid epidemic. TBSSP's holistic approach has successfully reduced overdose rates, improved health outcomes, and enhanced stability for clients. Through a regulated supply of prescribed opioids and comprehensive wraparound services, the Safer Supply Program provides a lifeline for individuals at risk of overdose and fosters a sense of dignity and hope. However, these outcomes not only benefit the individuals directly involved in TBSSP, but they also contribute to the overall health of the community.

"My city [Thunder Bay] is struggling and we need the support. … I would like everybody to know, that they're [TBSSP] not only helping us clients, they're also helping the city as one. Like my family, like I would say my family because because they're getting getting me back. Yeah, they're getting back the person that I was before. So they're [family] definitely very grateful to them too. I hope that this program just doesn't just stop, because I think that will just cause more problems; and for me because then I won't have my support system. Yeah, it would be tough. It would be tough. And I really hope that it doesn't because I need them."—Viola

Despite some resistance and misconceptions, the evidence-based data clearly supports the continuation and expansion of safer supply programs as a vital component of harm reduction strategies and healthcare for people who use drugs. By addressing the root causes of the opioid epidemic and providing a safer alternative to the toxic illicit drug supply, these programs can save more lives and build stronger, healthier communities.

Thunder Bay Safer Supply Program offers a critical healthcare intervention that is supporting PWUD to stay alive amid the opioid epidemic. The program and staff offer a compassionate, evidence-based approach that addresses the immediate needs of PWUD while promoting client autonomy. The reduction of overdose/drug poisoning events alone is reason enough to provide a safer supply program. However, the program evaluation is rich with data and participants' experiences, providing evidence of the effectiveness of the Safer Supply program.

What TBSSP has Brought to my Life



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