COM-CAP
Community Opioid / Overdose Capacity Building

Public Health Ontario | Santé publique Ontario

AT A GLANCE

Outreach Programs for People who Use Drugs

Published: April 2023

Introduction

Services delivered via outreach have been an integral and well-established approach to reach, engage, and support people who use drugs for several decades. The need for outreach programs heightened during the Coronavirus Disease 2019 (COVID-19) pandemic and ongoing drug poisoning crisis with reduced access to fixed sites and increased contamination of the drug supply.

This document is intended to provide an overview of outreach programs for people who use drugs. It summarizes the published and grey literature on the effectiveness of different outreach programs. It also summarizes examples and lessons from the Ontario context discussed at a lunch and learn event.

Across the literature, there is a lack of consensus on a definition of "outreach" programs, with great variation of how this approach is designed, implemented, and evaluated. For the purpose of this document, we consider some key characteristics of outreach programs to include those that:

- Are delivered by people with living/lived experience, volunteers, or other workers;
- Reach and engage with people who cannot, do not, or are less likely to be accessing or using services at a fixed site;
- Address barriers to access by taking information, supplies, services, referrals, and resources to people;
- Focus on reaching and engaging with people or groups of people rather than organizations;
- Occur in locations where people live or spend time in communities;
- Can have varied services linked with outreach.

Methods

We conducted a rapid review to summarize the evidence on the effectiveness of outreach programs. A Public Health Ontario librarian helped run the search in March 2022 in four databases (e.g., MEDLINE, Embase, CINAHL, PsychINFO). Non-academic databases (e.g., Google), library catalogues, and individual websites were also searched for relevant reports, papers, and other resources.

We limit the search by:

- Region (countries within the Organization for Economic Co-operation and Development)
- Publication type (review articles only with information on methods e.g., systematic review, scoping review, rapid review, meta-analysis)
- Language (English only)

These limits helped manage the scope and relevance of the documents to the Canadian context. After duplicates were removed (n=138), the database search yielded 999 results. Four team members screened sets of titles/abstracts. Reviews were excluded if they only: focussed on alcohol, cannabis, or tobacco use and outcomes; described services offered at a fixed-site that was a regular office/clinic. Twenty reviews were selected for full-text screening, of which eighteen met our inclusion criteria. Others were excluded due to a lack of detail on methodology, outreach program, or measured outcomes. One team member completed data extraction.

There are many examples of outreach programs that are likely not captured in review articles. To supplement the rapid review, we held a lunch and learn conversation (July 6, 2022) on outreach practices and programs for people who use drugs in Ontario. We engaged our partners at the Ontario Network of People who Use Drugs (ONPUD) as team members in planning the discussion.

The objective of the lunch and learn was to provide a two-way exchange of lessons, experiences, and opportunities for individuals/organizations supporting outreach programs for people who use drugs in Ontario. Four panel speakers shared their practice-based lessons, challenges, and successes with different outreach models across diverse communities in Ontario. Attendees included local public health units, community-based organizations, municipal drug strategies, and community members.

An initial draft of this document was shared with the panel speakers and ONPUD to check that the conversation was appropriately captured.

Evidence on the Use of Outreach Models

We synthesized evidence from eighteen review articles. Other articles were excluded because they did not describe their methodology, were focused solely on alcohol or tobacco use, or did not include information about outreach. The articles describe several substance use harm reduction and treatment interventions that were delivered through outreach. We grouped the outreach service delivery models into three categories based on shared characteristics. Some interventions involved providing services at locations where people live and spend time, with no expectation of follow-up. We grouped these together as examples of “episodic or site-specific outreach”. Other interventions were delivered through longitudinal, relationship-building between people who use drugs and peer support workers. We termed these “peer outreach”. A third type of outreach involved professionals, such as social workers, physicians and nurses, meeting people who use drugs where they were at for regular provision of care. Evidence on the use of each outreach model is discussed in detail below.

Episodic or Site-specific Outreach

Six reviews included outreach that involved the provision of episodic services at community locations where people who use drugs spend time (Appendix A, Table A1).[1-6] Within that context, three reviews described needle and syringe programs (NSPs), two described point of use drug checking services, and two described the use of technology to facilitate access to services. For NSPs, outreach initiatives were aimed at increasing the availability and convenience of sterile needles and syringes through providing access at community-based pharmacies, vending machines, and mobile vans. NSPs in general were associated with a decreased incidence of HIV and increased uptake of HIV and HCV testing and treatment.[1,2] However, very few studies evaluated NSPs delivered through outreach models specifically. As a result, there was insufficient evidence on the effectiveness of outreach-specific interventions in this context.[3] For drug checking services, outreach included providing services at the point of use, such as nightclubs and festivals.[4,5] Festival attendees were less likely to use or intend to use drugs with unexpected contents.[5] Providing drug checking services at inaccessible locations was identified as a key barrier to the use of the service, suggesting that outreach at point of use may have advantages over other delivery models.[4] One article suggested that technology may be useful to increase the availability of substance use interventions.[6] The authors reported that personalized feedback and self-reflective measures available via apps and social media decreased substance use and symptoms of dependence among youth in nightclubs.[6] Overall, the accessibility of episodic or site-specific outreach facilitated uptake of a variety of different interventions by people who use drugs.[2,4]

Peer Outreach

Eight articles discussed the use of peer outreach to link people who use drugs to HCV and HIV care (n=1), harm reduction services (n=2), safer environments (n=2) and treatment for substance use (n=3)(Appendix A, Table A2). Approaches to peer outreach were not described in detail in the included articles, but the information provided suggested that a street outreach model, in which peers met with people who use drugs in the community, was used most commonly. Evidence on the effectiveness of peer outreach interventions was mixed, with two articles reporting no significant differences between those who received peer support and those who did not[7,12] and four articles reporting improved adherence to harm reduction strategies and decreased substance use.[6,9,11,13] Identified benefits of peer outreach included expanded reach and integration of the intervention into the community, low-barrier access, and high trustworthiness.[8,10] Challenges included the emotional burden and stigma faced by peer support workers.[9] Clear role descriptions, fair compensation, access to appropriate supports, and opportunities for professional development were identified as potential best practices to support peer workers.[9]

Outreach by Medical or Social Service Sector Professionals

Eight articles described outreach models involving engagement of people who use drugs in the community by medical or social service sector professionals (Appendix A, Table A3).[6,12,14-18] The interventions described in the articles include providing HIV and HCV testing and treatment at mobile locations and via telemedicine visits (n=2), on-site crisis support and medical care at nightclubs and festivals (n=1), community-based substance use treatment (n=3), and providing educational activities aimed at harm reduction (n=2). While no significant difference in HIV or HCV treatment initiation or retention was reported in mobile or telemedicine settings, there was some evidence that telemedicine outreach may be useful to increase treatment retention among highly vulnerable and marginalized rural patients.[12] Mobile services were associated with increased retention in treatment and reduced substance use among people accessing methadone vans, as well as those supported by assertive community treatment interventions.[14,17,18] Overall, outreach by professionals was found to increase engagement and access for marginalized groups and increase trust.[15-17]

Limitations

The available evidence on outreach interventions to support people who use drugs is limited. Articles were selected if at least some of the services being described happened within an outreach context. The outreach approach itself was not evaluated. As a result, detailed description of the outreach models used by the included primary studies was limited. Evidence in the primary literature was often of low quality. Additional research that specifically focuses on outreach as a service delivery method is needed to understand the effectiveness of outreach interventions and identify best practices.

Outreach Program Examples from Ontario

Public Health Ontario hosted a lunch and learn conversation in July 2022 where community organizations working in five Ontario regions shared their experiences with current outreach programs. These programs aim to reach people in different places including virtually, where they live, and where they spend time. Below is an overview of the programs and a summary of the discussion.

Lifeguard Application (App)

The Lifeguard App was first launched in Vancouver, BC in 2017. In May 2020, the free mobile application which can be downloaded from Google Play or Apple's App Store was launched as an online and digital outreach strategy to address the increase in overdose in Thunder Bay and area. The launch of the app is part of a pilot project led by NorWest Community Health Centres and in partnership with Thunder Bay and District Public Health Unit, Elevate NWO, Superior North Emergency Medical Service, Dilico Anishinabek Family Care. The Lifeguard App is available in Thunder Bay, Rainy River, Kenora, Fort Francis, Sioux Lookout. It includes features such as local services, communication/educational guide, push notifications, and tele-health services. The app has been promoted through fliers, street outreach, emergency medical service personnel, and promotion through college/university events.

Living Space

Living Space is a co-ed shelter in Timmins, ON. It has 48 emergency bed and a drop-in centre with various programs. Recently, Living Space received a one year consultation contract to revitalize the shelter system and deliver best practices, with a "Housing Now" mandate. A housing committee was created, with Porcupine Health Unit, Indigenous, and outreach organizations. The aim is to be proactive in filling gaps and adapting to community needs, with a specific focus on the distribution of harm reduction supplies and naloxone. Under the "Housing Now" mandate, the outreach teams complete housing paperwork and support handoff, consent, client meetings, and other support. Living Space has been the first organization to use the integrated Public Health Information System (iPHIS) to provide real-time access and remove burden off of client to repeat history.

Ottawa Inner City Health Shelter Program

The Ottawa Inner City Health located in Ottawa, ON has several programs and partnerships to provide services in places where people live including shelters, on the streets, or rooming houses. They have no stand-alone space to see clients, but rather offer harm reduction-based services that provide one-on-one care to clients. Also available are palliative care services are offered through the Ottawa Mission and special care units with multiple care providers.

The Health Outreach Mobile Engagement Program

The Health Outreach Mobile Engagement (HOME) Program is situated in London, Ontario. It is led by London InterCommunity Health Centre in partnership with: the Canadian Mental Health Association, London Cares Homeless Response Services, Middlesex-London Paramedic Service, and Regional HIV/AIDS Connection.

Operating since January 2021, the aim of the HOME program is to eliminate care and service silos in response to the overdose and homelessness crisis in the London area. A full-size city bus was used for the first 18 months of the program. An RV was originally considered, but community members preferred a bus. The bus was originally intended to be used by London emergency medical services (EMS) for pandemic operations. The seats were removed, a stretcher and curtains added, and windows tinted for privacy. This allowed for 4 care spaces as well as an area for administrative work. A new bus is being retrofitted and available soon. The new retrofitted bus (i.e., 24 ft bus running on gasoline) will include a full-size exam table, sink, storage, lighting, staging/waiting area and exam areas.

The program is based on self-identified needs, which includes an exam room for care, systems navigation and referral support, access to a prescriber, and two teams of outreach workers to provide support and access to services in the downtown core. Opioid agonist treatment can also be initiated on the bus. Once a patient is engaged and has ongoing or complex concerns and support needs, options include:

- Roster the person to the London InterCommunity Health Centre clinic for ongoing primary care (approx. 10-15 people rostered a month for ongoing primary care);
- Provide specific locations that are maintained from week to week (available on weekly basis)
- If more than a weekly check-in is required, offer the paramedic team to go to the person (available 5 days a week through outreach);
- Provide home visits and follow-up with the prescriber, as needed.

The program will be seeking to expand services to smaller communities surrounding the London area.

The Opioid Awareness and Overdose Prevention Project

The Black Coalition for AIDS Prevention (Black CAP), in partnership with the North End Harm Reduction Network and Rexdale Community Health Centre, provides direct support via street outreach and education in the area of Rexdale in Toronto, ON. The goal is to connect the community, which has a large African, Caribbean, and Black (ACB) population with the information and harm reduction supplies needed as it relates to their vulnerability to overdoses and drug poisoning. Client-centered counseling, naloxone education, and other educational opportunities for youth and parents are also offered.

Panel Experiences and Lessons on Outreach Programs

Many of the panelists described strengths and challenges related to the implementation of outreach programs. Below is a description of the key themes from the discussion.

Strengths

- **Collaboration with organizations to make sure services are provided in a timely manner:** Collaboration with shelter staff, people with living/lived expertise, and peer workers helps to identify clients with substance use, mental health, and physical health challenges. Others noted collaboration with grassroots organizations, barber shops, and service providers allowed for timely service delivery in response to needs.

- **Engagement of people with living/lived expertise:** People with living/lived expertise can help identify clients, build and maintain trust and relationships, and translate healthcare culture to the needs of clients. In the London HOME program, trusting relationships with community has helped with branding, access, and trust as there was some hesitancy in seeing paramedics in uniform. Many people accessing the mobile bus are self-referrals based on word of mouth.

- **Building and maintaining relationships and trust:** Many programs spoke about the key process of building relationships and trust. This included operating in a way that is consistent, non-judgemental, barrier free and accessible to people. In the case of the HOME program, the mobile bus is used to create an initial connection and opportunity to build trust, where follow-up at shelters can be organized to provide ongoing services.

- **Anti-racism and anti-colonial components through education and community partnerships:** As an organization that focuses efforts on ACB communities, Black CAP partners with service organizations to provide targeted and accessible anti-racism education for staff. Other programs spoke about relying on community partners and experts to bring appropriate services and education into the shelter system to improve access.

Challenges

- **Decreased access to resources and services during COVID-19 pandemic:** The COVID-19 pandemic impacted the availability of resources and access to care, with limited access to clean toilets, sinks, food banks/kitchens, and other services. The COVID-19 isolation and vaccination strategy for people experiencing homelessness used resources from existing outreach programs.

- **The impact of the COVID-19 pandemic on the health and well-being of people who use drugs and experience homelessness:** The overall well-being and mental health of people who use drugs and experience homelessness were exacerbated, including an increase in the number of people experiencing homelessness. This presented challenges in meeting health care needs and providing timely care (e.g., staffing shortages, increase wait times in emergency departments).

- **Limited access to mobile phones in the community:** There are a lot of challenges experienced with people not having access to phones. Outreach workers have used other service providers to establish automated lines, numbers to leave messages at, sharing numbers, and having secondary contacts for individuals. Consent in this process is a priority, and conversations and forms have been used through programs to ensure consent is there and no issues arise.

- **Increases in overdose rates:** Many outreach programs spoke about doing outreach in the context of increasing in overdoses and the contaminated drug supply. Given increases, messaging has focussed on the drug supply and greater services (e.g., supervised consumption services) trying to adopt outreach programs to reach more people.
- **Limited affordable housing and access to mental health, healthcare, and harm reduction services within housing:** Access to affordable and available housing and supports is limited (e.g., 2-3 year waitlist for housing in Timmins). When services are available, they are typically only accessible in the downtown core of communities (e.g., Ottawa, Toronto). Further, not all shelters are comfortable with harm reduction approaches and services.
- **Outreach during winter:** The outreach program in Timmins described challenges with doing outreach in the winter when temperature drops. Having a van to provide access to both mobile and street-based outreach services has helped during winter months.
- **Community mistrust and resistance:** BlackCAP spoke about ACB community distrust of health and social systems, while harm reduction programs spoke about being associated with current barriers and harms arising out of the shelter systems. Building trust is very important through consistently showing up, community collaboration, and non-judgemental approaches. There is also need for more effective community care to support shelter system demands.
- **Increase in gun violence and police presence in community.**

Impacts

Two panel speakers also spoke about the preliminary impacts of their programs, which are summarized in Table 1 below.

Table 1. Preliminary Program Impacts

Program Name	Program Impacts
HOME Program	Saw 1059 people experiencing homelessness in year 1 Approximately 1000 emergency department visits prevented Rostered and provided family doctors to 84 individuals Anecdotal results are positive: 100% improved access 95% would recommend to peers 95% are using harm reduction strategies more Reported improved well-being Met the self-identified needs of community and patients
Lifeguard App	46 lives saved 1,155 users; typical users are those that do not have access to services, people in trades, youth, and students

Conclusion

This document was developed to inform public health, community-based organizations, and other groups supporting people who use drugs. It summarizes the literature on the effectiveness of outreach programs for people who use drugs. It also reflects Ontario-specific examples and experiences of outreach programs discussed at a meeting on the topic. While the examples were not comprehensive of the various programs across Ontario communities, they provide key models and considerations that can be used for design and implementation.

References

1. Aspinall EJ, Nambiar D, Goldberg DJ, Hickman M, Weir A, Van Velzen E, et al. Are needle and syringe programmes associated with a reduction in HIV transmission among people who inject drugs: a systematic review and meta-analysis. Int J Epidemiol. 2014;43(1):235-48. Available from: https://doi.org/10.1093/ije/dyt243

2. Broz D, Carnes N, Chapin-Bardales J, Des Jarlais DC, Handanagic S, Jones CM, et al. Syringe services programs' role in ending the HIV epidemic in the U.S.: why we cannot do it without them. Am J Prev Med. 2021;61(5 Suppl 1):S118-29. Available from: https://doi.org/10.1016/j.amepre.2021.05.044

3. MacArthur GJ, van Velzen E, Palmateer N, Kimber J, Pharris A, Hope V, et al. Interventions to prevent HIV and hepatitis C in people who inject drugs: a review of reviews to assess evidence of effectiveness. Int J Drug Policy. 2014;25(1):34-52. Available from: https://doi.org/10.1016/j.drugpo.2013.07.001

4. Maghsoudi N, Tanguay J, Scarfone K, Rammohan I, Ziegler C, Werb D, et al. Drug checking services for people who use drugs: a systematic review. Addiction. 2022;117(3):532-44. Available from: https://doi.org/10.1111/add.15734

5. Palamar JJ, Fitzgerald ND, Keyes KM, Cottler LB. Drug checking at dance festivals: a review with recommendations to increase generalizability of findings. Exp Clin Psychopharmacol. 2021;29(3):229-35. Available from: https://doi.org/10.1037/pha0000452

6. Brunn J, Brunner S, Mütsch M. Preventive interventions for young adults in nightlife: coproduction for a systematic literature assessment followed by a stakeholder dialogue process. Eur Addict Res. 2021;27(5):311-25. Available from: https://doi.org/10.1159/000511191

7. Gormley MA, Pericot-Valverde I, Diaz L, Coleman A, Lancaster J, Ortiz E, et al. Effectiveness of peer recovery support services on stages of the opioid use disorder treatment cascade: a systematic review. Drug Alcohol Depend. 2021;229(Pt B):109123. Available from: https://doi.org/10.1016/j.drugalcdep.2021.109123

8. Mercer F, Miler JA, Pauly B, Carver H, Hnízdilová K, Foster R, et al. Peer support and overdose prevention responses: a systematic 'state-of-the-art' review. Int J Environ Res Public Health. 2021;18(22):12073. Available from: https://doi.org/10.3390/ijerph182212073

9. Miler JA, Carver H, Foster R, Parkes T. Provision of peer support at the intersection of homelessness and problem substance use services: a systematic 'state of the art' review. BMC Public Health. 2020;20(1):641. Available from: https://doi.org/10.1186/s12889-020-8407-4

10. McNeil R, Small W. 'Safer environment interventions': a qualitative synthesis of the experiences and perceptions of people who inject drugs. Soc Sci Med. 2014;106:151-8. Available from: https://doi.org/10.1016/j.socscimed.2014.01.051

11. Reif S, Braude L, Lyman DR, Dougherty RH, Daniels AS, Ghose SS, et al. Peer recovery support for individuals with substance use disorders: assessing the evidence. Psychiatr Serv. 2014;65(7):853-61. Available from: https://doi.org/10.1176/appi.ps.201400047

12. Schwarz T, Horváth I, Fenz L, Schmutterer I, Rosian-Schikuta I, Mårdh O. Interventions to increase linkage to care and adherence to treatment for hepatitis C among people who inject drugs: a systematic review and practical considerations from an expert panel consultation. Int J Drug Policy. 2022;102:103588. Available from: https://doi.org/10.1016/j.drugpo.2022.103588

13. Bassuk EL, Hanson J, Greene RN, Richard M, Laudet A. Peer-delivered recovery support services for addictions in the United States: a systematic review. J Subst Abuse Treat. 2016;63:1-9. Available from: https://doi.org/10.1016/j.jsat.2016.01.003

14. Chan B, Hoffman KA, Bougatsos C, Grusing S, Chou R, McCarty D. Mobile methadone medication units: A brief history, scoping review and research opportunity. J Subst Abuse Treat. 2021;129:108483. Available from: https://doi.org/10.1016/j.jsat.2021.108483

15. O'Mara B, Carey G, Weier M. Community-based health promotion about alcohol and other drugs in a multicultural Australia-what works? A review of evidence. Health Educ Res. 2020;35(5):437-49. Available from: https://doi.org/10.1093/her/cyaa027

16. Haldane V, Cervero-Liceras F, Chuah FL, Ong SE, Murphy G, Sigfrid L, et al. Integrating HIV and substance use services: a systematic review. J Int AIDS Soc. 2017;20(1):21585.

17. Rush B, Furlong A. Rapid access models for substance use services: a rapid review. Ottawa, ON: Canadian Centre on Substance Use and Addiction; 2020. Available from: https://www.ccsa.ca/sites/default/files/2020-10/CCSA-Rapid-Access-Models-Substance-Use-Services-Rapid-Review-Report-2020-en.pdf

18. Taha S. Best practices across the continuum of care for the treatment of opioid use disorder. Ottawa, ON: Canadian Centre on Substance Use and Addiction; 2018. Available from: https://www.ccsa.ca/sites/default/files/2019-04/CCSA-Best-Practices-Treatment-Opioid-Use-Disorder-2018-en.pdf

Appendix A

Table A1. Summary of reviews of episodic or site-specific outreach

Author (year)	Population	Intervention	Outreach component	Results
Aspinall et al. (2014)	People who inject drugs	Needle and syringe programs (NSPs)	NSPs in the community or through mobile services	36% lower risk of HIV infection among those exposed to needle and syringe programs compared to those not exposed
Broz et al. (2021)	People who inject drugs	Syringe service programs	Pharmacy syringe sales without a prescription; access to syringes in hospitals; home delivery; syringe vending machines	Reported reduction in incidence of HIV; increased uptake of HIV and HCV testing; increased initiation and continuation of substance use disorder treatment; early detection of HIV outbreaks and response
Brunn et al. (2021)	Young people aged 18-35 who use drugs and alcohol at nightclubs	Multi-level approaches for safer use among young people in nightclubs	Personalized feedback and reflective tools through social media, apps, or other technologies	Decreased substance use and symptoms of dependence among youth accessing nightclubs
MacArthur et al. (2014)	People who inject drugs	NSPs	Access to needles and syringes through pharmacies, mobile vans and vending machines	Insufficient evidence to support or discount the effectiveness of pharmacy, mobile or vending machine NSPs
Maghsoudi et al. (2022)	PWUD in party settings	Drug checking services	Drug checking services at point of use	Service use was more likely when participants were concerned about the content of a drug. If analysis results were unexpected, participants were less likely to use the drug. Barriers to use included inaccessible locations.

Author (year)	Population	Intervention	Outreach component	Results
Palamar et al. (2021)	Festival attendees	Drug checking services	Drug checking services at festivals	Participants' intention to use and reported use of substances decreased when drug checking results were unexpected

Table A2. Summary of reviews of peer outreach.

Author (year)	Population	Intervention	Outreach component	Results
Bassuk et al. (2016)	People who use substances	Recovery support for people attempting to decrease substance use	Telephone peer support, home visit, individual coaching, peer-run drop-in centers, facilitated access to recovery programs	Significantly decreased substance use among individuals who received peer support compared to those who did not.
Brunn et al. (2021)	Young people aged 18-35 who use drugs and alcohol at clubs	Multi-level approaches for safer use among young people in clubs	Brief peer intervention to increase health literacy	Increased knowledge of harms of substance use and appropriate harm reduction strategies; decreased use of substances following intervention
Gormley et al. (2021)	Adults who use opioids	Peer-recovery support services, such as linkage to treatment and follow-up support for substance use disorder	Street outreach for connection to treatment or social services; reminders and follow up for upcoming appointments and missed ones	No significant difference in initiation of treatment between 'usual care' and 'peer engagement with care'. Inadequate evidence regarding effects on retention. Mixed results about opioid use –some studies showed decreased use, while some reported no change

Author (year)	Population	Intervention	Outreach component	Results
McNeil & Small (2014)	People who inject drugs	Safer use interventions such as supervised consumption sites, peer outreach, environmental engineering/ urban design	Mobile, peer-led interventions	Clients reporting mobile, peer-based interventions as "convenient" and accessible. They were also associated with decreased risk of exploitation, violence and stigma
Mercer et al. (2021)	Adults who use drugs	Harm reduction involving peer support	Peer-led community-based overdose response, prevention and education; connection to treatment for opioid use disorders	Peer models expanded reach and integration of naloxone interventions in the community; expanded knowledge and skills around overdose education.
Miler et al. (2020)	People who are unhoused and use substances	Peer support in harm reduction, housing, decreased substance use and smoking cessation	Engagement with people who use substances where they are at.	Reduced alcohol/substance use; improved housing status through peer support. Challenges for peer support workers included: emotional burden; stigma; shifting boundaries; unclear role descriptions; compensation
Reif et al. (2014)	Adults with alcohol and substance-related disorders	Peer recovery support for persons recovering from substance use disorders	Peer-led, mobile outreach drop-in interventions	Services were associated with lower rates of substance use; high participation and client satisfaction; fewer hospitalizations compared to persons receiving 'usual care'

Author (year)	Population	Intervention	Outreach component	Results
Schwarz et al. (2022)	People who inject drug	Linkage to care for HCV testing and treatment	Peer mentors providing point of care HCV testing and linkage to care for treatment	No significant difference in HCV testing and treatment initiation or treatment retention for those who engaged with peer mentors compared to those who did not

Table A3. Reviews on outreach services by medical and social service professionals

Author (year)	Population	Intervention	Outreach component	Results
Brunn et al. (2021)	Young people aged 18-35 who use drugs and alcohol at clubs	Multi-level approaches to safer alcohol and drug use among young people in clubs	Crisis supports and on-site medical care at clubs and festivals	Positive short and long-term effects on mental and physical health of people who use drugs; decreased emergency department visits
Chan et al. (2021)	People who use drugs accessing methadone	Provision of methadone	Methadone provision via mobile vans or other vehicles with dispensing window	Increases in treatment access for underserved population and retention; reduced substance use. Implementation challenges included service disruption due to mechanical difficulties or inclement weather, high operating costs, and staff safety
Haldane et al. (2017)	Adults living with HIV who use substances	Integration of HIV and substance use service delivery	Integration of HIV and substance use services at mobile locations	Increased access for marginalized groups and trust; increased opportunities to teach safe injection practices and provide education about HIV risks
MacArthur et al. (2014)	People who inject drugs	Education and counseling on HIV and HCV risks from injection drug use	Education offered where people are at	Some evidence that outreach education reduces injection risk behaviours; insufficient evidence on its effect on the incidence of HIV and HCV

Author (year)	Population	Intervention	Outreach component	Results
O'Mara et al. (2020)	Refugees and migrants with limited/no English language skills	Community-based health promotion programs	Community partnerships to facilitate outreach and engagement	High rates of participation; improved awareness of health and wellbeing; improved relationship between community members and service providers; reductions in social isolation and substance-related harms
Rush et al. (2020)	People who use drugs	Rapid access to treatments for substance use	Assertive community treatment (mobile intensive treatment and support services in home or community)	Faster access to treatment; higher retention of clients; increased engagement of marginalized groups
Schwarz et al. (2022)	People who inject drugs	Linkage to care for HIV and HCV testing and treatment	Intensive case management and telemedicine	No significant difference in treatment initiation or retention compared to usual care; one study found that telemedicine increased treatment retention for highly vulnerable and marginalized rural patients
Tara et al. (2018)	People who use drugs	Harm reduction; screening; brief interventions; rapid access addictions medicine clinics; outreach; withdrawal management; pharmacological interventions; ongoing care	Assertive community treatment in home or community	Improved mental health, quality of life, housing stability and treatment enrollment of people who use drugs

Authors

Brittany Graham
Medical Resident
Health Promotion, Chronic Disease and Injury Prevention
Public Health Ontario

Triti Khorasheh
Research Coordinator
Health Promotion, Chronic Disease and Injury Prevention
Public Health Ontario

Pamela Leece
Public Health Physician
Health Promotion, Chronic Disease and Injury Prevention
Public Health Ontario

Reviewers

Anne Marie Hopkins
Director of Operations
Ottawa Inner City Health

Len Hughes
Integrated Health Services Manager, Health Outreach
London InterCommunity Health Centre

Caroline Bennett AbuAyyash
Knowledge Exchange Specialist
Health Promotion, Chronic Disease and Injury Prevention
Public Health Ontario

Citation

Ontario Agency for Health Protection and Promotion (Public Health Ontario). At a glance: outreach programs for people who use drugs. Toronto, ON: King's Printer for Ontario; 2023.

Disclaimer

Community Opioid/Overdose Capacity Building

Community Opioid/Overdose Capacity Building (COM-CAP), started in 2019, is a four-year project funded by Health Canada's Substance Use and Addiction Program. The goal of COM-CAP is to support community-led responses to opioid/overdose-related harms in communities across Ontario. The supports focus on strengthening the knowledge, skills, and capacity of the key stakeholders involved.

- The Ontario College of Art & Design University (OCAD U) - Health Design Studio
- University of Toronto- Strategy Design and Evaluation Initiative
- Black Coalition for AIDS Prevention
- Chatham-Kent Public Health
- NorWest Community Health Centres
- Drug Strategy Network of Ontario
- The Ontario Network of People Who Use Drugs

PHO collaborates with external partners in developing COM-CAP products. Production of this document has been made possible through funding from Health Canada. These materials and/or the views expressed herein do not necessarily reflect the views of Health Canada.

For more information contact substanceuse@oahpp.ca.

Ontario