MOBILE OVERDOSE PREVENTION SITE

EVALUATION
2023

Acknowledgement

This is a comprehensive evaluation of the implementation and outcomes of the Mobile Overdose Prevention Site operated by Sunshine House.

Sunshine House and Mobile Overdose Prevention Site are located on Treaty 1 Territory, in the original lands of the Anishinaabeg, Cree, Oji-Cree and Dakota peoples, and the homeland of the Métis Nation. Sunshine House respects the complex histories and traditions of Indigenous Peoples and communities.

We respectfully acknowledge that the work to complete this evaluation was primarily hosted on the Treaty 1 territory, the original lands of the Anishinaabeg, Cree, Oji-Cree and Dakota peoples, and the homeland of the Métis Nation. We acknowledge the ongoing discrimination and criminalization of people who use drugs (PWUD) disproportionately harms Indigenous Peoples, and marginalized peoples. Ongoing work and efforts are needed to dismantle colonial systems of oppression. We are committed to the process of reconciliation with Indigenous Peoples, and recognize that this requires significant and ongoing changes to the health care system, harm reduction approaches and to policies and regulatory systems. We hope that this evaluation helps to reduce the harms faced by PWUD, including those who identify as Indigenous.

Many thanks are due to the MOPS visitors, Sunshine House visitors, community residents, volunteers, staff and community organizations for their invaluable input, dialogue and time. We also extend sincere thanks to the peer workers at MOPS and the staff at MOPS and Sunshine House. Your support and dedication helped to make this evaluation what it is.

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Note on Terminology and Acronyms

In the broader literature and in the many conversations that were part of this evaluation process, we found many different terms and acronyms. We explain our use of specific terms below:

Drugs is a colloquial term that applies to illegally obtained mind/body altering substances. For the purposes of this evaluation, it does include illegally obtained prescription pharmaceuticals, but excludes alcohol and cannabis.

Peer is a person with lived experience using drugs.

Overdose is a generic term for a person consuming too much of a specific drug. In the course of this evaluation we found that adverse results from drugs are often a result of toxic additives or unknown poly-drug combinations. For this report the overdose term also includes toxic drug interactions.

Toxic drug Interaction is when a person inadvertently consumes a toxic or poly-drug combination. In this evaluation the term can also mean an overdose.

PWUD people who use drugs. This broad term includes people who inject, smoke or otherwise consume drugs.

PWID people who inject drugs. This is a narrower term and applies only to a subset of drug users. Many people smoke or inhale their drugs.

MOPS participant is the term we use to label comments, survey results and discussions from people who visit the MOPS site. This also includes staff and peer workers.

Community organization participant is the term we use to label comments, survey results and discussions from people who work at community organizations.

Other acronyms and terms found in this evaluation include:

CBPR community-based participatory research

FTIR Fourier-transform infrared spectroscopy

IDU injection drug use

MHRN Manitoba Harm Reduction Network

MOPS Mobile Overdose Prevention Site

Narcan is a specific brand name for **naloxone**, which is the generic name

OAT opioid agonist therapy

OD overdose

OPS overdose prevention site

RAAM Rapid Access to Addictions Medication

RV recreational vehicle or mobile home

SCS supervised/safe consumption site

SUAP Substance Use and Addictions Program

SIF safe injection facility

SIS safe injection site

STBBI sexually transmitted and blood borne Infection

SUA/MH substance use/addiction/ mental health

Executive Summary

Since 2016, the number of toxic drug-related deaths has been rising steadily in Manitoba (Lefebvre 2023). Manitoba is not unique, this ongoing escalation of drug related deaths is occurring in many provinces across the country. In Canada as a whole, there were 40,642 apparent opioid toxicity deaths between January 2016 and June 2023 (Government of Canada 2023). Studies show that consuming drugs in a safe space safeguards the health of people who use drugs, lowers mortality, reduces infectious disease risk and provides access to other services. In the face of the growing toxic drug crisis many provinces responded by providing safe and supervised places for people to use drugs with sterile equipment and supplies in a monitored space. Manitoba did not.

Sunshine House responded to the growing toxic drug crisis in Winnipeg and after a lengthy struggle with the provincial government launched MOPS, the Mobile Overdose Prevention Site, in October of 2022. The overdose prevention site provides a supervised, safe, comfortable and "homey" place for vulnerable individuals to consume drugs and access harm reduction supplies. This federally-funded initiative runs out of a converted recreational vehicle (RV). The Mobile Overdose Prevention site is overseen by a coordinator and run by staff and peers (people with lived experience).

The intended outcomes are to reduce the risks of using alone such as mortality, decrease the spread of infectious disease through distributing harm reduction supplies, and to provide access to other services, training and education. MOPS has demonstrably exceeded these goals.

Findings

Within one year MOPS has exceeded all benchmarks outlined in the Substance Use and Addictions Program (SUAP) application and most benchmarks from the SUAP agreement. From October 28, 2022 to October 31, 2023 there were 26,154 visits to MOPS. Of these there were 7,086 visits to consume drugs which resulted in 20 overdose incidents, 4 trips to the hospital (at the request of the individuals) and 0 deaths. The total number of visits to the MOPS site were double those initially anticipated. Throughout the first year of the program 3,623 naloxone kits were handed out, 14,465 bubbles and 13,507 needles were distributed. Some 285 drug tests were done using the FTIR machine and 56 drug testing strips were handed out. Drug alerts, stemming from testing done at MOPS, were shared on SaferSites and provided valuable information to community organizations and people who use drugs (PWUD). The drug alerts were widely shared on social media across the province with some posts having hundreds of shares and reaching thousands of people. MOPS successfully incorporated low-barrier access to health care through a partnership with Ka Ni Kanichihk, which included weekly visits of a nurse to the MOPS. These services were widely accessed by MOPS visitors and helped prevent more serious health care issues.

Demand for MOPS services has grown steadily throughout the year as is documented by the MOPS usage data. The first full month of MOPS operations was November 2022 and saw 782 visits. One year later, in November 2023, MOPS visits had grown to 3,601 visits, meaning that the number of monthly visits more than quadrupled over the course of the year. The number of visits for drug use also rose dramatically from 101 drug use visits in November of 2022 to 953 drug use visits in November of 2023 showing a nine fold increase in drug consumption visits. At the same time visits for community connection, snacks, hygiene, and obtaining harm reduction supplies also rose.

MOPS success extends beyond the statistical numbers. MOPS has had a profound impact on many vulnerable individuals' lives, community organizations and the neighbourhood as a whole. Qualitative data points to this success beyond the numbers, as stories were repeatedly shared about MOPS saving and changing people's lives and relieving pressure on community organizations.

The qualitative data gathered in interviews, focus groups and surveys was validated by an extensive literature review that supported the MOPS evaluation findings. The qualitative data revealed a reduction in public drug use, decreases in improperly discarded drug paraphernalia, increases in harm reduction knowledge and education, decreases in individuals using alone, less ambulance calls and an increase in access to clean supplies, health care and other services.

This evaluation also revealed the importance of peers in the program design, operation and delivery. Peers have been, and continue to be, a critical component to the success of MOPS. The peers successfully created a warm and welcoming environment, and shaped programs and services to the specific needs of users. The peers drew from their lived experience, to meet innately-recognized needs, and were able to address potential conflict in a timely manner. The peers successfully implement the site guidelines and rules. MOPS staff and peers were routinely cited as being one of the best things about MOPS.

This evaluation and the broader literature review showed the importance of people having a safe place to use and the sense of community and relationships that were built through MOPS. This can largely be attributed to MOPS staff and peers and a service that is vital to many vulnerable Winnipeg residents.

Overall, MOPS has successfully exceeded its benchmarks and demonstrated the need for this service through the sheer number of visits, relationships and bonds that have been made. This program has saved lives and changed lives, and continues to serve Winnipeg's vulnerable populations with care and compassion.

Introduction

This report is an implementation and outcomes evaluation of MOPS, the Mobile Overdose Prevention Site, run by Sunshine House. In order to accurately portray the scale of the toxic drug crisis, and the community response to this crisis, we include extensive background context, describe the political environment, and link the toxic drug crisis to many other issues. All of this is to help situate and contextualize MOPS for the evaluation process. This also provides insights and lessons that can inform efforts to expand MOPS and to establish more comprehensive supervised/safe consumption sites.

Deaths from illegal and toxic drug use have been escalating in Winnipeg, Manitoba, and across North America. People who use illegal drugs are being harmed, and are dying, from toxic additions and unknown poly-drug combinations. This crisis is far reaching and has devastating impacts on individuals, families and communities. The cumulative numbers of those dying from the toxic drug crisis are continuing to rise rapidly. "In 2016, there were 2861 apparent opioid-related deaths in Canada, which is equivalent to eight people dying each day,and is greater than the average number of Canadians killed daily in motor vehicle collisions in 2015. However, this statistic represents just the tip of the iceberg; on average, 16 Canadians were hospitalized each day due to opioid-related poisonings in Canada in 2016" (Belzak & Halverson 2018).

In response to the crisis some provinces have declared a public health emergency which allows the province to provide supports and safe places for people to use drugs. Prior to MOPS, Manitoba had not done this, despite an ever growing number of deaths from toxic drugs. At the same time community members report an increased frequency of toxic drug interactions, the need for more doses of naloxone to reverse potential overdoses, a spike in HIV rates and a rise in people with stubborn wounds which can necrotize, causing long-term harms. Manitoba remains the only province west of the Maritimes without a supervised/safe consumption site, despite the growing literature and evidence showing the benefits of safe places to use and the repeated requests from community groups and organizations responding to the growing toxic drug crisis.

In the face of provincial government inaction, Sunshine House, a local charitable organization, responded to the crisis and took the lead to develop an effective community service in the form of the Mobile Overdose Prevention Site (MOPS). MOPS is a community-led, and community-based response to the toxic drug supply crisis and continued high rate of fatalities. MOPS operates out of a recreational vehicle (RV) that moves throughout the core area of Winnipeg providing a safe place for individuals to access harm reduction supplies, get referrals, test drugs, access pregnancy and HIV testing, warm up, get coffee or water and use drugs in a safe setting. MOPS is not a formal supervised consumption site — it is not a clinical facility with trained medical staff, but it does provide a safer place for people to use.

Establishing MOPS was challenging for a small community-based organization in a province that has not supported overdose prevention or supervised consumption sites. In 2021, Sunshine House was granted funding to establish an overdose prevention site by the Federal Government. The Province did not support the initiative and instead stalled the project by refusing to grant operating permission. Sunshine House sought to obtain an exemption to be allowed to operate from the federal government instead. Despite roadblocks by the Province, Sunshine House was able to obtain an exemption and in October of 2022, MOPS opened.

The RV that MOPS operates out of moves to various sites around the core area of Winnipeg, offering individuals a safe place to use, providing harm reduction supplies (needles, stems, naloxone kits, etc), making referrals to other organizations, offering coffee or water and creating a community of support. The inside of the RV is used for injecting drugs while the smoking tent outside provides a safe place for individuals who prefer inhalation.

Since MOPS began operating in October of 2022 there have been over 26,000 visits to the site. To date there have been no deaths at the site, and 20 overdoses which resulted in 4 ambulance trips to the hospital. MOPS has successfully met a need and provided People Who Use Drugs (PWUD) a safe place with numerous supports. Despite its successes, MOPS is not a solution to the entirety of this crisis, nor can it adequately address the many different challenges that intersect with the toxic drug supply. MOPS is a crisis response that operates with the goal of keeping community members alive and as safe as possible through reducing the harms that each person faces.

While there are many systemic elements that intersect with the toxic drug crisis, it is critical to remember the individual people who are personally involved. Each person affected by the toxic drug supply is just that, a person. They are each a human being and a citizen. They are members of the community, with personal connections to relatives, family and friends. They come from all age groups, all backgrounds, all genders and all the different ways of life. In this toxic drug crisis each of these individual people is in danger every time they consume.

In the face of this crisis, the immediate challenge is keeping people alive. While there may be longer term options that can help individual people, they have to be alive in order to access these options.

This evaluation uses a community-based participatory research (CBPR) process to determine if MOPS has successfully met its objectives. MOPS objectives were to offer:

- A safe (as defined by community) and accessible space for people to use drugs and prevent using in isolation
- A range of key harm reduction services
- Services that cover a large geographic area and be willing to adapt
- Connection to additional supports and services
- Access to reliable information about current drug supply contamination and safety concerns.

Ultimately, MOPS is intended to save lives and keep people safe. Over a ten-month period the evaluators connected with over 600 individuals and found that MOPS is an effective, community-led response that focuses on helping people use as safely as possible, and it keeps people alive while doing so.

To set the scene, this evaluation begins by exploring the current context of the toxic drug crisis in Winnipeg and presents background information on Sunshine House and the Mobile Overdose Prevention Site (MOPS). The evaluation then presents the findings from the implementation evaluation and the outcomes evaluation. The evaluations relies heavily on

Image of MOPS on its first day of operation. Photo credit: Sunshine House

information obtained from consultation and engagement with various MOPS stakeholders and participants as well as MOPS statistics and a comprehensive literature review.

The implementation evaluation captures the initial launch phase of MOPS to gather the lessons learned from the implementation process through the use of two evaluation types, chronicle and translation. The implementation evaluation provides valuable lessons to other organizations establishing a similar OPS, or a full scale supervised consumption site (SCS), while overcoming significant setbacks and a lack of political support.

The outcome evaluation evaluation also presents early outcomes and community impacts, building on data gathered during the evaluation process and data collected by MOPS staff. The outcomes are elaborated in the findings section below, but overwhelmingly depict the significant impact that MOPS has had in Winnipeg. This comprehensive summary includes representative examples of what we heard during the consultation and evaluation process. An evaluative comparison between MOPS services and other community organizations provides additional evidence on the effectiveness of MOPS.

This evaluation includes additional research conducted during the evaluation process. This additional research explores many of the myths surrounding the use of mind/body altering substances, and briefly situates this discussion in the broader context of morality and the role of government. This section also includes some illustrative anecdotes that highlight the complex interconnections between many different issues and substance use. The final sections include a very brief summary of the literature review, limitations to this evaluation, conclusions, references and appendices.

Throughout this evaluation, we draw on medical and academic literature, grey literature in the form of organization and government publications as well as media sources. This evaluation draws on data collected by MOPS staff, by the evaluators, and the many conversations and discussions with MOPS visitors, community members, and organizations.

Image of MOPS at the provincial legislature grounds.

The Current Context

Across Manitoba there is a growing number of drug related deaths (Lefebvre 2023). These numbers are rising due to an ever changing toxic drug supply. This toxic drug crisis negatively impacts many different organizations and groups of people in differing ways. The crisis is complex and has many inter-related impacts and effects. For example, the toxic drug crisis is adversely impacting community organizations—as the lack of safe places to use is resulting in community organizations becoming de facto drug consumption sites. The crisis is likewise impacting first responders such as police and fire services, through a rising number of calls to respond to overdoses. The intersection with mental health and trauma adds another layer of complexity, as does the increasing HIV infection rate among People Who Inject Drugs (PWID).

This section will look at the current context and presents several dimensions that intersect with the use of toxic drugs. This section looks at:

- Fatalities
- Fire and paramedic service
- Current addictions treatment is insufficient
- Intersection with trauma, mental health and inadequate support services
- Intersection of public drug use with homelessness
- Intersection with poverty and systemic inequality
- Rise of HIV
- Splash-over

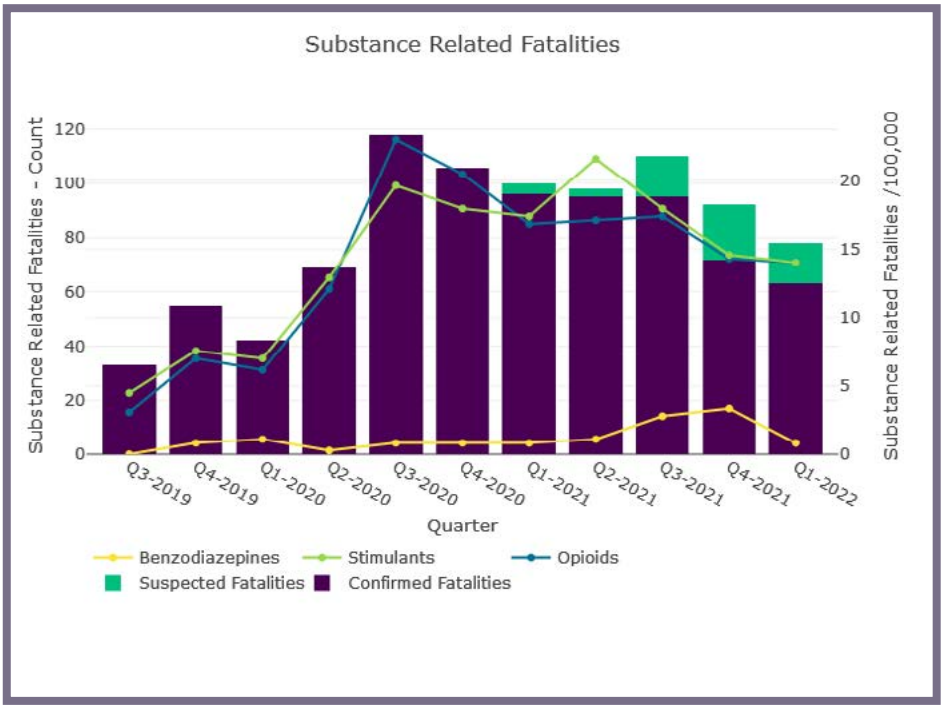


Figure 1. Substance-Related fatalities

Data taken from Manitoba 2023

Fatalities

Across Canada there were a total of 40,642 apparent opioid toxicity deaths between January 2016 and June 2023 (Government of Canada 2023). Looking at a shorter time frame between January and June of 2023, there were some 3,970 apparent opioid toxicity deaths, which is an average of 22 deaths per day in Canada. Across Canada we are seeing a rise in hospitalizations due to toxic drugs. In December of 2023, the government of Canada reported an 11% increase in opioid-related hospitalizations as compared to the same period in 2022 (Government of Canada 2023).

Manitoba is equally affected by this crisis and saw a significant rise in fatalities linked to toxic drug use in recent years. "In 2021, the province had a record number of 407 deaths, an increase from 372 in 2020…Data suggests that even more Manitobans will die in 2022" (Baxter 2022). In Manitoba alone, the number of apparent opioid-related deaths increased by 87.5% from the first quarter of 2016 when compared to the same period in 2017. Data from the Government of Manitoba Epidemiology and Surveillance Unit show that the expansion of this crisis in Manitoba began in the second half 2019. The reported fatalities from the toxic drug crisis are presented in Figure 1 on the previous page.

As is seen in the chart below, between the middle of 2019 and the middle of 2020 the number of fatalities more than doubled from 33 to 69. The second half of 2020 and all of 2021 saw another dramatic increase in fatalities throughout this time period. This period also coincided with repeated waves of the Covid pandemic sweeping through Manitoba. The public health orders, along with the social and physical isolation of the pandemic significantly exacerbated the existing toxic drug crisis, which continues to show elevated fatalities today. Hundreds of people are still dying each year from harms associated with overdoses.

This crisis is not unique to Manitoba, and is mirrored in other provinces such as British Columbia and Ontario. The Province of British Columbia declared a public health emergency in April of 2016 in response to a growing number of deaths linked to opioid use and the toxic drug supply (Pawson 2023, Pauly 2021). The rate of deaths and the scale of the crisis grew significantly during the Covid pandemic, and has remained high since then (British Columbia 2023). Similarly, Public Health Ontario found a "79% increase in monthly opioid-related deaths between February and December 2020," and a "139% increase in opioid-related deaths among those experiencing homelessness" (Public Health Ontario 2021). This demonstrates an

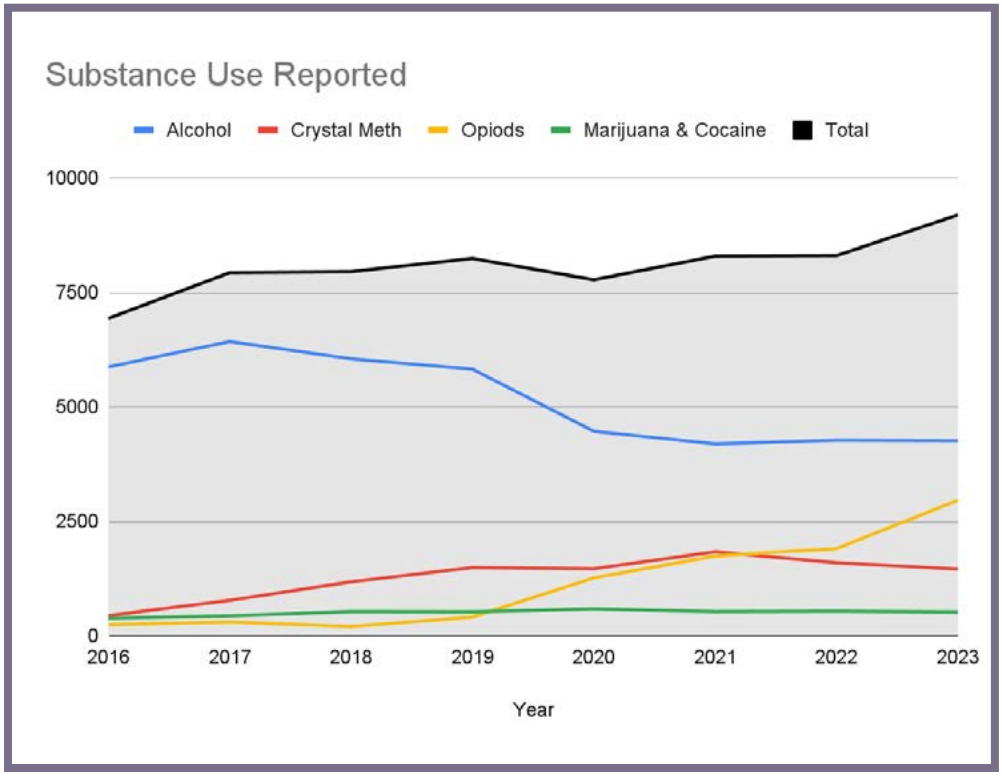


Figure 2. Substance Use Reported

Winnipeg 2023. Note that 2023 data is up to Nov. 28.

escalation of fatalities linked to the toxic drug supply during the Covid pandemic, and this rate has remained elevated since then (Public Health Ontario 2023).

Overall, the data is pointing to a growing crisis and an increasing number of fatalities that are attributed to a toxic drug crisis; fatalities that could have been prevented if there had been access to naloxone and other harm reduction services.

Fire and paramedic services

City of Winnipeg data indicates that the toxic drug crisis has adversely impacted the City's fire and paramedic services. Using the City of Winnipeg Open Data Portal, statistics from 2016 through to 2023 are compared in the Substance Use Reported chart below. These reports are compiled from fire and paramedic calls and are based on the patient's descriptions of events and are presented in Figure 2 below.

The annual number of fire and paramedic responses for substance use have increased from under 7,500 in 2016 to over 9,000 to date in 2023.

These statistics show that the annual number of fire and paramedic responses for substance use have increased from under 7,500 in 2016 to over 9,000 to date in 2023 representing a 20% increase in the number of calls. In addition the statistics show that while the overall substance use reports have increased, the number of reports for alcohol have declined at the same time that drug use reports have increased. In 2016, alcohol reports represented about 85% of the total. By 2023 alcohol reports dropped to 46% of the total, with all other drugs combined now surpassing alcohol reports. This shift depicts the growing toxic drug crisis.

This increase in overall fire and paramedic responses for substance use, combined with the shift to drugs instead of alcohol is placing an increased burden and more complex demands on the fire and paramedic services. This also impacts the City of Winnipeg budget. A recent budget report indicated that the majority of the budget overages could be attributed to fire and paramedic overtime (Buffie 2023).

What can be ascertained from this data is that there has been an increase in the total number of calls for fire and paramedic services and that increase in the number of calls is linked to a rise in drug related incidents. The data shows a shifting in the trends from alcohol related calls to drug related calls. The overall increase in calls for services means more pressure on the workers and more costs to the taxpayers.

Current addictions treatment is insufficient

The current status quo is not working for people who use drugs and want help with their addictions. The current system focuses on treatment, however accessing treatment has many barriers including long wait times or costly treatment options. The current system relies on Rapid Access to Addictions Medication (RAAM) clinics and treatment centres. Typically, RAAM clinics are busy and not able to see everyone, while treatment centres lack beds, have lengthy wait lists and hospitals are overwhelmed and underfunded. Access to treatment options improves significantly for individuals who have the means to pay for treatment, but as is noted in Kinew's 2019 report *We Have to Start Here: addressing the root causes of Manitoba's addiction crisis and reducing harms from problematic meth use*, problematic drug use is most often linked with poverty. This means that many individuals rely on the limited publicly available options. The current situation which focuses on treatment is contrary to many recent reports that note that for treatment to be effective, people need to be met where they are.

RAAM clinics are walk-in facilities for adults ages 18 and older who are looking to get help with substance abuse. RAAM clinics are designed to be low-barrier and allow individuals to access services during open hours, without an appointment. Winnipeg has 3 RAAM clinics. Many people who use drugs (PWUD) find that the RAAM clinics are actually not low-barrier, noting that access to service and treatment were challenging and did not meet individuals where they were at, while many felt uncomfortable

in the formal hospital-type setting. This was confirmed in the qualitative data from this evaluation.

Another concern with the current status quo is that the RAAM clinics are busy, have long wait times and lack the capacity to see everyone who comes to the clinic on the same day. *"RAAM too full"* (MOPS participant). Community organizations made a similar statement *"I often hear clients are turned away within the first 10 minutes of the RAAM clinic opening for the day as its first come first serve"* (community organization participant). These claims are validated by the CBC who reported that the current RAAM clinic capacity is insufficient and they are turning away almost half of the people who are coming. "Over a 12-month period, six Manitoba RAAM clinics offered services to 1,342 people but had to turn another 1,218 away" (CBC 2023). Lidstone, a reporter with lived experience, notes that many people leave without being seen or getting help. "In Manitoba, I have heard many stories of addicts leaving emergency rooms or crisis centres in despair because they didn't get the help they needed" (Lidstone 2017).

A major part of the problem is that RAAM clinics lack sufficient funding to make them a truly viable option. While RAAM clinics may be a useful option, additional funding and servicing provision is needed. *"Would be nice if there was more funding so anyone who shows up that day gets care"* (MOPS participant).

Treatment centres are another commonly used service in the current context, but treatment centres come with long wait times. Drug Rehab Services estimates that "the wait time for a publically funded drug treatment services is on average 52 days in Manitoba" (Drug Rehab Services 2023). Other sources indicate that wait times for women are even longer. "There is currently a more than 200-day waiting list for women wanting to get into drug treatment" (Taylor 2019). Many blame the opioid crisis for the long wait times for publicly funded treatment centres.

The majority of the individuals that we talked to at MOPS were homeless. Addictions treatment services are limited for those struggling with homelessness. They struggle to access RAAM clinics, get into treatment or to seek medical assistance at hospitals, meaning they cannot get the help that they need. This goes to the philosophy that we heard that people need to be helped on their terms and when they are ready, meaning that the services need to be low barrier and accessible. RAAM clinics need to have the capacity to take everyone who comes in for help, whenever they arrive. Treatment centres need to have spaces. Options need to be available along with supports to help individuals looking for treatment. Kinew's 2019 report notes that one of the biggest challenges with treatment is that the individual exits back out to the same situation—they are still unhoused or living precariously. Without the provision of wrap around supports, the person is at a high risk of relapsing and the cycle simply starts again. The lack of services and supports are making it hard for people to get the help that they need in order to stay safe, never mind address substance use issues. This points to the inadequacies of the current system which focuses on treatment versus meeting individuals where they are and offering wrap around services. The current emphasis on treatment needs to have more funding, services need to expand and offer wraparound support and should shift to meet individuals where they are.

Intersection with trauma, mental health and inadequate support services

> *"The drug use is the symptom. The issue is homelessness. The issue is past trauma. The issue is violence. The issue is colonialism. The issue is mental health. The issue is surviving. Sure, some people use recreationally—but that is not the issue."*
>
> —Community organization participant

The data points to the intersection between drug use and mental health and trauma. This complex link is inadequately supported in the current system that focuses on treatment but not addressing the underlying root causes. What is becoming evident is that a lack of access to effective therapy, personal supports and treatment can lead some people to use substances as an alternate coping mechanism. In a similar way, people who face significant challenges escaping life stressors, such as homelessness and loneliness, may also use substances to cope. Each of these circumstances

is largely beyond the individual person's direct control, and the extremely limited availability of resources and supports mean that many people who seek out help are unable to receive it.

> *"I wanted to go to a RAAM (Rapid Access to Addiction Medication) clinic, so I went, and it was Friday. They couldn't take me and said I had to come back on Tuesday."*
>
> —MOPS participant

There is a considerable body of evidence recognizing that some people use substances as a strategy to help cope with stressors in their life. Webster notes that "Risk factors for opioid misuse or addiction include past or current substance abuse, untreated psychiatric disorders, younger age, and social or family environments that encourage misuse" (Webster 2017). O'Grady and Skinner find that "some people may engage in addictive behaviours because the physiological or psychological effects relieve physical or emotional suffering" (O'Grady, Skinner 2007).

The current situation shows a link between problematic drug use, poverty and trauma. It also highlights the inability of the current system to support individuals. There are long waits, inadequate mental health, housing and trauma supports. In order for treatment to be effective it needs to be a part of a larger process that includes wrap around supports.

Intersection of public drug use with homelessness

Many people who use drugs do so in the relative safety and comfort of their own home. Unhoused or precariously housed people who use drugs don't have that opportunity and may consume drugs in public or semi public places. Currently, many individuals with problematic drug use are unhoused.

The Homeless Hub (2023) notes:

> The relationship between substance use and homelessness is complex. While rates of substance use are disproportionately high among those experiencing homelessness, homelessness cannot be explained by substance use alone. The use of substances alone does not necessarily signal addiction or a harmful lifestyle. In addition, many people who are addicted to substances never experience homelessness, but an individual who is experiencing housing instability, often due to low income, has an increased risk of losing their housing if they use substances. Once on the streets, an individual with substance use issues has little chance of getting housing, as they face insurmountable barriers to obtaining health care, including substance use treatmentservices and recovery supports.

Figure 3. HIV cases

Figure from Government of Manitoba 2022

The conversations and survey results with people visiting the MOPS site bear this out. Over 70% of the people who responded to housing questions report being homeless or precariously housed. The survey responses included staying with someone else, tenting, living on God's great land, having no access to housing and/or using a shelter.

The visibility of public use of drugs, and the number of visibly homeless people in Winnipeg, has attracted significant attention, especially since the start of the Covid pandemic. These two linked crises have served to push the issue of homelessness and the issue of toxic drug use into public discourse.

Intersection with poverty and systemic inequality

Currently, there is a direct correlation between poverty, systemic inequality and drug addiction. In 2019, then leader of the opposition Wab Kinew released a report called *We Have to Start Here: addressing the root causes of Manitoba's addiction crisis and reducing harms from problematic meth use*. This report looked at the growing meth addiction crisis across Manitoba and how to effectively address the crisis. Studies and experts cited in the report link poverty, trauma and systemic inequalities to increased risk of drug use. "The intersection of poverty, colonialism, and a history of residential schools has created systemic inequalities that cause vulnerable Manitobans to turn to drugs as a means of coping" (Kinew 2019). The report notes that "[t]he drugs alone are not the crisis and as long as we continue to focus just on the drugs, we will see one fall and another one rise up in its place" (Kinew 2019).

The underlying crises are the historic and current factors that place some populations at higher risk of harmful substance use than others. The report concludes that in order to address the drug addiction crisis the Province must address poverty and the root causes of addiction to significantly reduce substance use in the province (Kinew 2019).

The Canadian Centre for Policy Alternatives in the 2019 state of the inner city report likewise notes that drug addiction is "a symptom of a much larger social crisis, a crisis rooted in deep inequality, colonialism and a failure by the government to address the basic needs of people who experience the highest level of marginalization" (Channon & Maier 2019). The research goes on to link socio-economic marginalization with drug use. "Research shows that people who experience socio-economic marginalization, including the effects of colonialism and intergenerational trauma, are more likely to develop problematic substance use and mental health issues and experience harms related to drug use that are more severe" (Channon & Maier 2019). "Problematic substance use is less likely to hit people who have stable, structured lives and good employment or meaningful forms of opportunity, than it is by those who experience instability and lack of economic opportunity" (Henkel 2011).

Again the data points to a complex interconnected web of issues that must all be addressed in order to effectively respond effectively to the toxic drug crisis.

Table 4. Percent of people referred to the Manitoba HIV Program by self-identified race/ethnicity, 2018-2021

	2018 (%)	2019 (%)	2020 (%)	2021 (%)
Indigenous	51.4	57.7	71.9	73.4
White/European	18.0	15.4	12.3	11.2
African/Black	21.6	18.7	7.9	5.9
East/Southeast Asian	6.3	3.3	5.3	2.4
Latin American	0.9	1.6	0.0	2.4
South Asian	1.8	0.8	0.0	1.8
Middle Eastern	0.0	1.6	0.0	0.6
Not reported/No data	0.0	0.8	2.6	2.4
Total	111	123	114	169

Table 1. Percent of people referred to MB HIV program, self identified 2018-2021

Table from Liewicki 2022

Rise of Human Immunodeficiency Virus (HIV)

There is "an unprecedented spike in the spread of blood borne infections like HBV, HCV, HIV, and syphilis in Winnipeg due to intravenous drug use" (Kinew 2019). In Manitoba HIV transmissions increased by 44% between 2020 and 2021 (Government of Manitoba 2022) and HIV infection rates in Manitoba have become some of the highest in Canada (Buffie 2023), with Manitoba ranking second only to Saskatchewan. "In 2021, the rate of HIV in Manitoba (12.2 HIV diagnoses/100,000 people) was three times higher than the rate of HIV in Canada in 2020 (4.0 HIV diagnoses/100,000 people)" (Buffie 2023). This means that Manitoba sits three times above the national average, coming it at 12.2 per 100,000 people (Liewicki 2022).

Over the past four years, CBC reported a 52% increase of new HIV cases in Manitoba (Liewicki 2022). The most recent data from the Province, reported a single year 44% increase in the number of new HIV cases, with Manitoba reporting 167 new cases of HIV in Manitoba in 2021 versus 116 new cases of HIV in 2020, as is shown in Figure 3. (Government of Manitoba 2022).

These numbers are anticipated to climb in future years as "the doctors who have been tracking the data say the situation is likely to get worse" (Liewicki 2022). Some experts are expecting more than 300 Manitobans to be diagnosed with HIV in 2023, with HIV infection rates in Manitoba now being the second highest in Canada (Buffie 2023).

Along with rising HIV transmission rates in Manitoba, the statistics reveal shifts in transmission methods and demographics. The number of introduced cases of HIV (cases where HIV has been contracted outside the Province of Manitoba) has declined while cases diagnosed for the first time in Manitoba has increased (Province of Manitoba 2022). This suggests that the province is experiencing increased HIV transmission within our borders.

Some experts are expecting more than 300 Manitobans to be diagnosed with HIV in 2023, with HIV infection rates in Manitoba now being the second highest in Canada.

A second shift is the mode of HIV transmission. In the past, HIV transmission was most commonly linked to sexual transmission. "From 2019 to 2021, the most common primary mode of HIV transmission reported to the province among both males and females was injection drug use" (Province of Manitoba 2022). What we are seeing now is that risks of becoming infected are now found outside sexual transmission and that injection drug use is a growing concern in terms of the risk of HIV transmission in Manitoba.

Another major shift is demonstrated in looking at who is acquiring HIV. The Manitoba HIV program data identifies a disproportionate and growing number of individuals acquiring HIV are identifying as Indigenous peoples. Table 1 below shows that "HIV acquisition is even more of an alarming issue among Indigenous people, with 73.4 percent of people referred to the Manitoba HIV Program in 2021 self-identifying as Indigenous" (Liewicki 2022).

Another shift is in the gender of those acquiring HIV. In the past most new cases of HIV have typically been among males. The data now shows a growing number of females acquiring HIV "with half of the new diagnoses being female" (Liewicki 2022).

Reports are also depicting a link between social determinants of health and HIV acquisition. "Dr. Lauren MacKenzie, associate director of the Manitoba HIV Program, pointed to social determinants such as housing and mental health conditions, as well as injection drug use, as key factors in the acquisition of HIV" (Liewicki 2022).

The Winnipeg Regional Health Authority (WRHA) has demonstrated a three-fold increase in demand for needles since 2015, concurrently WRHA data shows that the number of needles being distributed has increased from 1.2 million in 2016 to 1.6 million in 2017. (Migliardi, Marshall, Koch, Keilty 2020). Despite increased needle distribution, the rates of HIV between PWID have continued to increase.

The current situation reveals a growing number of individuals who inject drugs acquiring HIV. This creates a complex web of issues that are all linked together. Drug injection use to cope with stress and trauma and mental health can lead to worsening health outcomes. Higher rates of infection and blood borne illnesses among injection drug users exacerbate other challenges people face, especially if they experience poverty, trauma or homelessness. This complex interrelation points to a need to provide wraparound supports and services to keep individuals safe. Keeping people safe and providing safe places to use can help alleviate the growing number of HIV cases, and reduce the linked stressors in people's lives.

Splash-over

Many services that people rely on for their daily survival are provided by community-based organizations (CBO). CBOs are dedicated to improving the quality of life for Winnipeg's inner-city residents by providing a variety of programs and services. CBOs "provide critical social and economic community support, often filling gaps in community services, such as emergency housing assistance, microfinance, food provision, workforce training and cultural programming" (Enterprise, 2022). The lack of sanctioned supervised/safe consumption sites has substantial flow through consequences for the community, the people working with the community and in CBO's. One community organization noted that "*All public agencies become front line services and responses to the toxic drug supply"* (community organization participant). This we are terming the "splash-over" effect.

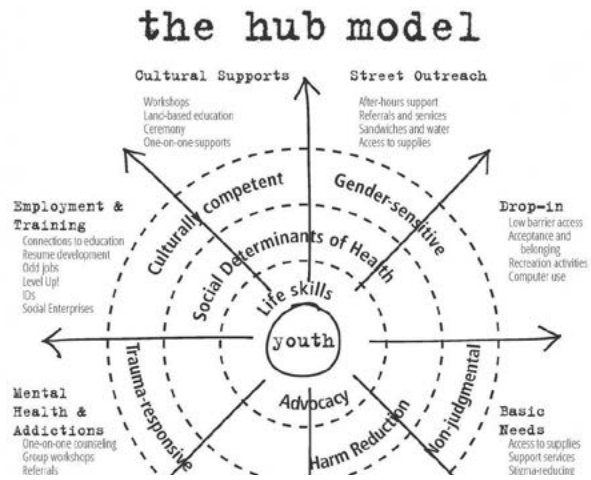
Every community organization that we talked to that is open to the public agreed that their bathrooms have become de facto safe consumption sites. "*Because there is no SCS, people use our [Community Organization] washroom as an SCS. Then my staff have to deal with the trauma of a person OD'ing. They have to administer Narcan, and act as paramedics"* (community organization participant, brackets added for clarification). The surveys and focus group with community organizations highlighted that community serving organizations have become de facto and informal safe consumption sites whether they like it or not. People are using drugs where they can. Since there are no officially sanctioned places where people can use, people are instead using in any and every space they have access to. In practical terms, this means that the toilet stalls in community serving organizations have become places where people go to use. Community organizations repeatedly shared that they are seeing "*A lot of overdoses and people OD in washroom.*" Many talked about the fact that "*we [community organizations] are running de facto overdose prevention sites in washrooms and adjusting practice to manage overdoses in washrooms and … it's time to shift from safer washrooms to intentional space for substance use"* (community organization participant). (Brackets added for clarification). This sentiment was repeated numerous times by various community-based organizations: *"every washroom became a safe consumption site*" and "*We are all consumption sites"* (community organization participants).

> *"We are running de facto overdose prevention sites in washrooms and adjusting practice to manage overdoses in washrooms. It's time to shift from safer washrooms to intentional space for substance use."*
>
> — COMMUNITY ORGANIZATION PARTICIPANT

This splash-over effect is having many impacts on community organizations. First, it has created challenges for organizations to both recruit and retain staff. "*What this means is that front desk staff and community organizations are now dealing with more and more overdoses"* (community organization participant). Front desk reception positions were never intended to double as paramedic first responders. It can be quite traumatic, and people leave. Community organizations

talked about how they *"Have major front desk staff turnover, trying to train staff to keep calm during OD is futile. Turnover is crazy"* (community organization participant).

Along with the difficulty in retaining staff, we also heard stories from community organizations around the growing rates of staff burn out, stress and mental health. *"Trauma, high turnover, crisis response leads to burn out. Even when people stick around — they're emotionally and psychologically burning out. Work should not lead you to trauma. You sign up to work with people and help them — but all you're doing is responding to ODs and keeping people alive"* (community organization participant).



Another splash-over effect discussed in the focus groups was the need for community organizations to undertake costly renovations to make their spaces safer for individuals who are using them as consumption sites. With the number of bathroom overdoses on the rise, community organizations have had to use their limited budgets and reallocate funds in order to renovate their bathrooms and make them "safer" for people who are using. These renovations include doors that open outwards and adding in alarms or timers so that individuals using the bathrooms are checked on. This means that community organizations are forced to divert funds intended for other purposes and instead use them for costly renovations. Community organizations noted that while the renovations result in safer spaces, they are still not as safe as they could be.

A third splash-over effect was strain on community organization staff to get their regular work completed. Staff in community organizations shared about how much time and resources went into supporting someone who was overdosing and how it impacts their ability to get work done while also reducing the time and support available to the other people they are serving. One community organization shared that when someone overdoses in the bathroom, *"the flow of the day gets interupted. Code 25 issued, all staff come. Everyone leaves, clients left confused. Grab crash cart with naloxone and it's tying up a nurse doctor, nurse and floor medical assistant for at least an hour, while they try to see what is going on"* (community organization participant). Staff talked about the sheer time and amount of resources that go into assisting someone who is overdosing. We heard from one organization that they do not even have time to debrief after overdoses anymore because they are busy trying to catch up on the work they should have been doing instead of responding to the significant increase in the number of overdoses.

> *"Managing OD in the space costs us time and energy in the moment but also the time and energy spent drawing up policies for how to respond to it takes up meeting time where we would normally be talking about best practices and patient flow and quality improvement. If we had scs we would be discussing this much less. We have no fully funded person to manage the washroom."*
>
> —Community organization participant

This comment exemplifies the numerous effects that a lack of a safe place to use has on community organizations. This crisis absorbs staff time and costs the organizations, with no budgeted person to manage the response, all while the regular work is not getting done because people are busy trying to save lives.

Another splash-over effect is on drug use in public areas. When people do not have a safe place to use they do so in public, in parks, and semi public corners and crannies. One participant commented that "*a safe consumption site means that* the public *can use their parks. Instead of them being taken over for drug use, there would be a place for drug use, so people wouldn't have to do it in the parks. The public is paying for the parks, they should be able to use them*" (emphasis made by participant). Another participant stated that if they were not using at MOPS they would be using on the street. They explained that using at MOPS keeps them from using where children can see and in public places.

These same challenges also stretch the resources and capabilities of the public and community support systems. Sarah Cooper notes that the "pandemic has highlighted the innovative and essential role that community-based organizations play in mitigating the day-to-day impacts of poverty for communities in Winnipeg's inner city. Food banks, Indigenous organizations, women's centers, youth-serving and neighbourhood organizations provide safe spaces for people to gather, as well as essential services and resources for everyday life" (Cooper, 2021). At the same time, community-based organizations are facing more pressure and demand for services which coincides with budget and funding cuts as well as longer term effects from the pandemic (City of Vancouver, 2020).

The current situation shows the pressures that the toxic drug supply and lack of a safe place to use is putting on community-based organizations.

Summary – The Current Context

This section clearly shows that there is an ongoing toxic drug crisis that intersects with many other social issues including homelessness, public drug use, a lack of available mental health and addictions treatment options, negative effects on staff and services at community organizations, public spaces and public services. It becomes clear that addressing the toxic drug crisis requires a multi-pronged approach that clearly addresses the many interrelated issues.

Sunshine House

Sunshine House was formed in 1999 to support people living with AIDS and HIV. Since then it has continued to grow, becoming a peer led, community-based "harm reduction centre and gathering place for anyone who needed it" (Bernhardt, 2022).

Sunshine House is a registered charity operating out of a two story brick building at 646 Logan Avenue. Sunshine House offers a variety of services to the community including a drop in, a weekly brunch, harm reduction education and supplies. Sunshine House also operates the Mobile Overdose Prevention Site (MOPS).

As a peer-led community organization, Sunshine House heard repeated requests from the community for an effective community response to the growing volume of deaths flowing from the toxic drug supply. By the late 2010s, it was clear that the Manitoba government of the day was not going to step up to offer the necessary and effective harm reduction services in the form of safe, supervised consumption sites. Peer members shared what was needed to effectively address the toxic drug supply in the Virgo report and in the Safer Consumption Spaces Report.

Based on the needs and suggestions of the peers and harm reduction experts, Sunshine House applied for federal funding to launch a public health based overdose prevention service. Sunshine House successfully obtained federal funding, only to be opposed by the Manitoba government. This required Sunshine House to apply for a specific federal exemption. Eventually, the temporary exemption was secured and in October of 2022 Sunshine House began to offer services through the Mobile Overdose Prevention Site.

MOPS – Mobile Overdose Prevention Site

MOPS was launched in October of 2022. In practical terms, MOPS is a converted recreational vehicle (RV) supplemented with a pop up tent to increase the usable space and range of services offered. MOPS spends the majority of its service time in a parking lot at 631 Main Street for several hours each day for five or six days per week.

MOPS makes shorter duration visits to other sites in the inner-city of Winnipeg, rotating through different sites on a weekly schedule. All service locations are private parking lots. The services delivered through MOPS are peer guided, and service delivery includes peers on staff. The Main Street location sees the highest volume of visits and calls for service from community members, while the additional sites visited weekly by the recreational vehicle tend to be relatively quiet.

Governance

MOPS is operated by Sunshine House. Sunshine House is a registered charity, with an elected board, and executive director and staff. Sunshine House offers a range of services to the inner-city community of Winnipeg with an emphasis on supporting LGBTQ2S+ people.

As an incorporated entity and a registered charity, Sunshine House has by-laws, policies and procedures that delineate responsibilities and guide organizational operations. Sunshine House provides regular reports to the broader community and hosts annual general meetings.

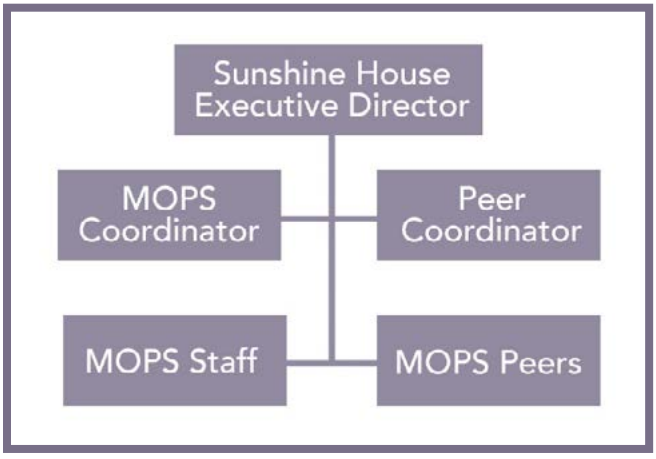


Figure 4. Organization Structure

Sunshine House offers a variety of services, and MOPS is one of them. Sunshine House created and uses a peer advisory committee that include knowledge keepers and community members to inform and guide the MOPS program. MOPS staff and peers have regular meeting with staff and peers. The MOPS organizational structure is presented in Figure 4 below.

Physical elements

MOPS operates out of a converted recreational vehicle (RV) supplemented with a pop up tent to increase the usable space and to broaden the range of services offered. An RV was chosen for the mobile unit "based on advice from the community who wanted to keep a comfortable and "homey" setting as opposed to a medical van" (Sunshine House 2023). The RV was painted to make it unique and recognizable. The design includes a purple ribbon, chosen to represent overdose awareness, and a butterfly. The design helps distinguish the RV and add to the comfortable and "homey" setting.

The RV has different functions:

- Temporary storage for supplies
- Allows the service to be mobile and travel to different sites to offer services, meeting a requirement to serve a large geographic area
- Is an indoor site usable by people seeking to inject their drugs
- A home for a drug testing machine and testing of drugs
- Serves as a place to warm up in the winter and to cool down in the summer
- Is recognizable in the community
- Serves as a distribution site for safe consumption supplies and other resources
- Offers some privacy in a friendly and home-like setting (not clinical) for people using the services.

The pop-up tent serves as a well-ventilated outdoor space that can be used for people to smoke or inhale their drugs. This is necessary as social observation and conversations highlight that more people prefer to inhale their drugs than inject them.

The day-to-day operations of the MOPS are supported by Sunshine House. The Sunshine House facilities also serve as storage and materials preparation space to support MOPS.

Staff

The MOPS staff complement includes a coordinator, drivers, program assistants, a peer coordinator and peer workers. The staff are trained but do not have professional medical credentials.

MOPS staffing includes peers, as priority has been given to hire people who have connections to the community and lived experience. Peer workers work when they can and have been hired because of the harm reduction work they are already doing in their communities. There are regular peer workers who play a crucial role in MOPS day-to-day operations. Peers also serve on an advisory council to guide MOPS. The hiring of peers to supplement the staff at MOPS is a critical element in the success of MOPS. The overall feel of the site and the range of services offered is peer informed and this ensures that MOPS services match what the community asks for. The inclusion of peers increases the credibility of MOPS among those who use its services, and brings important perspectives directly into the regular operations of MOPS.

The peers are able to connect effectively with users. They demonstrably know many of the regular users by name, relate to them, and are effective in delivering services, even when circumstances are challenging. Peers are not scheduled but still show up. Each day's employment works on a first come, first served basis.

Locations

MOPS spends the majority of its service time in a parking lot at 631 Main Street for several hours for five or six days per week. MOPS makes shorter duration visits to other sites in the core area of Winnipeg on a weekly basis, rotating to different sites on different days. All service locations are private parking lots. Service locations were determined by the Peer Advisory Committee. The Main Street site sees the highest volume of visits from community members, while the additional sites visited for a shorter period weekly by the RV tend to be quieter. MOPS staff also do walks to some encampments of homeless people.

Through this mobile strategy, MOPS is able to offer services throughout much of the core area of Winnipeg.

Services

The Mobile Overdose Prevention Site offers a range of services including: information and supplies for harm reduction, FTIR drug testing on site, referrals, coffee, water, drug testing strips for people to take home, rapid HIV tests, pregnancy tests, a place to warm up or cool down, clean needles, clean bubbles, clean stems, naloxone training and kits, publishing/ sharing drug warnings, and a nurse (on Fridays). MOPS is also a place where people can use drugs in a safe, warm space where they are supervised by staff who are trained in overdose response. MOPS also benefits from a nurse visit every Friday in partnership with Ka Ni Kanichihk.

Data on distinct services usage is presented in a later section.

Image of the MOPS RV and tent in the parking lot of 631 Main St. Photo credit: Sunshine House

Evaluation

The evaluation is broken out into different sections:

- Methodology
- What we heard
- Implementation evaluation
  - Chronicling
  - Translation
- Outcomes evaluation
- Impacts beyond MOPS
- Comparison

Methodology

A significant portion of this evaluation was gathering input from the people who visit MOPS, MOPS staff, MOPS peers and people who work in community organizations affected by the toxic drug crisis. As such, a community-based participatory research (CBPR) methodology was used. CBPR is an equitable approach to research in which researchers, organizations, and community members collaborate. This methodology was chosen as it empowers stakeholders to offer their expertise and participate throughout the process and is particularly appealing when working with vulnerable communities (Holkup, Tripp-Reimer, Salois, Weinert 2004).

This methodology allowed us to hear from community members, staff at Sunshine House, peer workers, community organizations and have them participate throughout the process. Stakeholders were provided with the research questions and the methodology in advance. Their input into the process and questions guided this evaluation. This methodology recognizes that residents have the ultimate knowledge of the issues, strengths, and solutions that most impact their community. (Burns, Cooke & Schweidler 2011). The goal of the evaluation process was to hear from as many people as possible and to have stakeholders guide the evaluation process and information that was gathered. The intent of the evaluation was to gather lessons learned from the MOPS implementation and to evaluate the effectiveness of MOPS outcomes.

A variety of different tools and methods were used to gather information for this evaluation, and to encourage a high level of participation. The tools were designed to offer participants different ways to share their information and stories, allowing them to participate in a manner in which they were most comfortable. The tools and questions were shared with stakeholders prior to being used. Often the stakeholder input significantly changed the questions or approach and resulted in a better process.

Both qualitative and quantitative data was gathered. Secondary data was also gathered to support the findings of the evaluation process. A summary of the tools used is presented below.

In total, LAHRK connected with over 600 people during this evaluation and research process.

Surveys

LAHRK developed three different survey tools. One survey was for people who visit the MOPS site, cited as MOPS participants in this report. Paper surveys and online links were shared at community events and during site visits to MOPS. A total of 72 responses were gathered. A second survey was designed for staff and volunteers who work at community-based and/or health service organizations affected by the toxic drug crisis. Paper surveys and online links were shared at community events, the MOPS site, and emails were sent to organization contact lists shared through Sunshine House and through the Manitoba Harm Reduction Network. A total of 88 responses were collected. The third survey was designed for politicians: Federal members of parliament representing Manitoba, Provincial members of the legislative assembly, and City of Winnipeg councillors. One response was gathered. It should be noted that the politician survey launch coincided with the start of the 2023 Provincial election campaign. While the response rate was low, this survey did spark dialogue between Sunshine House and one member of parliament.

PARK

LAHRK developed a PARK (Preserve, Add, Remove, Keep out) board for use by the staff at MOPS. The staff invited participants to share their thoughts about MOPS on posters that were taped to the side of the RV. The PARK board asked people who visit MOPS four questions; what they wanted to preserve about MOPS, what they wanted to add to MOPS, what they wanted to remove from MOPS and what they wanted to keep out of MOPS. The PARK boards also included room for additional comments, and a small map of Winnipeg neighbourhoods for participants to mark where they spend the most time. Three sets of data were gathered over different days.

Image showing the PARK Board on the side of MOPS RV on site.

Focus groups

LAHRK held nine different focus groups with 128 individuals. Two focus groups were held with staff working at community-based and/or health service organizations and had 12 participants. Three focus groups were held with peers and community members at Sunshine House and had 31 participants. Three focus groups were held with community members at the MOPS site and had 73 participants. One focus group was held with the staff of MOPS and had 12 participants.

Interviews

Single-person interviews were held with four people who work with community-based or health service organizations that were not able to attend the focus groups.

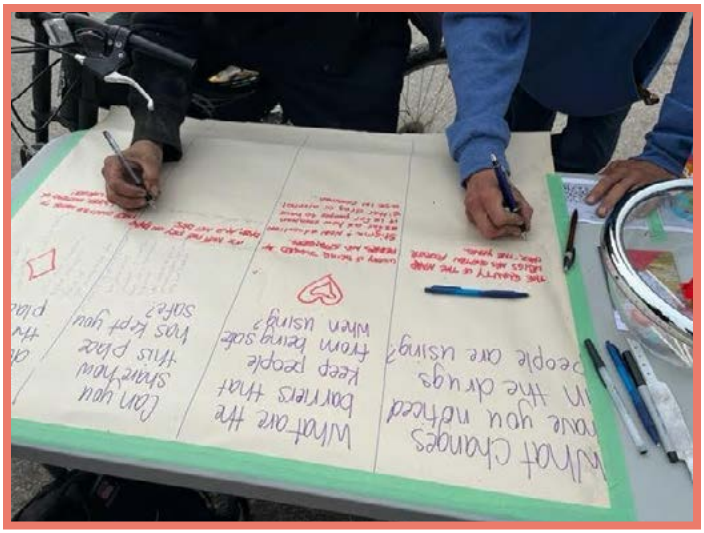


Image showing the focus group questions with MOPS participants actively engaging in the process.

Site visits and social observations

LAHRK attended the MOPS site many times. Some visits were specifically to observe and see how the site operated. Other visits were to ask people using MOPS to fill in surveys. Some visits were structured to have guided conversations that served as focus groups, with people visiting MOPS. The visits also allowed LAHRK to engage in social observations of the sites, view the operations and program delivery. At each visit, LAHRK set up a table, and offered a bowl of candy to entice people to come and talk. At the suggestion of a MOPS staff person, LAHRK offered both candy and a cigarette as a payment for people to complete a survey, have a conversation with us, or to participate in a focus group.

MOPS data collection

As part of the day to day operations the MOPS staff use daily logs and data collection sheets to gather program and usage information, record incidents and track program deliverables. Summaries of this data were shared with LAHRK to use in this evaluation.

Attending events

As part of the evaluation process LAHRK attended different community events as an opportunity to see the needs and interact with additional organizations. LAHRK attended the Overdose Prevention Awareness Day event at the Legislature, the Sunshine House AGM and the RV unveiling ceremony.

Literature review

Throughout this evaluation process LAHRK read and reviewed a wide array of academic literature, media stories, websites and grey literature on different topics such as: the opioid crisis, the toxic drug supply, poly-drug combinations and complications, supervised consumption sites, safe drug supply, harm reduction, public health publications, coroner's office data and some medical literature. The literature is voluminous and only some of the relevant citations are shared throughout this report.

Methodology summary

Using a diverse range of tools and processes allowed us to gather feedback and input from many different people, and gave people different ways to participate. The variety of tools used allows us to compare the different answers and information collected between the different tool types, and to then compare these results with other sources including academic literature and grey literature. This allowed us to cross-check and cross verify the information we gathered to ensure consistency and to highlight anomalies. The CBPR methodology ensured a high level of participation from all stakeholders throughout the evaluation process.

Image of the August 31, 2023 Overdose Prevention Awareness Day Event at the provincial legislature.

What We Heard

The many conversations, stories and connections that were made throughout this evaluation process highlight that MOPS is about so much more than the toxic drug supply and harm reduction. While MOPS effectively provides a safe place for people to use and reduces harms associated with drug use, it has also created connections and fostered a sense of community. While MOPS was successful and met its intended goals and objectives, we also heard that one MOPS is not enough. This section is a summary of the qualitative information gathered through the evaluation of MOPS.

MOPS addresses a need

First and foremost, we heard repeatedly that MOPS is addressing a growing need. "*Great thing about MOPS is that it has done what it wanted*" (MOPS participant). Prior to MOPS, Manitoba was the only [province west of the Maritimes without an overdose prevention site or a safe consumption site. MOPS was established because of repeated requests and reports that called for the establishment of a safe consumption site or overdose prevention site to keep people who use drugs safe from the toxic drug supply. The total number of visits to MOPS exceeded what was initially anticipated. *"MOPS saw 220 people last saturday, [MOPS is] 100% urgent*" (community organization participant). Many of the comments we heard were about there being nothing else like MOPS, how important MOPS is in saving lives and concerns about MOPS potentially closing or losing funding. "*Sunshine House has made huge leaps with saving lives and devastating news against it shutting down*" (community organization participant). *"Without MOPS it would be bad"* (MOPS participant). *"Gets worse when the site is not open*" (community organization participant).

Community group survey unanimously indicated that MOPS has:

- Had a positive impact on decreasing hospital visits due to drug use
- Helped reduce fire/paramedic calls due to drug use
- Decreased police response to incidents involving drug use
- Increase harm reduction distribution (needles, bubbles, naloxone, etc)
- Provided education and training and support (naloxone training)
- Kept people who use safe from a toxic drug supply (by encouraging individuals to not use alone, testing drugs and providing safe supplies)

Individuals who use MOPS said:

- They felt safer because of MOPS, both in terms of someone being there in case of overdose and in terms of using clean supplies
- MOPS has built relationships and a sense of community

The best things about MOPS

People who use the site thought the best thing about MOPS is the people, the staff, and coffee. The majority of the comments talked about how the site was "good" and "I like it a lot." We heard this again when people talked about the community and relationships that were built.

Changes to MOPS

When people who use the site were asked what they would change or add to MOPS, the most common response was that they would not change anything. The second most popular response was that MOPS should provide food. It should be noted that MOPS initially offered food. This practice was discontinued as staff were treated poorly if they ran out of food. Other common comments were that MOPS should have counselling services, longer hours, more sites and/or a permanent site. When asked what they would keep out of MOPS, the most common response was nothing. We also heard cops (police), violence and moochers (people who try to take things without paying for them).

When asked what would improve MOPS community groups and organizations talked about more locations, more availability and long term predictable funding for MOPS.

MOPS saves lives

The primary function of an Overdose Prevention Site is to save lives. Throughout the consultation, we heard stories and anecdotes of how MOPS successfully saved the lives of many individuals. Community organizations and MOPS participants all noted how MOPS *"helped when a friend OD," "[MOPS] keeps people alive," "people are alive because of MOPS"* and *"MOPS has literally saved people that I love more than once"* (MOPS and community organization participants). While we heard about MOPS keeping people alive we also heard that MOPS does more than simply prevent overdoses and keep people alive physically but that it has had an impact on many individuals lives, *"MOPS changed the lives of one of my friends… now that she works there she is a different person"* (MOPS participant). This individual shared how their friend had been in a catatonic state and, thanks to MOPS and finding employment as a peer worker at MOPS, she was now full of life. In a recent CBC article, one MOPS participant was quoted saying "'People.' They're going to die without MOPS, he says. 'We need more of this,' he says, not less" (Abas and Clarke 2023).

MOPS keeps people safe

MOPS keeps people safe by offering a safe place to use, testing drugs and through provision of safe supplies and referrals. *"We provide a safe place for people to use drugs, which is what we also set out to do"* (MOPS participant). The sense of security that people feel when using the site was evident among the comments. *"I like coming when I do down because people are here to keep me safe"* (MOPS participant) *and "Things are safe"* (MOPS participant). *"And no one has ever died there. And they are rarely using naloxone because they are creating conditions for substance use that prevent overdose"* (community organization participant).

One community member shared a personal story about their friend overdosing at the site and how MOPS kept their friend safe.

> *"I kept telling my friend that you only inhale a little bit. I went first. I just smoked a little. My friend went and he kept smoking a lot. I asked him what he was doing. Then he went down. At first I thought he was joking. Then they told everyone to leave the tent. But it was my best friend. I put my hand under the tent and held his hand. He did not respond. The team administered naloxone. The ambulance came. I went to HSC with him. When we were leaving [the hospital] he said he wanted to do more. I asked if he was joking. I think he might have been joking. I do not think he realized what it was like. It's so scary to see your friends like that. It's nice to have a safe place to go use. They have naloxone there."*
>
> —MOPS participant

MOPS has created a community

Another common theme that we heard throughout the consultation process was the sense of community and the relationships that have been built because of MOPS. "*It brings community together and builds relationships"* (MOPS participant). MOPS "*created a sense of community"* (MOPS participant). Through creating this sense of community and the relationships people have become more trusting of the services and are more willing to have their drugs tested, people are more willing to use with others and to engage in practices that keep

Image of MOPS at the 631 Main Street site.

them safer while using. *"See people gathering, the community that gathers and supports"* (community organization participant). This is shown through community members looking out for one another. We heard comments about individuals being concerned about others safety. We witnessed on more than one occasion people coming by the site checking up on friends or asking if anyone had seen them. This sense of community provides another layer of security and safety. A recent Winnipeg Free Press article shares similar stories from MOPS participants to refer to MOPS as "being a place to socialize" (Abas & Clarke 2023), "feel safe" (Abas & Clarke 2023) and keep safe when using.

Image of MOPS staff on site. Photo credit: Sunshine House

Need to meet people where they are at

The idea of meeting people where they were at came through in the consultation. This means that in order to be successful programs need to be low barrier, easy to access, and operated by people who understand because of lived experience. We heard numerous times that Sunshine House/MOPS being peer led is what makes it successful. The sentiment was that to be successful the program needs to be *"Peer led. People that use drugs. Only things that work have been done by people that use drugs"* (community organization participant). We heard repeatedly that MOPS meets people where they are at. Numerous other comments were around the staff and how they create a friendly welcoming environment that meets each individual where they are at. MOPS staff with lived experience understand what PWUD need and how to effectively support them.

MOPS is not enough

While the majority of people were happy to see MOPS, comments were made by community organizations, MOPS staff, Sunshine House and people with lived experience, that one mobile overdose prevention site is nowhere near enough to meet the size and scale of the challenge. *"MOPS is one step but it needs to be more"* (community organization participant). *"MOPS has a huge impact on community level and awareness that it exists but we need so much more"* (community organization participant).

"I hope this advocacy and work leads to many more sites like MOPS being erected in Winnipeg. They are the best and the work they do is truly life saving" (community organization participant). There were many comments and requests from both community organizations and MOPS participants for *"multiple sites and mobile services."* There were also concerns about the amount of work that Sunshine House was putting into MOPS *"The* amount *of work Sunshine House is putting out is not sustainable"* (community organization participant). This indicates that more resources and funding are needed to help sustain MOPS and provide additional services.

Barriers to harm reduction

The different focus group sessions and surveys asked about the barriers that people face when trying to access harm reduction supports and supplies. Many people, both users and staff at community organizations, reported that there is a significant lack of supports and supplies available to help people. We heard that there is a need for harm reduction in rural areas "as bad as it is in Winnipeg, the lack of supports and services is worse in rural and remote communities in Manitoba."

We also heard that the current hours of service and when places are open is a barrier to accessing harm reduction. Most community organizations and healthcare facilities are open business hours. Harm reduction and drug use is not limited to those hours—longer hours and 24/7 services are needed.

We also heard about insufficient harm reduction

supplies such as naloxone kits and condoms being available. Manitoba does not have a provincial harm reduction supply distribution program. Although there are several needle distribution sites in Winnipeg, the funding that supports them is insufficient to meet the demand (Ross 2017). Other types of harm reduction services, such as supervised consumption services, peer-run harm reduction organizations, managed alcohol programs, and rapid access to opioid replacement therapy, did not exist in Winnipeg at the time of this research.

Drug toxicity is increasing

We heard in the survey, focus groups and interviews that the drug crisis is much more of an issue now than it was a few years ago. "*The numbers are rising — deaths keep rising. Pandemic was different. Saw 3-5 OD per month to reverse. Now we see 3-5 per day to deal with. OD's take more and more shots of naloxone to address. Last week one shift used 21 shots of naloxone. Not a good place. Not enough resources*" (community organization participant). Unanimously in the conversations, surveys and focus groups, we learned that the drug supply has changed to become more toxic since the pandemic. Community organizations and MOPS participants talked about the drug supply being "*more potent*" or there being "*more killer drugs*" and that "*drugs are stronger.*" Much of this shift is being attributed to the pandemic and the ability (or inability) to access certain drugs. The "*pandemic influenced type and kind of drugs and toxicity of drugs that are available*" (community organization participant). "*They're bringing meth, people are dropping and people are giving up. It's changed since Covid it's getting worse*" (MOPS participant).

> *"[MOPS is] rarely using naloxone because they are creating conditions for substance use that prevent overdose."*
>
> — COMMUNITY ORGANIZATION PARTICIPANT

Along with more overdoses and deaths, this toxic supply has other health related ramifications such as wounds and infections. "*You can see some of the changes in drugs – people getting sores, needing doctors, HIV on the rise, syphilis*" (community organization participant).

The more toxic and changing drug supply has also diminished the effectiveness of naloxone in reversing a toxic drug poisoning. Community organizations cited needing numerous doses of naloxone to reverse an overdose. "*Increase in drug poisoning and number of doses of naloxone needed has increased substantially — from 1-2 doses to 17 or more doses. This has a huge impact on the bodies of people receiving naloxone plus impact on staff and people from neighborhood watching*" (community organization participant). We heard this from MOPS participants as well that individuals are requiring repeated doses of naloxone to reverse the effects of drug poisoning.

We also heard that the toxic supply is also resulting in more overdoses and drug poisonings. "*The toxic drug supply has increased — increased number of people who OD in the last year and a half to two years. Speaks to toxic drug supply*" (community organization participant). Every community organization we talked to spoke of more overdoses and the need for more doses of naloxone to reverse some overdoses. One community organization shared that they responded to 25 overdoses in a two month window this summer, as compared to the ten overdoses/year in previous years. Another community organization identified a similar trend. "*Noticed over summer a significant rise in the amount of OD on site. Averaging at least 1 (sometimes 2-3) od per week*" (community organization participant). PWUD shared a similar sentiment "*I was there one night and people were dropping*" (MOPS participant). Throughout the conversations community organizations and MOPS participants talked about the increasing frequency of overdosing as well as the need for more naloxone to reverse the poisoning.

Government of Manitoba publications likewise point to an ever changing drug scene. Winnipeg's drug use landscape is rapidly shifting with the emergence of bootleg fentanyl analogues increasing fatal and non-fatal opioid overdose (MHSAL 2018), growing prevalence in the use of crystal methamphetamine (MHSAL 2018), and a 4-fold increase in the demand for sterile injection drug use supplies since 2013 (Ross 2017). These changes mean shifts in harm reduction practices, and mirror the information that is being shared by community organizations and members.

Lack of political support

Throughout the consultation process we heard about provincial government hostility that pushed Sunshine House to take matters into their own hands. Despite rising numbers of deaths from toxic overdoses, the provincial government was not willing to fund, or even consider, establishing an overdose prevention site or a supervised/safe consumption site. The political hoops that Sunshine House had to go through to establish MOPS is documented in detail in the Implementation Evaluation section below. This lack of political support was also articulated by the community groups, "*MOPS is a very brave initiative and one that I am proud of — how brave and to go into that territory and offer services given the political environment*" (community organization participant). Community groups identified the province's lack of support as a huge barrier to harm reduction. "*Cutting funding not response — we need to look at how we can have a safe consumption site*" (community organization participant). There was a noted lack of support from the Manitoba government for the overdose prevention site. There were many comments that expressed shock and dismay over MOPS losing funding. The literature review likewise noted that "Political attitudes towards drug use and people who use drugs are one of the main barriers to the successful implementation of supervised consumption sites in Canada" (Card, Urbanoski, Pauly 2020).

Peer inclusion at all levels is essential

We repeatedly heard that in order to be effective the programs and ideas need to come from people with lived experience. One community organization participant noted that "*the innovation comes from people who use drugs, every time.*"

Other participant comments include:

> *"Peer led. People that use drugs. Only things that works have been done by people that use drugs"*
>
> —Community organization participant

> *"We refuse to listen to people who use drugs who know exactly how to make change in their communities"*
>
> —Community organization participant

> *"People who use drugs know how to take care of themselves"*
>
> —MOPS participant

> *"As evidenced by MOPS, the existence of narcan, the existence of OPS and SCS, drug checking, all of this was invented by peers"*
>
> —Community organization participant

We did hear that MOPS success was linked to peer inclusion in decision making and staffing.

Information sharing is vital, and it saves lives

Drug testing and sharing the results is critically important. The drug alerts provide important information on what drugs are circulating and warnings and information to individuals on what substances they are using. With the drug testing available, some people indicated that they were able to avoid drugs that they never use that were mixed in with drugs that they do normally use, allowing them to avoid drugs they don't want/don't use. One individual at the site had their drugs tested only to find out it was plaster dust. In an interview with the Free Press one person talked about some drugs that were tested at the site. "One time I brought in a sample of (what) was supposed to be fentanyl," she says. "There was 30 per cent cream of wheat and 30 percent tanning solution. There was no down — fentanyl — in it whatsoever" (Abas & Clarke 2023). In both instances individuals expressed relief at finding out what was in their substances and not doing something harmful.

Giving people who use drugs information that helps them understand how to use safely keeps them alive. "*Drug alert is a key thing -share that with community members and staff, things are not what they are being sold as"* (community organization participant).

Community groups appreciated the "*Option to tell individuals that they can get their drugs tested at MOPS — great to have a resource to suggest*" (community organization participant). Before individuals were at the mercy of their substance. Now individuals can use and be informed about what they are using and potential harmful side effects.

Manitoba needs safe consumption sites

Finally, we also heard many requests for a permanent supervised/safe consumption site, and additional locations. Comments typically recognized the valuable work that MOPS was doing but noted there were advantages to a permanent site or multiple sites, such as serving more people, expanding services, and longer hours. *"More people, bigger, more sites."* *"Supervised Consumption Sites free up community spaces for everyone else. So insead of the parks and us shelters being consumption sites, people go to SCS, and that frees up civic spaces for everyone else*" (community organization and MOPS participants).

Summary – What We Heard

Throughout this evaluation — through surveys, focus groups, conversations and site observations — a number of specific comments and issues were repeatedly mentioned. **MOPS is delivering much needed services, saving lives and keeping people safe.** Participants note that MOPS is successful at meeting people where they are at in their life and offers to help.

However, we also heard that **MOPS alone is not enough**. Participants want to see both supervised/safe consumption sites and more overdose prevention sites, whether mobile or in fixed locations, in many communities across Manitoba. One facility in Winnipeg is insufficient to address the scale of the issue.

Participants shared about the significant barriers many people face to accessing harm reduction services and supports. **MOPS itself is significantly under-resourced, and harm reduction supplies throughout the province are limited and can be difficult to access.**

The surveys, interviews, focus groups and literature review unanimously noted that **the toxicity of the drug supply is increasing, and that the composition of what is in the drugs is constantly changing.** What this means is that while naloxone works for opioids and opioid analogues, it does not work for "downers" and many other additives. This means that naloxone is not always effective, and other interventions such as oxygen are needed to respond to overdoses and toxic drug interactions. We also heard that **information sharing is vital to help keep everyone updated and current.**

We heard that **political support is critical**, and that **peer inclusion in service development, guidance and delivery is essential.**

Finally we heard that **MOPS fosters a sense of community and provides much needed supports for vulnerable individuals.** Community members and community organizations generally like MOPS, and would like to see more of it, in terms of longer operating hours, more sites, and more resources and supports.

Implementation Evaluation

An implementation evaluation is conducted to understand the unique innovations, context, barriers, processes and other elements that were integral to the rollout of a program or initiative. A typology of process and implementation evaluations lists five different types of implementation evaluations that are summarized below. (Rogers & Woolcock 2023)

1. Chronicle: Documenting and understanding the innovation to understand it and enable scaling up the initiative. Usually done during implementation.
2. Compliance: Checks to see if actual implementation matches the approved plan for implementation. Usually done after implementation as part of an impact or outcomes evaluation.
3. Translation: Identifying barriers that can hamper implementation more widely and in other contexts. Usually done after an impact or outcomes evaluation.
4. Improvement: Focuses on improving implementation to improve the outcomes. Usually done during the rollout of the program.
5. Adaptive Management: Supports an active learning environment to accommodate rapid change in implementation, especially when the environment is unpredictable. Usually done in times of rapid change.

This implementation evaluation on MOPS uses two relevant types:

Chronicle — Documenting and understanding the innovation to understand it and enable scaling up the initiative.

Translation — identifying barriers that can hamper implementation more widely and in other contexts.

The remaining three types are not included here at this time. The reasons for this are presented below.

Compliance

The existence of MOPS is predicated on a formal federal public health exemption obtained by Sunshine House. The election of a new government, with a different focus and an explicit mandate to implement safe consumption sites, means that the context for MOPS and compliance is shifting, rendering a compliance evaluation irrelevant.

Improvement and adaptive management

The leadership, community support, staff and peers at Sunshine House have demonstrated significant adaptive capabilities throughout the rollout and first year of operations at MOPS. The staff and peers have made constant adjustments to respond to environmental and social changes, and have overcome significant obstacles and challenges to deliver MOPS. In many ways, the day-to-day operation of MOPS is a case study in adaptive management and ongoing improvement, rendering an evaluation of these characteristics irrelevant.

The two relevant types that are included in this implementation evaluation draw on grey literature from many sources including the Manitoba Harm Reduction Network, the Province of Manitoba, Sunshine House and the SUAP application. It also draws on media, interviews, site visits and social observations that were part of this evaluation process.

Political timeline

As part of evaluating the implementation and launch of the MOPS, it is helpful to look briefly at the political environment in which MOPS was launched. The significant escalation in fatalities and other harms caused by the toxic drug supply are noted in earlier sections.

Partly in response to this emerging crisis, the Manitoba government received a report in 2018 titled *Improving Access and Coordination of Mental Health and Addiction Services: A Provincial Strategy for all Manitobans*, created by Brian Rush and Team Virgo. The Virgo report was wide ranging and included calls for more supports for people with mental health challenges and for people who use substances. The Virgo report emphasized changes to create:

> "[A] recovery oriented system that focuses on wellness, healing and hope; holding strong with a trauma-centred approach, recognizing trauma as the primary root cause of the SUA/MH (*Substance Use/Addiction/Mental Health*) challenges experiences by so many people; and services that are client/family centred, harm-reduction focused, and welcoming and respectful" (Italics added).

Despite the inclusion of harm reduction, the Manitoba Progressive Conservative government of the day opposed the creation of supervised consumption sites (Hobson 2023). Faced with this lack of action the Safer Consumption Spaces Working Group formed and in 2019 published the *Safer Consumption Spaces: Winnipeg Consultation and Needs Assessment* report. This report was based on significant community consultation and presented perspectives on how to expand harm reduction services and implement safe consumption sites (Marshall, Migliardi, Jamal, Jalloh & Ormond 2019). The report also highlighted how important it is to listen to and include perspectives from people who use drugs when considering services to support the same people. Around the same time as the Virgo report and the Safer Consumption Spaces working group, Wab Kinew, leader of the opposition at the time, released a report titled *We Have to Start Here* (2019) which clearly identified a two-pronged response to the toxic drug crisis. First, is the need to address the root causes of addiction and second, the need to implement harm reduction strategies. At the same time, the Canadian Centre for Policy Alternatives (CCPA) 2019 State of the Inner City Report likewise identified the need for harm reduction strategies. Despite repeated reports that all cite the need for harm reduction, the government of the day focused on addictions treatment instead of safe consumption.

Image of MOPS and Sunshine House staff at the 2023 Overdose Awareness Day event. Photo credit: Sunshine House

Testing the idea

In 2021 The Manitoba Harm Reduction Network (MHRN) launched a successful temporary pop up Overdose Prevention Sites (OPS) from September 4 through 6. Despite being a temporary site that operated for a total of 24 hours over three days, the OPS served some 260 community members (MHRN 2021). This demonstrated that the need for harm reduction service clearly exists. It also served as a test case and demonstration site for how a more permanent OPS could operate, while emphasizing the inclusion of peer workers.

Stemming from the MHRN temporary pop up OPS success, the growing demand for harm reduction services in the form of an OPS or SCS, and a spike in toxic drug deaths, Sunshine House acted. In September 2021 they applied to Health Canada through the Substance Use and Addiction Program to launch a Mobile Overdose Prevention Site. Sunshine House successfully obtained financial support from Health Canada to launch MOPS. MOPS was slated to open in spring of 2022 as an 18-month project. However, the application, and the plans for MOPS were opposed by the Manitoba Government, which at the time was led by the Progressive Conservatives. This meant that Sunshine House had to apply for a federal exemption with Health Canada to operate under Urgent Public Health Need in order to be allowed to operate the OPS. This delayed the start of MOPS by approximately six months. The exemption was approved on October 27, 2022, and the very next day MOPS began public service delivery. (Sunshine House 2023).

Political opposition

In a further chapter to this chronology, in March 2023 the Manitoba Progressive Conservative government introduced Bill 33, legislation to create licensing requirements for addiction treatment centres that included supervised consumption sites.

In practical terms the regulatory burden both to obtain a license, and to operate a facility would create significant additional barriers to the continued operation of MOPS. (Hobson 2023). In all likelihood, the legislation and attendant regulations would have prevented MOPS and any future SCS from operating in Manitoba, despite government claims to the contrary. CTV news reported:

> The bill would require supervised drug consumption sites, addiction centres with beds and withdrawal-management services to apply for a provincial licence. The licence would spell out what kind of services can be offered, set standards of care and require minimum levels of medical supervision. It would also emphasize that people receiving harm reduction get connected to addiction treatment. The province would also have inspectors to enforce the law and providers that break the rules could face fines of up to $50,000 per day.
>
> The bill has been criticized by some organizations such as Sunshine House. The group received a federal exemption last fall under drug laws to operate a mobile overdose prevention van in central Winnipeg with harm-reduction supplies on board."It would take away the work that we're able to do," Levi Foy, executive director of Sunshine House, said. (CTV 2023)

In April, the opposition New Democratic Party (NDP) used a legislative tool to delay passage of the bill until after the 2023 October provincial election. (Lambert 2023). The NDP won the 2023 Manitoba election, which ended the proposed legislation.

The provincial Progressive Conservative government of the day was focusing attention almost exclusively on addiction treatment services, while the community was emphasising a need to keep people alive in the hopes that PWUD could then, at some point, access treatment when they were ready for it. At face value, these appear to be mutually inclusive goals. However, the political reality on the ground and in the community was provincial opposition to SCS and OPS, despite an ongoing high rate of fatalities from toxic drugs.

Further, the provincial strategy of focusing on treatment was failing. Manitoba's auditor general said "many people seeking addictions treatment in this province can't access the services they need — especially outside Winnipeg" (CBC 2023). "Capacity does not meet demand for addictions treatment in Manitoba, and people

continue to experience long waits" (CBC 2023). "'They'll [sic] never be enough institutional space for the people that are out there because they're going to constantly relapse and the demand will never decrease,' [Marion Willis, founder of Morberg House] said, advising the province to rethink its strategy" (CBC 2023, brackets added for clarification). As noted above, CBC News reported that almost half the people who visit RAMM clinics are turned away (CBC 2023).

These political challenges and the failed provincial strategy occurred at the same time that many community and service organizations were grappling with the dramatic increase in toxic drug fatalities while simultaneously responding to the Covid pandemic. This combination of ideologically-based opposition to life saving services in the face of multiple simultaneous crises created an environment in which community members and people who use drugs (PWUD) felt they had no other choice but to take direct action and use harm reduction approaches to keep themselves and their peers alive.

This brief summary describes some of the political context and community environment within which Sunshine House successfully launched the Mobile Overdose Prevention Site. This political context helps to situate MOPS within the ongoing toxic drug crisis, and may help inform efforts to implement OPS and CSC in other jurisdictions.

MOPS setup

During the extended application and exemption approval process, Sunshine House assembled the physical resources and staff resources to operate MOPS. The recreational vehicle was purchased and staff began making modifications. Staff were hired and trained, a paper-based data collection system was developed, and harm reduction supplies were sourced and stockpiled. Sunshine House also further clarified the services and operations in the application to Health Canada.

In the course of this implementation evaluation, LAHRK found a number of innovations and specific characteristics that helped MOPS become a success in the Winnipeg, Manitoba context. These can be used to inform attempts to expand or duplicate services while recognizing that what makes MOPS successful may not apply in other contexts.

Support from different levels of government

The MOPS implementation story and context highlights how critical government support is, and how a project can be stalled or prevented by political opposition. MOPS itself was stalled for six months as Sunshine House sorted out the federal exemption and addressed roadblocks that were put in place by the Manitoba provincial government. If the election in 2023 had turned out differently, and the Manitoba government followed through with Bill 33, then it is very unlikely that MOPS would be operating in its current form today. That said, community members and PWUD are clearly organized and willing to tackle significant challenges to save lives. If Bill 33 had passed, then in all likelihood community-based overdose prevention services would still be offered, but they would be more clandestine and informal, and would likely be based upon the kinships and relationship networks among PWUD. This would exclude many people who are at risk and still need supports. The toxic drug crisis would be unfolding in a very different way, and we would be grappling with a more public drug consumption and likely even higher fatality rates.

Community consultation and engagement

The extensive community consultations conducted by the Safer Spaces Working Group provided much of the direction that Sunshine House incorporated into its planning, program design, and service delivery models. It was the extensive community consultation and engagement that made MOPS warm and welcoming and helped foster the community that has been built. Table 2 below and on on the next pages summarizes criteria included in the Safer Spaces guideline. It also shows how MOPS incorporate these recommendations.

Table 2 on the following pages shows how MOPS incorporates a great many of the recommendations on safer consumption spaces, and highlights how critical extensive community consultations are to inform successful programs and services. This helps the community of users see that their ideas and recommendations were taken seriously which lends credibility and legitimacy to MOPS operations. This in turn helped MOPS become successful.

Table 2: Community consultations informing MOPS

SAFER SPACES	IMPLICATIONS	MOPS
Away from children and places children congregate.	People who use drugs while still wanting to keep drugs separate from children.	MOPS operates in private parking lots aways from schools and where children congregate. Sites selection decisions are based on recommendations from users.
Safe and secure.	People want to know that they will be safe when they use. They want to be safe from other users, not be harassed, and not busted by the police.	The MOPS staff and peers keep track of who is at the site and know the regulars. When people are disruptive, they are asked to leave. They are told they can come back later, or tomorrow, but that they have to leave now — and they do.
Rules, regulations, norms, or guidelines.	Clear rules that are communicated effectively.	MOPS has written rules posted publicly and that staff refer to when they need to remind users of the rules. The rules include no dealing, no sharing, and time limits. Having the rules explained in plain language and displayed publicly helps everyone understand and follow them.
More than just a place to consume drugs/ accommodates other needs.	Post-consumption space for snacks, recreation, showers, storage, and a safe space to be high. Promote social interaction, belonging, and community. Opportunity to become involved meaningfully through employment or volunteering. Recreation and leisure.	MOPS is more than just a drug consumption site. It offers coffee, water, socialization, drug testing, harm reduction information, and supplies. Many people who visit MOPS stay and socialize as well. MOPS also offers tests for sexually transmitted and blood borne infections (STBBI), pregnancy tests. MOPS hires peer workers from people using the services. MOPS partners with Ka Ni Kanichihk to bring a nurse on site every Friday.
Human services, support, or helpers.	Human support and services with relevant life experience is a key feature of SCS. A peer or person from their own social network or location was considered best.	MOPS hires peer workers from people using the services. Peers are chosen from people who are already doing harm reduction work in the community.. MOPS shares information about other services and supports. MOPS shares results from the drug testing machine to promote awareness on what is in people's drugs.

Table 2: Community consultations informing MOPS (cont'd)

SAFER SPACES	IMPLICATIONS	MOPS
Convenient and easy.	Reduce barriers to service for PWUD. Multiple sites with extended hours.	Health Canada requires users to register when they enter an SCS. MOPS uses a sign in sheet, and this is not a significant barrier for people accessing MOPS. MOPS has one primary site at 631 Main Street, and visits other suggested locations for the last hour of each shift. MOPS funding levels do not allow for extended hours.
Familiar and promotes autonomy. Comforting and calm.	A space that feels familiar and provides people with a sense of control.	MOPS is housed in a recreational vehicle which approximates a "home-like" atmosphere. The pop-up inhalation tent provides some privacy. It is set up on a parking lot, and uses milk crates as makeshift stools. It is designed to be set up, taken down and transported easily. The inhalation tent is more comfortable and private than most public spaces, and it has become familiar.
Clean and materially resourced.	A space that is cleaned regularly and is able to distribute harm reduction supplies.	The RV is cleaned every shift. The parking lot where the inhalation tent is set up is swept or cleaned every shift. MOPS distributes new needles, bubbles, stems, other harm reduction supplies and offers a used needle drop off.
Private and low profile.	The spatial organization should accommodate privacy concerns.	The MOPS RV has no obvious signage on it indicating its purpose, so it avoids some attention. The RV is painted to make it unique and recognizable. However, MOPS is only effective if people know about it and are able to access it. Promotions and awareness are done through social media, word of mouth and referrals from other services. Privacy is difficult to deliver with the resources and equipment available for MOPS. The RV offers some privacy for people injecting. The inhalation tent accommodates several people and the tent walls afford some privacy from the street, but not privacy from other users in the tent.

There are some additional insights from chronicling the MOPS setup and implementation.

Extensive collaboration and communication between service providers, the community and MOPS

Part of MOPS' success lies in the ongoing dialogue and support from the broader community of users and other service organizations. Many staff people in community and service organizations mentioned that they refer clients to MOPS, and that they see it as a necessary service. Many of the services appreciate seeing the public notices about the latest toxic drug alerts and share this information.

MOPS is also connected to the Manitoba Harm Reduction Network (MHRN). The MHRN engages in work to promote "equitable access, systemic change, and reducing the transmission of sexually transmitted and blood-borne infections (STBBI) through advocacy, policy work, education, research and relationships" (MHRN 2023).

The high level of information sharing, inter-organizational and community communication helps make MOPS successful.

Inclusion of peers on staff

The inclusion of peers on staff is one of the most innovative elements of success with MOPS implementation and ongoing operations. The inclusion of peers helps MOPS generate credibility within the community of users. It assists in the removal of stigma and makes PWUD feel more welcome and included. The peers also provide invaluable insights and recommendations for MOPS ongoing operations. This evaluation process would not have been anywhere near as successful in connecting with people at MOPS without the support of the peer workers. The peers are known, respected and trusted.

The peers help to set realistic expectations for what can be done at MOPS, and the users themselves are sources of ideas that inform effective strategies for harm reduction.

The peer worker system is also a model in meeting people where they are at and then working with them. Peer workers are drawn from among the many people who visit MOPS and show an inclination to volunteer and help out; there is an element of self selection. The peers work floating shifts. If they show up and there is an open peer shift for them, they can be paid to work, otherwise they are encouraged to come back the next day. Peers sometimes use while they work, so long as they are still able to safely do their work. If they cannot do their work, then they are encouraged to come back the next day. This allows the peers to work, to offer their skills and experience and their direct connections to the community. It also provides meaningful employment to individuals who use drugs. Additional supports, resources and connections are available if the peers choose to access them. The inclusion of peers in harm reduction work is also supported in the We have to start here: addressing the root causes of Manitoba's addiction crisis and reducing harms from problematic meth use report (Kinew 2019).

Image of MOPS staff and peers in front of the RV. Photo credit: Sunshine House

Realistic and adaptive

MOPS only delivers what it can, changes when it has to, and is open and transparent about what it does and what it can do. Food delivery at MOPS helps to illustrate this.

In the early days of operations, the services included having food available. Serving food itself became contentious. MOPS staff would make sandwiches and offer them to users, but there would never be enough sandwiches to meet demand. One staff member commented

that there was never enough food, and as soon as the food ran out, people would get very upset and hurl abuse at the staff. The food, and the lack of food, became a distraction from the core purpose of MOPS, which was keeping people safe while using. It did not help that food is also really expensive, and this drained resources away from other necessary elements for MOPS. If new or additional SCS/OPS are created, and they plan to include food as a service, then this will require significant planning and resources to be successful at food delivery.

Drug testing

When the necessary financial resources were raised, and the peer consultations were completed, a Fourier-Transform Infrared Spectroscopy (FTIR) machine was purchased and put into use. The FTIR machine produces results quickly , and the information is shared with people immediately, and is monitored to feed into the drug alerts system when necessary.

One participant who brought their drugs to be tested found that they had been given plaster dust. They were very grateful that they had not attempted to inject or inhale the plaster dust. Another participant found that the drugs they had purchased were completely different from what they had been told, and this awareness saved their life, allowing them to avoid a drug they had never used before, and never intended to use.

It is worth noting that the drug testing at the MOPS is especially valuable to marginalized and homeless individuals in Winnipeg. People with more resources are able to mail drug samples anonymously to out of province services, and then check to see the results posted anonymously on a publicly available website. This is much more challenging for individuals who lack housing or the financial resources to mail and wait for results. The FTIR machine and other drug testing at MOPS allows many more people to verify the contents of drugs locally, and rapidly.

We also heard that the FTIR is a complex piece of equipment and that the staff may not necessarily understand everything the machine does and they may not always be able to interpret the results completely. Additional training may be useful to existing and new staff.

Additional SCS and OPS sites should also include drug testing systems, training, and results should be compiled to inform new drug alerts shared throughout the Manitoba Harm Reduction Network.

Image of the MOPS tent and RV. Photo credit: Sunshine House

Summary – Chronicle

The political context in which MOPS was launched highlights disagreements and conflict over how to best address the unfolding toxic drug crisis. The process and political story of how Sunshine Houses launched MOPS demonstrates that this is a **highly politicized issue**.

The launch of MOPS followed a lengthy period of **community organizing, information sharing and testing process**, and this spirit of trying things to see what works continues through MOPS today. Sunshine House and MOPS maintain **connections, communication and share information with the broader community and with community organizations**. MOPS includes a peer advisory committee and peer workers in service delivery.

Translation

The following translation section explores some of the critical elements to consider when seeking to expand or replicate MOPS services. This is done to identify barriers and context that can hamper implementation. The assessments flow from site observations, the literature review and our teams experience working with many different organizations over many years.

SCS and MOPS

In assessing the replicability and scalability of harm reduction services it is critical to understand the difference between a SCS and an OPS (which include the Mobile OPS). The vast majority of respondents in this evaluation asked for one or more SCS or OPS.

Health Canada (2023) offers information and an explanation of supervised consumption sites. This is summarized on the opposite page in Table 3, along with a comparison to overdose prevention sites.

Based on Table 3, it is evident that a full supervised consumption site (SCS) offers a broader range of services than an overdose prevention site (OPS). A SCS includes medical professionals on staff, and can also be a rapid doorway to additional services such as addictions treatment, counselling, mental health supports, housing supports, medical care etc. A full SCS is more complex and more costly than an OPS.

Many of the people we talked with stated that they like MOPS and that it should be partnered with one or more fixed location SCS. The MOPS would then serve as an extension of an SCS instead of trying to fill the absence of an SCS.

Supervised consumption sites

Based on this evaluation, several SCS should be established in Winnipeg and in several rural and remote communities in Manitoba. Creating SCS should be done in consultation with PWUD and should include peer advisors and peers on staff. SCS that choose to extend services more broadly to their community should do so through an OPS or MOPS style service.

Creating SCS and OPS/MOPS to deliver services to other sites, including other cities and towns, would necessitate a significant increase in staffing, administration capacity, additional physical facilities, mobile facilities, testing equipment, ongoing training and development, communications systems and an expanded supply system. Local success would depend on working with robust, in-community networks in each service area. Peer workers connected to each community being served will be a critical success element.

New or expanded services should communicate and network with other organizations, especially in the early stages of setup and acculturation — preferably in partnership with Sunshine House and as part of the Manitoba Harm Reduction Network.

Culture

At its core, the success of MOPS is driven by the close and caring community of Sunshine House, and includes the knowledge of those with lived experience which has helped to envision, champion, fund and deliver life saving services in a time of crisis. Efforts to replicate and/or scale up service delivery must find ways to include, replicate or build this cultural element. Simply trying to deliver the same array of services using professional medical staff will not be as successful, and will not develop the same community feel and level of trust and respect that has helped MOPS to succeed. Connecting service delivery tightly with recognized community organizations, and including peer workers in the heart of service delivery and decision making is critical to this culture.

We realize that "culture" can be a nebulous and hard-to-define term when it comes to describing an organization or service. Observed elements of this culture include the following:

- **Peer inclusion and guidance.** All critical decisions are brought to a peer advisory council. Peer workers are included in the operations in a flexible way that works for them. "People with lived experience played a central role in enhancing access to OPSs in both the design and operation of these services. Experiential workers were specifically identified as helpful to establish trust in the service if they were known to services users. This highlights the importance of lived experience, in achieving important

Table 3: Supervised Consumption Site (SCS) and Overdose Prevention Site (OPS)

SUPERVISED CONSUMPTION SITE	OVERDOSE PREVENTION SITE
Access to clean drug use equipment and a place to safely dispose of items, such as needles, after use.	OPS offer this.
Drug checking to detect if drugs contain other more harmful substances.	Many OPS offer drug checking. MOPS offers this by using an FTIR, as well as distributing paper testing stips for some substances.
Emergency medical care in case of overdose, cardiac arrest or allergic reaction.	OPS staff are not emergency medical care professionals. They are trained in overdose prevention, and on how to respond to overdoses and toxic drug incidents. They call emergency services if necessary.
Basic health services, such as wound care.	OPS do not generally have the professional medical training to do this. MOPS does have a nurse visit on Fridays in partnership with Ka Ni Kanichihk. MOPS can offer some basic wound care.
Testing for infectious diseases such as HIV, hepatitis C and sexually transmitted infections (STIs).	OPS offer as many different tests as they can, depending on their support and supply networks. MOPS offer HIV tests and pregnancy tests.
Access to healthcare providers and support staff, including mental health treatment.	OPS do not generally offer these services. MOPS is not connected to any specific mental health treatment service. A nurse does visit MOPS on Friday afternoons in partnership with Ka Ni Kanichihk.
Education on the harms of drug use, safer consumption practices and safer sex.	OPS can do this. MOPS offers information upon request.
Access to medications to treat opioid use disorder under the oversight of a healthcare provider.	OPS cannot do this.
Referrals for drug treatment, rehabilitation and other health services.	OPS cannot do this.
Access or referrals to social services such as housing or employment supports.	OPS cannot do this.
Can take longer to establish and face more complex bureaucratic approval processes.	Can be approved quickly and are intended as short term strategies.

and often unattended to outcomes such as trust that mediate use of services" (Pauly, Wallace, Pagan, Phillips, Wilson, Hobbs 2020).

- **Attitude.** Among Sunshine House participants and MOPS visitors there is a sense that everyone is doing this because they care and because marginalized peoples have to help themselves. Staff have to care about users and much as users care about themselves and they all have to act together to save each other. This attitude permeates the service that is much richer and deeper than a more typical customer service orientation. There is a real sense of "for us and by us," coupled with a recognition in the staff that this work keeps people alive. The inclusion of peer workers can help to create and sustain this cultural attitude.
- **Experimentation.** Much of the success of MOPS, and other SCS/OPS flows from a willingness to try things to see if they work. Incorporating successes and adjusting or stopping strategies and processes that do not work.

Locations

In order to establish one or more SCS and OPS/MOPS service, locations need to be selected. This must be done in consultation with PWUD in order to be effective.

There are some interesting and creative ways through consultation, and data collection to help determine where sites would be most useful.

The Main Street location sees the highest volume of visits and calls for service from community members, while the additional sites visited weekly by the recreational vehicle tend to be relatively quiet. MOPS continues to experiment with different service and site options.

If one or more SCS are established, or if additional OPS are established, determining their locations should include consultations with PWUD. As many of the conversations in this evaluation demonstrate, the contemporary reality is that there are many existing informal consumption sites, often in the washrooms in public and semi-public spaces. Adding formal SCS or additional OPS at, or near, these existing sites makes some sense. The rollout of new services should also include an outreach campaign to encourage PWUD to use the formal sites instead of using in public, semi public and community organization spaces.

Range of services

A significant portion of drug consumption is done through inhalation, so any SCS or OPS that is established should include a space where people can smoke. Focusing on injection only will mean that many users are excluded from using the SCS and OPS services.

Based on conversations with users and staff at community organizations, there may be a difference between what the PWUD needs, and what formal medical or clinical services can deliver. Medical professionals are both guided and bound by legislation, regulation, professional codes and a duty of care. PWUD are unique individuals with distinct and sometimes complex needs that may not fit nicely within this regulatory structure. Professional medical staff will need to have some flexibility and may need to be given a greater scope of responsibility in SCS and OPS settings than may be expected in a hospital or clinic setting.

Service needs and demands will likely be different at each site, and may be different in rural and remote locations. The range of services offered will need to be tailored to each location, and each site will need to experiment with offering different services to find the best fit. The full range of wrap around services can include:

- Mental health supports
- Counselling/therapy
- Addictions treatment
- Connecting people to housing
- Supports for eviction prevention and to keep people in housing
- Connections to emergency housing
- Testing for drugs, STBBI, pregnancy, etc.
- Direct connections to other services, organizations and supports
- Harm reduction supplies
- Safe/prescribed drug supplies
- Extended hours of operations

Additional research is needed to ensure that the needs of PWUD at each SCS/OPS site are met.

Staff and information sharing

The MOPS staff complement is small enough that informal communication and regular contact among staff is sufficient to ensure that everyone remains current on the information they need. MOPS has regular staff meetings to discuss relevant issues and concerns. Scaling up activities will result in the need to have more intentional information sharing that will need to be done in a way that includes, respects and centers the peer workers.

If a number of different SCS and OPS/MOPS are created, they should continue to share information in formal and informal ways to ensure that each community is included, and respected. Many vulnerable and marginalized PWUD who use MOPS do not have cell phones. Information sharing strategies have to take this into account. Digital methods that may help keep staff informed will have to have hard copy analogs and word-of-mouth strategies to distribute information to users.

Staff at new SCS/OPS sites should be connected to the Manitoba Harm Reduction Network.

Naloxone is not enough

Staff indicated that with newer and different toxic substances in the drugs, naloxone by itself was often insufficient to effectively respond to a toxic drug incident. Making oxygen available on site could help staff respond more effectively and could replace calling for an ambulance. As the toxic drug supply continues to change, newer and different responses will need to be explored, tested and the results shared throughout the Manitoba Harm Reduction Network. Scaling up OPS and creating SCS should find ways to deliver a greater range of interventions or responses.

Experimentation, training and support

Part of the success of MOPS has been that it takes a "try something and see if it works" approach to service delivery. This willingness to accommodate, experiment and to test new ideas and options helps MOPS remain responsive to the needs of community people who visit and use MOPS.

Some of the feedback we heard emphasised a need to continue to keep this experimental approach, and to encourage it with ongoing education and training for staff and peers, and to embed this approach in the culture of any new SCS and/or OPS. Requests included:

- Ongoing training is offered to the community on how to use different tests, how to administer naloxone, harm reduction strategies etc.
- Training for staff on grief, loss and trauma. How to help other people with it, how to help yourself with it.
- More training on using and interpreting the FTIR equipment.
- Include connections to other organizations, network partners, housing supports on a rotating basis.

Safe supply

Under the access to medications service, an SCS can also offer a safe supply of medically approved pharmaceuticals as a safer option than illegal and toxic drugs. "Safe supply refers to a legal and regulated supply of drugs with mind/body altering properties that traditionally have been accessible only through the illicit drug market" (Rapid Response Service 2020). While this element is often politically contentious, it is also a useful tool to reduce the harms caused by toxic drugs and unknown poly-drug combinations.

The Government of Canada early research findings suggest that safe supply is associated with:

- Lower rates of overdose and individual overdose risk
- Reduced use of fentanyl and other street-acquired substances
- Reduced hospital admissions and emergency room visits
- Improved connections to general medical care
- Improved connections to housing and social supports
- Improved connections to care and treatment for people who have not had support services in the past
- Decreased criminal activity
- Reduced infections
- Overall improvements in health and social wellbeing

(Government of Canada 2023)

One doctor in New Brunswick has been offering a pilot project that offers free drugs of choice to drug users. The project started in response to a rising number of overdoses due to opioid use. Since the project started there have been no overdoses amongst the 119 participants. "Despite a steady increase in opioid overdose deaths across the country — there were 937 in Ontario alone last year — no one in the London program has died" (Smith 2020) Safe supply is different from opioid agonist therapy (OAT), as supervision of consumption is not required. Typically participants get a day supply which they can administer as necessary.

The public health strategy of OPS, SCS and safe supply are not a full answer to the toxic drug crisis. Each of these services are intended to complement a much more robust and holistic range of supports offered to PWUD. Services should be connected to effective mental health and crisis response services, holistic housing, be trauma informed, have strong community connections and last for a long time. PWUD may seek treatment and then relapse many times, and the services must remain available throughout each person's journey.

> "Safe supply is just one part of a larger picture. While doctors can write prescriptions — safe supply is more than just a prescription — we need policies and to look at the larger picture" (Izenberg & Marwaha 2019).

This issue continues to be discussed in British Columbia. In a November 2023 report to the Chief Coroner of British Columbia, Michael Egilson, the chair of the Death Review panel argued that "the quickest way to limit deaths from toxic drugs is to reduce dependence on the unregulated toxic drug supply, by creating access to a quality-controlled, regulated supply of drugs for people at risk" (Egilson 2023).

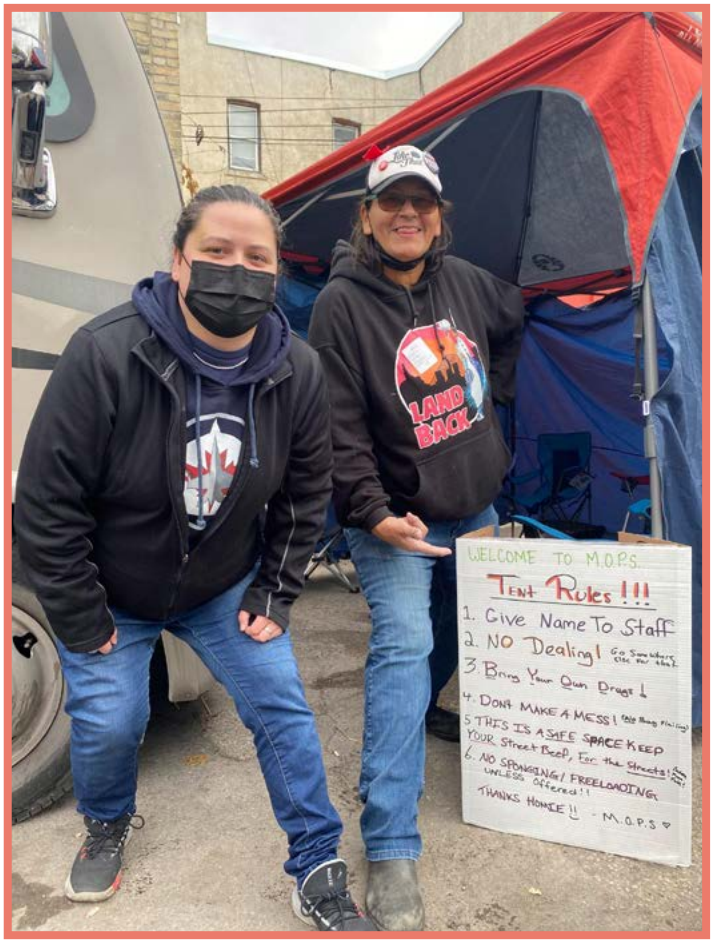
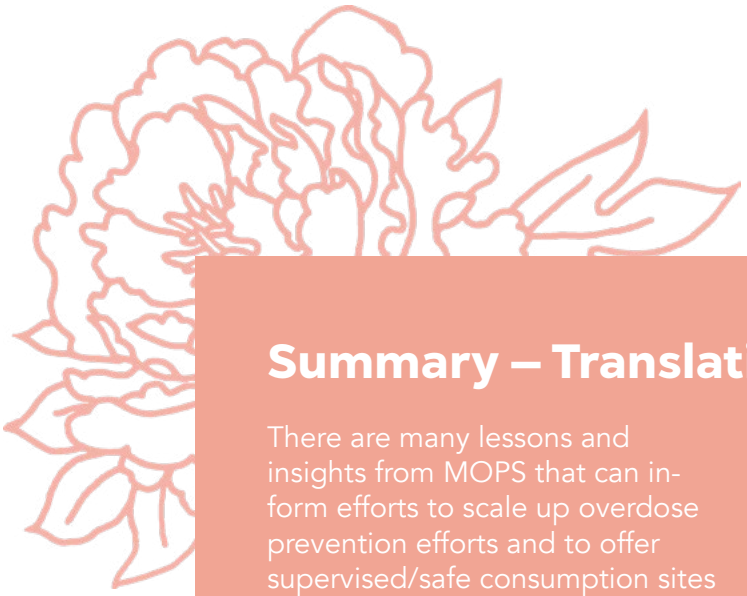


Image of MOPS staff members on site. Photo credit: Sunshine House



Summary – Translation

There are many lessons and insights from MOPS that can inform efforts to scale up overdose prevention efforts and to offer supervised/safe consumption sites throughout Manitoba.

The attitude behind the service delivery matters. Including peer advisors in decision making and integrating peer workers as staff facilitates an effective harm reduction culture that meets people where they are at. The experimental nature of the OPS is critical in adapting to and meeting different needs.

SCS and OPS are both harm reduction approaches to addressing the toxic drug crisis. Manitoba needs both of these, with OPS serving as extensions of SCS. Determining locations for SCS and OPS should include consultations with PWUD.

Full SCS should function as doorways that connect people to a broad array of additional supports and services should they choose to access them.

Manitoba also needs significantly more resources to address many other issues that intersect with this toxic drug crisis.

Information sharing is essential and the MOPS plays an important role in helping spread and share information. The partnership with Manitoba Harm Reduction Network also plays a significant role in this.

Staff and peer workers at SCS and OPS sites, as well as supporting organizations, should be open to experimenting to test different options and strategies to find what works for the people accessing their services. This includes testing a broad array of services and interventions both to counter toxic drug effects, to reduce reliance on toxic drugs, and to help people improve their lives when they are ready to do so. At a minimum, this can include offering oxygen and a safe drug supply.

Recommendations for Expanding OPS and the Establishment of SCS

The implementation evaluation offers many recommendations that can help guide the expansion of overdose prevention services as well as the establishment of permanent supervised consumption sites.

Government

- Support from government is essential. A change in policy direction at the provincial or federal level can have huge implications on the operations of an OPS or SCS. Significant policy decisions and financial resources depend on government approval.
- OPS and SCS are needed throughout Manitoba. Ideally, several SCS should be created with satellite services that operate as OPS or MOPS. Locations should be determined in consultation with PWUD.
- Government will have to decide whether or not to include safe/ prescribed drugs as part of the range of services of SCS.

Community connections and operations

- Community consultation and engagement that includes PWUD is essential to designing and implementing successful OPS and SCS.
- The delivery of OPS and SCS services is a team effort. Collaboration and partnerships with other community organizations, health services are necessary to use the resources most effectively.

Culture

In order to be effective any future OPS or SCS needs to replicate the culture that has been created at MOPS. This culture has many key elements. First is the inclusion of peers. Peers have successfully created a culture that meets the needs of PWUD.

Inclusion of peers in any future program needs to ensure peers are included in all aspects, from daily operations to program development. Second, is the attitude. To be successful the site needs to have a warm and open atmosphere that meets people where they are at. Finally, the site needs to be flexible and experiment with different ways of operating to reflect the needs of people who use drugs.

- Peer inclusion. People who use drugs must be included throughout OPS and SCS, and using peers as both advisors and staff are a central success element. Peer inclusion makes the services offered more trustworthy and help create a culture of care for PWUD.
- Ongoing training and education of staff, peers should be included to foster a culture of continuous learning as well as effective support and responses to grief and trauma.
- Information sharing among staff, peers and between sites should be included to foster a culture of trust.
- Experimentation. Much of the success of SCS, OPS and MOPS flows from a willingness to try things to see if they work. Incorporating successes and adjusting or stopping strategies and processes that do not work.

Range of services

Full SCS or OPS should function as doorways that connect people to a broad array of additional supports and services should they choose to access them.

The range of services offered will need to be tailored to each location, and each

site will need to experiment with offering different services to find the best fit. The full range of wrap around services can include:

- Mental health supports
- Counselling/therapy
- Addictions treatment
- Connecting people to housing
- Supports for eviction prevention and to keep people in housing
- Connections to emergency housing
- Testing for drugs, STBBI, pregnancy etc.
- Direct connections to other services, organizations and supports
- Harm reduction supplies including naloxone and oxygen
- Extended hours of operations
- Safe/prescribed drug supplies

Several SCS or OPS

The translation evaluation indicates that while MOPS is successful in meeting its outcomes, it is not enough to address the full scale of the crisis. In order to appropriately address the crisis many SCS or OPS are needed within the City of Winnipeg and throughout the Province. The translation evaluation emphasises the choosing of locations to be done in consultation with PWUD.

Location

Location of any future sites needs to be chosen in collaboration with PWUD.

Naloxone is not enough

Naloxone is not enough; any future site should have oxygen and other life saving devices on site.

Staffing and sharing of information

More sites would require more staffing and sharing of information. This means that a more robust communication plan would be required to coordinate between and amongst the sites.

Safe Supply

If we truly want to stop toxic drug poisonings, we should look at having a safe and sanctioned drug supply.

Image of MOPS staff and peers at the site.
Photo credit: Sunshine House

Outcomes Evaluation

This section is the outcomes evaluation. It reviews what MOPS proposed to accomplish over one year and determines whether or not MOPS achieved what it intended, and whether or not community needs are being met.

As a community-based response to an ongoing toxic drug crisis, the expected outcomes for MOPS were based on measurable service deliveries.

As a specific service MOPS has several objectives:

- Services need to cover a large geographic area and be willing to adapt
- They must be safe (as defined by community) and accessible spaces for people to prevent using in isolation
- Have a direct connection to additional supports and services
- Access to reliable information about current drug supply contamination and safety concerns
- Deliver a range of key services

In terms of the broader outcomes for the community, MOPS is intended to keep people alive by preventing overdose deaths. This outcome evaluation compares the intended program outcomes with the actual program outcomes. It reviews the qualitative data gathered in the surveys, focus groups and interviews to highlight the outcomes of MOPS.

The numbers

Over a twelve-month period from November 2022 to October 2023 there were 26,154 visits to MOPS, 7,086 visits to consume drugs, 20 overdose incidents, four trips to the hospital (at the request of the individual) and 0 deaths. The program benchmark was 15,000 visits. The actual number of visits to the site were almost double those initially anticipated.

Throughout the first year of the program 3,623 naloxone kits were handed out, 14,465 bubbles and 13,507 needles were distributed. All of these are harm reduction supplies intended to improve safety of vulnerable individuals. MOPS goal is to reduce risk-taking behaviour among people with problematic drug and substance abuse. The provision of harm reduction supplies reduces risk-taking behaviours.

Some 285 drug tests were done using the FTIR machine and 56 drug testing strips were handed out. Drug alerts, stemming from testing done at MOPS, were shared on SaferSites and provided valuable information to community organizations and people who use drugs (PWUD). The drug alerts were widely shared and reached across the province. Over a twelve month period from the launch of MOPS to the end of October 2023 the drug alerts had a cumulative reach of 209,707. Reach refers to individual users who were reached by the content. These posts were also shared on social media a cumulative total of 6,955 times. (Data on drug alert posts shared by the SaferSites Coalition).

MOPS successfully incorporated low-barrier access to health care through a partnership with Ka Ni Kanichihk, which included weekly visits of a nurse to the MOPS. These services were widely accessed by MOPS visitors and helped prevent more serious health care issues. One of MOPS goals was to show positive behaviours and health outcomes. The sheer number of harm reduction supplies that were distributed point to MOPS meeting this target. All individuals that access supplies, the site and services show positive behaviours such as choosing not to use alone, but use at MOPS and accessing clean supplies versus reusing. Furthermore, when asked about positive behaviours and health outcomes, the survey results indicated that 100% of peers and 100% of people who use the site thought their health had improved because of MOPS.

The numbers show that the demand for MOPS services grew steadily throughout the year as is recorded in the MOPS daily usage data. The first full month of MOPS operations, November 2022 saw 782 visits. One year later, in November 2023,

the MOPS daily usage data recorded 3,601 visits, meaning that the number of visits per month more than quadrupled over the course of the year. The number of recorded visits for drug consumption also rose dramatically from 101 drug consumption visits in November of 2022 to 953 drug consumption visits in November of 2023. This is a nine fold increase. At the same time visits for community connection, snacks, hygiene and obtaining harm reduction supplies also rose.

The statistical numbers point to MOPS meeting the needs of a vulnerable population.

Qualitative data

The qualitative data that was gathered in the surveys, focus groups and interviews also points to the success of the MOPS.

MOPS successfully created its own community, built relationships and provided a safe place for people to gather. This sense of community and the relationships that were formed have many impacts on vulnerable individuals' lives which are challenging to quantify. The literature notes that individuals who use safe consumption sites are more likely to access health care, this was also exemplified at MOPS. A nurse came to the site providing on-site low barrier access to health care services. The Winnipeg Free Press (Abas & Clarke) shared a story about how MOPS was providing healthcare in grassroots manners and facilitating the access to healthcare services for a pregnant MOPS client.

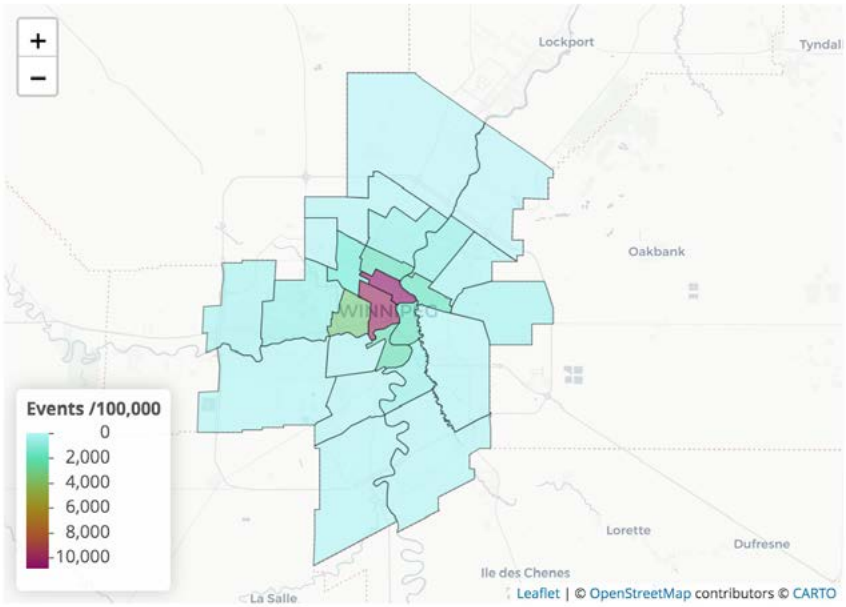
Large geographic area

Operating out of a recreational vehicle means that MOPS is mobile and able to move around the city offering services in various neighbourhoods.

The Locations section above and our site observations show that MOPS spends the majority of its service time in a parking lot at 631 Main Street for five or six days per week. MOPS makes shorter duration visits to other sites in the inner city of Winnipeg on a weekly basis, rotating to different sites on different days. MOPS staff and peers also routinely visit encampments offering safe consumption supplies, building relationships and checking in on individuals.

Through this mobile strategy, MOPS is able to offer services throughout much of Winnipeg's inner city. Social observations, site visits and conversations indicate that the majority of visits and interactions take place at the Main Street site.

By Neighbourhood Cluster



For July 2023 to September 2023 inclusive.

Displayed as a rate per 100,000 residents.

Geo-coded as the neighbourhood cluster that the event was responded to at. Not necessarily the neighbourhood cluster of residence for the person being responded to.

Figure 5. Narcan administered by neighbourhood

Image taken from the Substance Related Harms Surveillance Report, Government of Manitoba 2023.

The PARK process with MOPS visitors asked individuals where they spent most of their time. Individuals identified a number of core area neighbourhoods that correlate with MOPS current locations that include: West End, Broadway, Wolseley, North End and Downtown.

Some responses also included the neighbourhoods of Fort Rouge, Fort Garry, St. Boniface and the Maples, indicating that some people travel considerable distance to access MOPS.

The surveys for community groups indicated that they saw the most needs for SCS and/or OPS in the main areas that MOPS already serves: Downtown, West End, North End, Point Douglas and West Broadway.

The Manitoba Government October 2023 Substance Related Harms Surveillance Report tracked the number of Winnipeg narcan administrations by locations. Figure 5 on the preceding page clearly links a greater number of Narcan administrations to the downtown and Point Douglas neighbourhoods where MOPS spends the majority of its time. MOPS has satellite locations in each of the areas with greater numbers of Narcan administration. It is clear that MOPS geographic locations match areas with a greater need.

All of this indicates that MOPS is successfully able to cover a wide geographic area. Site observations and conversations show that the shorter duration weekly visits to different sites see less community interaction and less visits in comparison to the longer duration setup at the 631 Main Street site.

This suggests that a fixed site with extended hours may be more useful to the community. Survey data from MOPS users and community groups as well as focus group discussion and interviews also indicates the need for a fixed site and extended hours.

Safe, accessible spaces to prevent using in isolation

Another objective was that the MOPS was to provide a safe and accessible space to prevent using in isolation. MOPS operates out of a remodelled recreational vehicle (RV) that parks in private parking lots. The site is expanded by adding a pop up tent to provide an area for inhalation of drugs. The space itself was designed and is operated by people who use drugs. The intent was to create a safe place to use, where people felt comfortable. References were made to the site being a pirate ship or grandma's living room and having a "homey" feel (Marshall et al 2019). Many of the recommendations and suggestions made in the Safer Consumption Sites report were incorporated into the design of MOPS.

The decision to purchase an RV stemmed from community members with lived experience and was heard in the Safer Consumption Spaces report. The "community wanted to keep a comfortable and 'homey' setting as opposed to a medical van. The idea was to keep it similar to how Sunshine House is fun like an 'auntie's house' so the vibe would be familiar" (Sunshine House 2023). This resulted in the purchase of an RV rather than a medical van, as the RV was seen as more comfortable and relaxed. The addition of the pop-up tent provides open air ventilation and some privacy for people inhaling substances. The volume of people visiting the site attest to the accessible nature of MOPS. It should be noted that while the site is accessible and well used, the RV itself has some accessibility issues for people with mobility challenges. The staff address this by adapting to the needs of individuals with mobility challenges. While at the site we saw peers and staff accommodating access for those with limited mobility.

Direct connection to additional supports and services

Through its service delivery, reporting mechanisms and coalition partners, MOPS networks with many other supports and organizations while MOPS staff and peer workers are able to connect with visitors, offer a range of direct services, and make referrals to other organizations. Direct services include on-site drug testing with an FTIR machine, and testing strips that people can take with them or use immediately at the site. MOPS distributes harm reduction supplies, naloxone kits and tests for STBBI and pregnancy.

MOPS operates in partnership with Ka Ni Kanichihk to bring the Mino Pimatisiwin Sexual Wellness Lodge to the Main Street site every

Friday with a nurse and an auntie to provide care. MOPS also connects with SaferSites through the sharing of information around drugs. MOPS connects with other community organizations through the sharing of resources and supplies. This partnership also extends to mutual referrals — community organizations shared that they liked having a place to refer clients to, likewise MOPS refers individuals to other community organizations. The parking lots that MOPS operates out of are another set of partnerships.

Staff and peers shared that individuals do not just come to consume drugs but rather for the connections, community and support. Relationship building and trust were identified as key outcomes of the site. The Sunshine House AGM report notes that MOPS is becoming more and more its own community space as more people hear about it (Sunshine House 2023).

MOPS is delivered by Sunshine House and connects visitors to the broader range of services, supports and programs delivered through Sunshine House. Sunshine House and MOPS are also part of the Manitoba Harm Reduction Network and are able to both share and gather information, connections and resources.

Reliable information on drug supply contamination

MOPS gathers drug testing results from the FTIR machine and from the testing strips. MOPS shares updates and information on drugs of concern through the SaferSites drug alert system.

The SaferSites coalition includes Sunshine House, the Manitoba Harm Reduction Network, Main Street Project, West Central Women's Resource Centre and the Manitoba Health Coalition (SaferSites 2023). SaferSites makes web and social media postings, as well as downloadable, printable resources that different organizations can, and do, print out to share with their clients and visitors. Figure 6 to the left shows an example of a drug alert that SaferSites creates. These images are shared on social media and posted at community organizations to share warnings about the current drug supply. These warnings provide valuable information regarding the drugs that are currently being circulated as well as information on how to keep safe if using these substances. In this instance the alert was in response to drugs tested on the FTIR machine at the MOPS site which were found to contain 18% benzodiazepine. The warning advises that benzodiazepine overdoses do not respond to naloxone. Individuals are recommended to use with others and use slowly to help minimize potential risks.

A more recent alert shown in Figure 7 at left warns individuals of "purple down" that is causing people to "drop (pass out) immediately" (SaferSites Coalition Drug Alert December 22, 2023). It warns individuals to use with others and to have naloxone on hand. These important and timely warnings can avert potentially harmful situations as well as provide individuals with advice on how to use more safely. This mirrors what we heard from one individual who uses the MOPS site. This individual emphasized the need to educate people on how to use drugs

DATE: Saturday, October 28, 2023

LOCATION: Winnipeg

SUBSTANCE NAME(S): Fentanyl

VISUAL DESCRIPTION: Red-coloured dry paste/granules

DETAILS: Red substance sold as fentanyl contains no fentanyl.

FTIR testing at the Mobile Overdose Prevention Site (MOPS) showed 18% benzodiazepine and various fillers.

Figure 6. Drug Alert October 28
Figure from SaferSites

more safely and emphasized the importance of both education and sharing safe using practices. Similar to the recommendations in the SafeSites alerts, this individual encouraged using in a group, using slowly and smoking versus injection. They repeatedly shared that education on how to use is vital to keeping people safe. This mirrors what SaferSites and MOPS are doing and reflects how MOPS is listening to the input of PWUD.

Deliver a range of key services

This is evidenced by the usage statistics for the Mobile Overdose Prevention Site.

Total number of visits: 26,154 total visits over a 12 month period from November 2022 to October 2023. This is an average of over 2,180 visits per month and an average of 109 persons per day.

Visits to MOPS increased steadily throughout the year as people became aware of the service and as trust and relationships formed. MOPS has seen as many as 220 people in one day. Many individuals who came to MOPS indicated that they "came every day," and this is borne out through site observations and conversations. Peer workers noted that people often came and stayed. People did not simply come to use, but came for the connections and to socialize.

Consumption visits: In total there were over 7,086 visits to consume substances. This is an average of 590 per month and an average of 27 per day. This means that about one quarter of the visits to MOPS each day were for consumption.

Drug testing: From November 2022 to October 2023 some 305 people tested their drugs with the FTIR machine and 56 people used drug testing strips.

We heard comments from individuals who did not know they could get their drugs tested as well as comments about how some individuals were glad they tested their drugs because they found out their drugs were actually drywall plaster. Individuals who did not test their drugs indicated they did not because their friend had tested. This suggests that the number of people who benefit from testing is actually greater than what is shown in the statistics. MOPS workers indicated that as relationships grew and trust formed more people were willing to test their drugs.

Figure 7. Drug Alert December 22
Figure from SaferSites

Harm reduction supplies distributed

In the first year of operation, from November 2022 to October 2023 the following harm reduction supplies were distributed:

3,623 Naloxone distributed

7,086 Supervised Consumption visits

13,507 Needles out

1,746 Needles in

2,536 Stems out

14,465 Bubbles out

1,757 Other harm reduction

Overdose interventions

In the first year MOPS responded to 20 drug poisonings requiring the use of 82 doses of naloxone. No one died at the site. There were four ambulance transfers to hospitals at the request of the individual.

Training, Education and Referrals

In the first year of operation MOPS did training with staff and peers on using the FTIR machine, using naloxone kits and making referrals.

2 Specific naloxone trainings occurred

33 Referrals were made

577 Education sessions

MOPS staff, peer workers and community members were trained in how to administer naloxone, they were also provided information about safe using strategies and other harm reduction strategies.

Meeting community needs and keeping people alive

MOPS is meeting community needs. The data and statistics presented above show that MOPS is delivering harm reduction services and that the broader community does benefit from this. The survey, focus groups and discussions all confirmed that MOPS was meeting community needs. The relationships, connections and trust that have formed verify that MOPS is meeting a community need.

At the same time, the idea of "keeping people alive" can be difficult to measure, as it is an argument that adverse events did not happen. The fact that MOPS is purposefully working to reduce the harms that toxic drugs cause, and that no-one has died at MOPS, are significant.

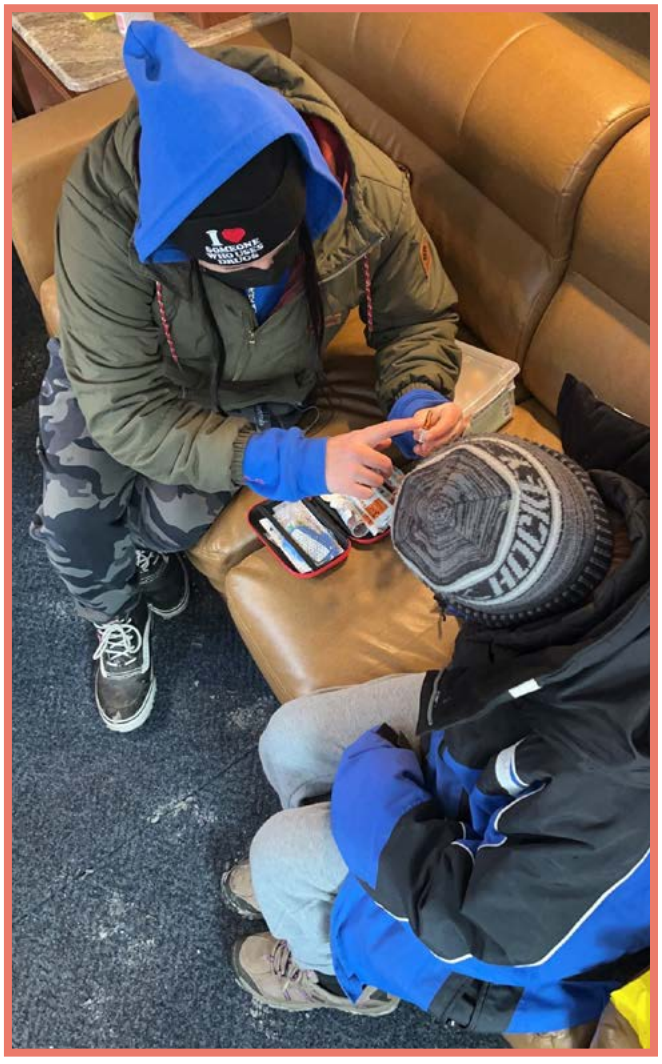


Image of naloxone training at MOPS. Photo credit: Sunshine House

Demographics

This section presents some of the demographic information reported by people at MOPS who completed a survey as part of the evaluation process. Based on the survey results, MOPS is primarily used by more vulnerable populations, and this was further supported in the data collected by MOPS and in site observations.

Gender identity

Out of the 72 survey responses with MOPS visitors, 53 included gender identity information. Survey results that include demographic data indicated:

19 Women	36%
29 Males	55%
5 Non-binary, trans or Two-Spirited	9%

Income

55 people answered a question about income. 77% of respondents indicated an income of EIA or "under $10,000." See Figure 8 below.

Homelessness

Among the people who completed a survey, over 70% indicated they were either homeless or precariously housed. This includes sleeping in a shelter, sleeping at a friend's or living on God's good land.

Cultural identity

Some 40 people responded to the survey question about cultural identity, and among these some 78% identify as First Nations, Metis or Inuit. This matches anecdotal reports from MOPS peers and staff that over three quarters of visitors to the MOPS site are Indigenous.

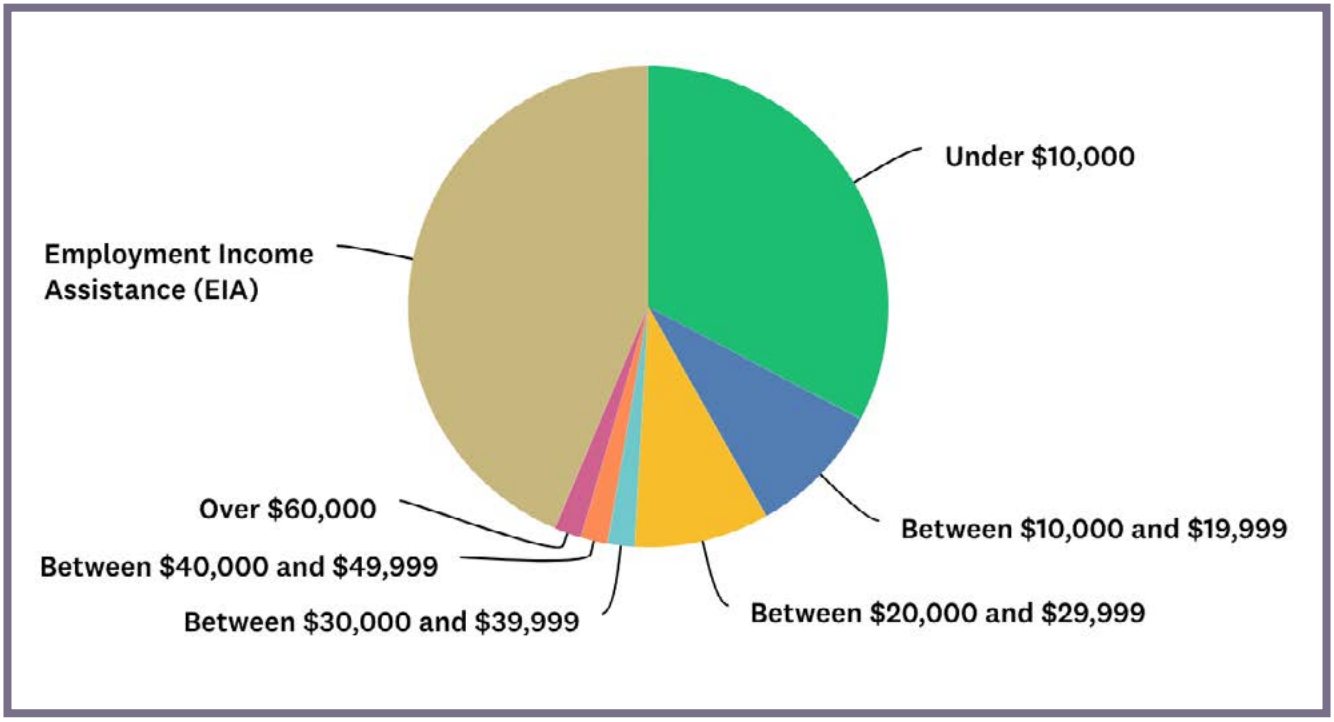


Figure 8. Incomes
Figure from MOPS participant surveys

Ages

The people that answered the question about age showed a very broad range, as indicated in Figure 9 below. With the majority of respondents in the 30-49 age bracket.

The Government of Manitoba October 2023 mortality demographics, shown in Figure 10 at right, show that males in the 30-39 age range are experiencing the highest rate of mortality due to substance use. This is followed closely by the 40-49 age bracket. The demographics gathered in the surveys show that most users at MOPS are males between 30-39. The correlation between these statistics indicates that MOPS is effectively meeting vulnerable individuals in this high risk age bracket.

The Figure 10 results on the next pageare also similar to the overdose event responses reported by the Winnipeg Fire and Paramedic service, shown in Figure 11 on the opposite page.

Figure 11 shows that the largest demographic for overdose events responded to by the Winnipeg Fire Paramedic Service involved males between age 30 to 39, this aligns with the demographics from MOPS participant survey results.

Most of the individuals that come to MOPS are homeless and have very low incomes. Many visit MOPS for the sense of community, to make connections and to access a broad range of services. It is worth noting that of the 26,154 visits to MOPS only some 7,600 were for drug use, meaning that a substantial majority of visits, some 70%, were for other services (i.e. harm reduction supplies), or to just socialize and connect. The demographic data and comparisons shows that MOPS is predominantly serving a population of marginalized and excluded peoples. This also shows that the evaluation process included many of the voices, thoughts and opinions of these same marginalized and excluded people. Finally, the demographic data shows that MOPS is clearly meeting community needs.

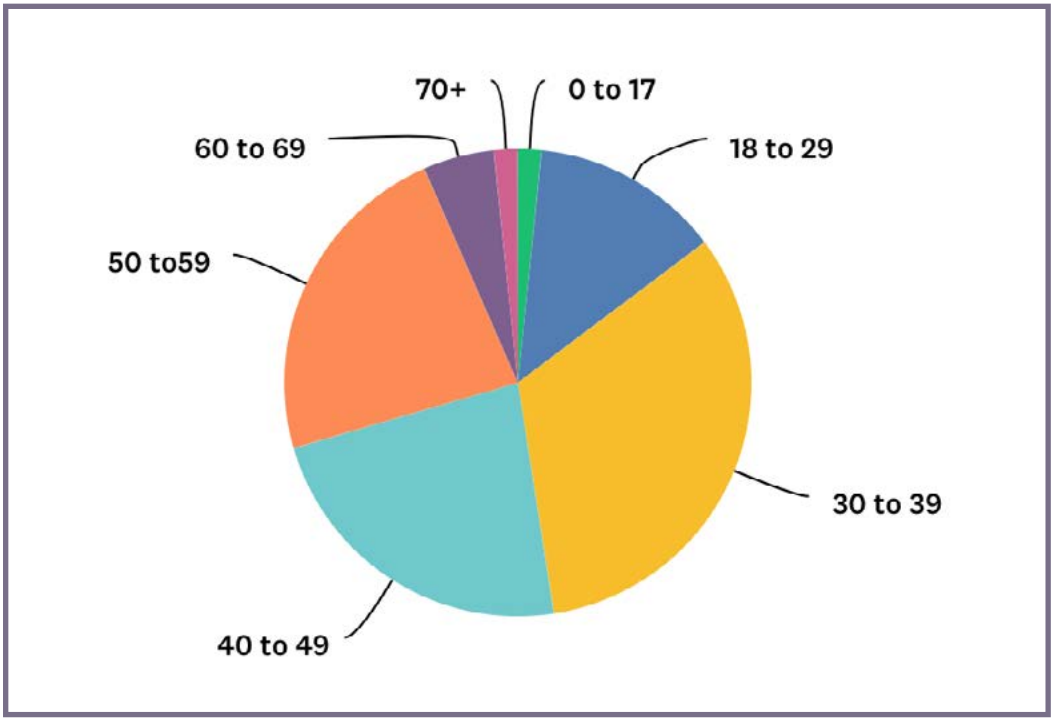


Figure 9. Ages
Figure from MOPS participant surveys

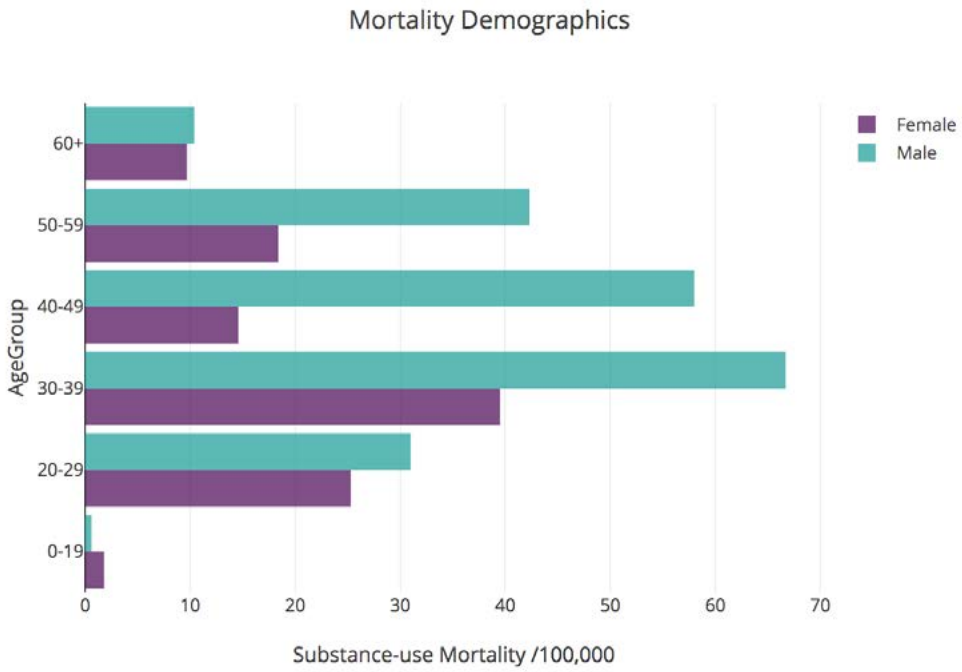


Figure 10. Mortality demographics
From the Government of Manitoba 2023 Substance Related Harms Surveillance Report.

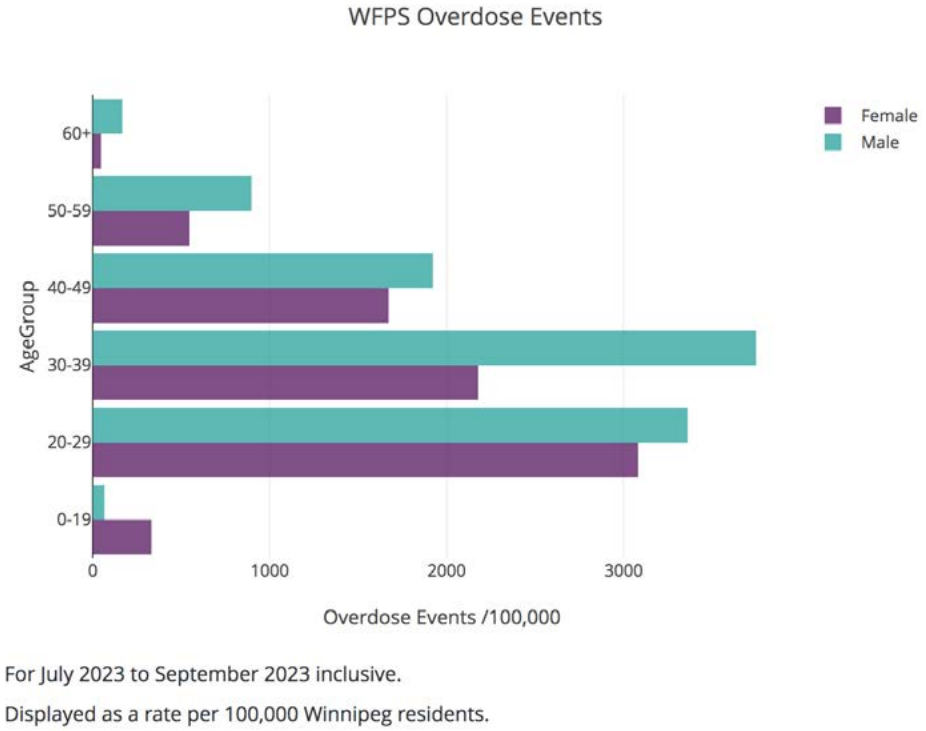
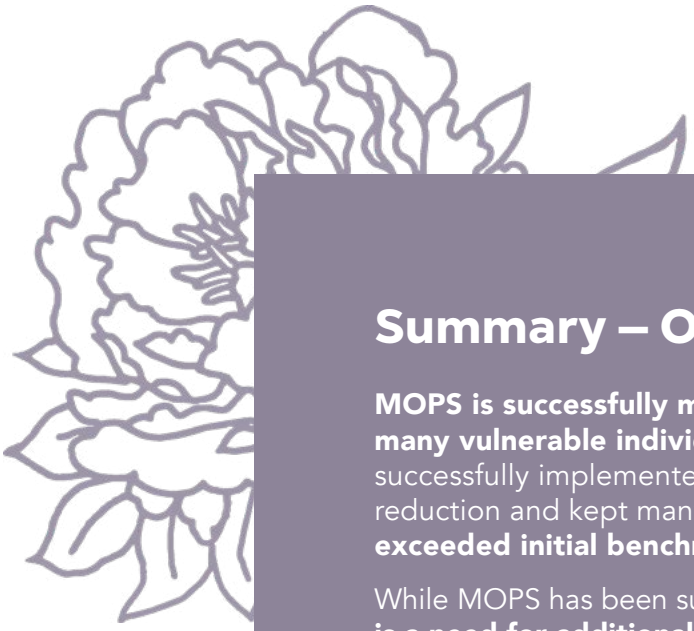


Figure 11. Winnipeg Fire Paramedic Service Overdose Events
From the Government of Manitoba 2023 Substance Related Harms Surveillance Report.

Substance Use and Addictions Program (SUAP)

In the SUAP application by Sunshine House to Health Canada, MOPS committed to specific activities and measurable benchmarks. Some of these are listed above with the actual accomplishments, and it is clear that MOPS has exceeded initial expectations.

A more detailed response to the SUAP application by Sunshine House to PHAC and the performance measurement framework is presented in Appendix A.



Summary – Outcomes

MOPS is successfully meeting the needs of many vulnerable individuals. The program has successfully implemented low-barrier access to harm reduction and kept many individuals safe. **MOPS has exceeded initial benchmarks**.

While MOPS has been successful, it is clear that **there is a need for additional SCS or OPS throughout the province**, with extended hours and services. Any future sites should consider the results of the translation evaluation.

It is vital to keep in mind the context of MOPS, which is a **community-based response to a crisis** in which hundreds of people are dying each year. In this context, MOPS is exceeding all initial expectations.

At the same time, in the face of the crisis in which hundreds of people are dying each year, **MOPS is a wholly inadequate response compared to the scale of the crisis**, and this speaks to a gaping chasm of services offered by the health care and public health systems in Manitoba.

Impact Beyond MOPS

The impact of MOPS extends beyond the actual RV and parking lot sites. MOPS has reduced public drug use, built a sense of community, educated and trained individuals to use naloxone and provided other information on how to keep safe when using, impacted individuals lives, positively impacted community organizations, decreased EMS calls and kept individuals safer. The qualitative data from the surveys, focus groups and one-on-one interviews all corroborated these additional impacts outside of MOPS immediate purview, and these results are also supported in the broader literature.

The research and literature supported the MOPS findings further validating these responses. It should be noted that the literature review looks at statistics from both Safe Consumption Sites (SCS) and Overdose Prevention Sites (OPS). While an SCS is not an OPS, it can be anticipated that many of the same benefits of a SCS will happen at an OPS, as the primary difference between the SCS and OPS are that OPS are temporary measures that offer fewer services.

Decrease public drug use

By creating a safe space for people to use drugs, MOPS had a noticeable impact on public drug use in other spaces as well as a positive impact on the improper disposal of discarded needles. Eighty percent of survey respondents noted a decrease in outdoor drug use as one impact of MOPS, while 92% thought that MOPS decreased the number of needles discarded outside. Observation of the site saw people coming specifically to use at MOPS versus other public places and properly discarding supplies. Some users indicated that they came long distances to use at an approved site: "He's mad at me for making him come all the way here to use" (MOPS participant). Another individual shared that "if I wasn't using here I would be using in public on the street somewhere." At the same time, MOPS reduces discarded drug paraphernalia as staff and peers diligently clean and tidy the parking lot to ensure drug paraphernalia is properly disposed of.

The literature review on SCS and OPS supports these findings, citing reductions in public drug use and discarded drug paraphernalia when there is a safe place for individuals to use (Lewis n.d., Card, Urbanoski, Pauly 2020, Harris, Wright et al 2019, Wallace, Pagan & Pauly 2019, Gordon 2018). "Supervised consumption sites … reduce needle debris and public intoxication" (Card et al 2020). Wood and colleagues (2004) reported that "the number of people using drugs in public and the number of improperly discarded needles actually decreased after the opening of a supervised consumption site" (cited in Card et al 2020). While a different report found "that the number of intoxicated individuals in the public decreased by 28% after the opening of a supervised consumption site" (Card et al 2020). Since opening in October 2022, MOPS staff provided thousands of clean needles to PWID and thousands of used needles were collected for safe disposal. This points to a reduction in needle sharing, improper disposal and a reduction in public drug use.

Providing a safe place for users results in safer using practices

By creating a safe place for people to use, MOPS has enabled safer injection practices. Individuals commented throughout the survey, conversations and focus groups that they are safer using at MOPS, both in terms of physical safety but also in terms of safer-using practices. MOPS has provided hundreds of clean needles, bubbles and stems. MOPS participants shared that if they were using on the streets, they would be rushing. One individual shared that if they are using on the street they are more likely to get jumped by someone wanting to steal their drugs, so they try to rush when in public. The individual shared that this can result in injury (burns), injecting or using too quickly and reusing supplies.

Safer injection practices have been shown to positively impact an individual's health. Reports note that when individuals are using in a safe place it allows not only for the safe disposal of drug related paraphernalia but provides safer injection practices which have far reaching impacts. "These provisions prevent people from resorting to dangerous consumption practices (e.g., using alone in washrooms, sharing and reusing needles or pipes)" (Card, Urbanoski, & Pauly 2020). The 2018 Safer Consumption Spaces

report notes that "the spaces in which drugs are consumed have significant impacts on drug use practices and the conditions for drug-related harms and benefits" (Marshall, Migliardi, Jamal, Jalloh, Ormond 2019). When using at a location that is intended for consumption, individuals are less likely to rush, reuse supplies, share supplies or use in public places (parks, streets, in organizations and businesses), plus they are more likely to use sterile equipment and clean water. Rushing when using can have many adverse consequences, such as a higher risk of overdose, sharing of needles and the spread of infection.

The Government of Canada and the Province of Manitoba recently released publications showing a steadily increasing number of individuals who are HIV positive, and the growing link to PWID. SCS and OPS reduce the sharing of needles, provide clean supplies and help reduce infection. Ng, Sutherland and Kolber note that safer places to use reduce HIV infections. "About 6 to 57 HIV infections per year are prevented by the SIS according to mathematical modeling" (Ng et al 2017). Furthermore, Ng, Sutherland and Kolber found that while there was an increase in hospitalizations for SIS users, the average length of stay decreased from 12 days to four (Ng et al 2017). This shows that individuals who use sanctioned sites were more likely to get health related issues addressed sooner before there were more severe consequences that resulted in lengthier, more costly hospital stays. MOPS has far reaching effects such as encouraging safer consumption practices by providing a safe place to use, addressing health issues earlier, reducing pressures on hospitals and encouraging safer using practices.

Individuals talked to us about the friendships, the safety and the lack of stigma at the site. They talked about the staff and how open and accepting they were. Staff noted that people who used the site came and stayed. They did not simply come just to use, but rather they hung around for the connections.

Relationships and community building

MOPS creates and builds relationships between many vulnerable and marginalized individuals. People who accessed MOPS shared about the trust and connections that had formed because of MOPS, including increased feelings of acceptance, lack of stigma around using, increased connections, increased sense of self worth, and increased sense of community. Oudshoorn, Sangster, McCann, Zendo, Berman, Banninga, Le Ber, and Zend (2021) conducted a study on relationships at overdose prevention sites and the benefits. They conclude that:

> "Caring relationships with staff at the overdose prevention site impacted site users' sense of self. We propose that caring relationships are an intervention in and of themselves, and that these relationships contribute to transformation that extends far beyond the public health outcomes of disease reduction. The caring relationships at the site can be a starting point for significant social changes" (Oudshoorn et al 2021)

The Oudshoorn et al study concludes that overdose prevention sites are much more to users than a regular health service. These sites are about providing a safe environment for PWUD. The literature, site observations and discussions point to more than medical benefits. They also show that the formulation of relationships can help PWUD, who are also often the most marginalized, create a sense of trust that allows them to be open to other supports. "Accessing overdose prevention sites has had a notable positive impact on the broader determinants of health, such as increasing access to housing for those experiencing homelessness" (Oudshoorn et al 2021).

This was observed at MOPS and identified in the statistics. Individuals talked about the staff, the relationships and the sense of community that has been created at MOPS. Observations were made of individuals who came to the site to check up on friends and relatives. "*Have you seen _____, I am worried about them, if you see them can you let me know*?" (Part of a conversation overheard at MOPS with name removed for privacy). This formation of an informal check-in system helps keep individuals safe. It also highlights the relationships and sense of community that has been established around MOPS. Individuals talked to us about the friendships, the safety and the lack of stigma at the site. They talked about the staff and how open and accepting they were. Staff noted that people who used the site came and stayed. They did not simply come just to use, but rather they hung around for the connections. A MOPS visitor cited in Abas & Clarke 2023 states, "it's an opportunity to socialize, too."

It was through the formation of relationships, trust and offering a job that MOPS was able to turn around one individual's life. During one of our visits, one individual shared a story about their friend who now works at MOPS and the profound impact MOPS had on their life. The individual went from being in a catatonic state to being full of life due to the sense of self that was created at MOPS. The creation of relationships and a sense of community has many spin-off benefits. We saw individuals getting referrals to additional services and help. MOPS not only provided individuals with a safer place to use but created a community and helped build relationships. The benefits of these relationships are far reaching and cannot be measured. They are shown by the friendships, supports and stories of changed lives.

Community training

Part of MOPS mandate is to educate and train PWUD to administer naloxone. The use of naloxone has been shown to prevent fatal opioid overdoses. MOPS hands out naloxone kits and provides training and education to the community. This training is done to help keep people alive. This extends beyond MOPS into the broader community and includes individuals who may not necessarily access MOPS.

From October 2022 to October 2023 MOPS distributed 3,623 naloxone kits and MOPS provided training to dozens of individuals. Some 93% of survey respondents cited an increase in naloxone training and distribution as an impact of MOPS. Individuals at the MOPS site were observed with naloxone kits. Community groups noted that there are more individuals carrying naloxone kits, which they cited as a positive. Many studies have concluded that training and providing users with naloxone kits have saved lives. Tobin, Sherman, Beilenson, Welsh, Latkin (2009) conclude that overdose prevention training and naloxone distribution programs are effective in preventing overdoses. Hanson, Porter, Zöld and Terhorst-Miller (2020) note that the "distribution of naloxone to people who use drugs for administration by peers has been cited as a feasible way to prevent fatal opioid overdoses." This training and education extends beyond the MOPS site. MOPS staff and peers regularly visit homeless encampments to do sharps pick ups, provide clean supplies and to check-in. One MOPS staff member noted that there were naloxone kits around the encampments, which were there to keep people safe. MOPS has provided additional naloxone administration training which in turn impacts a broader community.

Peer worker life improvements

MOPS relies on peers to deliver services and supports. Mercer, Miler, Pauly, Carver, Hnízdilová, Foster, and Parkes (2021), conclude that "peers are crucial in the development of harm reduction interventions." Community organizations support this idea noting that "everything has to be done with peers. A medical/professional lens doesn't work. The peers are the ones who will be the best at this work. It is a disservice to do it any other way" (community organization participant).

Using peers (sometimes referred to as people with lived experience) is critical in the provision of safer spaces. "Peer engagement ensures decisions are relevant, appropriate, and effective to the affected community" (Greer, Amlani, Burmeister, Scott, Newman, Lampkin, Pauly, Buxton 2019). Mercer et al note that peers play a pivotal role in overdose prevention interventions for people who use illicit drugs and are essential to the acceptability and feasibility of such

services. Peers mitigate risks and barriers for PWUD based on their own lived experience. They have insight and an ability to connect to a broader range of people, they understand risks and behaviours and are better able to meet the needs of the more vulnerable who are often not served effectively in traditional systems. Services that integrate peers are more likely to reach vulnerable groups and integrate into communities (Mercer et al 2021). Peers' lived experience increases levels of trust, safety and comfort for the PWUD who utilize these services. "Peer involvement in safer environments for drug use also increased feelings of comfort" (Mercer et al 2021). The knowledge and expertise of PWUD provides a source of actionable harm reduction information and skills. Other studies showed that building relationships and creating trust were essential in keeping people safe.

The benefits of engaging peer workers extends to the peers themselves. As shared in the what we heard section above, one peer at MOPS has been transformed since their employment at MOPS. Another peer shared with us that "my friends can't believe that I get paid to work here and keep people safe when they are using." Individuals shared that if they could find employment and housing then they could get clean. We heard about the value of work and how individuals wanted to work but had difficulty finding employment due to their drug habit.

> *"Everything has to be done with peers. A medical/ professional lens doesn't work. The peers are the ones who will be the best at this work. It is a disservice to do it any other way"*
>
> — COMMUNITY ORGANIZATION PARTICIPANT

Site observations supported the value of peers to MOPS. We saw peers taking ownership of the site, keeping it clean and watching out for others. We heard from two brothers that visited the site that they wanted to work/to do something, but that they were often not allowed once people heard about their drug use. MOPS creates opportunities for individuals who may struggle in a more formalized setting. In a 2021 study Mercer, Miler, Pauly, Carver, Hnízdilová, Foster and Parkes looked extensively at the peers in harm reduction and concluded that "involvement in overdose interventions can also have positive implications for the peers themselves, such as feeling empowered, contributing to skill sets, and improving quality of life." Peer workers often identified a sense of self, purpose and belonging. This was observed and talked about at MOPS. "Peer workers identified that a sense of purpose, being an inspiration for others, and a sense of belonging, motivated them to work in safer environments for drug use, despite the challenges" (Mercer et al 2021).

Positive impact on other community organizations

The focus groups, surveys and interviews with community organizations clearly showed the positive impact that MOPS is having on community organizations. MOPS has given community organizations a place to refer clients, it has reduced the consumption of drugs in community organization bathrooms and the other splash over effects.

As noted above in the "What We Heard" section, community organizations indicated that their bathrooms and public spaces have become de facto safe consumption sites and that community organizations are seeing more overdoses and toxic drug interactions. Many discussed costly renovations to make washrooms safer (lights, alarms and doors opening outwards), staff burnout and high rates of staff turnover as side effects. MOPS has had an impact on the splash over effects by providing community organizations with a place to refer clients. It has relieved pressures for community organizations by providing community members with a safe place to use. This in turn reduces the usage of washrooms as consumption sites. Reducing drug consumption in community organizations will have other positive spin-offs,

such as reduced staff burnout and turnover which have been attributed to heavy work loads made heavier by dealing with overdoses and stress of not getting regular work done because of the overdoses. MOPS reduces the splash-over effect felt by community organizations. "All the using and overdose prevention happening at MOPS would just take place somewhere else" (community organization participant).

According to community organizations, MOPS has created;

> *"A neighbourhood transformation. The impact of having them there 5 days per week, creates a use for the empty parking lot. To see it be this vibrant space is good. Ability to test the drugs is huge. The peer model, the way they engage with community is a ray of light in a dark place. Just having that space to go and be ok with your use and be supported, a place where people care about you whether you use drugs or not."*
>
> —Community organization participant

It should be noted that while MOPS has had an impact, community organizations clearly stated that MOPS is not enough. MOPS has limited hours and funding. MOPS provides a good example of what works, but all community organizations identified the need for 24/7 access, additional sites and a permanent building.

MOPS reduces demand for emergency services

As noted in an earlier section, the annual number of fire and paramedic responses for substance use have increased from under 7,500 in 2016 to over 9,000 in 2023. The data also unveils a shift from calls related to alcohol to calls related to drugs. Ninety-four percent of survey respondents indicated MOPS has reduced the number of ambulance calls that would normally have been made. These reduced emergency service call rates are due both to treating overdoses onsite and by encouraging safer consumption practices. While overall fire and paramedic responses are increasing, the rate of increase is lower than it would be without MOPS.

The impact of fewer ambulance calls is far reaching. Fewer ambulance calls means that ambulances are available for other emergencies. Research on safe consumption sites confirms the positive impacts of overdose prevention sites. Ng, Sutherland and Kolber (2017) report "67% fewer ambulance calls for treating overdoses" because of safe consumption sites. A study of Calgary's SCS "demonstrated that the SCS prevents approximately 700 calls for ambulance services per year (Khair et al 2022). Salmon, van Beek, Amin, Kaldor, and Maheret (2010) studied the impact of safe consumption sites on ambulance calls and found that "By providing environments in which IDUs (injection drug users) receive supervised injection and overdose management and education SIF can reduce the demand for ambulance services, thereby freeing them to attend other medical emergencies within the community" (Brackets added). While Khair, Eastwood, Lu, and Jackson, make use of mathematical analysis for Calgary and find that "The benefit of averting the cost of ambulance and emergency department care ranges between $39,739 and $74,612 per month, from November 2017 to January 2020" (Khair et al 2022). Khair et al conclude that "In addition to the cost savings, it is reasonable to project that other people requiring urgent care in Calgary may be able to access ambulance or emergency department care more quickly, with fewer overdose-related calls for these services" (Khair et al 2022).

MOPS has decreased hospitalizations

Some 94% of survey respondents identified reduced hospitalizations and hospital visits because of MOPS. This includes hospitalizations due to overdoses but also hospitalizations due to impacts of using drugs. The broader literature supports this reduction, depicting "health care savings for each $1 spent" (Ng et al. 2017) at a safe consumption site or overdose prevention site. The benefits for hospitals extend beyond simply preventing overdoses to encouraging earlier treatments and reducing infections, which reduces pressure on an already burdened health care system. Studies have shown that users who access safe consumption sites are more likely to access health treatment sooner. Andersen and Boyd conclude "Through the use of conservative estimates, Vancouver's SIF, Insite, on average, prevents 35 new cases of HIV and almost three deaths each year. This provides a societal benefit in excess of $6 million per year after the programme costs are taken into account,

translating into an average benefit-cost ratio of 5.12:1" (Andersen & Boyd 2008).

Safe consumption sites are shown to reduce physical harms to people who use drugs.

SCS usually lead to reductions in behaviour that risks HIV infections (Jarlais, 2000). One study found that the use of safe consumption sites was independently associated with reductions in syringe sharing (Kerr, Tyndall, Montaner, Wood. 2005).

MOPS coordinator Davey Cole noted that MOPS is "...health care at the most grassroots level" (Abas & Clarke 2023). The Winnipeg Free Press article goes on to share an example of health care stemming from MOPS. Cole describes one MOPS visitor, an unhoused pregnant woman, who had refused to accept medical care during her pregnancy. Sunshine House reached out to the nurse visiting on Fridays, who told them to call the next time the pregnant woman visited so she could talk to her directly. "Those are the strategies we have to use to get folks into community health care" (Cole quoted in Abas & Clarke 2023).

Summary –Impact Beyond MOPS

The outcomes and effects of MOPS extend beyond the RV and the different sites that it visits. **MOPS has reduced public drug use**, and enabled PWUD to do so using **safer practices**. MOPS has **built a sense of community, educated and trained individuals to use naloxone** and provided other information on how to keep safe when using.

MOPS has **included peers into its guidance and operations, making MOPS relevant, attuned to community needs, and helping to improve people's lives**. MOPS has **positively affected community organizations, decreased EMS calls, decreased hospitalizations due to toxic drug interactions, and kept individuals safer**. The qualitative data from the surveys, focus groups and one-on-one interviews all pointed to these additional impacts outside of MOPS' immediate purview.

Comparisons

One way of measuring the effectiveness of MOPS, is to compare data collected from MOPS visits with comparable data from other organizations. These are not perfect "apples to apples" comparisons, but they do help to provide some additional insights.

Siloam Mission

The first comparison is with Siloam Mission. This comparison measures drug poisonings at Siloam Mission against toxic drug/overdose responses at MOPS.

Siloam Mission is a Christian charitable organization offering a range of services to people in need. Services include drop-in meals, showers, laundry, clothing, emergency shelter, connections to longer term housing and employment, health services, spiritual care, cultural connections, mental health and wellness, community education, supportive housing and addictions recovery. Siloam Mission's main service facilities are located at 300 Princess Street, about three blocks away from the 631 Main Street service location for MOPS. They are effectively community neighbours.

We requested data from Siloam Mission, asking if they tracked the number of visitors and the number of toxic drug incidents over time, and explained that we wanted to use the data to compare with information from the MOPS site. Data from Siloam Mission for the period of July to November 2023 indicate at least 36,883 visits. At the same time Siloam staff reported 46 drug poisonings. This shows that Siloam Mission has become one of the many informal community consumption sites. Based on the data available at that time, it has a poisoning rate of 1.25 per thousand visits (Siloam communication 2023). Note that this is a relatively short period of time and that longer term data collection and monitoring is needed to further verify this.

From October 2022 to October 2023, MOPS had 26,154 visits. MOPS had 20 poisonings over this period, indicating a toxic drug incident rate of .76 per thousand visits. The time span for MOPS data is longer than the time span for the Siloam data, while the number of visits for data comparisons are of a similar scale.

This limited data suggests that the rate of drug poisonings/toxic drug interactions among visitors are about 39% lower at MOPS than they are at Siloam Mission. Bear in mind that Siloam Mission is not a SCS or OPS, yet it is still responding to toxic drug interactions. MOPS is specifically designed to reduce harms during drug use and it has a lower rate of toxic drug interactions among visitors.

Resource Assistance for Youth (RaY)

The second comparison is with RaY, a non-profit organization that offers training, support, connections, services and compassion to disconnected and often homeless youth. RaY uses a hub model to offer comprehensive services, depicted in Figure 12 below (RaY 2023). RaY operates out of their primary facility at 125 Sherbrook Street, and the RaY parking lot serves as one of the community sites that MOPS visits on a weekly basis.

One of the services RaY offers is a street outreach team where staff use a van to travel through the city and offer services to youth. The team

> "distributes supplies including but not limited to food, water, hygiene products, clothing items such as socks, gloves, hats and mitts, and outdoor supplies such as sleeping bags, tents, bug spray, and sun-screen. In terms of harm reduction, the team hands out safer sex and naloxone kits, as well as needles, rigs, stems, and bubbles to ensure safe drug use and to reduce the risk of transmitting blood-borne infections" (Altieri et al 2023).

Between May 1, 2022 and April 30, 2023 the street outreach team counted and mapped 7,375 outreach locations and 20 drug poisoning reversal locations. This gives a drug poisoning rate of 2.7 per 1,000 visits over a one year period. The comparable rate at MOPS is .76 per 1000 visits, or about 70% less than the rate found with the RaY street outreach team.

This data suggests that the rate of drug poisonings/toxic drug interactions among youth that connected with the RaY street outreach team is about 3.5 times higher than it is among MOPS visitors. Bear in mind that RaY street outreach is not an SCS or OPS, yet it is still responding to toxic drug interactions. MOPS is specifically designed to reduce harms during drug use and it has a lower rate of toxic drug interactions among visitors.

While the data for comparison is limited, it does suggest that MOPS is effective at reducing harms during drug use in comparison to drug use occuring in other contexts.

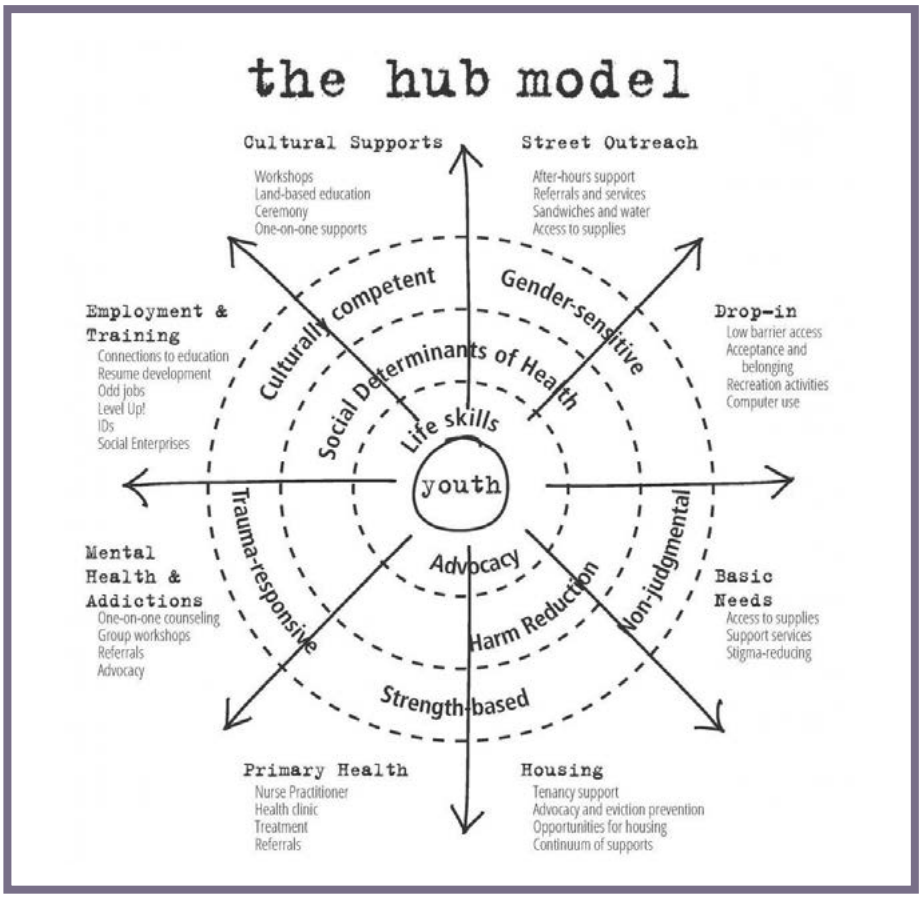


Figure 12. The hub model used by RaY
From the RaY website.

Additional Research

In the course of conducting this evaluation we encountered and explored a very wide range of topics and issues that intersect with substance use. Research was done into several common objections and talking points about overdose prevention, supervised consumption and safe supply. In this section we mention some of these recurring statements and address them.

Myth: SCS/OPS attract drug dealers, cause crime and undermine neighbourhoods

First, this myth focuses on formal sites and overlooks the reality that we already have many unofficial or informal consumption sites. As is evidenced through the conversations in this evaluation many community organizations and public facilities find that their bathrooms are already used as consumption sites. Opening SCS and OPS can shift this activity away from public or informal sites and into approved formal sites. Since drug use is already happening, simply shifting its location is unlikely to have an effect on crime rates. Moving drug use from public and semi public spaces, where it currently occurs, into approved SCS and OPS, is likely to improve neighbourhood sensibilities.

Second is the issue of causality. It is very difficult to determine the specific causes of any crime, and there is a lack of data showing that SCS have any effect, positive or negative, on crime rates in the area where they are located. "In reality, there is insufficient data to determine if safe injection sites increase or decrease crime rates" (Vezina 2023).

There has been extensive and rigorous research focused on Insite, the Safe Injection Facility opened in September 2003 in Vancouver. In 2004 Wood, Kerr, Lloyd-Smith, Buchner, Marsh, Montaner, Tyndall found that

> "preliminary evidence suggests that the experiences within Insite as well as the community impact have been consistent with the experience of over two dozen European settings where SIF (Safe injection Facilities) exist, and more recently Sydney, Australia. The examination of early changes in public order has been completed and there is strong evidence of improvement in several indicators including public drug use" (Brackets added).

Livingston indicates that "to date, peer-reviewed research has found no evidence linking supervised consumptions sites (SCSs) to increased crime." In his report *Supervised consumption sites and crime: scrutinizing the methodological weaknesses and aberrant results of a government report in Alberta, Canada,* Livingston debunks the findings of Alberta's report, which shows a link to increased crime, as the "results were produced using poor-quality evaluation methods and could be mistaken as credible evidence" (Livingston 2021).

Myth: SCS encourage drug use

Many, but not all, SCS are connected to other supports and services that can include medical care, counselling, addictions treatment and others. Having supports and services that people need readily available makes it easier for them to access treatment and reduce drug usage when they are ready to do so. Much of the literature suggests that SCS can serve as a gateway to treatment services rather than an invitation to use.

"North America's first medically supervised safe consumption site found that SCSs reduce overall rates of drug use, and potentially promote an increase in addiction treatment and thus injection cessation, which improves individual health long term" (Debeck et al 2011). Insite, Vancouver's first SIS, has supervised more than 3.6 million injections and responded to 6,000 overdoses since it opened in 2003. While the site has found the benefits of a SCS, "They found no signs of a so-called 'honey pot effect,' at Insite, meaning it didn't increase or encourage drug use" (Gordon 2018).

Additionally, this myth ignores an exploration of why people use drugs. Fletcher and Siegel (2016) note that "Several causes of drug use and abuse include peer pressure, self-medication, grief, stress, and boredom." The conversations we had throughout this evaluation highlight that for many people accessing MOPS, using drugs

is a form of self medication to cope with trauma, grief, loneliness and stress. The literature likewise supports the theory that drug use is linked to trauma, poverty and colonialism (Kinew 2019, Charronon & Maier 2019). In many cases, there are no other readily available treatment options.

Further, governments at all levels already legislate, regulate and sometimes criminalize the manufacture, distribution, sale and consumption of many mind/body altering substances such as alcohol, tobacco and cannabis. There are lessons to learn in examining how these existing legal substances are managed and regulated.

Myth: SCS do not save lives

Site visits, observations, and data from MOPS staff gathered through this evaluation indicate the opposite. No one has died at MOPS despite multiple toxic drug incidents. Staff and peer interventions and the administration of naloxone do keep people alive. The broader literature, cited above, also notes that SCS and OPS prevent deaths.

Part of this myth rests on data showing that the harms and fatalities from the toxic drug crisis are still very high, despite the existence of SCS and OPS. This sidesteps the reality that the existence of SCS and OPS is a community-based response to a raging crisis. SCS and OPS systems exist because there are so many people dying from toxic drugs. The fact that fatalities and harms remain high suggest that the level of response to date is inadequate to the scale of the issue being addressed.

A study on overdose mortality rates in Vancouver in areas around safe consumption sites found a 35% decrease in mortality after opening. (Stoltz, Wood, Small, Li, Tyndall, Montaner, Kerr, 2007). Studies repeatedly show the benefits of SCS "the research — both 'the grey' and the robust — point to the benefits, especially in preventing deaths among society's most vulnerable. No death has been reported in an injection site" (Gordon 2018).

Myth: SCS do not save money

The status quo response to the toxic drug crisis in Manitoba and in Winnipeg is enormously expensive. Treating people in community is less expensive than the cost of involving police, fire and paramedic personnel, ambulances, and then emergency room space and hospital services. Our site observations at MOPS, data collected in this evaluation and a broader literature review indicate that SCS save money that would otherwise be spent on more costly responses.

The Khair (2022) study shows the cost benefits of a SCS noting that "each overdose that is managed at the SCS produced a benefit of $1622. Overall, there were $2,364,876 cost savings produced from the overdoses that were managed at the SCS site" (Khair et al 2022).

Injecting drugs has become a significant vector for HIV transmission. Using a harm reduction approach, and keeping injection drug users as safe as possible helps reduce the spread of HIV. The benefits of reducing HIV transmission rates include avoiding the costs of treating people with HIV. SCS, OPS and longer-term harm reduction approaches help reduce the costs to society of treating people with HIV.

Some of the costs to society are lost opportunity costs. Allowing people to die means that they are no longer able to participate in society, and in the economy. The Canadian Centre on Substance Use and Addiction notes that in the Canadian context, "opioid use cost $7.1 billion in 2020 — the highest of any year examined. Nearly 75% of these costs were related to lost productivity and, more specifically, people dying at an early age from opioid use" (Sherk & Biggar. 2023). Keeping people alive benefits the economy more than allowing them to die from toxic drugs.

Prohibition, Decriminalization, Legalization

The creation of MOPS is taking place as a response to the ongoing toxic drug crisis. The toxic drug crisis itself is the subject of a larger ongoing social discussion on how society, markets and government manage mind/body altering substances and how society responds to the many failures that created the opioid crisis and the subsequent toxic drug crisis. There are different dimensions to this discussion.

- Whether mind/body altering substances be should be prohibited versus allowed and regulated versus allowed with minimal regulation
- Which substances should be managed under which system
- What role should market systems have in this, if any
- What role should government have in this

In a 2019 publication Steiner, Nicol and Eykelbosh reproduced a graphic titled "The Paradox of Prohibition" that illustrates many of these issues and challenges, attributed to Marks 1993 (see Figure 13 below). The authors argue that health and social problems are exacerbated under a system of prohibition, which encourages criminal activity, and under a loosely-regulated free market system, which encourages private corporations seeking to maximize profits.

The heart of this discussion is the appropriate role of the state in regulating mind/body altering substances. Lurking behind this discussion is an even more contentious cluster of issues that include expressions of morality, personal values, how these influence the role of the state, and the effectiveness of the current systems.

Exploring these issues fully is beyond the scope of this evaluation. However it is still useful to acknowledge the broader social and political context within which Sunshine House and MOPS are delivering services.

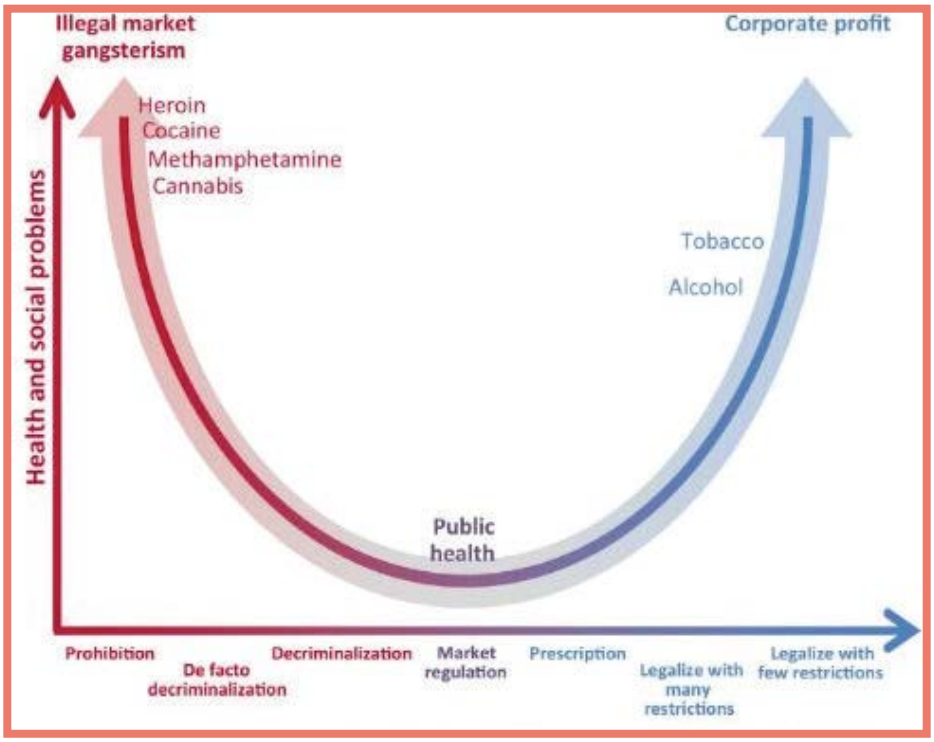


Figure 13. Paradox of prohibition
Figure from Steiner, Nicol and Eykelbosh 2019

Other findings

MOPS creates opportunities

MOPS relies on peers to deliver services. This has been found to be an effective way to provide services that are designed to meet the needs of PWUD. This is further discussed in earlier sections. MOPS also provides opportunities for PWUD to gain employment, experience and a sense of purpose. This was clearly identified by one participant who shared the following about one of MOPS peers. "*MOPS changed the lives of one of my friends. They used to talk to themselves, into space, saw things. Would sometimes go into a catatonic state. She now works at MOPS and is a fully different person. She is lively, smiling and laughing and a great person. Now has a full life*" (MOPS participant)

Here are two stories that help to illustrate this.

Brothers

There were two brothers who we encountered several times at the MOPS site, and then in the broader community. While they talked about the ups and down in their life, they were also looking out for other community members and doing what they could to help keep people safe. In one instance they followed one angry person who stormed away from MOPS, after misplacing their jacket and then swearing at the MOPS visitors, staff and peers. The brothers quietly followed them and monitored them to make sure that they were safe, and that they did not get hit by traffic.

The same brothers also commented on how there were lots of community organizations that were closed and off-limits to them once they disclosed that they used meth. They both talked about going to get clean, but had not done so yet, citing several barriers and challenges. The range of options to participate in society, to access services, or to engage in the labour force, are severely curtailed by drug use. Creating pathways to enable participation, engagement, and employment can go a long way to helping PWUD.

Lost Cohort

We heard about one group of ten male friends. They graduated from high school in the late 2000's and would be in their early thirties by now. However, at the time of this conversation, there was one lone survivor among the group. Nine out of the ten had died from toxic drugs, suicide or gun violence. Further conversation suggested that there is a very real sense among some young men that there are no viable options for a future. They came out of high school, and were lost.

They did not see much hope, nor any realistic pathways to a viable future. Post secondary education is seen as unrealistic and far too expensive. Low credential employment opportunities are hard to obtain and do not lend themselves to a career path. The wages offered in the jobs that are available don't pay enough to allow people to survive. In this context, selling drugs to make money can easily be viewed as a realistic, lucrative pathway for economic survival. Using drugs as an escape from this reality is also understandable.

People benefit from opportunities and hope

The link between poverty and socio-economic status suggest that any solution to addressing the crisis needs to look at the root causes. Kinew's 2019 report notes that failing to address the root causes and having an individual return to the same situation they previously left results in higher rates of relapse "One of the most difficult points in a sobriety journey is the transition out of treatment and back into the community where they are confronted with the same poverty or social conditions that exacerbated their drug use" (Kinew 2019).

The current focus on treatment and enforcement ignores the root causes of addiction resulting in inefficient treatment that often leads to relapse.

The Kinew report recommended a two prong approach to addressing the addiction crisis. First is the need to end poverty and the second is to increase harm reduction strategies. Harm reduction strategies prioritize the safety of those who use drugs so that the chance for overdose and infection is minimized. According to the report,

> "[H]arm reduction strategies help to mitigate the cost of addictions on the healthcare system while alleviating trauma and stressors for substance users. Providing services to people with problematic drug use through safe-injection sites, clean needle-exchanges, safe supplies, and stigma-free education are primary components of harm reduction.
>
> This method will:
>
> 1. Connect drug users to the treatment they need to overcome their addictions and avoid relapse; once they return to the community.
>
> 2. Prevent others from developing addictions by lifting them out of poverty, reducing the number of adverse childhood events and providing them with wrap-around supports; and
>
> 3. Reduce harm to drug users by lowering the risk of overdose-related deaths and stemming the spread of blood-borne infections associated with intravenous drug use" (Kinew 2019).

The peer workers demonstrate pride in being able to work and get paid for the work that they do. We found that many PWUD are often excluded from services, opportunities and employment, and this creates significant barriers for people.

We heard from individuals a desire to work, to have housing and to have a more stable life. "*If I could get myself stabilized to work, get a house I wouldn't need short term after shot to feel better*" (MOPS participant). Creating different underlying circumstances for people can create pathways for them to make different decisions and move to a different life path.

Image of a peer sweeping the MOPS parking lot. Photo credit: Sunshine House

Summary Literature Review

It is worth noting that there is extensive academic and grey literature on SCS, OPS and related topics. We included only some of the citations throughout to highlight relevant findings. Broader reviews of the literature support our findings, and are expressed in existing summary literature reviews.

A systematic literature review in 2014 by Potier, Laprévote, Dubois-Arber, Cottencin and Rolland compared 75 articles from three different databases: PubMed, Web of Science, and ScienceDirect. They found that:

> "SISs (Safe Injection Sites) were efficacious in attracting the most marginalized PWID, promoting safer injection conditions, enhancing access to primary health care, and reducing the overdose frequency. SISs were not found to increase drug injecting, drug trafficking or crime in the surrounding environments. SISs were found to be associated with reduced levels of public drug injections and dropped syringes." (Brackets added.)

A subsequent literature review found similar results. Levengood, Yoon, Davoust, Ogden, Marshall, Cahill, Bazzi (2021) analyzed 22 studies and found:

> "Supervised injection facilities in the included studies (n=number of studies per outcome category) were mostly associated with significant reductions in opioid overdose morbidity and mortality (n=5), significant improvements in injection behaviors and harm reduction (n=7), significant improvements in access to addiction treatment programs (n=7), and no increase or reductions in crime and public nuisance (n=7)." (Brackets in original)

The primary focus of this evaluation was qualitative. We made extensive site visits to MOPS and used different consultation tools, with lots of discussions with visitors to MOPS.

Limitations

The statistical data gathered in the surveys is interesting and useful. However, it is not modeled against census data and cannot be assumed to accurately represent the entire population.

Another limitation was that the evaluation started part way through the first year of MOPS operations. This means that some information on the implementation and the start of MOPS was gathered through conversations, secondary sources such as media articles and grey literature such as government and organization publications and reports. This can lead to some discrepancies in the information that is gathered.

The survey that was provided to MOPS participants and PWUD asked individuals to reflect on their drug use patterns over a one year period. Upon further reflection, we recognize now that questions like this are prone to cognitive error. Asking people to reflect back on their behaviour from the previous year and then compare is not reliable. Reflection leads to inaccurate data. The responses to those questions were not included in the report as the data was deemed unreliable.

Visitors to the MOPS site were encouraged to talk to us through an offering of candy. They were further induced to complete surveys, engage in conversations and participate in focus groups with cigarettes offered as a reward. Offering inducements can skew the results of the survey, discussions and focus groups. The uptake and willingness of visitors to engage with us in exchange for small rewards was noticeable. The cigarettes were also an effective way to diffuse tense situations, as offering a cigarette would shift the tone and direction of a conversation.

Conclusion

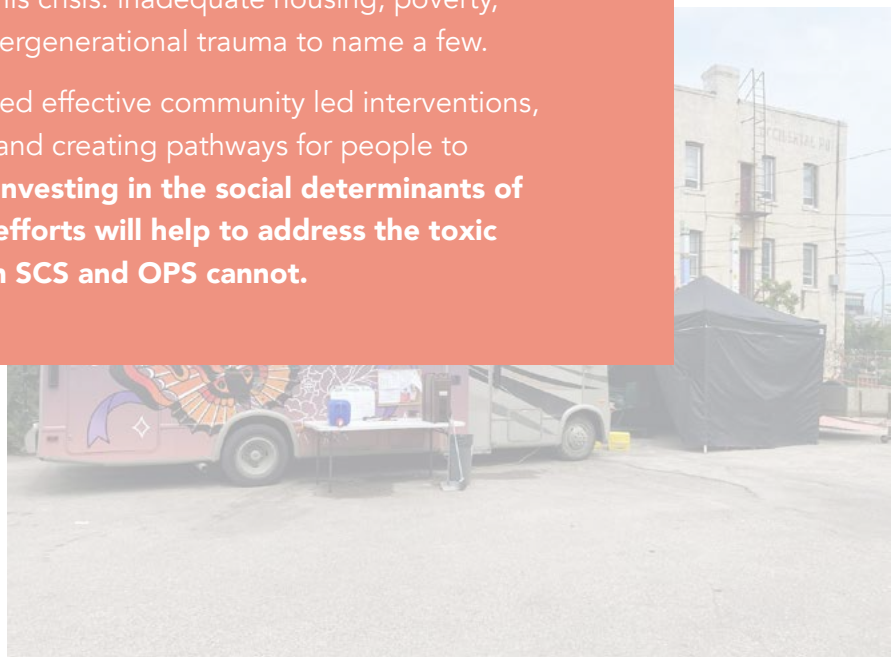
MOPS is successful and is surpassing all expectations. Within its first year of operation, MOPS exceeded the anticipated number of visits by over 10,000 with the site seeing over 26,000 visits. MOPS also handed out more harm reduction supplies, coffee and offered more training sessions than initially planned.

Frontline community organizations and health care services overwhelmingly shared that MOPS has been successful in exceeding its goals. Individuals who use the site extolled the benefits of the site, sharing how they were safer, felt a sense of community, how It has kept people safe and saved lives

Since its inception **MOPS has had a positive impact on marginalized and vulnerable populations and has successfully reduced the harms associated with substance use**. There are many valuable insights that flow from examining MOPS implementation and operations.

MOPS is a reactive response to the toxic drug crisis. A lot more effort and resources need to go into addressing some of the underlying root causes of this crisis: inadequate housing, poverty, racism, colonialism, and intergenerational trauma to name a few.

In addition to MOPS we need effective community led interventions, anti-racism, reconciliation, and creating pathways for people to participate fully in society. **Investing in the social determinants of health and reconciliation efforts will help to address the toxic drug crisis in ways that an SCS and OPS cannot.**



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Appendix A: Substance Use and Addictions Program (SUAP)

This section answers the specific evaluation questions in the SUAP application and the SUAP evaluation framework.

From section 6 of the SUAP application:

> *MOPS will contribute and align to the following SUAP program-level outcomes and performance indicators as follows:*

Immediate

Change in awareness/capacity — We anticipate having 15,000 direct contact (van visits) over the course of a calendar year. These visits will range in intensity from program information, consumption visits, supply testing, harm reduction distribution, warm-ups in periods of cold weather, food/water distribution, and immediate emergency interventions (overdose prevention measures). These visits will be tracked and recorded by MOPS staff. We will also increase community knowledge about available resources at Sunshine House or stakeholders.

Target visits in a calendar year: 15,000

Actual visits in a calendar year: 26,154

Availability of Services — the general services provided and percentage of people accessing these services.

Program Information is questions about programs and services available on MOPS or elsewhere within the community.

Total number of visits: 26,154

Target for program information is 60% to 65%. This a range between 15,692 and 17,000

Site observations indicate that almost every person observed at the MOPS accessed one or more services. In many cases it was simply asking for coffee or for water. Many visitors accessed multiple services.

285 Drug tests of FTIR

56 Drug test strips

3,623 naloxoneNarcan distributed

7,086 Supervised Consumption visits

13,507 Needles out

1,746 Needles in

2,536 Stems out

14,465 Bubbles out

1,757 other harm reduction

20 overdose events

33 referrals

2 naloxone training

82 naloxone administered

9 take home tests

1,252 hygiene

577 Education

18,271 snacks (coffee & food if they have)

12 bus tokens

1,307 clothing

Total services offered is 66,626, averaging 2.5 services delivered per visitor.

We anticipate that by the end of the year 50% of the visits will be categorized as Consumption Visits or providing safe space for people to consume substances, this number will increase as trust increases within the community.

Total visits: 26,154

Target of 50% means 13,077 consumption visits

Actual consumption visits: 7,086 which is 27% of visits.

This is below the target, and there are several possible explanations for this.

There may be less drug consumption taking place than anticipated.

More people access MOPS for services beyond consumption visits than were initially anticipated.

However, over the course of the year both the number of visits and the number of consumption visits has grown steadily, showing an upward trajectory of people coming to consume drugs at the site as people develop relationships and trust. It should also be highlighted that the MOPS application was for an 18-month project. The project timeline changed when the provincial government delayed the project and required an exemption.

The data along with the reduced program, indicates that we can anticipate the numbers to continue growing. The data also shows that consumption visits are increasing at a quicker rate than more than site visits. This suggests that over the long term a greater number of visits will be for consumption. This is presented in the chart below.

MOPS data collected

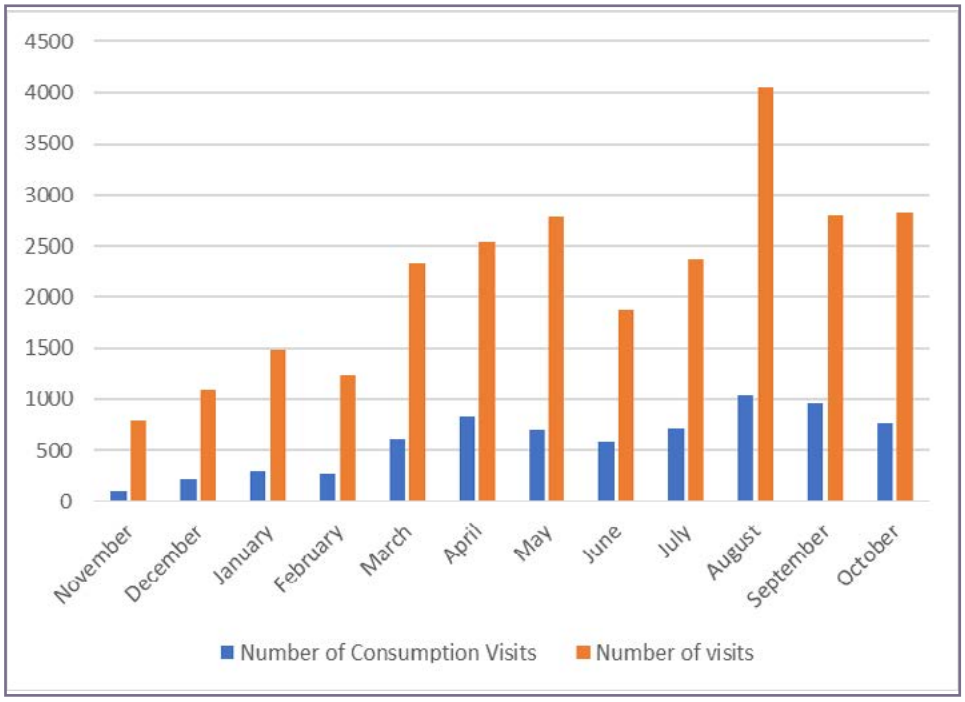
Throughout the year we can anticipate that approximately 25 to 35% of the visits will be related to self-administration of supply tests. The tests will be purchased by Sunshine House through the operating budget because these are not publicly available in Manitoba.

Total visits:	26,154
Target is 25% to 30%, this is a range from 6,538 to 7,846	
Consumption visits:	7086
Drug Test Done:	285
Testing Strips:	56
Total tests:	341

The total tests completed as tracked by MOPS staff are significantly below the target. The actual results represent 1.3% of total visits and 4.8% of drug consumption visits.

There are several possible explanations for this discrepancy:

- The initial assumptions / estimates about the popularity of drug testing are inaccurate.
- Drug testing may not be a priority for people visiting or consuming drugs at MOPS.
- Visitors may not be aware that the drug testing service is available despite being told about it.
- People who use drugs at MOPS may rely on other methods to ensure their drugs are safe.



MOPS visitors and consumption visits
Data from MOPS data tracking

In the survey results with visitors to the MOPS site, when asked the question, "Did you test your drugs today?" the responses were:

Yes — 22% (14 responses)

No — 49% (31 responses)

N/A — 28.5% (18 responses)

Skipped question (9)

These results from the survey are more in line with the initial MOPS estimate of how many people would access the drug testing services. However, the number of survey responses is small compared to the total number of visitors, the sampling was voluntary and included inducements which can skew the answers, and the surveys were conducted by us at only a few points in time. Together, this means that the survey results are not a definitive, statistically accurate measure of all visitors to MOPS.

A further question asked survey participants, "If you did NOT test your drugs today, can you tell us why not?" and the responses shown below offer some additional insights into what people may not use the drug testing when it is available

Not today

I make them

Everyone else tests them for me

No — 3

Nothing to test them in/ don't know how — 4

No money

Don't do drugs — 3

Rushed — 2

Weed — 2

Safe/ don't need to/ trust dealer — 3

Have no drugs — 3

I start small and go slow

I don't like drugs/in the process of stopping

The varied responses to this question show a people had a wide variety of reasons for not testing their drugs:

- Four respondents said they did not know they could get their drugs tested, and one said they had no money, indicating a need for additional community education on the free drug testing available at MOPS.
- Three respondents said their drugs were safe and that they trusted their dealer.

It is also worth noting that three respondents indicated that they don't do drugs, but were nevertheless accessing service at MOPS, indicating that MOPS is serving the broader community.

We can anticipate that anywhere between 70-75% of the visits will include the procurement of safe inhalation supplies and other harm reduction materials as well as provision of meals and water.

Total visits; 26,154.

The target is 70% to 75% which is a range from 18,307 to 19,615

Safe inhalation

14,465 Bubbles out

2,536 Stems out

17,001 Total

Other harm reduction materials

285 Drug tests of FTIR

56 Drug test strips

3,623 naloxone (Narcan) distributed

13,507 Needles out

1,757 other harm reduction supplies

7,467 Total

The cumulative total for safe inhalation and direct drug related harm reduction supplies is 24,468, well above the initial target range.

Meals and water

18,271 snacks (coffee & food if they have).

By itself this service is in the target range.

Cumulative total for all categories is 42,739 which exceeds the overall target.

This indicates that the percentage of visits that included the procurement of safe inhalation supplies and other harm reduction materials as well as provision of meals and water far exceeded 70-75%. We estimate that almost every visit included at least one item from this list.

During periods of extreme heat or extreme cold 80% of the visitors may request some time to warm up or assistance in safe travel to avoid exposure.

Visitors were invited in to warm up/ cool down. Due to limited space in the RV and the demand for consumption services, this created a disconnect between consumption visits and warm up/ cool down services. Staff had to prioritize consumption visits and refer visitors to Main Street Project for warm up or cool down assistance. Heaters were purchased for the inhalation tent that kept visitors warm. Of the individuals who asked for warm up/ cool down in the RV most requests were accommodated. Most of the individuals had access to warm up or cool down spaces whether it be in the inhalation tent or in the RV. The tent, RV awning and location between two buildings also offered shade during periods of heat and shelter from the wind. Conversations with staff and site observation indicate that this statistic was adequately met.

The MOPS team can provide bus tickets or call other outreach services if travel cannot be accommodated.

Total of 12 bus tickets

Finally, we anticipate that 1% to 5% of our visits will require immediate emergency intervention, administration of naloxone, calling emergency services, and next day follow-up provided by the program coordinator.

26,154 visits

7,086 visits to consume

20 overdose events representing 0.08% of visitors and 0.28% drug consumption visits

82 times naloxone administered. Some individuals would require multiple naloxone uses, so this is not a simple one use per incident.

4 trips to hospital (at the individual's request)

These numbers indicate that multiple doses of naloxone were required to reverse one overdose. This is consistent with data gathered in the literature review, surveys and focus groups which indicated that drug supply was more toxic and more doses of naloxone were required. The number of visits that required immediate emergency intervention were 20. This means that 0.28% required immediate emergency intervention which is in line with the anticipated numbers.

Performance Measurement

OBJECTIVES	ASSESSMENT
Safe and Accessible Services that Prevent Overdose Deaths because of Isolation	Very high success rate with MOPS exceeding the initial targets of people reached and services offered. Site is accessible by all modes of transportation. Survey data, focus groups and conversations all indicated that the site was safe.
Direct Connection to Community Supports and Provide Up-to-Date Environmental Information	The MOPS staff make referrals to other services and supports. MOPS and Sunshine House are well connected through the Manitoba Harm Reduction network. The MOPS drug testing system also serves as a way to gather data on ongoing changes in poly-drug composition, additives and potential toxic additions. This data has helped inform the community drug safety alerts shared online and through the Manitoba Harm Reduction Network.
Ability to Cover A Vast Geographic Area	Significant success. The RV does visit multiple sites in different neighbourhoods, achieving the goal of serving a large (vast) geographic area of several thousand city blocks. MOPS staff and peers visit homeless encampments on foot. The primary site, where the RV is present 5 or 6 days per week for several hours, is heavily used. Additional sites that are visited only once or twice per week and for one to two hours are quieter. The model of an OPS on a specific site for only a few hours per week is less successful. Having multiple sites that are open every day, for extended hours will be more useful.
Target population: people who use drugs and live in Winnipeg's Central, West End, North End, and Point Douglas Communities.	Survey data indicated that the majority of individuals who visit MOPS spend the majority of their time in the noted neighbourhoods. MOPS RV spends time in each of these neighbourhoods.
Target population: individuals who use alone and face barriers because of race, income, gender, sexuality, or physical barriers.	MOPS survey data showed that the majority of individuals have incomes below $10,000/ year or are EIA and are unhoused. The majority identified as Metis. Conversations with MOPS participants supported that these individuals face many barriers to accessing services based on race, income, gender, sexuality or physical barriers.

Intermediate

Change in Behavior — at the midpoint and nearing the end of the pilot project we will have two mechanisms to measure behavioural changes and knowledge transfer. The quantitative strategy is an online survey that can be completed on MOPS using Sunshine House tablets or iPads that will consist of 10-15 questions directly related to their use of MOPS over the specified period of time. This information will remain private and confidential and will not have identifiable information within the survey.

The second performance measure will be conducted through qualitative information gathered via the Manitoba Harm Reduction peer advisory committee and an external evaluator at the end of the pilot project.

This information will be owned by the community members and they can determine how it will be distributed and who can access the information. It will be held in trust by the Sunshine House and requests for access will follow the channels of information dissemination currently used by Sunshine House for all internal and external research projects.

Short Term Outcomes Measure

1.1 Primary target population have access to information on substance use.

a) # of participants reached in substance use-related learning opportunities delivered by SUAP funded project

Peer education, target of 10,000 people. Result is 26,154

> Everyone who visits the MOPS site is given access to information on substance use. This includes education, training, harm reduction supplies, testing strips and drug testing. The testing also leads to information that is shared regarding drug warnings and alerts.

b) # of primary target population with access to substance use-related knowledge products developed by SUAP funded project

> Education, training materials, referrals, target of 15,000. Result is 26,154
>
> This number is likely higher as many individuals accessing MOPS would take substance use-related knowledge and share with others. Information is also shared through the Manitoba Harm Reduction network and through the drug alerts.

c) % of primary target population who reported that they **gained knowledge/skills** about substances as a result of the SUAP funded project

> Target value is 30%, actual result:
>
> MOPS peers responded that 100% of target population gained knowledge or skills about substances as a result of the SUAP funded project.
>
> 91% of MOPS participants reported that they gained knowledge or skills about substances.

Qualitative stories shared depict the amount of knowledge that is shared about safer using practices. Participants shared stories about how their using practices have changed to become safer because of MOPS.

1.2 Increased availability of harm reduction services

a) # of new services offered by SUAP funded projects (including type of service)

> The project indicators for new services offered by SUAP funded project are: overdose prevention, safe place to consume drugs in a supervised setting, drug testing through testing strips and drug testing using a FTIR drug testing machine, overdose intervention and referrals.
>
> Target 15,000 Total visits were 26,154
>
> Actual numbers of new services offered by SUAP funded project results are:
>
> > 285 Drug tests of FTIR
> >
> > 56 Drug test strips
> >
> > 3,623 naloxone distributed
> >
> > 7,086 Supervised Consumption visits
> >
> > 13,507 Needles out
> >
> > 1,746 Needles in

2,536 Stems out

14,465 Bubbles out

1,757 other harm reduction

20 overdose events

33 referrals

2 naloxone training

82 naloxone administered

9 take home tests

1,252 hygiene

577 Education

18,271 snacks (coffee & food if they have)

12 bus tokens

1,307 clothing

Cumulative services total: 66,626.

MOPS exceeded target numbers established on the SUAP project funding agreement, almost doubling the target number of individuals.

b) # of clients accessing services offered by SUAP funded project

Participant visits target is 100. Result is a total of 26,154 visits with 7,086 consumption visits.

With over 26,154 visits in a calendar year, MOPS vastly exceeded the target outlined in the SUAP agreement. However, we believe this target is a typographical error and the target was 10,000.

c) # of naloxone kits distributed by SUAP funded project

Naloxone kits target is 10,000

Result is 3,623 naloxone kits distributed

While MOPS did not meet the target of 10,000 kits delivered, the survey results and focus group data as well as visual observation indicated an increased number of naloxone kits in vulnerable communities. One community organization shared that they would access naloxone kits from MOPS or refer individuals to MOPS to get naloxone kits. Likewise, community organizations cited increased numbers of naloxone kits among their clients. The evaluators observed naloxone kits being distributed and that there was a visible presence of kits around the site, on people's bike handlebars and in their personal belongings. MOPS staff shared that homeless encampments were routinely supplied with kits and the kits were visible around the encampments.

Conversation with MOPS staff, community organizations and media reports indicated that there was a shortage of naloxone kits available throughout the province for part of 2023. This would have hampered the efforts to distribute naloxone kits.

2.2 Reduction in risk-taking behaviour among people with problematic drug and substances use

a) % of targeted Canadians who reported they **used** knowledge/skills related to substance use provided by SUAP funded project

Target value is 85%. For 26,154 visits this means the target is 22,230

Knowledge and skills related outcomes:

7,086 supervised consumption visit

3,623 Narcan

258 Drug tests with FTIR

56 Drug tests strips

14,465 Bubbles out

13,507 Needles out

1,746 Needles in

2,536 Stems out

Total is 45,050

Everyone who accessed services is using knowledge or skills related to harm reduction and substance use. Accessing clean supplies shows that individuals know the benefits of using clean needles, bubbles and testing.

b) % of targeted Canadians who reported that they **intend to use** knowledge /skills related to substance use provided by SUAP funded project

Target is 75%, actual result is:

MOPS peers responded that 80% of the target population intend to use knowledge or skills about substances as a result of the SUAP funded project. Many peers thought that all visitors used the knowledge or skills they learned at MOPS. However, one peer elaborated on this, clarifying that some participants report losing or breaking their harm reduction supplies before they are used.

Eighty-nine percent of MOPS participants responded that they intend to use knowledge or skills about substances that they gained as a result of the SUAP funded project. Of the 28 individuals, 25 indicated that they use the knowledge and supplies. Additional qualitative information was shared that elaborates on these findings such as:

- learning safer using practices (i.e. use slowly, learning how to reduce health issues through safer using practices and using in a group vs alone)
- being safer using in a group because people are there if something goes wrong ("When people od in other places everyone leaves instead of helping")
- being safer from physical violence ("When I use on the street I am more at risk of getting jumped or robbed")

c) % of clients in SUAP funded treatment and/or harm reduction services projects reporting a positive behaviour/health outcome

Target is 45%, actual result is:

MOPS peers responded that 100% of the target population reported a positive behaviour or health outcome.

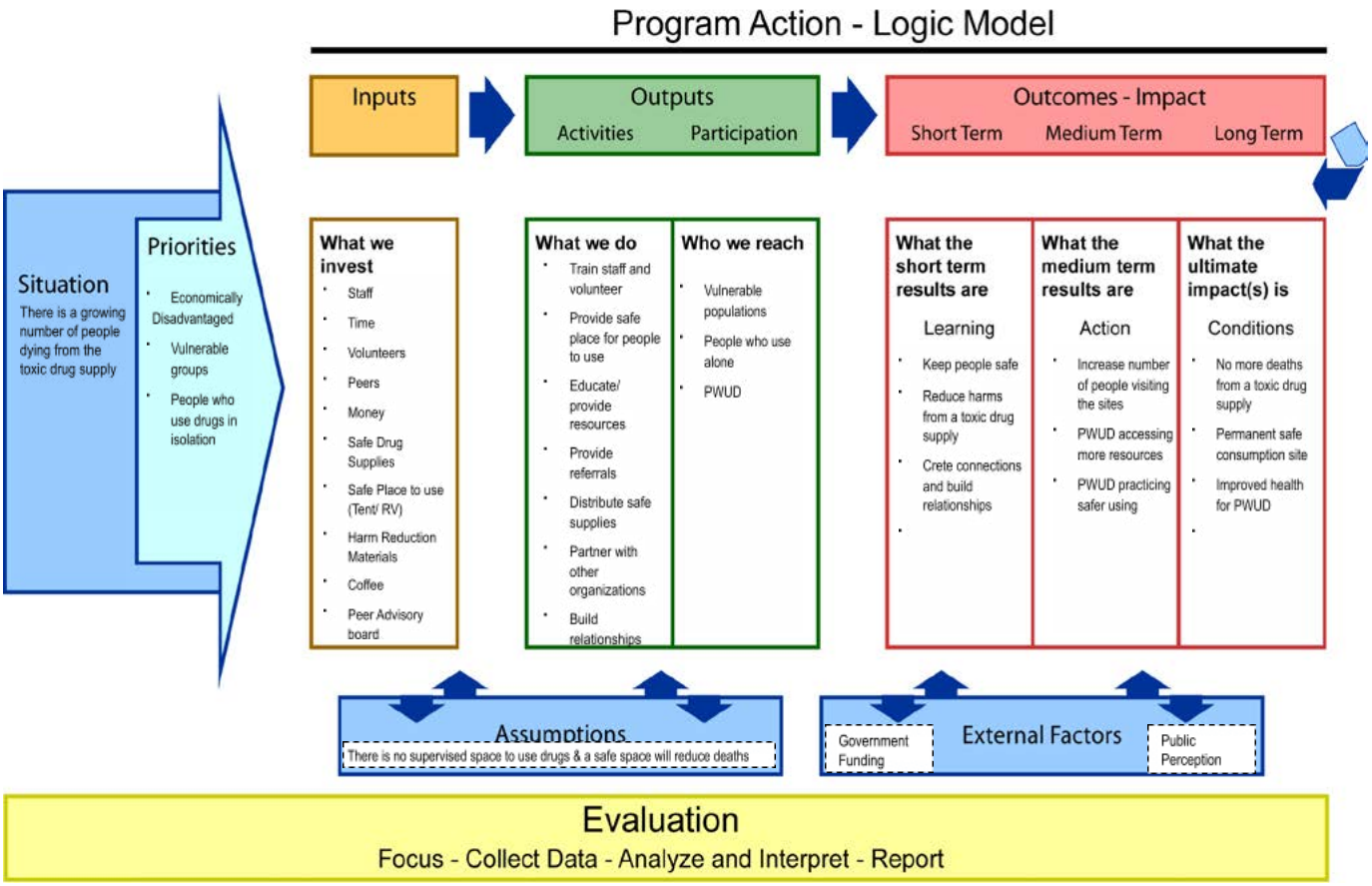
100% of MOPS participants reported a positive behaviour or health outcome.

Qualitative data further supports these numbers. One MOPS participant stated that "I am one hundred million times safer" because of MOPS. Numerous stories were shared about how MOPS participants switched their using practices to reduce health risks. One participant explained that they learned at the site that sharing straws when snorting can give you an infection in your nose, so they no longer share straws. Another explained how they were able to use more safely at the site because they do not need to rush. Yet another shared that they were safer from street violence when using at the site versus on the street. While at the site we observed resources being shared with MOPS participants this included food resources, housing, medical care and treatment options.

EVALUATION ISSUE	MANDATORY EVALUATION QUESTION	ASSESSMENT
Additional project outcomes	What other outcomes did your project achieve?	• Connected with a vulnerable population • Saved lives • Created a sense of community, built relationships and trust • Reduced pressure on community organizations • Provided safe space for community organizations to refer people to • Reduced drug use in public places • Reduced pressure on ambulance services and first responders
Efficiency and Economy	Cost to deliver project	$420,522
	Total full-time equivalents (total resources for staff, casual and contractors)	4.8
	Total planned budget expenditures (include all sources of funding)	$335,034
	Total actual expenditures	Total expenditures $420,522 Total wages (part of expenditures) $273,999
	Cost per FTE	Total program cost per FTE $87,609 Wages per FTE $57,083
	What steps did your project take to ensure the best use of resources?	• MOPS partnered with other organizations. For example, SaferSites to advertise and share drug alerts. • Ka Ni Kanichihk to bring a nurse on site each Friday • MOPS hired peers to assist in service delivery.

EVALUATION ISSUE	MANDATORY EVALUATION QUESTION	ASSESSMENT
Efficiency and Economy (cont'd)	Were resources sufficient to complete activities and outputs?	There were repeated requests for more sites and a permanent site. MOPS budget is not sufficient to offer this MOPS budget limitations did reduce service from 6 days a week to 5 days a week indicating that budget was not sufficient to meet intended scope. MOPS fundraised for the FTIR machine. When MOPS funding was threatened there were more fundraising efforts to try to keep MOPS funded.
	What was the project's reach?	26,154 visits Met the needs of vulnerable populations 20 overdoses successfully reversed 0 deaths Drug alerts were shared across Manitoba. Posts come from and were shared with the following communities: • Winnipeg • Brandon • Portage la Prairie • Flin Flon • The Pas • Kenora • Thompson • Selkirk • Norway House • Swan River The cumulative one-year totals of drug alerts shared through SaferSites show a total of 30 Facebook posts and 29 Instagram posts that have a cumulative reach of 209,707 and 6,955 shares. Data on drug alert posts shared by the SaferSites Coalition.

Logic Model



Knowledge Translation Plan

Data and findings gathered in this evaluation, and especially in the implementation evaluation, will be shared with partner organizations and will be used to inform the development of a permanent Supervised Consumption SIte.

Appendix B: Data collection tools

The following tools were developed and used during this evaluation process:

- MOPS visitors survey
- MOPS community organization staff survey
- MOPS politicians survey
- Community organization staff focus group questions
- MOPS visitor focus group questions
- MOPS staff questions
- PARK

MOPS visitors survey

Mobile Overdose Prevention Site (MOPS) Questionnaire

Your answers to this questionnaire are voluntary and anonymous. You can skip any question that you don't want to answer. The information is being gathered to help evaluate the effectiveness of the MOPS. Your responses are an important part of the evaluation. *Completed surveys can be left at MOPS.*

Have you filled out this survey before? *Circle your answer:* Yes No Unsure

How did you hear about the Mobile Overdose Prevention Site? *Circle all that apply*

- Someone told me
- Heard about it from a different organization
- Saw the trailer
- Social media
- Website
- Other *(please describe)* _____

Tell us about your first experience with Mobile Overdose Prevention Site:

What could be done to make the Mobile Overdose Prevention Site a safer space for you?

What could be done to make the Mobile Overdose Prevention Site more accessible (easy to find, easy to enter easy to use)?

The next few questions are about using.

Think back to last summer, about a year ago. What steps were you taking then to be safe while you were using? *Circle all that apply*

- Using with others, so that you can help each other in the event of an overdose
- Using clean needles
- Not sharing needles
- Safely disposing of needles in a sharps container
- Testing your drugs to know what is in them
- Accessing referrals and services
- Using in a safe public space
- Accessing training and education (Narcan administration, safe drug use, etc.)
- Other *(please describe)* _____

Think about your current using. What steps are you taking now to be safe? *Circle all that apply*

- Using with others, so that you can help each other in the event of an overdose
- Using clean needles
- Not sharing needles
- Safely disposing of needles in a sharps container
- Testing your drugs to know what is in them
- Accessing referrals and services
- Using in a safe public space
- Accessing training and education (Narcan administration, safe drug use, etc.)
- Other *(please describe)* _____

Did you test your drugs today? Yes No Not Applicable

If you did NOT test your drugs today, can you tell us why not?

Please indicate your using preferences using a scale where 0 means you **never** want to do this and 10 means you **always** want to do this. *Circle your answers*

	Never									**Always**	Not Applicable
Use alone	0	1	2	3	4	5	6	7	8	9	10	N/A
Use with friends	0	1	2	3	4	5	6	7	8	9	10	N/A
Use with dealer	0	1	2	3	4	5	6	7	8	9	10	N/A
Use with anyone	0	1	2	3	4	5	6	7	8	9	10	N/A
Use at MOPS	0	1	2	3	4	5	6	7	8	9	10	N/A

The next few questions about your opinion about the Mobile Overdose Prevention Site.

What do you like best about the Mobile Overdose Prevention Site?

What would you add to the Mobile Overdose Prevention Site to make it better?

What would you remove from the Mobile Overdose Prevention Site?

What would you keep out of the Mobile Overdose Prevention Site?

Demographics

The following demographic questions are intended to make sure we are reaching a wide range of individuals and to determine who MOPS is serving.

Please tell us your age *Circle your answer*

0 to 17 18 to 29 30 to 39 40 to 49 50 to 59 60 to 69 70+

Please tell us your gender identity: _____

Please tell us about your housing or living situation *Circle all that apply*

No access to housing / unhoused Using a shelter Staying on someone's couch

Tenting Staying in a car Renting Own a house

Other: _____

Please tell us how you identify culturally. *(Metis, First Nation, German, Chinese etc.)* _____

Please share with us your annual income *Circle your answer*

$0-$9,999 $10,000-$19,999 $20,000-$29,999 $30,000-$39,000 $40,000- $49,999

$50,000-$59,999 $60,000+ Employment Income Assistance (EIA)

Community organization staff survey

Mobile Overdose Prevention Site — Community Organization Survey

This short survey is about the following topics:

- The Mobile Overdose Prevention Site (MOPS)
- The MOPS impact on overdose prevention from the toxic drug supply in Winnipeg
- What is needed to reduce the harms from the toxic drug supply,
- Harm reduction throughout Manitoba as a whole.

All answers are confidential and will be used by Sunshine House for the evaluation of the MOPS. Your responses are an important part of this evaluation. Thank you for taking the time to participate. *Completed surveys can be left at the MOPS.*

What sector(s) does your organization work in? *(Circle all that apply)*

Health Care
Housing or Housing Assistance
Food security
Community support and connections
Employment
Education (youth, adult, newcomer)
Emergency services (first responders)
Government (municipal, provincial, federal)
Business
Youth
Justice system
Art /Culture
Sports /Recreation
I know people affected by the toxic drug supply
Other *(please specify)* _____

Mobile Overdose Prevention Site (MOPS)

At the moment Winnipeg **does not** have a supervised consumption site. There is a Mobile Overdose Prevention Site (MOPS) operated by Sunshine House that is a temporary, mobile service approved by the Public Health Agency of Canada. MOPS began operation in October of 2022. The MOPS helps to address a number of issues and challenges linked to overdosing from the toxic supply of illegal drugs. MOPS offers the following services:

> Drug testing, safe supervised place to use, referrals to other organizations and services, Naloxone (Narcan) kits distribution and training, a place to warm up or cool down, needle exchanges, HIV rapid tests and pregnancy tests, new supplies and access to a nurse (on Friday's only).

Before today, what have you heard about the Mobile Overdose Prevention Site (MOPS)?

How often does your organization refer people to the MOPS? *(circle your answer)*

Never One to three per month One or two per week Three or more per week
One or two per day Three or more per day I have not heard of MOPS'
Not Applicable / Don't make referrals

In your opinion what impacts does the MOPS have? *(Circle all that apply)*

- Less hospital visits related to using
- Less paramedic / fire emergency responses related to toxic drug supply
- Less police responses related to illegal drug use
- Less needles left outside
- Decrease outdoor drug use
- New needles distributed
- Preventing overdoses from toxic drugs
- More people trained in overdose prevention
- More people trained to use Naloxone / Narcan
- More Narcan/ Naloxone distributed
- Education provided
- Supports/ services (warm up/ cool down) for vulnerable populations

Aside from the above, what other impacts does the MOPS have?

Below are some suggestions for how the MOPS could be improved. Select three that you think would be the most helpful:

- Expand hours
- Permanent location
- Additional mobile vehicles
- Expand services offered
- Trained health care professional on-site
- Ability to administer oxygen
- Better links to additional services

Aside from the above, what other suggestions do you have to improve the MOPS?

Are you aware of any barriers people face when trying to access the MOPS?

How does the MOPS impact the outdoor use or public use of illegal drugs?

How does the MOPS impact discarded needles?

The next few questions are about illegal drug use and toxic drug supply

Please use the scale to indicate your answer.

	Much less of a problem				Much more of a problem	
In your opinion, is the toxic drug supply less of a problem or more of a problem compared to what it was one year ago. Use a scale where 1 means much less of a problem and 5 means there is much more of a problem.	1	2	3	4	5	N/A

	Ineffective			Very Effective		
In your opinion, tell us how effective the MOPS is in addressing harms related to illegal drug use, including overdoses from toxic supply. Use a scale where 1 means that MOPS is ineffective and 5 means that MOPS is very effective.	1	2	3	4	5	N/A

	Significant Decrease			Significant Increase		
In your opinion, do you think Naloxone (Narcan) distribution in Winnipeg has changed compared to what it was one year ago. Using a scale where 1 is a significant decrease and 5 is a significant increase.	1	2	3	4	5	N/A
In your opinion, have you noticed a change in the number of people who know how to administer Naloxone (Narcan) over the last year? Use a scale where 1 means a significant decrease and 5 is a significant increase.	1	2	3	4	5	N/A
In your opinion, Has the MOPS had an effect on the quantity of discarded needles in public? Use a scale where 1 means a significant decrease and 5 is a significant increase.	1	2	3	4	5	N/A

What changes have you noticed in illegal drug use over the last few years?

How is the toxic drug supply impacting Winnipeg? *Circle all that apply*

- More fire and paramedic calls
- More demands on organizations responding to overdoses
- More hospital visits
- More police calls

Aside from the above, what other impacts have you seen due to the toxic drug supply?

Supervised Consumption Sites

The next few questions are about supervised consumption sites. These are safe, clean spaces for people to bring their own drugs to test or to use, in the presence of trained staff.

Do you think Winnipeg needs a permanent supervised consumption sites? *(Circle your answer)*
Yes No Unsure I do not live in Winnipeg

If yes, and you are in Winnipeg, what location(s) would you recommend for the permanent supervised consumption site?

Do you think there needs to be supervised consumption sites outside of Winnipeg?

Yes No Unsure N/A

If yes, then where would they be located?_____

Besides safe consumption sites, what other services are needed to reduce the harms of illegal drug use and/or the toxic drug supply?

In your opinion, what are the benefits of a supervised consumption site?

In your opinion, what are the challenges of a supervised consumption site?

What would you suggest for how to improve supports for people who are experiencing harms related to their illegal substance use or toxic drug supply?

MOPS politicians survey

Mobile Overdose Prevention Site — Survey

This short survey is about the following topics:

- The Mobile Overdose Prevention Site (MOPS)
- The MOPS impact on overdose prevention from the toxic drug supply in Winnipeg
- What is needed to reduce the harms from the toxic drug supply,
- Harm reduction throughout Manitoba as a whole.

All answers are confidential and will be used by Sunshine House for the evaluation of the MOPS. Your responses are an important part of this evaluation. Thank you for taking the time to participate.

Mobile Overdose Prevention Site (MOPS)

At the moment Winnipeg **does not** have a supervised consumption site. There is a Mobile Overdose Prevention Site (MOPS) operated by Sunshine House that is a temporary, mobile service approved by the Public Health Agency of Canada. MOPS began operation in October of 2022. The MOPS helps to address a number of issues and challenges linked to overdosing from the toxic supply of illegal drugs. MOPS offers the following services:

> Drug testing, safe supervised place to use, referrals to other organizations and services, Naloxone (Narcan) kits distribution and training, a place to warm up or cool down, needle exchanges, HIV rapid tests and pregnancy tests, new supplies and access to a nurse (on Friday's only).

What level of government do you work in? *(Circle all that apply)*

Municipal Government

Federal Government

Provincial Government

Other *(please specify)* _____

Before today, what have you heard about the Mobile Overdose Prevention Site (MOPS)?

The next few questions are about illegal drug use and toxic drug supply

Please use the scale to indicate your answer.

	Much less of a problem				Much more of a problem	
In your opinion, is the toxic drug supply less of a problem or more of a problem compared to what it was one year ago. Use a scale where 1 means much less of a problem and 5 means there is much more of a problem.	1	2	3	4	5	N/A

	Ineffective				Very Effective	
In your opinion, tell us how effective the MOPS is in addressing harms related to illegal drug use, including overdoses from toxic supply. Use a scale where 1 means that MOPS is ineffective and 5 means that MOPS is very effective.	1	2	3	4	5	N/A

Supervised Consumption Sites

The next few questions are about supervised consumption sites. These are safe, clean spaces for people to bring their own drugs to test or to use in the presence of trained staff.

Do you think Winnipeg needs a permanent supervised consumption sites? *(Circle your answer)*
Yes No Unsure I do not live in Winnipeg

If yes, then where should it be located?

Do you think there needs to be supervised consumption sites outside of Winnipeg?

Yes No Unsure N/A

If yes, then where would they be located?

In your opinion, what are the benefits of a supervised consumption site?

In your opinion, what are the challenges of a supervised consumption site?

What would you suggest for how to improve supports for people who are experiencing harms related to their illegal substance use or toxic drug supply?

Are there any other comments you wish to make?

Community organization staff focus group questions

Introductions:

Thank you all for joining us. We are LAHRK Consulting and we have been hired by Sunshine House to evaluate the MOPS. The Mobile Overdose Prevention Site (MOPS) launched in October of 2022. MOPS offers a safe, supervised place to use, referrals, Naloxone/ Narcan kits and training, a place to warm up (winter), cool down (summer), needle exchange, and education. As part of the evaluation we want to hear from the community organization that you are representing what your thoughts are on the current situation in Winnipeg, what the barriers are and what some solutions are.

Please introduce yourself and your organization.

Current situation:

There is no supervised consumption site in Manitoba, and people still use illicit, and sometimes toxic, drugs.

Community organization focus group questions:

1. **To start, can you share your thoughts on what you are seeing regarding illicit drug use and / or harm reduction in your community?**
2. **Can you talk a bit about what the effects of illicit drug use are on your organization? (We have heard from some organizations of people using their bathrooms, and this places staff on the front lines of dealing with overdoses and complications.)**
3. **What changes or benefits have you noticed now that MOPS is operating? (If any?)**
4. **Please talk about some of the barriers your clients face when they try to access harm reduction services and keep safe while using?**
5. **What are some solutions or interventions that would help address the current crisis today?**
6. **Over the next two to three years, what can practically be achieved to address the current crisis? In other words, if you were the sole decision maker, where would you invest the limited resources available?**

MOPS visitor focus group questions

1. **What changes have you noticed in the drugs people are using?**
2. **What are the barriers that keep people from being safe when using?**
3. **Can you share how this place has kept you safe?**
4. **What can be done to improve the RV / this place?**
5. **Have you learned anything useful or helpful here at the RV?**
6. **Do you use the supplies that you get from the RV?**
7. **Does the RV help you to be healthier or safer?**

MOPS staff interview questions

Thank you all for joining us. We are LAHRK Consulting and we have been hired by Sunshine House to evaluate the MOPS. We want to hear from each of you, and we also want you to know that what you say here is confidential.

To start with, please introduce yourself.

There are 3 parts to this discussion.

1. **Is MOPS achieving/ doing what it set out to do?** (Outcomes and goals)
    a. How has MOPS succeeded at doing what it set out to do?
    b. Is there anything MOPS was supposed to do and has not done?
    c. Who is missing — people that could or should be using MOPS but aren't?
    d. What impacts (good and bad) has MOPS had on people using the services?
2. **Is MOPS working as effectively as it could?** (Process focused)
    a. Are there changes to processes and systems that would improve MOPS?
    b. What additional services could, or should, be offered at MOPS to address toxic drugs and deliver harm reduction? (What services are missing?)
    c. Are there things MOPS is doing that it does not need to do?
3. **Reflections: your thoughts and feelings after a year of MOPS**
    a. What have you learned from the first year of MOPS services?
    b. What changes have you noticed among users from before MOPS started and now?
    c. What is your favourite thing about working at MOPS?
4. **How many participants at MOPS have learned anything useful or helpful here at the RV?**
5. **How many MOPS participants use the supplies that they get from the RV?**
6. **How many participants does the RV help to be healthier or safer?**

PARK tool

Share your thoughts with us!

We want to hear from you. Tell us about the Mobile Overdose Prevention Site (MOPS) by writing on the chart below. Your thoughts and ideas will be used to advocate for MOPS make changes to MOPS and to shape the evaluation of the MOPS pilot project.

What do you like BEST about MOPS?

What would you ADD to MOPS?

What would you REMOVE from MOPS?

What would you KEEP OUT of MOPS?

Other Thoughts

Show us where you spend the most time by placing a dot on the map

SUN
SHINE
HOUSE