MARCO Brief Report

Evaluation of the Substance Use Services at the COVID-19 Isolation and Recovery Site in Toronto

November 2021

MAP Centre for Urban Health Solutions
UNITY HEALTH TORONTO
UNIVERSITY OF TORONTO

About the MARCO Study

The MARCO project is evaluating how local efforts responding to the COVID-19 pandemic serve people experiencing marginalization, and how these interventions can be improved. Changes in society to control the pandemic have affected everyone, but they place a particularly heavy burden on people who are marginalized.

We evaluated programs that support many communities who may be experiencing marginalization during COVID-19, including people experiencing homelessness, people with developmental disabilities, people who use drugs, and women who are experiencing violence. The MARCO Community Committee and Steering Committee chose the programs. The programs include:

- COVID-19 Isolation and Recovery Sites (CIRS)
- Encampment Outreach
- Substance Use Services (SUS) at the COVID-19 Isolation and Recovery Site in Toronto
- Toronto Developmental Service Alliance's Sector Pandemic Planning Initiative (SPPI)
- Violence Against Women (VAW) Services

About this Report

This report is a brief summary of one of the MARCO Evaluations. This report highlights the key findings from the evaluation of the Substance Use Services at the COVID-19 Isolation and Recovery Site. The final, full length report will be released in December 2021.

The views contained in this report do not necessarily express the views of any MARCO community partner, funding agencies, MAP, St. Michael's Hospital, Unity Health Toronto, the University of Toronto, or any other organization with which MARCO authors or project team members may be affiliated.

Suggested Citation

Kolla, G, Long, C, Rucchetto, A, Worku, F, Fagundes, R, Hayman, K, Laurence, G, Caudarella, A, Norris, K, Hannan, E, Nisenbaum, R, Klaiman, M, Kikot, R, Ko, J, Firestone, M, Bayoumi, AM. MARCO Evaluation of the Substance Use Services at the COVID-19 Isolation and Recovery Site in Toronto Brief Report. MAP Centre for Urban Health Solutions, St. Michael's Hospital, Unity Health Toronto. Toronto, ON. November, 2021. Available from https://maphealth.ca/wp-content/uploads/Substance-Use-Services_MARCO-Nov-2021.pdf

Acknowledgements

MARCO gratefully acknowledges funding from: the Temerty Foundation and the University of Toronto through the Toronto COVID-19 Action Initiative; the University of Toronto's Faculty of Medicine Equity, Diversity, and Inclusion fund; and the St. Michael's Hospital Foundation.

This project was possible due to all of people who generously shared their thoughts, experiences and time with the project team. This includes the substantial contribution of people who use drugs and who used the Substance Use Services, and staff members from the COVID-19 Isolation and Recovery Site. Their contribution is gratefully acknowledged.

Land Acknowledgement

We wish to acknowledge the sacred land on which MAP and Unity Health Toronto operate. It has been a site of human activity for 15,000 years. This land is the territory of the Huron-Wendat and Petun First Nations, the Seneca, and most recently, the Mississaugas of the Credit First Nation. The territory was the subject of the Dish With One Spoon Wampum Belt Covenant, an agreement between the Iroquois Confederacy and Confederacy of the Ojibwe and allied nations to peaceably share and care for the resources around the Great Lakes. Today, the meeting place of Toronto is still the home of many Indigenous people from across Turtle Island and we are grateful to have the opportunity to work in the community, on this territory. We are also mindful of broken covenants and the need to strive to make right with all our relations.

Website: maphealth.ca/marco Email: marco@unityhealth.to

What we did and what we learned

What was evaluated?

In the spring of 2021, we evaluated the Substance Use Services offered at one of the COVID-19 Isolation and Recovery Sites (CIRS) in Toronto, Ontario. Three separate sites were open at different points in the pandemic. The sites were set up early in the pandemic to provide a COVID-19 isolation space for people experiencing homelessness who were exposed to COVID-19, had symptoms of COVID-19, or were diagnosed with COVID-19.

We evaluated the Substance Use Services at the site that was open at a hotel in Etobicoke from April 9th, 2020, to June 30th, 2021. The site was run by several partners, including:

- Parkdale Queen West Community Health Centre
- Inner City Health Associates
- University Health Network
- The Neighbourhood Group
- Shelter Support and Housing Administration, City of Toronto

The Substance Use Services offered onsite included:

- Harm reduction education and distribution of harm reduction equipment (including sterile injection equipment, and safer smoking and inhalation equipment);
- Provision of cigarettes and outdoor space for physically-distanced smoking;
- A managed alcohol program;
- Prescription opioids and/or stimulants as an alternative to unregulated drugs that people would buy themselves (opioid agonist treatments, safer opioid supply, stimulant medications);
- Prescription of medications to treat withdrawal from drugs or alcohol;
- Services to prevent and respond to overdoses:
    - An onsite overdose prevention site (a room where people can go to use substances - primarily by injection - under the supervision of trained staff);
    - In-room witnessing when using substances by staff when clients requested it;
    - Telephone or in-person check-ins when using substances when clients requested it;
    - Naloxone distribution to staff and clients.

How did we conduct the evaluation?

The evaluation was completed in four stages:

1. We worked with community stakeholders to develop a logic model that described site operations;
2. We interviewed 25 clients receiving Substance Use Services at the site;
3. We interviewed 25 staff who worked at the site, including peer workers, harm reduction workers, nurses, primary care providers (nurse practitioners, family and emergency medicine physicians) and substance use physicians;
4. We looked for themes in the interviews and wrote up the research findings.

What were the key findings?

The need to provide a space for isolation related to the COVID-19 pandemic gave rise to a new blend of residential harm reduction and clinical substance use services for people experiencing homelessness. This led to a unique mix of integrated clinical and harm reduction services delivered by peers, harm reduction workers, nurses and doctors. This integrated model for service delivery in shelter and residential settings kept people healthy and safe during their stay at the site, and also helped to prevent overdose-related deaths.

Key findings from client interviews

Clients spoke positively about their interactions with staff at the site. Clients appreciated the range of onsite services, including harm reduction and clinical services.

- Clients highlighted the things that helped them isolate at the site, including having easy access to the managed alcohol program and prescription medications for people who use opioids, such as opioid agonist therapy and safer opioid supply. This allowed clients to remain onsite and manage their substance use without withdrawal and discomfort.
- When overdose concerns were identified, staff from all teams worked together with the client to create a one-on-one safety plan. The plan might include using the overdose prevention site, having a staff member stay with the client in their room while they used substances, or frequent telephone or in-person checks.
- Many clients felt safer at the site than in other shelter settings because of the substance use services available. Having their own rooms with a private bathroom and a TV gave clients privacy and dignity, and contributed to their positive experience.
- Some clients were reluctant to talk about their substance use with staff because of past negative experiences with service providers and healthcare workers.

Key findings from staff interviews

- The ability to say 'yes' to client requests more freely allowed stronger client-centered care.
- Collaboration between on-site teams fostered a rapid learning and skill-building process around harm reduction.
- Primary care providers at the site were able to rapidly become comfortable and skilled at providing opioid agonist therapy and safer opioid supply. This was facilitated by the support from the specialist substance use team and the guidance documents on substance use services available to consult onsite.
- Provision of a low-threshold managed alcohol program is feasible and helped facilitate client engagement. This model may be useful to replicate to assist in the expansion of managed alcohol programs in other clinical and shelter settings across Toronto, given the existing service gaps in this area.
- Discharge was a major concern for staff. Staff worried about the lack of stable housing and the lack of a full range of services for clients in the community and in the shelter settings clients were discharged to.
- Staff emphasized the feasibility and value of providing integrated substance use services to people experiencing homelessness in the settings where they were living. However, more funding is needed to sustain integrated clinical and harm reduction programs post-pandemic.

Both clients and staff were very worried about discharge from the site, with continuity of care after discharge being a key source of anxiety for both groups. Referral challenges and a lack of capacity in both safer opioid supply and managed alcohol programs in the community meant that

many clients who were receiving these at the site were unable to continue after discharge. Many clients wanted to continue safer opioid supply after discharge, especially after having been stabilized and done well on it at the site.

What are the recommendations moving forward?

1. Delivery of a full range of substance use services where people live and in shelter settings is feasible and acceptable to clients and staff. These services include support from people with lived/living experienced of drug use, harm reduction and clinical services.

2. While clients could smoke or inhale substances in a designated area outside, the site would have benefitted from a supervised smoking or inhalation space indoors.

3. Harm reduction and overdose response training is necessary and must be offered to all staff members, including healthcare workers. This training would help to ensure a consistent understanding of harm reduction principles and their application, and ensure all staff have competency in responding to overdose.

4. Harm reduction workers and people with lived/living experienced of drug use are essential and necessary resources for the successful operation of substance use programs in clinical and sheltering settings.

5. There is a need for stable funding for the delivery of comprehensive substance use services, including safer opioid supply and managed alcohol programs. Comprehensive substance use services should be available in shelters, in the places where people live, and in hospitals and other healthcare settings.

6. There is a need for a space to provide sub-acute care for people experiencing complex and unmet mental and physical health conditions alongside substance use, or to provide short-term stabilization of substance use among people experiencing homelessness

7. Strong investment in long-term housing solutions is necessary. The COVID-19 pandemic led to investment in short-term solutions for people experiencing homelessness who needed to isolate because of an infectious disease; however, comprehensive investment in long term housing solutions and integrated clinical and harm reduction programs to address substance use remain vitally necessary post-pandemic.

Affiliations

Unity Health Toronto: Gillian Kolla, Cathy Long, Anne Rucchetto, Fiqir Worku, Alex Caudarella, Kris Norris, Rosane Nisenbaum, Michelle Klaiman, Michelle Firestone, Ahmed Bayoumi

University of Toronto: Ahmed Bayoumi, Michelle Firestone

Parkdale Queen West Community Health Centre: Raphaela Fagundes, Gab Laurence, Richard Kikot

Inner City Health Associates: Kate Hayman, Alex Caudarella, Jen Ko

The Neighbourhood Group: Eileen Hannan

University Health Network: Kate Hayman

Canadian Institute for Substance Use Research, University of Victoria: Gillian Kolla

Division of Biostatistics, Dalla Lana School of Public Health, University of Toronto: Rosane Nisenbaum