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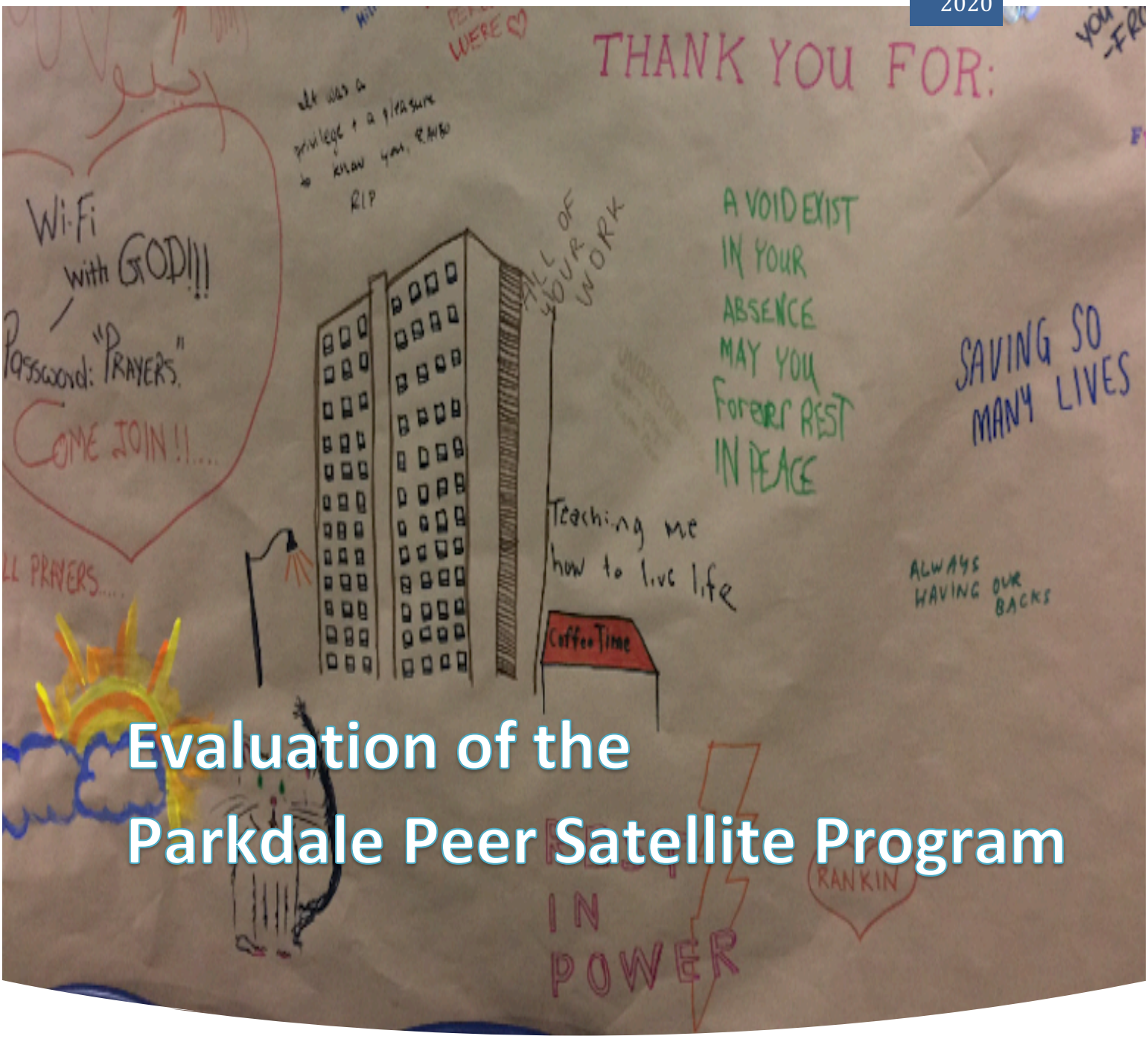

Evaluation of the Parkdale Peer Satellite Program

Parkdale Queen West Community Health Centre

February 2020

Evaluation of the Parkdale Peer Satellite Program

Prepared for the Parkdale Queen West Community Health Centre

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Executive Summary

Background

A 2017 TUHF-funded needs assessment indicated a critical service gap in the west-end of Toronto: insufficient access to harm reduction equipment and information for those who are highly socially isolated, particularly in residential areas. The vulnerability of this population has been particularly heightened by structural and environmental factors, including the current context of a housing crisis and an overdose crisis due to the contamination of the illicit opioid supply with fentanyl.

In response, the Parkdale site of Parkdale Queen West Community Health Centre (PQWCHC) established the Parkdale Peer Satellite Program. The Satellite Program was designed to provide peer-delivered services within residential settings through the creation of residential satellite sites, shelter/respite satellites, weekly residential outreach, and the Parkdale Drug Users Group. The initial goals of the Satellite Program included reducing barriers to access of harm reduction equipment, supplies, and education, and to reduce social isolation and facilitate linkages to health care and social services among people who use drugs, who were otherwise unconnected to services and care.

Satellite Program Effectiveness

The Satellite Program has met its initial goals of increasing access to harm reduction equipment and services – including overdose prevention and response. Additionally, the Satellite Program has yielded unanticipated benefits. The multipronged approach to peer-delivered direct service provision in residential settings has uniquely positioned the Satellite Peer workers to address some of the risks and harms that arise from structural and environmental factors, such as stigmatization and criminalization of drug use; housing insecurity and housing policies that do not employ a harm reduction approach; and insufficient health and social services tailored to the needs of people who use drugs. Despite operational challenges that stem from structural factors (including the housing crisis and the overdose/drug contamination crisis), the Satellite Program has produced the following positive outcomes:

1. Extending the temporal and geographic reach of harm reduction equipment and services, including HIV and hepatitis C prevention education, overdose prevention and response training and naloxone distribution.

2. Providing connections for people who use drugs and who are experiencing social isolation:
    - By facilitating and strengthening mutual aid networks;
    - By reaching people who use drugs who may not identify as drug users, or who may require discretion due to negative consequences if 'outed' (e.g., parents, those residing in zero-tolerance residential settings, those involved in drug selling);

- By filling in service gaps and connecting clients to harm reduction services, health care, and other social and community services among people who were previously unconnected to services and care.

3. Facilitating the development of information exchange networks and access points:
    - By mobilizing community intel regarding drug trends, quality, concentration, and reactions within the local drug market, and issuing drug warnings;
    - By gathering information about the community, such as community needs and strengths, and identifying high priority areas and populations, and feedback on the effectiveness of services;
    - Through the promotion of programs, services, and opportunities for community members.

4. Providing a high-impact, low-barrier response to the drug poisoning and overdose crisis:
    - By offering peer witnessing and supervision of drug use in the community;
    - Through direct overdose response, particularly in residential settings, and shelters and respites;
    - By building overdose response capacity among people who use drugs and among staff in residential settings (e.g., shelter staff, security guards).

Structural and environmental challenges

There have been challenges to program operations related to structural and environmental factors, such as:

- The criminalization and stigmatization of drugs;
- The unpredictability and contamination of the illegal drug supply;
- Housing policies that are ambivalent and sometimes antagonistic towards harm reduction programming and interventions;
- Funding and resource constraints.

The operational impacts of these challenges include:

- Concern for the health and well-being of the Satellite Peer workers due to ongoing grief from overdose losses and stress from continuous overdose response, and direct health harms related to changes in the drug supply;
- Potential to over-burden Satellite Peer workers due to increased demand for community-based services;
- Obstacles accessing and delivering harm reduction programming in high needs residential buildings and settings, due to hesitation and occasional hostility from housing providers;
- Increased time investment in negotiating access to residential buildings, and advocating for the need for service delivery in high needs settings;

- Re-allocation of time to provide increased supports for activities related to housing retention, housing rights, and physical and emotional health of Satellite Peer workers;
- Significant investment of time and resources into program administrative requirements, including compiling various funding reports and renewal applications.

Recommendations

The major challenges faced by the Parkdale Peer Satellite Program are complex, as they are primarily structural and environmental. This report makes several recommendations to attempt to mitigate the ongoing operational impacts of these challenges:

1. Provide sufficient and stable ongoing funding for the Parkdale Peer Satellite Program;

2. Ensure that formalization of the Peer Satellite Program does not interfere with low threshold provision or accessibility of services;

3. Increase coordination and support for cross-sectoral action on harm reduction and overdose response within residential settings;

4. Increase availability of supports for grief and loss from overdose for front-line workers;

5. Increase support for community-based overdose response measures, including funding and support for scale-up of peer-witnessing and/or Overdose Prevention Sites within shelter and respite settings.

Section 1: Background

In 2016, Parkdale Queen West Community Health Centre (PQWCHC) received funding from the Toronto Urban Health Fund (TUHF) for a 1 year pilot project to conduct a community needs assessment and consult with community members to determine additional types of outreach services needed in Parkdale. This pilot identified the need for harm reduction outreach services within community settings and during hours when other services were not available. This led to the establishment of the Parkdale Peer Satellite Program in 2017, upon receiving three years of TUHF funding. The Parkdale Peer Satellite Program was developed with substantial input from people who use drugs (PWUD) in the Parkdale community to address the specific barriers that individuals face in accessing harm reduction education and supplies, as well as overdose education and naloxone distribution. To address barriers such as distance, limited hours of operation of harm reduction programs within community health centres, and a need for privacy and discretion when accessing harm reduction supplies, the Satellite Program employs a range of strategies. These strategies are designed to reach highly isolated PWUD who are frequently unconnected to other health and social services, and to support the uptake of safer drug use equipment and practices in the process.

Specifically, the Parkdale Peer Satellite Program aims to:

1. Increase the ability of people who use drugs (PWUD) to access sterile equipment for drug use and naloxone, and broader harm reduction knowledge including HIV and HCV prevention strategies, and overdose prevention and response by complementing existing harm reduction initiatives;
2. Address existing barriers encountered by PWUD in residential settings in accessing sterile equipment for drug use and naloxone and adopting safer drug use;
3. Build upon existing support networks among PWUD to address HIV, HCV and overdose-related risks;
4. Enhance access to healthcare and social supports by providing referrals and strengthening connections to existing services in the community.

The Parkdale Peer Satellite Program consists of four main complementary direct service activities:

1. Operating five TUHF-funded peer-run Satellite Sites in the homes of PWUD located in high needs buildings, ensuring access to drug use equipment, overdose response training and naloxone, and linkages to health care and social services;
2. Supervising two Overdose Response Peer Trainers in shelter/respite settings or other high needs residential settings focused on overdose response training;
3. Conducting weekly residential outreach to high needs buildings and shelters to facilitate access to harm reduction education and supplies, overdose prevention and health promotion knowledge; and

4. Facilitating the Parkdale Drug Users Group to strengthen community capacity and promote social connection and engagement.

As of January 2020, the Satellite Program team consists of a program coordinator (staff), two Satellite Peer Leads (SPL – recruited positions), three Satellite Peer Workers (SPWs – recruited positions; plus five non-TUHF funded SPWs), and two Overdose Response Peer Trainers (ORPTs – recruited positions). In addition to the core direct service activities, the program also: 1) operates a Community Advisory Group consisting of 12 volunteers, which meets every 2 months to provide community input and guidance for the program; 2) provides weekly supervision and support of Satellite team members; and 3) conducts regular trainings and capacity building activities for the Satellite team.

Parkdale Peer Satellite Program Evaluation: Goals and Methods

This report provides findings from an evaluation of the TUHF-funded three-year project Parkdale Peer Satellite Program. It aims to identify what aspects of the project are working well, as well as ways that the project can be strengthened. The evaluation draws on quantitative and qualitative data from three earlier TUHF progress reports (December 2018; June 2019; December 2019). In late 2019 and early 2020, the external evaluator also conducted an additional two focus groups (one with Satellite Peer Workers/Overdose Response Peer Trainers and one with Parkdale Drug User Group members) and an interview with the Satellite Coordinator. Data was compiled and analysed using a thematic approach by two researchers with extensive experience in the evaluation of low threshold health services. The focus of this report is on evaluating TUHF-funded activities and the TUHF-funded Satellite Program; however, this evaluation nonetheless reports broadly on the Parkdale Peer Satellite Program related activities more generally, and the findings are generalizable to non-TUHF funded sites since they are coordinated in a similar way and given the similarities between the TUHF vs. non-TUHF funded Peer Satellite Sites.

This report is organized in the following way: this first section provides a background and orientation to the report, along with an introduction to the context in which the Peer Satellite Program operates: currently, Toronto is experiencing dual crises composed of a housing crisis and an overdose/drug contamination crisis that are heavily impacting some of the most marginalized members of the Parkdale community. The second section offers an overview of the Parkdale Peer Satellite Program team, including a description of the training, supervision, and support provided to team members. This section also outlines the primary activities that comprise the Peer Satellite Program. The third section presents thematically organized findings from the evaluation. The findings highlight the key benefits and contributions from the program's activities, with an emphasis on how the activities complement and build on each other to increase access to harm reduction equipment and education, reduce social isolation, and provide a low-barrier and high impact response to the drug-poisoning and overdose crisis. The fourth section describes the structural and environmental challenges and their impact on the Satellite Program's operations. We close with the

final section that offers recommendations for how to improve the effectiveness and the sustainability of the Satellite Program.

Delivering peer-based harm reduction services in an overdose crisis

An unprecedented crisis is affecting people who use drugs in Canada. Between January 2016 and June 2019, 13,900 people have been lost to apparent opioid-related deaths[1]. Between July 2018 and June 2019, there were 336 opioid-related deaths in Toronto alone, with the majority occurring in private residences[2]. These deaths are largely attributed to the increasingly unpredictable and toxic illegal drug supply. In response to the crisis, harm reduction services in Toronto have attempted to expand their programs to include overdose prevention and supervised consumption services, naloxone distribution and training, and overdose prevention and management education.

Current data shows that 70% of deaths occur in private residences[2], suggesting a strong need for harm reduction and overdose response services targeted at the community settings where people live, and where people gather to use drugs in communal settings. Due to the stigma surrounding illicit drug use and the discrimination that PWUD drugs face, many PWUD have difficulty accessing health and social services, or face negative and discriminatory treatment when they attempt to access services. The provision of harm reduction and overdose response services by trained peers in community settings provides a way to ensure that this population is reached by key overdose education and naloxone distribution programs, in low-threshold settings that are accessible and that extend the temporal and geographic reach of existing harm reduction programs in community health centres[3].

Recent research has highlighted the huge burdens that overdose response within community settings are placing on frontline harm reduction workers, particularly PWUD and front-line harm reduction workers such as the SPWs and ORPTs. This research has highlighted the enormous stress and emotional distress being experienced by PWUD, SPWs and ORPTs, and the lack of tailored supports available to this group to help them address the stress and emotional impacts of intervening in repeated overdose [4]. Additionally, the criminalization of drug use influences policy in

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[1] Special Advisory Committee on the Epidemic of Opioid Overdoses. *National report: Opioid-related Harms in Canada Web-based Report.* Ottawa: Public Health Agency of Canada; December 2019. https://health-infobase.canada.ca/substance-related-harms/opioids

[2] Toronto Overdose Information System. *Deaths.* https://www.toronto.ca/community-people/health-wellness-care/health-inspections-monitoring/toronto-overdose-information-system/

[3] Kolla, G. & Strike, C. (under review). Medicalization under Prohibition: The limits of a public health approach to improving the health of people who use drugs under criminalization. *Drugs: Education, Prevention and Policy.*

[4] Kolla, G., & Strike, C. (2019). "It's too much, I'm getting really tired of it": Overdose response and structural vulnerabilities among harm reduction workers in community settings. *International Journal of Drug Policy*, *74*, 127–135. http://doi.org/10.1016/j.drugpo.2019.09.012

ways that can have direct negative repercussions for PWUD, particularly with regards to policies governing housing. Here, research has highlighted how PWUD who are involved in repeated overdose response can be vulnerable to housing loss (particularly within social housing) due to repeated interventions from first responders including paramedics and police. This creates difficulties in balancing the need for education, training and intervention in community settings where drug use and overdose are occurring, with the need to provide support and protections from negative repercussions (such as the risk of eviction) for PWUD in the community who take up roles on the frontlines responding to the overdose crisis. The response of the Parkdale Peer Satellite Program to this difficult situation will be explored in this report, as well as recommendations for addressing challenges that are being faced by the program and program participants.

Section 2: The Parkdale Peer Satellite Program Team and Activities

Satellite Program Core Activities

The Satellite Program consists of four core direct service activities that work together, complementing and amplifying each other's effectiveness. The main activity is the operation of the residential Satellite Sites. The supportive activities of shelter-based Satellite Sites, weekly residential outreach, and the Parkdale Drug Users Group work together, alongside the residential Satellite Sites, to reach socially isolated people who use drugs, to distribute harm reduction equipment, to share information, and build community capacity and social networks.

Residential Satellite Sites

Residential Satellite Sites are 'harm reduction hubs' located in the private residences of trained Satellite Peer workers (SPW) – typically, in apartments in residential buildings or rooms in rooming houses. SPWs distribute harm reduction equipment and supplies (e.g., injection kits, naloxone), provide harm reduction education, share information, promote health care and social services (including supervised consumption services and other harm reduction programs), and offer support to members of their social networks. Currently, the program operates 5 residential Satellite Sites that are funded through TUHF: two of which are located in high-needs, large rooming houses, and three in high needs, large-scale, privately owned building. There are also an additional 5 non-TUHF funded Satellite Sites, which are funded through an existing Purchase-of-Service Agreement with the City of Toronto, and which are administered separately.

> *"I've got access to information that they might not have. I've got the supplies they're looking for at off hours, or if it's too far away, because I'm their neighbour."* (SPW/ORPT focus group participant)

Shelter/respite-based Satellite Sites

Overdose Response Peer Trainers (ORPT) residing in shelters or respite centres provide training to fellow residents, shelter/respite staff, and other community members (e.g., building security guards, visitors) on how to identify and respond to overdoses. The goal of this activity is to promote awareness and competency amongst community members to respond to overdose. Training includes information about rescue breathing, naloxone administration, crowd control, responding to different types of overdose, current drug warnings and trends in the drug supply, and other community information. ORPTs also distribute naloxone kits. Within shelters, respite centres, and other staffed residences, the

ORPT role is complementary to existing agency-based supports (through staff). Although ORPTs have responded to overdoses, the role of the ORPT is to provide training and information, not to be the 'onsite responder' in case an overdose occurs. Overdose training activities are primarily opportunity-driven, based on requests from building residents or staff; they are also realized through the organization of pop-up training/education sessions in building lobbies or respite common areas, to reach individuals previously unconnected to services or training.

> *"Seeing someone come back to life before you. It's a tough act to follow. There hasn't been any overdoses in the building in over a month and I think that's because of us."* (ORPT interview)

Weekly residential outreach

Weekly residential outreach occurs in a range of residential settings (including market housing, not-for-profit housing and TCHC buildings, shelters/respite centres, and rooming houses), some on a regular basis and others on a periodic basis. Frequency of outreach is largely determined by opportunity (e.g., permission by the building owner), and need (determined through initial project needs assessment, and ongoing consultation with community and program workers). Some of the buildings where residential outreach occurs have existing Satellite Sites, while others do not. In the face of challenges accessing certain private buildings, outreach to respites and shelters within the Parkdale catchment area has been increased, prioritizing respites where other outreach activities do not currently take place.

The goals of residential outreach include: a) the provision of harm reduction and overdose prevention education; b) the distribution of harm reduction supplies including naloxone; c) promotion of other PQWCHC programs, including direct referrals to our Satellite Sites; d) referrals to primary care, counselling, and other programs at PQWCHC and partner agencies; and e) to provide additional on-site support to satellite workers to alleviate the sometimes burdensome role of being the sole harm reduction resource within high-needs buildings.

> *"Life has gotten more of a physical struggle in the past years [with fentanyl] but I like myself more, because I am actively working toward part of the solution".* (SPW interview)

Parkdale Drug Users Group

The Parkdale Drug Users Group (PDUG) is a weekly social and educational opportunity for people who use drugs. The goals of PDUG are to promote social belonging and connection, decrease social isolation, enhance community capacity, and strengthen community networks. The programming and focus of PDUG meetings are determined collaboratively by a team of harm reduction peer workers who work across Parkdale and Queen West sites. Attendance is supported by the provision of TTC tokens and a meal.

"We sit here, we talk, we laugh. We feel good, when we come out, we're different people. Keeps you out of trouble during the day." (PDUG focus group participant)

Parkdale Peer Satellite Program Roles

In addition to the Satellite Program coordinator, the program team consists of people who use drugs who have been recruited as resources for harm reduction due to their position as well-known members of their social networks and communities. They are 'recruited positions' and contracted workers (i.e., they are not employees of the health centre, and so they may use the health centre services). In many instances, team members were already informally providing secondary distribution of harm reduction equipment and education within their social networks prior to being engaged in their formal role as Satellite Peer Workers.

Satellite Site Coordinator: The Harm Reduction Satellite Site Coordinator is a full-time employee of PQWCHC. The Satellite Coordinator oversees the recruitment, training, and supervision of the Satellite program team members, as well as the day-to-day operations of the projects activities including compiling data for funding reports, writing reports and funding applications. The Satellite Coordinator also makes contact and builds partnerships with housing providers, shelter and support services staff, and community partners.

***Satellite Peer Worker*:** Satellite Peer Workers (SPWs) are people who use drugs, and are trained to provide harm reduction equipment, education and services out of their residences – which are primarily located in areas in the community with high need. SPWs maintain a stock of harm reduction equipment and supplies (including naloxone for distribution), provide support and information to clients, and collect data for reporting purposes. The SPWs are provided with significant autonomy regarding individual site operations. For example, some of SPWs permit clients to consume drugs in their Satellite Site, while others do not. SPWs set their own hours of operation, but are expected to engage in 4 hours of work per week. SPWs are provided with certificates/identification to confirm their role as a harm reduction workers working with PQWCHC. The SPWs may also participate in the weekly residential outreach in their building to connect with new clients and promote their services (see activities below). SPWs are paid $15 per hour, for four hours of work per week. Additionally, they receive honoraria for attending training sessions or meetings.

Satellite Peer Leads: In addition to performing many of the same tasks as a SPW, the Satellite Peer Leads provides informal support to other SPWs and may provide additional back up to SPWs who are in high demand/high use sites. The SPLs also participate in the weekly residential outreach. The SPLs have been involved in data collection for program monitoring and evaluation, and conducted interviews for progress evaluation reports. The SPLs are paid the same rate as the SPWs but are expected to work six hours per week.

Overdose Response Peer Trainer: The Overdose Response Peer Trainers (ORPT) are peer positions that were developed to address the high rates of overdose in community settings, and to provide targeted overdose response training and support to community members in areas of high need in the community (e.g., other residents in a building, shelter or respite centre). The aims of the ORPT positions are to promote awareness of overdose, and increase competency to respond to overdose within community settings and among community members who are experiencing high levels of marginalization (due to homelessness, for example) and who may be disconnected from other health and social services. Along with providing overdose training and education, ORPTs distribute naloxone. One of the major functions of ORPTs is to increase community-level information sharing in accessible ways, as they share emerging information regarding atypical overdoses and appropriate response, and information regarding community drug trends within networks of PWUD that may be otherwise unconnected to services and supports.

Community Advisory Group: The Community Advisory Group (CAG) members provide arms-length feedback to the Satellite Coordinator on the various activities of the Parkdale Peer Satellite Program. It is comprised of community members from harm reduction priority populations, as well as representatives and peer workers from partner agencies. CAG members are provided an honorarium for their contribution and expertise. CAG members meet 4-6 times a year (2 of which are TUHF funded) for community and agency updates, and to discuss and provide guidance on emerging issues related to the program. Issues that have been discussed at CAG meetings include: advocacy directions for the Satellite Program, overdose response and needs within shelters and respites, Safer Opioid Supply initiatives for clients and peers involved with the Satellite program, and the provision of support for community members and peer workers around grief and loss.

Activities to support the Satellite Program operations and team

Training

Newly recruited team members are provided with several mandatory core trainings delivered in group settings, one-on-one by the Satellite Coordinator, or in collaboration with PQWCHC harm reduction teams. A broad range of trainings provided by PQWCHC harm reduction teams are also available to SPW/ORPTs who wish to develop their training or skills in particular areas. Honoraria are provided for all trainings.

Core competencies: Safer injection practices; safe needle disposal; HIV/Hepatitis C transmission and prevention; community-based data collection; overdose prevention and response, including naloxone distribution and administration.

Additional trainings: Good Samaritan Drug Overdose Act and Legal Rights (e.g. when police show up at overdose calls); Sex Work: Realities and Harm Reduction Best Practices;

CPR; Housing Rights; Pathways to Care; Evaluation, Interviewing, and Active Listening; Conflict Resolution and Crisis De-escalation; Indigenous Harm Reduction & Cultural Safety; Restorative Justice; Stimulant Overdose; Managing Fentanyl-induced Muscle Rigidity and Flailing.

> "*The trainings that I've taken have impacted me hugely, because without that I wouldn't have the knowledge and experience – or I would, but I'd be way more of a nervous wreck. Telling people to chill out, and be able to deal with it in a less traumatic way."* (SPW interview)

Data from year end interviews with Satellite Peer workers, June 2019:

- 4 of 4 experienced increased self-efficacy and confidence around job skills.
- 3 of 4 reported that they receive the support, guidance, and training needed.

Supervision and support

Ongoing consultation and supervision are conducted by the Satellite Coordinator with the Satellite Program team to identify program challenges, emerging issues, and training needs. This is done through weekly one-on-one supervision, as well as in team meetings. Weekly one-on-one supervision is provided to satellite team members in several ways: The Satellite Coordinator conducts site visits to assess how the Satellite Site is operating and determine any needs. Supervision also occurs in shorter "check-ins" at the health centre, or by phone. Team members meet with the Satellite Coordinator for a monthly longer supervision session during which specific goals are collaboratively set and issues discussed in-depth, including both professional and psychosocial support needs.

The Satellite Coordinator provides support for Satellite Program team members around a range of psychosocial issues that may impact their work roles. This includes support when they face legal issues, or encounter issues with their landlord. The proportion of time and resources dedicated to this activity on the part of the Satellite Coordinator is ever-expanding, notably in supporting team members around eviction prevention, counselling and emotional support related to grief and loss, as well as facilitating linkage and ongoing engagement with clinical care. Developing and sustaining service corridors within PQWCHC and in external programs in the community remains one of the core forms of support provided by the Satellite Coordinator. Needs of SPWs have primarily been with regards to primary care (for example, HCV testing and treatment supports, or endocarditis follow-ups), and counselling. The Satellite Coordinator has also been active in troubleshooting any barriers to care within PQWCHC.

> *"Since becoming a satellite worker, I have an expectation for myself that I have to figure out how to stay not sick, be functional, not running on fumes … it's this puzzle that we're all trying to solve, every day. It helps keep our humanity intact."* (SPW interview)

"I'm more connected, I get [the satellite coordinator] to hook me up with services when I need it. To be able to explain an experience that feels very large, and to walk out the door with a phone number and an appointment, to make it manageable … that's huge." (SPW interview)

"I think [the Program Coordinator] is awesome. He is like that one person who would walk through a fire to help somebody. He's always, he wants to make sure that we're okay. Yeah." (SPW focus group participant)

Data from year end interviews with Satellite Peer workers, June 2019:

- 4 of 4 SPW reported being more connected to services since prior to their involvement in the Satellite Program.
- 4 of 4 SPW reported being more connected with other community members since they became involved in the Satellite Program

Section 3: Parkdale Peer Satellite Program Impacts and Contributions

In this report, four of the major impacts and contributions of the Satellite Program are highlighted, all of which demonstrate the effectiveness of its multipronged approach at reaching people who use drugs and who are experiencing social marginalization in high needs residential spaces. These contributions include:

- Extending the reach of harm reduction equipment and services;
- Connecting socially isolated people who use drugs to harm reduction, other healthcare and social services, and strengthening mutual aid networks;
- Facilitating the development information exchange networks and access points; and
- Providing a high-impact, low-barrier response to the drug poisoning and overdose crisis.

Two key features span across each of these contributions: the importance of having people with lived experience as service providers, and the role of social inclusion in addressing harms related to drug use. These features are repeatedly referenced in each of the contributions, and reflect the primary mechanism through which the program garners success: engaging people with lived experience to connect with people who use drugs where they are at in the community. This mechanism is what uniquely positions the Satellite Program to address structural factors that contribute to risks and harms for people who use drugs (e.g., criminalization, stigmatization) amid the dual housing and overdose crises.

Extending the reach of harm reduction equipment and supplies

The 2017 community needs assessment indicated that people who use drugs face significant barriers to accessing harm reduction equipment and supplies, which directly contribute to re-use and sharing of drug use equipment. To address barriers such as distance, opening hours, and a need for discretion, the Satellite Program employs a range of strategies to reach highly isolated people who use drugs (PWUD) and support the uptake of safer drug use equipment and education in the process. The program has focused on targeting residential settings because of the demonstrated increase in overdose risk in residential settings[5], the extent to which PWUD in residential settings face barriers in accessing safer drug use

[5] Toronto Public Health Overdose Information System; *Deaths: Accidental opioid toxicity deaths by living arrangements of the decedent, Toronto, July 1, 2018 to June 30, 2019; Accidental opioid toxicity deaths by location of overdose incident leading to death, Toronto compared to the rest of Ontario, July 1, 2018 to June 30, 2019.* https://public.tableau.com/profile/tphseu#!/vizhome/TOISDashboard_Final/ParamedicResponse

equipment related to institutionalization or disability, and the lack of other harm reduction service targeting residential settings.

The operation of Satellite Sites, bolstered by weekly residential outreach, has been an effective approach to extend the reach of harm reduction equipment, supplies, education and information – both geographically and temporally. Satellite sites provide consistent, reliable points of access within high needs buildings, thereby addressing barriers to accessing harm reduction equipment, supplies, and information that may contribute to the reuse and/or sharing of drug use equipment. A survey of people who use Satellite Sites conducted in the July-December 2019 reporting period found:

- 95% encounter fewer challenges when accessing harm reduction equipment at a Satellite Site as compared with traditional/other methods.

- 89% indicated convenience as a primary reason why they choose to access their harm reduction supplies through a Satellite Site. 83% indicated anonymity/ discretion; 28% indicated because it allows them to access supplies through a peer/PWUD.

- When asked about the advantages of Satellite Sites,
    - 94% indicated their convenient location;
    - 78% indicated convenient hours;
    - 83% indicated friendliness/familiarity with the satellite worker;
    - 81% indicated privacy;
    - 67% indicated *Other*: and indicated specifically 'A safe place to use [*drugs*]'.

Accessibility is a major hurdle in harm reduction service provision. Consumption and treatment services - including Overdose Prevention Sites (OPS) and Supervised Injection Services (SIS), and harm reduction programs located in community health centres do not offer services 24 hours per day, seven days per week. SPW/ORPT focus group participants reported that the Satellite Sites fill an important service gap by being accessible at times when other services are not open. Data collected in the Satellite Sites on service utilization demonstrate that between 61-70%[6] of encounters with clients in Satellite Sites occurred in the evening/night hours when existing harm reduction distribution and OPS/SIS sites in the west end are closed.

> "*Being available on the hours that the OPS is not open, I think is a big deal.*" (SPW/ORPT focus group participant)

[6] 61% in the January – June 2019 reporting period and 70% in the July – December 2019 reporting period

SPW/ORPT focus group participants also noted the convenience for clients to have access to information, supplies, and support within the buildings in which they live, reducing the need to travel distances to services.

> *"For me, probably handing out gear is the most important because there's not really anywhere close to where I am that does that. Nowhere in the vicinity of where I am that does harm reduction."* (SPW/ORPT focus group participant)

The Satellite Sites are in close proximity to the places where people buy and use drugs – often in the very same building. This provides a major benefit in terms of improving access to harm reduction equipment and supplies, particularly where Satellite Sites are located in close proximity to places where drugs selling is also occurring.

> *"My building's pretty big. It's 24 floors. It's TCHC. I just started telling my neighbours, this is what I'm doing now, and then they just tell everybody else, and it's kind of just like, you're going to the dealer's house, I'm on the same floor, might as well come and get your gear at the same time."* (SPW/ORPT focus group participant)

Table 1 provides statistics of harm reduction supplies that have been distributed by the SPWs in residential Satellite Sites from July 2017-December 2019.

Table 1: Harm reduction equipment and supplies distributed at residential Satellite Sites

	Individual needles	**Needle kits**	**Individual crack pipes**	**Crack kits**	**Condoms**	**Naloxone**
July-Dec 2017	242	3566	36	242	1013	16
Jan – June 2018	4123	421	224	573	2440	75
July-Dec 2018	20 085	857	394	693	1523	218
Jan-June 2019	15 179	659	394	510	1576	95
July-Dec 2019	12 932	1122	320	348	2979	305
TOTAL	**52 561**	**6625**	**1368**	**2366**	**9531**	**709**

Reaching people with high needs who are experiencing social isolation

A critical success of the Satellite Program has been its ability to connect with people who do not access harm reduction or health care services in traditional settings. This includes people who hide their drug use, often due to risks associated with criminalization and stigmatization, which are exacerbated by other factors including racism and sex- and gender-based violence, and fear of involvement with child protective services.

"We reach many people who don't identify with drug using communities or street involved communities, a lot of people who use alone, use in isolation - parents and mothers in particular. There's a couple of satellite workers who - the majority of people who they deal with in their building coming to access services - are single mothers. Anecdotally, we're definitely reaching higher rates of women than more fixed site or traditional harm reduction programs reach. I think we're reaching higher rates of racialized people, as well." (Satellite Coordinator interview)

SPWs/ORPTs reported that many – if not most – of their clients were not connected to Parkdale Queen West Community Health Centre, or any other health care or harm reduction services. One SPW felt that connecting with those who are not connected to services is one of the most important parts of the job:

"But I think the most important for me, though, is to open doors that hasn't been done before." (SPW/ORPT focus group participant)

Table 2: Encounters with new clients ("first contact")

	Satellite Sites	**Weekly Outreach**
July-Dec 2017	308	37
Jan – June 2018	212	149
July-Dec 2018	99	167
Jan-June 2019	94	162
July-Dec 2019	238	108

Reducing Social Isolation

Risk taking behaviours in the context of drug use have been directly connected to social isolation[7]. The Satellite Program addresses social isolation by connecting PWUD within micro-communities and residential buildings, and by strengthening pre-existing mutual aid networks. The Satellite Sites and the Parkdale Drug Users Group provide spaces where people can spend time and connect with other people in their community.

"There's some people, they're lonely. There are people that will stay in their units for days, not having any human interaction with anybody, and their only interaction might be with me, for five minutes, just to get gear. It's that one person that's not judging them, not being an asshole to them. Just saying, what's up, how you doing." (SPW/ORPT focus group participant)

The Parkdale Drug Users Group (PDUG) also fills an important role in the lives of participants, as it provides a place for people to go where they do not experience stigma and

[7] Strickland JC and Smith MA. (2014). The Effects of Social Contact on Drug Use: Behavioral Mechanisms Controlling Drug Intake. *Experimental and Clinical Psychopharmacology, 22*(1), 23-34.

discrimination due to their drug use, and to increase their social connections and access to resources. As one of the PDUG participants explained,

> *"It's very useful. Keeps your time occupied, too. Another thing is, when we're here, we avoid a lot from being outside. At least we're here, we know it's safe and we're together, we're like family. The more we're in here, we avoid a lot outside - fighting, drinking, smoking. We get a break when we're here, time out. Peace of mind."* (PDUG focus group participant)

Mutual Aid Networks

Engagement with the Satellite Program activities, either as a worker or as a client, has facilitated opportunities for strengthening bonds and mutual aid networks among people who use drugs. This has a strong and direct impact on the maintenance of positive behaviour change, as well as the mitigation of harms that people are exposed to due to structural factors, such as homelessness, poverty, racism, gender- and sex-based violence, and the criminalization of drug use.

> *"I think strengthening and reinforcing informal mutual aid networks among people who use drugs, and strengthening the community-level supportive networks - those are big things that are happening."* (Satellite Coordinator interview)

> *"Whatever reason, you need to get a couple of hours of sleep or to be able to get out of the cold for an hour or so, just be able… you know. I know it's like being homeless and trying to like, you can't light your lighter, you got arthritis in your hands and whatever physical issues you're trying to be like, oh fuck I can't do it. Worried about someone fucking coming up behind me or wondering what I'm doing in a back alley, you know what I mean? All the other shit that goes behind it.*" (SPW/ORPT focus group participant)

People who use drugs in Toronto are currently faced with attempting to navigate and access limited health and social services at the nexus of a housing crisis and an overdose crisis. It is important to note that in the absence of sufficient resources and services (such as affordable housing, a living wage, low-threshold and comprehensive health services, drop-in centres, or shelters), Peer Satellite workers are being called upon to provide access to and information about a wide-range of services that often exceed their responsibilities, such as providing a people with a safe space to pass time; offering comfort, security, and support; assisting with injections; and responding to overdoses.

Filling in service gaps by providing safe spaces for PWUD

SPWs reported that they have people come to their Satellite Site for reasons not related to drug use, such as getting referrals to healthcare and social services (as described above). As such, the Satellite Sites are filling a crucial role in providing information about and referrals

to health and social services for people who are otherwise unconnected to them. However, SPWs also described being increasingly called upon to provide a space where people can spend time because they have nowhere else to go. In this way, the Satellite Sites are filling service gaps and providing a response to the housing crisis by providing support and information to people beyond their target audience or their public health function.

> *"They aren't coming to me for gear and stuff, either. They're not users, they're not drinkers, they're not addicts at all, but they're losing their housing, they can't find housing. Anybody that knows that I'm connected to here, come to me all the time now. And I'm like, god, housing is the worst one to ask about, because nobody can help you with that one, right?"* (SPW/ORPT focus group participant)

In the context of the housing crisis, and in the absence of sufficient services and locations for people to go, many street-involved people end up spending time outside. Because of this, many of the Satellite Sites have become de facto drop-in spaces. Access to a safe space at a Satellite Site gets people off the streets, out of parks and public spaces, thereby protecting them from criminalization related to loitering or trespassing.

Connecting people to health and social services

By establishing peer-based referral "hubs" in the homes of PWUD, the Satellite Program creates informal, though highly effective, service corridors to existing health services at PQWCHC and elsewhere. They also provide referrals to other social, community, and government services (e.g., food banks, legal clinics, social assistance programs). SPWs/ORPTs are extremely effective at providing linkages to services and care; a total of 1,827 referrals have been provided to people through encounters with Satellite Program team members from July 2017 to the end of December 2019.

The weekly residential outreach promotes and supports the Satellite Program by referring people to the Satellite Sites, as well as providing assistance at high-volume sites where need can exceed capacity. The weekly residential outreach also connects with people in the larger community, such as family and friends of people at risk of overdose, promoting harm reduction services and distributing naloxone, harm reduction kits, and information about services.

> *"I'll tell people about SIS and food banks is a huge one. People always want to know where they can get food… It sucks for housing, because obviously, we're in a serious housing crisis, and people want housing. They kind of are like, can you help me get housing, I want to be your peer! I want to do what you're doing! I try to help as much as I can, but there's only so much you can do from this standpoint."* (SPW/ORPT focus group participant)

Community networks for information exchange

The original focus of the Parkdale Peer Satellite Program was the creation of community networks and access points for the distribution of harm reduction equipment, supplies, and education (e.g., information on safer drug use). As described above, the program has been effective at reaching this goal. However, an unanticipated, yet highly important outcome of operating the Satellite Program using the multipronged approach of residential Satellite Sites, weekly residential outreach, shelter/respite Satellite Sites, and the Parkdale Drug Users Group, has been the emergence of information exchange networks and access points for harm reduction throughout the community.

Information Exchange Networks and Access Points

The current illicit drug supply is highly unpredictable. Encounters between the Satellite Program staff and PWUD provide a crucial opportunity for learning about what is happening in the local drug supply in real time, through reports about drug potency and overdoses that are occurring following drug consumption. The Satellite Program is able to capitalize on this 'community intel' regarding drug trends, quality, concentration, and reactions, and they transmit this information onwards throughout the community. Satellite Program workers gain this information from others or from personal experience using drugs, and then share this information with others. SPWs and ORPTs described the importance of this information exchange:

> *"Definitely a plus is the flow of the information – so I can share this with clients, so they have the best up to date information of where to spend their money – it's a plus when the stakes are so high for all of us. Bad batches, weak batches, batches that would require twice as much water, batches that cause weird reactions…"* (ORPT interview)

> *"I always ask, when's the last time you've used? Depending on the potency. If I know the stuff puts me out myself, but I can manage because I know how to deal with my shit, I won't even recommend it. I can't get it for you, because I don't want your death on my conscience, or have to worry about making sure that you're alright."* (SPW/ORPT focus group participant)

Reliable and effective networks of communication have been galvanized through the now well-established residential Satellite Sites and weekly residential outreach. Community members have a reliable access point for harm reduction supplies, equipment, education, as well as for receiving relevant and time-sensitive information. Information is being shared efficiently and reaching a greater number of people, which in turn also helps to further promote new services and programs (e.g., Parkdale Drug Users Group, Drug Checking Pilot Projects), new research initiatives, peer job postings, as well as overdose alerts). It also facilitates the gathering of important information coming from the community such as emerging client needs, specific high priority areas or buildings, or (as described above)

changes in drug quality or concentration. Weekly residential outreach workers have documented 304 drug knowledge exchanges since the start of the program.

> *"The mobilization of community knowledge works to create early warning systems and communication systems that are attuned to really local realities, like local drug markets. Like: "These two high rises, the people selling out of them, their batch this week looks like this, and it's really strong, and it has a lot of benzos, and people are getting a lot of memory loss. Please tell people."" (*Satellite Coordinator interview)

The roll-out of the drug checking pilot project at the Queen West site of the PQWCHC also presents a potential opportunity to expand the role of the Satellite Sites in information transmission. There are examples of SPWs voluntarily engaging in the new Drug Checking pilot project at the Queen West site of health centre, where they bring in samples from key drug sellers for testing, and then communicating the results back to the seller and their networks. While this activity goes well beyond the expectations for SPWs due to lack of legal protection for them, it is an example of a grassroots initiative by PWUD to provide information on the composition of the drug supply. It provides a prime example of how information and community knowledge are mobilized to create early warning systems that are attuned to micro-local drug markets, and more useful for local purposes than city-wide public health alerts that tend to be too general to be relevant for individual PWUD behavioral change, or too late to be actionable. The effectiveness of these community information networks may potentially be impacting the local illegal drug market. Warning systems help people decide what to buy and from whom:

> *"I'll text the dealer, when I use, when I had that bad reaction a few weeks ago, I'll text: 'Not what it should be, don't sell'."* (SPW focus group participant)

> *"What we're seeing, directly informs who people are scoring from, the way that they're using, how they're referring people. There's an uncaptured and interesting impact that we're having in a marginal way on the drug market itself."* (Satellite Coordinator interview)

Providing a high-impact, low-barrier response to the overdose crisis

Earlier sections of this report have referred to benefits of the Satellite Program that specifically address risks related to the overdose crisis. For example, the role of Satellite Program activities in expanding access to harm reduction supplies such as naloxone in residential settings was highlighted. The Satellite Sites are also of crucial importance in reducing social isolation, connecting with people who may not identify as people who use drugs and who are therefore at high risk of harms related to the contaminated drug supply. SPWs/ORPTs provide linkages to overdose prevention and supervised injection services, drug checking services, overdose response training, and safer supply programs. The importance of the Satellite Program in facilitating information exchange networks by

providing potency warnings and building overdose response capacity amongst social networks was also examined. This final section addresses the specific overdose prevention and response contributions of the Satellite Program, and demonstrates how the Satellite Program provides a high-impact and low-barrier response to the drug contamination and overdose crisis.

Providing supervision for drug use in the community

A key risk for overdose that the Satellite Program seeks to address is using alone, or in places with inadequate overdose response. The Satellite Program responds to this risk by providing access to low-threshold and non-medicalized settings that includes the possibility of using in the presence of a SPW/ORPT, or of checking in with a trusted peer or neighbour.

> *"If I hadn't been checking up on him, it might have been too late. I put the mask on him, watched the colour drain back into him. If he had been in the bathroom for too long without me checking, I honestly think he would have lost too much air. I was so happy to have that breathing mask that day."* (ORPT interview)

Allowing individuals to use drugs in their home is not a requirement of the SPW role, and it is important to note that SPW are allowed latitude and discretion when deciding whether to allow people to use drugs in their Satellite Sites. However, due to the overdose crisis, people are increasingly accessing Satellite Sites as a safe place to use drugs (in addition to being a place to access harm reduction supplies), to avoid the possibility of law enforcement intervention, and to reduce the risk of overdose or overdose-related death. For example, when asked about the advantages of coming to a Satellite Site, 25% (4/16) of clients indicated that it was "because it is a safe place to use" (Jan-July 2019 reporting period).

> *"I don't feel comfortable with them being out somewhere doing it, because the one woman, when the one overdoses the other one panics, and she's come close a couple of times, very close to not making it back, because the other one panics. So, I let them come over."* (SPW/ORPT focus group participant)

> *"If she overdoses at least I'm there to help her out. She doesn't want to use in front of her kids, because once she did overdose in front of them. It's discrete for them to just zip over to my place for 20 minutes*." (SPW/ORPT focus group participant)

It is notable that Satellite Sites are reaching individuals who are otherwise not accessing existing OPS or SIS, and therefore, they are filling a service gap for people who use drugs who may be highly isolated. This was illustrated in a survey conducted with people accessing residential outreach in a building where a Satellite Site is located. This survey found that only 14% (1/7) respondents in the January-June 2019 reporting period and 0% of respondents in the July-December 2019 reporting period had ever used an OPS or SIS. To capture this

protective function of the satellites, the SPWs began documenting occasions of 'witnessed dosing' in January 2019. In 2019, 757 doses were witnessed. Witnessing people while they use drugs also provides an important opportunity for overdose prevention interventions that can contribute to reducing future risk of overdose.

> *"Specifically, with the one couple that was constantly overdosing, they've gone so much down now, because of the Satellite service that I'm able to… because - shooting up in my house, I ask them, how much are you putting in? 'Oh, I'm doing three points.' Oh, no, you're not. [laughter] I ain't dealing with you for two hours if it goes wrong. The hell with that!"* (SPW/ORPT focus group participant)

Responding to overdose

SPWs and ORPTs are extensively trained in overdose response. The extent to which SPWs/ORPTs have been engaged in successfully responding to overdoses within their buildings demonstrates the high impact of this low-barrier model. From the beginning of the Satellite Program in 2017 and through to the end of 2019, SPWs/ORPTs have responded to a total of 175 overdoses.

> *"I've saved about six lives, at least."* (SPW/ORPT focus group participant).

The ability to respond to overdoses when they occur in the community has created a sense of empowerment and agency among SPWs/ORPTs and the many residents whom they train. Provision of overdose response training and naloxone training is a significant method of empowering PWUD – as well as their friends, family members and neighbors - in the midst of a drug poisoning crisis that continues to wreak havoc on communities, and in the face of which many feel powerless to act. The training that has been provided by SPWs/ORPTs has led to increased confidence among community members in their ability to respond to overdose. It also provides a powerful method of allowing communities who face criminalization or evictions due to current prohibitionary drug laws and policies respond to overdose when it occurs.

> *"Overdose response is #1 most important of what we do, because people do not want to lose their housing, so they don't want to call 911, because they feel like if they call, then they are going to be penalized."* (SPW/ORPT focus group participant)

Building overdose response capacity

The primary contribution of the Overdose Response Peer Trainers (ORPT) is the promotion of knowledge, capacity, and confidence to recognize and respond to overdoses and atypical drug reactions within networks of people who use drugs, and who are living in

shelter and respite settings. In the following interview excerpt, a ORPT describes their experience teaching a person who sells drugs how to administer naloxone:

> *"Well, they didn't know how to use it first, at all. So, I trained them on how to use it and what to do, and one of them had an incident where he had to use the naloxone. He was a little scared that he wasn't going to do it properly. I was there with him, because he came to get me. And I watched over him while he was doing it. I let him do the work on his own so he would know how to do it."* (SPW/ORPT focus group participant)

A secondary benefit of shelter/respite Satellite Site activities (i.e., ORPT overdose training) is that it fills a competency gap amongst agency staff at shelters, respite centres, and supportive housing settings. Within these settings - which often have a zero-tolerance approach to drug use - there is a paucity of overdose education and supports, leaving staff unable to respond adequately when overdose occurs. The Satellite Program has received overwhelming positive feedback that indicates that the knowledge level regarding overdose is now notably higher amongst agency workers, building residents, and those who have connected with the program. While overdose events continue, multiple overdoses have been successfully reversed due in large part to the presence and competency of the ORPT in shelter/respite Satellite Sites. Surveys of people who have been trained by the ORPTs found that:

- 91% reported that they had greater confidence in responding to an overdose following training, and
- 95% reported gaining new knowledge.

Section 4: Structural and Environmental Challenges to Program Operations

The Satellite Program has been operating at the nexus of two crises in Toronto: the overdose crisis and the housing crisis. Despite considerable structural and environmental challenges, the deployment of peer-delivered services within residential settings has been very effective at addressing a number of risks and harms related to these twin crises. This section describes some of the structural and environmental challenges (i.e., the stigmatization and criminalization of drugs; the contamination of the illegal drug supply; housing policies; and funding and resource constraints), and identifies the ways in which these challenges impact the operation of the Satellite Program.

> *"Drug users are used to dealing with friends dying, but not at this scale. People are used to systemic marginalization and neglect on the part of the state, but not to this scale."* (Satellite Coordinator interview)

Stigmatization and criminalization of drug use

The stigmatization that stems from the criminalization of drug use, exacerbated by other structural factors of oppression (e.g., racism, colonialism, sex- and gender-based violence) create barriers both to providing and to accessing harm reduction and other life-saving services. People who use drugs are frequently afraid to access services, including calling EMS when faced with an overdose, due to fear of negative consequences that can include involvement in the criminal justice system or with child protective services, loss of housing, or loss of employment. Harm reduction programs also face barriers to providing evidence-based services to people who use drugs due to criminalization and stigmatization of drugs. For example, recruiting and retaining peer workers is challenging. Although many SPWs/ORPTs try to work 'under the radar', their roles can 'out' them as drug users and subject them to harassment or intervention from neighbours, housing providers, child protective services, or police. This will be explored in greater detail below (in the portions discussing contamination of the drug supply and housing policies). Although the Satellite Program has operated without any considerable service interruptions, SPWs and ORPTs may face challenges arising from stigmatization and criminalization that can interfere with their ability to perform their work, such as jail time, threats to their housing, and physical and mental health concerns.

> *"There's this depletion of their [SPWs] emotional resources in contending with loss, and death, and neglect, as well as the kind of day to day what everyone's calling stigma, but it's systemic oppression, at health centres, at the pharmacy, you know. Ignorant comments, hyper-surveillance, all the ambient stuff people have always dealt with."* (Satellite Coordinator interview)

Operational impacts:

- Unmet needs amongst target population;
- Recruitment and retention issues related to experiences of stigmatization and criminalization, including criminal justice involvement, eviction, and deleterious effects on health and wellbeing from overdose-related loss.

Contamination of the illegal drug supply

The illegal drug supply in Toronto – particularly the opioid supply - is unpredictable and highly contaminated. There has been a near total saturation of the opioid supply with fentanyl, fentanyl analogues, and carfentanil in recent years. This impacts the operation of the program in a number of ways.

Increased demand for services

One characteristic of fentanyl (and its analogies, including carfentanil) is that it has a much shorter duration of action than other opioids. Due to this shorter duration of action, people need to consume opioids more frequently, and therefore need greater access to both harm reduction supplies and safe spaces to use drugs. In addition to overdoses, people are also experiencing atypical reactions to drugs. This places tremendous strain on already over-burdened and under-resourced services and service providers.

> *"In the past few years, traffic is big time increased, and there's complaints everywhere. From neighbours, landlord, neighbourhood, cops, because of the overdoses. Cops asking me, 'What's going on here?' Last week, one dead, the week before that, today... Every single week, there is an overdose. And there is some overdoses we don't even know about."* (SPW/ORPT focus group participant)

In addition to distributing harm reduction supplies, Satellite Program team members have increasingly found themselves witnessing consumption and responding to overdoses. In weekly supervision meetings, the importance of SPWs/ORPTs maintaining consistent boundaries with Satellite Site clients is a regular subject of discussion.

Operational impacts:

- Need for harm reduction and overdose response services (particularly peer witnessing) exceeds supply;
- SPWs are over-burdened, under-resourced due to the multiple demands created by the overdose crisis

Ongoing trauma and overdose-related loss among Satellite Program team members

The toll of the overdose crisis on the Satellite Program team members' mental health and emotional well-being is significant. Most of the team members have experienced the death

of close friends, family members, and colleagues, and all are involved regularly in reversing overdoses. The ongoing nature of the overdose crisis means that the SPWs and ORPTs are living in a state of hyper-vigilance, and are unable to achieve closure or sufficiently mourn the passing of community members. The Satellite Program itself has lost two team members.

> *"People's level and sense of powerlessness is enormous, and that can play into the work in negative ways where it can lead certain people to really overextend themselves and out of a place of powerlessness be in constant fight mode and constantly trying to be useful...Other people, it can lead them to just really retreating and checking out, and self-isolating."* (Satellite Coordinator interview)

The emotional toll of continually responding to overdose events amongst friends and neighbours has led to some SPWs deciding to stop allowing drug consumption within their Satellite Sites. This trend has also been documented in Satellite Sites in the east end of Toronto in separate research[8]. While the SPWs who have come to this decision still fulfill their role and responsibilities as Peer Satellite worker, this signals the tremendous stress and negative emotional burden that overdose response can be placed on Satellite program team members. Some SPWs have had difficulty taking a step back or taking a break from their Satellite role since they work from their home. Some may feel unable to turn people in need away. This emotional burden also affects recruitment: community members who are well-situated to be Peer Satellite workers and who would otherwise be interested, are reluctant to take on a role where they would be called upon to respond to overdose, beyond what they are already doing in their personal lives. In response, harm reduction program staff at PQWCHC are exploring ways of providing additional supports and leveraging other resources at the community health centre (e.g. counseling teams) to provide adapted supports for those connected to the Satellite team.

Operational impacts:

- Difficulty with recruitment and retention of Satellite Peer Workers and Overdose Response Peer Trainers;
- Stress and negative emotional burden due to overdose response;
- Over-extension of Satellite Coordinator due to efforts to provide necessary supports for the team, and to ensure service delivery is uninterrupted;
- Enormous burden placed on SPW and ORPT to fill in gaps in services, and reluctance to take necessary breaks to reduce stress or put limits in place.

[8] Kolla, G., & Strike, C. (2019). "It's too much, I'm getting really tired of it": Overdose response and structural vulnerabilities among harm reduction workers in community settings. *International Journal of Drug Policy*, *74*, 127–135. http://doi.org/10.1016/j.drugpo.2019.09.012

Impact of fentanyl on the health and well-being of peer workers

The transition in the illegal drug market to short acting fentanyl and fentanyl analogues is having health impacts on peer harm reduction workers themselves– a negative impact that is often overlooked. Several of the Satellite Program team members use opioids, and fentanyl has caused deleterious impacts on their health and well-being due to their increased opioid tolerance, the lack of access to Safer Opioid Supply programs, and the failure of existing opioid agonist treatment (e.g., buprenorphine and methadone) programs to meet the needs of those who are dependent on fentanyl. In addition to the primary concern for their health, the unpredictability of the drug supply can create challenges for team members to plan their use to ensure that they are functioning well (e.g., not experiencing withdrawal) to perform their work duties. The contamination of the fentanyl supply with benzodiazepines (which cause significant sedation) is also a continuing issue.

> *"I've seen the impacts on worker retention, their ability to plan their day, check in with me, go to an appointment...People aren't able to anticipate their highs or the quality of drugs, and their own physiological responses to that as a result, so it has a hugely destabilizing effect on people. There's zero expectation of people not being high, but there is an expectation of being functional, able to communicate and engage. I can insist on that all I want but if that's not something that the drug market allows for, that raises questions about how realistic and reasonable is it to have these expectations?"* (Satellite Coordinator interview)

While there have been no service interruptions, the ways in which the changes in the drug supply are impacting peer harm reduction workers has necessitated much more support from the Satellite Coordinator for team members.

Operational impacts:

- Difficulties with recruitment and retention of peer workers;
- Concerns about maintaining program service offerings without interruptions;
- Concerns for SPWs and ORPTs well-being.

Housing policies

Housing provider policies conflict with harm reduction approach

Housing policies present a significant obstacle for the Satellite Program. Although there has been receptivity among some social housing providers and agencies running shelters and respites to a harm reduction approach, many organizations retain zero-tolerance policies towards drug use. This results in these residential settings being ill equipped to deal with overdose – including the failure to have naloxone on site. While some buildings permit weekly residential outreach and/or the operation of Satellite Sites, others block these

services. Below, a SPW shares his frustration and disbelief upon learning that the security guards at the front desk of a high needs building do not carry naloxone, and the guards uncertainty that management would permit them to have it:

> *"A friend said an OD happened in the building, and nobody had naloxone. I said, 'You're telling me that the security doesn't have any naloxone? That's crazy. I work at the health centre, I can quickly explain to you how to do it. It's completely risk-free. I can bring you many naloxone kits'. She said, 'Honestly, that's so sweet of you. I don't know if I would be allowed to accept it.'"* (SPW/ORPT focus group participant)

Several community consultations have identified Toronto Community Housing Corporation (TCHC) buildings as some of the most crucial sites in which to have Satellite Program services. This is supported by Toronto Public Health data that indicate some TCHC buildings are significant sites of overdose events[9]. Despite this, there has been hesitation from TCHC management to allow harm reduction and overdose prevention initiatives within their buildings. This is largely due to stigma and the perception that the provision of harm reduction services will cause problems for the building, including opposition on the part of residents who do not use drugs.

> *"They're [building management] cracking down, saying they're going to put in security, if you have any charges, your housing's going to be at risk, all this stuff. That's a response, rather than running harm reduction groups in the building and connecting people."* (SPW/ORPT focus group participant)

Within the Parkdale catchment area, there have been a rash of evictions from social housing building – including TCHC buildings - particularly of people who use drugs. The use of security guards, police, and surveillance cameras within TCHC and other high needs residential buildings create obstacles for both recruiting SPWs and for connecting with clients. People who use drugs who are residents of these buildings report fear of eviction due to acting as a SPW, accessing a Satellite Site, or calling for emergency services in the case of overdose.

> *"There's fewer [people who come by my Satellite Site] now – but that's because a lot of people died in the building… or were evicted or moved out."* (SPW/ORPT focus group participant)

Below, a SPW focus group participant recounts the rejection he received when trying to recruit an 'ideal' Satellite Site worker for a high needs building:

> *'I said, 'You need to become a satellite worker'. He's like, 'I don't want to lose my housing'. I said, 'There's no reason you should lose your housing. You're just hanging out with your friends, doing what*

[9] Toronto Public Health Overdose Information System; *Deaths: Accidental opioid toxicity deaths by living arrangements of the decedent, Toronto, July 1, 2018 to June 30, 2019; Accidental opioid toxicity deaths by location of overdose incident leading to death, Toronto compared to the rest of Ontario, July 1, 2018 to June 30, 2019.* https://public.tableau.com/profile/tphseu#!/vizhome/TOISDashboard_Final/ParamedicResponse

you're doing'. He's like, 'No, you don't understand. The building's changed. They've put cameras in all the stairwells, fucking everywhere. I'll lose my housing. No, it's not worth it, the building is completely changed. They're anti-drug user, tons of people have been kicked out of the building'." (SPW/ORPT focus group participant)

Gaining access to apartment buildings or rooming houses requires a significant investment of time and energy into developing relationships with building operators. While there has been continuous advocacy and attempts to develop relationships at both the level of specific high-needs buildings within the Parkdale catchment and at the corporate level, meaningful progress on this issue has been slow despite overwhelming evidence of need and demand.

Operational impacts:

- Barriers to recruitment and service delivery;
- Increased time needed for advocacy with management of residential settings;
- SPWs /ORPTs carry the burden of being the primary responder to overdoses, in settings that remain either ambivalent (and sometimes openly hostile) towards harm reduction service provision.

Risk of eviction for Satellite Peer Workers

There have been increasing fears of eviction among residential SPWs. Most SPWs choose to operate their site discretely, and the eviction attempts seem motivated by stigma and discrimination against people who use drugs, and fears surrounding drug use. The reported cases of eviction attempts among Satellite Program team members stemmed either directly or indirectly from the profiling or identification of the SPWs as people who use drugs, and in some cases, with accusations of 'drug activity' occurring on site.

Threats of eviction are further exacerbated within the context of increasingly unaffordable rents and a growing housing crisis in Parkdale. A particular concern includes the changes in ownership of building that were previously 'tolerant' towards harm reduction service provision but where now, new ownership engages in attempts to 'clean up', re-brand and gentrify buildings traditionally occupied by low-income communities. In response to these changes, the Satellite Program has integrated structures to support housing rights and maintenance of tenancy. These include: accompaniment to the Landlord Tenant Board; informal mediation with building managers or superintendents; providing housing rights training; and the establishment of a service corridor with Parkdale Community Legal Services Housing Rights Division for Satellite Peer team.

"They go after you – they say it's a disturbance. So technically, overdosing, like the one couple in my building, they constantly overdose, like three times in a day. There's been times, right? The ambulance, the police, three times, at your unit. Now you've disrupted your floor." (SPW/ORPT focus group participant)

Operational impacts:

- Evictions and the threat of eviction interfere with the ability of Peer Satellite workers to provide much-needed harm reduction services;
- There is a potential for the loss of Satellite Sites, with accompanying severance of connections with highly insolated people who use drugs;
- The Satellite coordinator is increasingly engaged in in housing retention and housing rights activities.

Funding and resource challenges

The current long-term funding situation for the Parkdale Peer Satellite Program remains uncertain, given that external funding is primarily from short-term, year over year funding programs. The long-term funding uncertainty is compounded by the program administrative requirements, since considerable time and resources must be allocated to meeting reporting requirements and funding renewal applications. The responsibility for these tasks lie with the Satellite Coordinator, who is also responsible for providing supervision and support for the program peer team (an increasingly difficult and time consuming responsibility due to the overdose and housing crises, as described above), coordinating with community partners, and negotiating with housing providers, amongst other responsibilities.

Specific funding gaps hamper effective service delivery as well as effective support for peer workers. For example, communication with SPWs/ORPTs can be challenging in part because the provision of cell phones is not accounted for in the Satellite Program budget, and not all SPWs/ORPTs have consistent access to cell phones. This creates concerns regarding worker and client safety, given that SPWs/ORPTs that do not have personal cell phones or landlines lack a method of calling 911 in cases where emergency response is needed. Additionally, lack of a way to communicate with all SPWs/ORPTs means that appointments, trainings and opportunities may be missed, and sensitive information cannot be shared in a timely way. Program workers without telephone access also miss out on a more regular support (via phone or text message) from the Satellite Coordinator.

Funders often require and base decisions upon evaluations that use program statistics, but there is concern that a focus on such data overlooks the extremely valuable interactions and social support that is very difficult to measure quantitatively.

> *"I would caution against evaluating the Satellite Sites in terms of volume of people encountered or volume of supplies distributed because some of them are playing a very specific and very valuable role, so paying someone $360 a month or whatever it adds up to depending on how many hours they have, to engage and connect in an ongoing and substantial way with a group of eight drug users in the rooming house, that's actually a very cost effective intervention."* (Satellite Coordinator interview)

Operational impacts:

- Lack of long-term funding is a major barrier to program stability and expansion;
- Lack of funding for cell phones is a potential worker safety issue, and complicates program administration;
- Significant time must be allocated to reporting requirements and to development of funding applications, which detract from program development, supervision and support for peer workers;
- Difficulty accessing and providing necessary for supports to assist front-line SPW and ORPTs cope with overdose-related loss and negative emotional impacts from repeated overdose response due to insufficient funding.

Section 5: Recommendations

As explored in the previous section, the primary challenges to the effective operation of the Satellite Program are structural and environmental. In their complexity, they are difficult to address, however there are some recommendations that may mitigate the ongoing operational impacts of these challenges.

1. **Provide sufficient and stable ongoing funding for the Parkdale Peer Satellite Program**
    - Stable funding would enable more efficient use of resources by redirecting time away from onerous administrative obligations for funding reports and applications, and towards program development and support;
    - Ongoing and sufficient funding would ensure that the program has the necessary resources to function most effectively. This includes:
        - Providing targeted funding to cover cellphones for SPWs/ORPTs for their safety and support, as well as to facilitate their capacity to link clients to services and receive information;
        - Providing sufficient funding to hold regular Community Advisory Group meetings;
        - Providing sufficient funding to enable client engagement, e.g., transit fare and meals;
        - Providing funding to expand the program to ensure there is a sufficient number of peer workers, compensated at rates that reflect the value of their labour and the actual number of hours worked;
        - Funding to provide adequate case management supports to ensure comprehensive support to assist SPWs with system navigation and access to necessary services (legal services, eviction prevention and supports, access to specialized counselling for grief and loss).

2. **Ensure that formalization of the Peer Satellite Program does not interfere with low threshold provision or accessibility of services:**
    - Flexibility in Satellite Site operation is crucial to allowing sites to remain low threshold spaces that are accessible for PWUD who choose not to access more formal health and social services;
    - Some workplace or organizational standards and policies are difficult to apply to the informal setting of the Satellite Sites, and the attempt to enforce these standards and policies could result in impeding the autonomy of SPWs and undermining program effectiveness.

3. **Increase coordination and support for cross-sectoral action on harm reduction and overdose response within residential settings:**
    - Cross-sectoral action from multiple actors, including Shelter Support and Housing, Toronto Public Health, Toronto Community Housing Corporation and non-profit social housing providers, is urgently required to address barriers to providing harm reduction and overdose response services within settings, including market and affordable/supportive housing buildings, rooming houses, shelters, and respite centres;
    - Housing policies – particularly those leading to eviction for drug use and that conflict with harm reduction goals, principles, and activities – must be addressed;
    - Inadequate overdose response capacity amongst housing providers and in shelters and respites must be urgently addressed. This must include investigating legal options that would require providers to cooperate with public health authorities to safeguard residents' health (similar to during communicable disease outbreak situations);
    - Support TCHC and other social housing providers to develop comprehensive overdose response policies and procedures, including the operation of on-site Overdose Prevention Sites (under the provincial Consumption and Treatment Services model or through alternate pathways) in buildings experiencing with high rates of overdose;
    - Work with Toronto Police Service to ensure that existing Good Samaritan legislation is respected, as well as developing expanded guidance to provide protections from arrest and criminal charges for all people present when 911 is called for overdose. Additionally, clear guidance stating that police do not need to accompany paramedics on overdose calls may reduce police presence during the medical response to overdoses.
    - Ensure that provision of harm reduction equipment and education, and overdose response and training do not result in evictions, loss of housing or loss of shelter/respite bed for Satellite Peer Workers and Overdose Response Peer Trainers.

4. **Increase availability of supports for grief and loss from overdose for front-line workers:**
    - Frontline workers such as OPRTs and SPWs are experience negative emotional impacts from grief and loss arising from deaths of friends, clients, colleagues. There is a strong need for tailored supports to address the physical and emotional effects of trauma. This includes paid time off, sick days, and access to specialized counseling.
    - The need for supports to assist front-line workers to cope with the negative emotional impacts from continuous overdose response are necessary.

5. **Increase support for community-based overdose response measures:**
    - The Peer Satellite Program – including the Overdose Response Peer Trainers – provide an innovative model for community-based overdose response;
    - Adequate funding support to scale up this model, and to engage in thorough research and evaluation of its impacts are needed;
    - Funding and support is urgently necessary to scale-up models of peer-witnessing of injection and/or to implement Overdose Prevention Sites within shelters and respite settings.