

Evaluation of the Working to Improve Neighbourhood Safety (WINS) peer-based needle recovery pilot program

Final report

May 2019



Region of Waterloo
PUBLIC HEALTH AND
EMERGENCY SERVICES

Acknowledgements

A number of individuals were involved in the development and evaluation of the WINS (Working to Improve Neighbourhood Safety) Pilot Project. Thank you to everyone who shared their stories and perspectives through interviews and focus groups.

Evaluation Lead and Author

Meghan Randall

Editors

Shelley Bolden, Grace Bermingham

Suggested Citation

Region of Waterloo Public Health and Emergency Services (2019). Evaluation of the Working to Improve Neighbourhood Safety (WINS) peer-based needle recovery program. Waterloo, ON.

For more information about this evaluation, please contact:

Harm Reduction Program
Infectious Diseases, Dental, and Sexual Health Division
Region of Waterloo Public Health and Emergency Services
99 Regina Street South, 2nd floor
Waterloo, Ontario N2J 4V3
Phone: 519-575-4400 ext.5322
Email: gbermingham@regionofwaterloo.ca

For more information about the WINS program, please contact:

Sanguen Health Centre
29 Young Street East
Waterloo, Ontario N2J 2L4
Phone: 519-603-0223
Email: vumanetz@sanguen.com

Table of Contents

| | |
|--|----|
| Executive Summary | 6 |
| 1.0 Introduction | 7 |
| 1.1 Harm Reduction Disposal Background | 7 |
| 1.2 Working to Improve Neighbourhood Safety (WINS) Pilot Project | 8 |
| 2.0 Study Design..... | 9 |
| 2.1 Evaluation Questions..... | 9 |
| 2.2 Methodology | 9 |
| 2.3 Limitations | 10 |
| 3.0 Findings | 11 |
| 3.1 Peer-based Needle Recovery..... | 11 |
| 3.2 Program Statistics..... | 13 |
| 3.3 Role of the Peer Worker | 15 |
| 3.4 Role of the Peer Coordinator | 17 |
| 3.5 Partner Agencies | 17 |
| 3.6 Successes | 18 |
| 3.6.1 Community Support..... | 18 |
| 3.6.2 Meaningful Employment..... | 18 |
| 3.6.3 Reducing Needle Litter | 19 |
| 3.6.4 Reaching Marginalized Community Members..... | 19 |
| 3.7 Opportunities | 20 |
| 3.7.1 Program Expansion..... | 20 |
| 3.7.2. Host Site..... | 20 |
| 3.7.3 Program Operations | 21 |
| 3.7.4 Data Tracking and Communication | 22 |
| 4.0 Discussion..... | 23 |
| 4.1 Did the WINS pilot reduce the number of needles found in the community? | 23 |
| 4.2 Did the Peer Workers experience benefits from participating in the WINS pilot? | 23 |
| 4.3 Did the WINS pilot educate people who use substances of proper disposal options? | 23 |

4.4 Did the WINS pilot create a positive community response related to harm reduction and substance use?..... 24

5.0 Conclusion and Considerations for Next Steps..... 25

6.0 Appendices 26

6.1 Appendix A: Peer Worker Interview Questions..... 26

6.2 Appendix B: Peer Coordinator Interview Questions..... 27

6.3 Appendix C: Partner Agency Focus Group Questions..... 27

List of Tables

| | |
|---|----|
| Table 1: Number of Peers Workers, shifts and total hours worked in the WINS Program throughout the pilot year (April 2018 to March 2019)..... | 11 |
| Table 2: Number and quantity of harm reduction materials collected and interactions with members of the public (April 2018 to March 2019) | 13 |

List of Figures

| | |
|---|----|
| Figure 1: Number of Peers Workers involved in the WINS Program by month (April 2018 to March 2019)..... | 12 |
| Figure 2: Number of new and returning Peers Workers involved in the WINS program by month (April 2018 to March 2019)..... | 12 |
| Figure 3: Number of needles collected by Peer Workers by month (April 2018 to March 2019)..... | 14 |
| Figure 4: Number of interactions with members of the public (April 2018 to March 2019)... | 15 |

Executive Summary

Strategies to encourage proper disposal of harm reduction equipment are an important component of a comprehensive response to reduce the harms associated with problematic substance use. Implementing outreach services is seen as particularly important as this approach can introduce an education and prevention component to disposal. This is considered an essential element of a comprehensive strategy to address disposal challenges in our community.

Working to Improve Neighbourhood Safety (WINS) was established in partnership between the City of Cambridge, Sanguen Health Centre, and Region of Waterloo Public Health as a one-year pilot project for a peer-based needle recovery program. The pilot ran from April 2018 through March 2019 in downtown Galt.

In 2019, a mixed methods evaluation was implemented to assess the effectiveness of the WINS pilot in meeting its objectives. The study specifically sought to determine:

- Did the WINS pilot reduce the number of needles found in the community?
- Did the Peer Workers experience benefits from participating in the WINS pilot?
- Did the WINS pilot educate people who use substances of proper disposal options?
- Did the WINS pilot create a positive community response related to harm reduction and substance use?

Data gathered through interviews, a focus group, and program statistics provided valuable information regarding the WINS pilot program. Overall the Peer Workers, Peer Coordinator and community partners had positive feedback to share. The program is seen as having a positive impact, which is reflected in the support it has received from the local community in the pilot area. While the program has achieved its goal of reducing needle litter, with 3,400 needles collected over the course of the pilot year, its impact has extended far beyond simply that. The evaluation revealed that one of the greatest strengths of the program is that it offers an opportunity for peers to engage in meaningful work and connect with marginalized community members, including those who may not access any other harm reduction supports.

Overall, the findings support the continuation and future expansion of peer-based needle recovery throughout Waterloo Region. A number of opportunities for growth were identified in the areas of program expansion, host location, program operations, and data monitoring and communication. These findings may be used to develop and implement recommendations and strategies to maintain and improve current practices of the WINS program.

1.0 Introduction

1.1 Harm Reduction Disposal Background

Strategies to encourage proper disposal of harm reduction equipment are an important component of a comprehensive response to reduce the harms associated with problematic substance use. Used needles and other supplies discarded in the community create public concern and pose a risk of injury to the general public. They can also lead to further stigmatization towards substance use and people who use drugs. Removing used needles from circulation helps reduce the risk of accidental needle stick injuries as well as the likelihood that needles will be re-used.

Since March 2016, Region of Waterloo Public Health (herein referred to as Public Health) has worked with several community partners through the Harm Reduction Disposal Work Group (a subcommittee of the Waterloo Region Integrated Drugs Strategy), to improve disposal of harm reduction equipment in Waterloo Region. An assessment of existing disposal options and local data informed five recommendations for implementation, including:

- Increase disposal options through the installation of outdoor disposal kiosks
- Enhance outreach services to increase disposal education and provide mobile disposal service
- Increase the number of agencies providing harm reduction disposal supplies (e.g. sharps containers) and education on proper disposal practices
- Increase awareness of disposal options available in Waterloo Region among individuals who use substances, service providers, and members of the public
- Develop coordinated data collection measures to monitor inappropriate disposal of harm reduction equipment throughout Waterloo Region

The Harm Reduction Disposal Work Group has successfully implemented a number of initiatives including the installation of five outdoor, tamper proof disposal units in Cambridge, Kitchener and Waterloo, increasing public awareness of safe disposal options, and improving data collection measures to monitor inappropriate disposal.

In late 2017, one-time funding through the Ministry of Health and Long-Term Care became available and an opportunity presented to address one of the remaining recommendations, to explore the role of outreach in supporting proactive needle recovery. Implementing outreach services is seen as particularly important as this approach can introduce an education and prevention component to disposal (i.e. avoiding the problem from occurring rather than focusing all efforts on clean-up). This is considered an essential element of a comprehensive strategy to address disposal challenges in our community.

1.2 Working to Improve Neighbourhood Safety (WINS) Pilot Project

Working to Improve Neighbourhood Safety (WINS) was established in partnership between the City of Cambridge, Sanguen Health Centre, and Public Health as a one-year pilot project for a peer-based needle recovery program. The pilot ran from April 2018 through March 2019. The area of downtown Galt was selected for the pilot as this was one of the areas of concern for needle litter and because City of Cambridge had established some initiatives that would complement a peer needle recovery project (i.e. the Community Ambassador Program).

The program is operated by Sanguen, who employs a part-time Peer Coordinator to oversee the program and is responsible for hiring, training, supervising and supporting the Peer Workers. The program operates out of St Paul's Lutheran Church in Cambridge on Mondays, Tuesdays and Thursdays from 1p.m. to 4 p.m., for a total of nine hours each week (though the hours and days may vary). Peer Workers proactively seek needles and other harm reduction debris within walking distance of the church during these program hours.

While the primary goal of the program is to proactively search for and properly dispose of harm reduction supplies, the objectives of the program extend beyond this. The WINS program aims to:

- Reduce the number of discarded needles in the community.
- Educate people who use substances of proper disposal options
- Increase meaningful employment opportunities for people with barriers to traditional employment, and
- Create a positive community response related to harm reduction and substance use.

2.0 Study Design

2.1 Evaluation Questions

The purpose of this evaluation is to assess the effectiveness of the WINS pilot in meeting its objectives. This evaluation was guided by the following questions:

- Did the WINS pilot reduce the number of needles found in the community?
- Did the Peer Workers experience benefits from participating in the WINS pilot?
- Did the WINS pilot educate people who use substances of proper disposal options?
- Did the WINS pilot create a positive community response related to harm reduction and substance use?

2.2 Methodology

A mixed methods approach was employed to capture a complete picture of the WINS program, including:

- **Key informant interviews:** In-person interviews were conducted with Peer Workers and the Peer Coordinator. Two separate interviews were developed in consultation with representatives from Public Health, Sanguen Health Centre, and City of Cambridge, with questions tailored to these roles. Interviews took approximately 30 minutes to complete and were conducted between February 7 to 28, 2019. Participants in the interview signed consent forms to allow their data and direct quotations used in the final report. Compensation of \$25 was offered to Peer Workers for participation.

A third interview was developed to seek feedback from local businesses on the WINS pilot. Several businesses that the Peer Workers had interacted with at some point during the pilot were contacted; however none agreed to participate in an interview, citing insufficient knowledge or experience with the WINS program.

- **Focus group:** A focus group was conducted on February 14, 2019 with representatives of City of Cambridge, Sanguen Health Centre, and Public Health.
- **Program data:** Program data was analyzed, including details about materials collected (needles, crack pipes), materials distributed (sharps containers), and interactions with members of the public by Peer Workers throughout the pilot year, as well as details of the number of Peer Workers involved in the program, program days, and hours worked. Data was also analyzed from the City of Cambridge ArcGIS database indicating the number of needles collected during the pilot period within the downtown Galt area.

This research was approved by the Region of Waterloo Public Health and Emergency Services Research Ethics Board. Refer to Appendices for evaluation tools.

2.3 Limitations

While every Peer Worker currently involved in the program, as well as the Peer Coordinator was interviewed, a small number of people operate the WINS program; therefore the sample size is small.

The data is based solely on a one year pilot program within one downtown area of Cambridge (Galt). Generalizability of results to other contexts is therefore cautioned.

Interview findings in this report are based on self-reported data, which may be influenced by recall and motivational bias. Individuals directly involved in the operations of the WINS program have a vested interest in the continuation of the program beyond the pilot as a means of employment. As a result, some perceived negative behaviours and outcomes may be underreported while perceived positive behaviours and outcomes may be over reported.

Data analysis was limited to the pilot year, April 2018 to March 2019. The collection of harm reduction litter can be influenced by weather and varies seasonally; however, comparisons from one year to the next cannot be made to assess the impact of the program on reducing needle litter, over the long term.

3.0 Findings

3.1 Peer-based Needle Recovery

A peer-based model was adopted for the program as peers tend to be familiar with areas most impacted by needle litter and may be able to better connect with people who use substances to encourage proper disposal and assist in making connections to other community supports as needed. The specific skill set of the WINS Peer Workers in being able to build trust and rapport with those who experience marginalization, positions them as ambassadors between people who are actively using substances and the general community.

The WINS program is open to all peers, identified as men and women who have lived experience with injection drug use and who are not ready for competitive market employment opportunities. This may include individuals who are actively engaged in substance use as well as those in early or long-term recovery. Program statistics related to Peer Worker hours are detailed by month in Table 1 and Figures 1 and 2 below.

Table 1: Number of Peers Workers, shifts and total hours worked in the WINS Program throughout the pilot year (April 2018 to March 2019)

| Month | Number of Peer Workers | Number of program days | Total number of shifts | Total number of hours worked | Number of new Peer Workers | Number of returning Peer Workers |
|-------------------------|------------------------|------------------------|------------------------|------------------------------|----------------------------|----------------------------------|
| April 2018 | 7 | 10 | 37 | 104.50 | 7 | N/A |
| May 2018 | 7 | 15 | 43 | 110.75 | 3 | 4 |
| June 2018 | 7 | 11 | 36 | 100.00 | 1 | 6 |
| July 2018 | 8 | 14 | 69 | 125.25 | 2 | 6 |
| August 2018 | 7 | 10 | 58 | 97.00 | 0 | 7 |
| September 2018 | 5 | 13 | 31 | 78.75 | 0 | 5 |
| October 2018 | 4 | 11 | 28 | 82.50 | 1 | 3 |
| November 2018 | 5 | 10 | 39 | 107.50 | 0 | 5 |
| December 2018 | 5 | 10 | 31 | 82.00 | 0 | 5 |
| January 2019 | 5 | 7 | 23 | 76.50 | 0 | 5 |
| February 2019 | 5 | 10 | 34 | 91.00 | 0 | 5 |
| March 2019 | 5 | 11 | 40 | 116.50 | 0 | 5 |
| Pilot Year Total | N/A | 132 | 469 | 1172.25 | 14 | N/A |
| Monthly Average | 6 | 11 | 39 | 98 | 1 | 5 |

Figure 1: Number of Peers Workers involved in the WINS Program by month (April 2018 to March 2019)

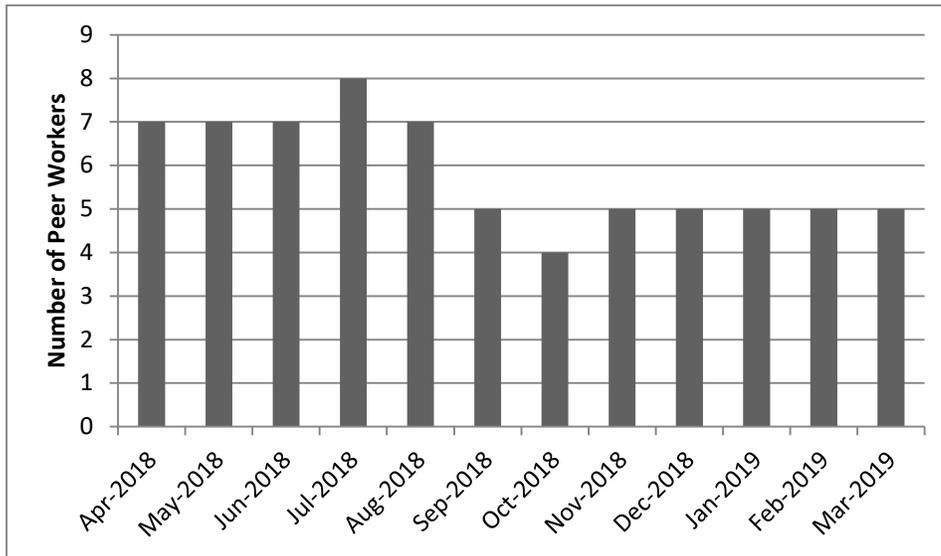
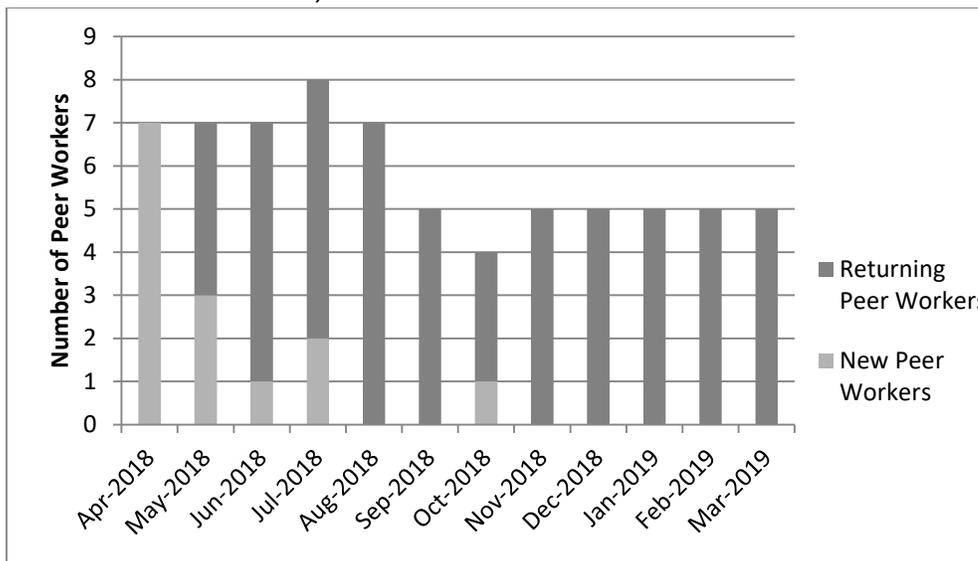


Figure 2: Number of new and returning Peers Workers involved in the WINS program by month (April 2018 to March 2019)



Over the course of the pilot year a total of 14 Peer Workers were hired and trained into the program. It is recognized that due to circumstances within their lives, peers typically experience barriers to traditional employment. Peer-based models aim to reduce these barriers and provide flexibility for peers to become engaged in meaningful employment. As a result, some Peer Workers came and went throughout the course of the pilot year.

Between four and eight Peer Workers were involved in the program each month. Throughout the final five months of the pilot year (November 2018 – March 2019), a consistent group of five Peer Workers regularly participated in the program each week.

The program operated on 132 days over the course of the pilot, for a total of 1,172.25 hours. Peer Workers were compensated with an honorarium of \$15 per hour.

3.2 Program Statistics

Peer Workers record the materials they collect (number of needles, number of crack pipes, total litres of harm reduction supplies) and the number of interactions they have with the public. Program data collected throughout the pilot year (April 2018-March 2019) is outlined in Table 2 below.

Table 2: Number and quantity of harm reduction materials collected and interactions with members of the public (April 2018 to March 2019)

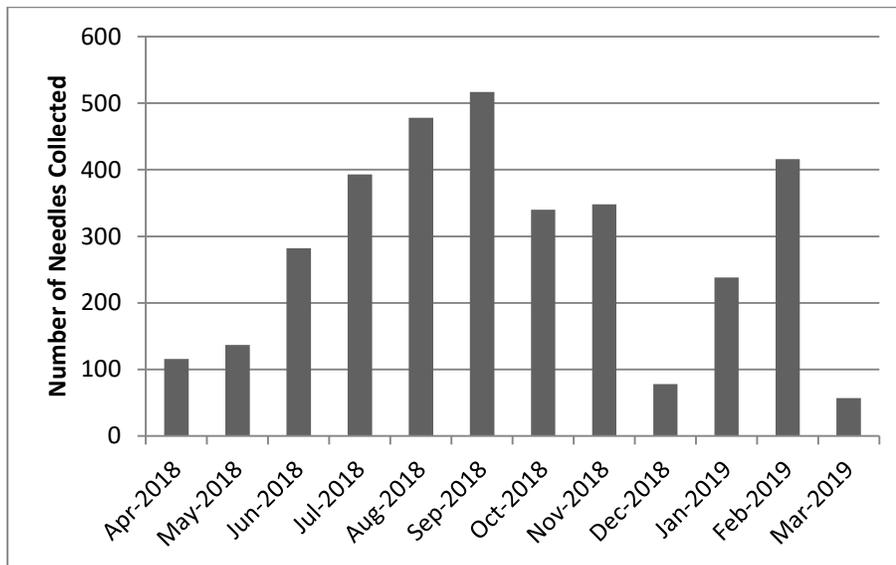
| Month | Number of needles collected | Number of crack pipes collected | Litres of harm reduction supplies collected | Number of interactions with public | Number of disposal containers distributed |
|-------------------------|-----------------------------|---------------------------------|---|------------------------------------|---|
| April 2018 | 116 | 7 | 41.0 | 35 | N/A |
| May 2018 | 137 | 10 | 73.5 | 36 | N/A |
| June 2018 | 282 | 21 | 87.0 | 30 | N/A |
| July 2018 | 393 | 20 | 62.5 | 40 | N/A |
| August 2018 | 478 | 19 | 73.0 | 46 | N/A |
| September 2018 | 517 | 24 | 74.5 | 34 | N/A |
| October 2018 | 340 | 23 | 100.5 | 62 | 2 |
| November 2018 | 348 | 26 | 102.5 | 142 | 0 |
| December 2018 | 78 | 27 | 59.0 | 127 | 2 |
| January 2019 | 238 | 20 | 27.0 | 82 | 0 |
| February 2019 | 416 | 13 | 31.5 | 60 | 0 |
| March 2019 | 57 | 16 | 42.5 | 68 | 3 |
| Pilot Year Total | 3400 | 226 | 774.5 | 762 | 7 |
| Monthly Average | 304 | 19 | 67.0 | 63 | 1 |

Over the course of the pilot, Peer Workers collected a total of 774.5 litres of harm reduction supplies, including 3,400 needles and 226 crack pipes. Further, they had a total of 762 interactions with members of the public. These interactions include those with individuals

who use substances (offering support or supplies to them, providing education on proper disposal, or collecting needles from them), as well as members of the general public and local businesses.

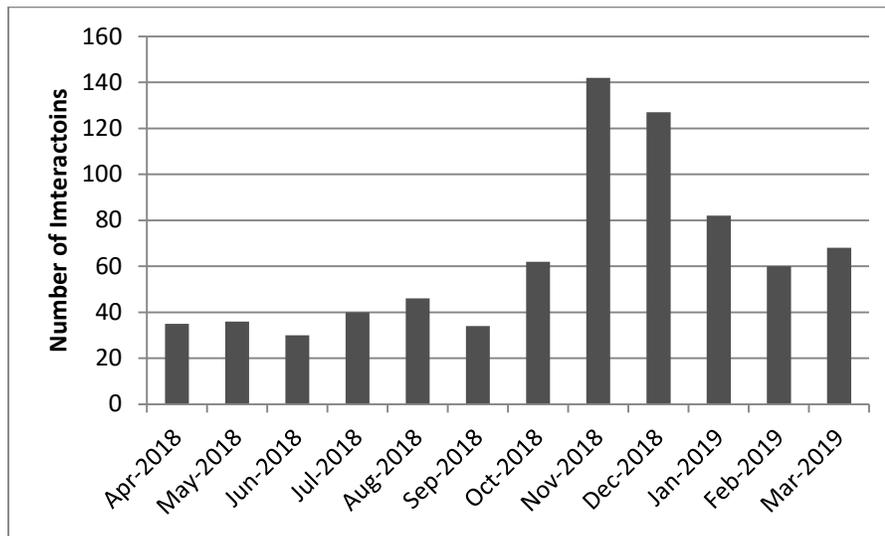
As illustrated in Figure 3 below, the number of needles collected increased throughout the summer months, with the highest number being collected in September 2018. Needles collected declined throughout the fall and varied throughout the winter months. It should be noted that this includes needles that are given to the Peer Workers from members of the public, including businesses that may have collected them from their properties, as well as those collected by the Peer Workers from the streets.

Figure 3: Number of needles collected by Peer Workers by month (April 2018 to March 2019)



In comparison to needles collected, the number of interactions with members of the public remained relatively steady from the beginning of the pilot in April 2018 through the summer with between 30 to 45 interactions each month from April to September. This includes interactions with individuals who are using substances to encourage proper disposal and offer support, members of the general public or local businesses to provide information about the program, safe disposal practices, and harm reduction in general. It appears there was an increase in interactions, perhaps as the program became more established in the community. November 2018 saw the highest number of interactions with a total of 142. Interactions by month are illustrated in Figure 4 below.

Figure 4: Number of interactions with members of the public (April 2018 to March 2019)



Beginning in October 2018, the Peer Workers also started tracking sharps containers that they distributed to members of the community to encourage safe disposal. Over the second half of the pilot year they handed out a total of seven sharps containers.

Peer Workers have access to the City of Cambridge ArcGIS tracking system through mobile phones to record the number and location of needles retrieved. This data is recorded in the system, along with needles collected by City of Cambridge staff. Over the course of the pilot period, a total of 2,292 needles collected in the downtown Galt area, from all sources, were recorded in the City of Cambridge database. Given that the WINS program data indicates 3400 needles were collected specifically through WINS, this suggests that not all needles collected through the WINS program are being captured in the Cambridge database.

Upon further investigation it was confirmed that the Peer Workers do not always record the needles they collect in the ArcGIS app. While training on using the app is provided by the Peer Coordinator, some Peer Workers are not comfortable using the app and there is resistance from some to learn how to use it. As a result, the data from the City of Cambridge tracking system is not an accurate representation of the needles collected in the downtown Galt area during the pilot period.

3.3 Role of the Peer Worker

Five Peer Workers participated in an in-person interview to share their experiences and perspectives on the WINS program. All of these individuals have been regular participants in the program each week for the previous five months or more. Four of the five participants had initially heard about the WINS program through the Cambridge Self Help Food Bank and had reached out to Sanguen to apply. One heard about it through another Peer Worker

already working in the program. Three of the participants work all available shifts (nine hours per week), while one is also involved in outreach work through other agencies and works with WINS one or two shifts a week. The fifth participant works approximately four shifts a month as his available earnings are limited by his enrollment in the Ontario Works (OW) program.

When the program was initiated, five main routes throughout downtown Galt were established, including along the river, the downtown core, and surrounding parks. The Peer Workers ensure that all of these routes are patrolled over the course of each week. Each Peer Worker typically follows the same route each shift as they find this helps with building trust among the people they encounter.

The Peer Workers carry equipment to safely collect any needles and other harm reduction debris they encounter on their routes. Materials are then returned to the church where quantities are recorded and then returned via the Peer Coordinator to Public Health for proper disposal.

“[Harm reduction litter] is being picked off the streets and we’re keeping our neighbourhood safe for dogs and kids; helping the community and people in the community. A lot of people have no idea how much we [have] picked up and if all those needles were still out there they would be everywhere.” –WINS Peer Worker

When asked about their role, the Peer Workers recognize that they are out in the community looking for discarded needles and other drug-related paraphernalia; however, the outreach role they play was seen as an essential component.

“I tend to look at it more as peer support than picking up needles. Of course I’m out there picking up needles and any paraphernalia that I see, but along the way I’m trying to talk to people and build relationships.” –WINS Peer Worker

The Peer Workers articulated that they can relate to the people they are connecting with and want to help them in any way possible. The WINS program provides bottles of water for the Peer Workers to give to people they connect with in the community. The Peer Workers shared that they access other supplies, such as hats, mitts, hand warmers, socks through other sources (e.g. Food Bank, friends, family) on their own to distribute as well. They expressed the desire to have more supplies available through the program to hand out to people. They mentioned how important they felt it was to let people see a caring person helping them and to build their trust over time.

3.4 Role of the Peer Coordinator

The WINS Peer Coordinator works 21 hours per week to oversee the day-to-day operation of the program. This includes hiring and training Peer Workers, scheduling program days, coordinating routes, transportation of sharps for proper disposal, maintaining and reporting program statistics. The Peer Coordinator also plays a significant role in supporting the Peer Workers through their outreach interactions as well as through any issues in their own lives, such as income support, substance use, loss, and other personal issues they may be experiencing. When possible, this is often done when Peer Workers are at the church at the beginning or end of their shift, but often extends beyond the program hours.

The current Peer Coordinator has been in this role since August 2018 and participated in a key informant interview in February 2019 to provide feedback on her experience in with the WINS pilot program. Input was also obtained in written format from the Peer Coordinator who held the role from April through July 2018.

3.5 Partner Agencies

The WINS program was developed and implemented through collaboration between Public Health, Sanguen Health Center and City of Cambridge.

Sanguen Health Centre administers and manages the program, including hiring, training and supervising Peer Workers. Peer programming has been a component of Sanguen's work since 2011, as a means to provide meaningful work for people who use substances to apply their skills and knowledge. Sanguen is responsible for a significant amount of distribution and retrieval of harm reduction equipment across Waterloo Region, which made the WINS program a natural fit for their agency.

In addition to providing one-time funding for the pilot project, Public Health provides needle collection boxes and disposes of sharps recovered through the program.

City of Cambridge works with Sanguen to coordinate tracking of recovered needles through the City's ArcGIS tracking system and maintains ongoing communication with Sanguen to ensure coordination between the WINS pilot project and the City's Community Ambassador Program. Established in summer 2018, the Ambassador team undertakes regular patrols in the core areas, including Galt, to provide maintenance, ambassador and beautification services. The team frequently checks on areas where waste and debris (including needles) are known to accumulate and initiate cleanups to ensure the areas in the community remain safe and clean.

3.6 Successes

3.6.1 Community Support

Overall the Peer Workers, Peer Coordinator and community partners had positive feedback to share about the WINS program. Both the Peer Workers and the Peer Coordinator shared that when the program was initiated they received a lot of negative comments from members of the community. Over time, as the program began to establish a presence in the community, those negative comments lessened and the community embraced the work they are doing.

“At the beginning we received negative feedback from the community, ‘Oh, what are you doing, you’re just an addict’, but as time went on they saw that we were there consistently and that we’re not there to cause problems. Now people recognize us as part of the program and say, ‘Thank you. We’re proud of you’.” –WINS Peer Worker

Many of the interactions Peer Workers have while out in the community include those with members of the general public as well as with local business owners. The Peer Workers reflected that these interactions have allowed them the opportunity to raise awareness of the work they are doing within the community and have opened the dialogue about harm reduction.

From the perspective of City of Cambridge staff it has been beneficial to have the WINS program to reference to concerned citizens as a concrete example of a strategy to address the challenge of inappropriate disposal of harm reduction supplies.

3.6.2 Meaningful Employment

When asked about what they like most about the WINS program, the overwhelming response from the Peer Workers was the opportunity to help people and to give back to their community. The Peer Workers all stressed the positive impact the program has had on their own lives, helping them in their own recovery process and giving them a reason to keep going.

“In my own personal life it has given me more reason to wake up everyday. This program really has changed my life. It’s changing others. I feel like we’re a part of the community.” –WINS Peer Worker

The positive impact of the program on the Peer Workers was reiterated by the Program Coordinator and Sanguen’s Outreach Manager, acknowledging this opportunity has allowed the Peer Workers to feel like they are a part of something bigger and welcomed, which has been reflected in their self esteem and self worth and their sense of community.

The flexibility of the WINS program has provided an opportunity to individuals who may not have been able to maintain other employment. For one of the Peer Workers who participated in an interview, working with the WINS program is the first job he has ever had. There are no requirements for the number of shifts or hours that a Peer Worker must work, which allows the Peer Workers to participate in a way that fits into their life.

Since the pilot began, Sanguen has seen an influx of people who use substances reaching out expressing interest in being involved specifically in the WINS program. They have also received requests for the program to be made available in other areas of the region, including Kitchener, Waterloo and other parts of Cambridge.

3.6.3 Reducing Needle Litter

The Peer Workers feel that they are having an impact on the needle litter in the areas that they cover. They are finding fewer needles out in the community than before the program was initiated and that people are taking more responsibility for properly discarding their materials, many through the sharps containers they receive from, and in some cases return directly to, the Peer Workers. They also feel that there has been a shift in community acceptance of harm reduction.

“I have noticed that people are more positive towards us. They thank us for doing what we’re doing. People know all of us now. There’s definitely more support in the community for harm reduction.” –WINS Peer Worker

City of Cambridge representatives reported that complaints from the community have reduced over the course of the pilot year. From the City’s perspective it has been helpful to have the WINS program working alongside the City Ambassador Team to clean needle litter off the streets as quickly as possible.

3.6.4 Reaching Marginalized Community Members

The Peer Workers use their skills and experience to connect with marginalized members of the community who may not be accessing harm reduction services on their own and help them access more formal supports. Sanguen recognizes that over time that the informal conversations the Peer Workers have with individuals in the streets have evolved into bigger conversations.

“A lot of times Peer [Workers] are connecting with people and bringing that new person on board with sharps containers, increasing awareness of proper disposal, and showing them how easy it can be because it can be a struggle for people to get over that stigma of disposing properly. The [Peer Workers] have the ability to do that far better than anybody else.” –Sanguen Outreach Manager

Sanguen is seeing the success of these connections through increases in the number of people accessing the community health van. They have reported people coming to specifically return sharps or seek support of a Public Health Nurse, saying that a WINS Peer Worker had directed them to do so.

3.7 Opportunities

3.7.1 Program Expansion

The Peer Workers all expressed a desire for the program to serve a broader area, recognizing that needle litter is not isolated to the core of Galt. One solution offered was to provide transportation or bus tickets so the Peer Workers could travel to other areas of the city. Alternatively, it was suggested to have multiple program sites so Peer Workers could be out collecting discarded materials and connecting with individuals who use substances in other areas of Waterloo Region.

“Routes should be a bit bigger. When I’m off, I find needles in other areas [of the city]. We should be able to expand to these areas; get it out there what we do” –WINS Peer Worker

A social enterprise model was discussed by partner agencies as a means to enhance the program, engage additional peers, and serve a broader area. Through this model, local businesses, agencies, or community members could hire the WINS program to remove harm reduction debris from private properties. This model, which has been used in other municipalities, could work in combination with the existing model where peers are collecting litter and engaging with the community in public spaces, with the funds raised being used to support the program.

3.7.2. Host Site

The Peer Coordinator was able to provide insight into the ideal features of a host site for the WINS program. Currently the program operates out of a church that centrally located and allows the Peer Workers to cover the downtown area of Galt on foot. The Peer Coordinator remains at the church which is locked while the Peer Workers are out in the community and lets them back in when they return to drop off collected materials and at the end of their shift.

The Peer Coordinator shared that ideally the program would operate in a location that was not locked so that the Peer Workers could access the site without the Peer Coordinator being there. This would allow the Peer Coordinator to be out in the community one-on-one with the Peer Workers to provide support, as well as to have a better sense of what is happening in the community rather than relying on this information second hand from the Peer Workers. A location that hosts other programs and services would meet this need, as

well as potentially offer other activities for the Peers Workers to be involved in should they not be able to get outside to collect needles, for example during poor weather conditions.

3.7.3 Program Operations

While the WINS program offers a lot of flexibility and is open to anyone who identifies as a peer, whether they are in recovery or actively using substances, the Peer Coordinator expressed that it could operate in a way that is more inclusive of all peers, including those who may not be ready for structured shifts. Suggestions included moving to less structured time shifts and being able to pay the Peer Workers in cash at the end of each shift, rather than the current system of biweekly payment through direct deposit. The Peer Coordinator felt that having more flexible, longer shifts that included both morning and afternoon hours (e.g. 10 a.m. to 4 p.m.) would allow Peer Workers to come any time and work for as long as they wanted or were able within that timeframe, and would better suit a more diverse group of individuals.

The Peer Workers also talked at length about the supplies they are able to offer to individuals they encounter through their work. Bottled water is made available through the WINS program; however many of the Peer Workers mentioned other supplies, such as hand warmers, hats, socks and snacks, that they access through their own means.

“When we’re out as Peer Workers, we talk to them and we give out stuff. I have been going to the Food Bank and getting socks and hats for people. If we had more stuff like that to give out. We have water and that’s important. There is a lot more going on than the drug use. It would be great if we had more things that we could give out to people. I have had people (family, friends) donate things to give out to people, but it is all just whatever I am able to get. –WINS Peer Worker

Both the Peer Workers and Peer Coordinator see this as an important tool to start conversations and build relationships and trust, and expressed that it would be helpful to have additional supplies funded through the WINS program so that they are consistently available.

“If you can offer somebody something that they can actually use and need, they are going to be way more willing to have a conversation with you and many other things, and accept a [sharps] container, and give you needles. Relationships are give and take. People will start engaging in that if they see you giving them something.” – WINS Peer Coordinator

Further, the Peer Workers suggested having something to identify their connection to the program, such as a labeled jacket or hat would be helpful to increase awareness and recognition of the program throughout the community.

3.7.4 Data Tracking and Communication

Opportunities exist to enhance data collection to better serve the needs of the program. While Peer Workers currently record the number of needles they collected over the course of their shift, needles that are returned to them in sharps containers (i.e. properly disposed) are not distinguished from those that are found on the ground (i.e. improperly disposed). In its current form, the data does not allow for the monitoring of progress on reducing inappropriate disposal of harm reduction supplies. Going forward, it would be helpful to record these different categories of materials collected separately to provide a more accurate account of inappropriate disposal, and allow for comparisons over time. Further, the indication that not all needles collected are being recorded into the City of Cambridge ArcGIS database suggests that further investigation is warranted to fully understand the barriers to using this system and appropriateness for the WINS program.

Opportunities to enhance communication were discussed among partner agencies, including communication between partners, as well as with the general public. From the perspective of inter-agency communication, it was suggested that more regular and consistent reporting on program statistics would be helpful for all partners to receive. This would allow the opportunity to troubleshoot any challenges and inform ongoing program enhancements. It was also expressed that increasing communication with the public about the WINS program and its impact on reducing needle litter within the community would be a positive step towards keeping the public informed about efforts to address concerns related to substance use, enhance the dialogue around harm reduction, and foster community support.

4.0 Discussion

This evaluation sought to answer four main research questions. Each of these questions is summarized in the following section.

4.1 Did the WINS pilot reduce the number of needles found in the community?

While it is difficult to determine from the available data whether or not the WINS program contributed to a reduction in inappropriate disposal of needles, it is clear that the WINS program was successful in helping to reduce needle litter in the community. A total of 3,400 needles were collected by the Peer Workers over the course of the pilot year. This includes those that were collected from streets, trails, alleyways and parks. It also includes needles that were given to them from individuals who they encountered, so that they could be properly disposed of.

Anecdotal evidence from the Peer Workers that individuals who use substances are taking more responsibility for proper disposal of their used materials, as well as a reported reduction of complaints received by the City from community members regarding needle litter, suggests a positive impact of the WINS program. Having a regular presence of Peer Workers in downtown Galt has an impact on encouraging proper disposal behaviours, and reduces the likelihood that a member of the general public will come across a discarded needle.

4.2 Did the Peer Workers experience benefits from participating in the WINS pilot?

The Peer Workers all spoke positively about the WINS program and the impacts that it has had on their personal lives. They all felt strongly that the work they are doing is important work and were thankful for the opportunity to give back to their community. Many shared that their involvement in the program brought meaning to their lives, which translated into gains in their self esteem, self worth and sense of community.

4.3 Did the WINS pilot educate people who use substances of proper disposal options?

The evaluation did not directly measure whether or not there was a change in awareness or knowledge of proper disposal among people who use substances. However, the WINS program created opportunities for the Peer Workers to connect with people in the community to encourage and support disposal. Anecdotally, the Peer Workers reflected that since the beginning of the program people in the community are taking greater responsibility to ensure their harm reduction supplies are being properly disposed. Reports from Sanguen that they are seeing more clients access the community health van through the suggestion of a WINS Peer Worker, suggests that the WINS program is having an impact on increasing awareness of proper disposal, among other harm reduction practices.

4.4 Did the WINS pilot create a positive community response related to harm reduction and substance use?

Support for the WINS program has grown over the course of the pilot year. While the community response at the beginning was largely negative, over time the community response has shifted and currently, the Peer Workers are often greeted with messages of thanks when they are out working. From the perspective of the City of Cambridge, it has been helpful to have the WINS program active in the community as a response to community concerns regarding substance use and needle litter. The regular presence of the Peer Workers in the downtown areas has given the program exposure and helped to build trust among local business owners and members of the public. This presence has allowed for an ongoing dialogue around harm reduction and substance use.

5.0 Conclusion and Considerations for Next Steps

Overall, the data, interviews and focus group that informed the evaluation findings provided valuable information regarding the WINS peer-based needle recovery program, including the role of Peer Workers, the Peer Coordinator, and partner agencies involved in the development, implementation and operation of the program. This evaluation highlighted a number of strengths and challenges experienced throughout the pilot year, and opportunities for growth and adaptation. The findings support the continuation and future expansion of peer-based needle recovery throughout Waterloo Region and may be used to develop and implement recommendations and strategies to maintain and improve current practices of the WINS program.

Specifically based on the findings of the pilot evaluation, considerations for next steps include:

Role of Peer Workers:

- Determine how the role of peers as a connection between people who use substances and the community can be further leveraged to facilitate access to service and supports

Role of Peer Coordinator and Location of Program:

- Find an alternative program location that would support expansion of the coordinator role to include on-location peer support

Data Tracking:

- Identify the barriers to consistent use of the City of Cambridge ArcGIS system and solutions to improve data tracking

Funding:

- Identify options for sustainable program funding for the public-facing program
- Seek support from business consultant to explore the viability of a social enterprise model

6.0 Appendices

6.1 Appendix A: Peer Worker Interview Questions

1. How long have you been working as a Peer Worker with the WINS program?
2. How often do you typically work?
3. Can you describe your role and responsibilities as a WINS Peer Worker?
4. Other than your scheduled routes, how did you decide on which areas to cover during a shift?
5. What do you like most about your role as a Peer Worker?
 - Has this been a positive work experience for you?
 - What are some positive things you have experienced from your role?
6. What do you like most about the WINS program?
7. What do you like least about your role as a Peer Worker?
 - What have been the challenges or negative things you have experienced?
8. What do you like least about the WINS program?
9. What suggestions do you have to improve the program and/or the role of Peer Workers?
 - What should continue?
 - What should change?
10. What changes, if any have you seen in the community because of the WINS program?
 - Did the program reduce the number of discarded needles?
 - Is there a greater awareness of proper disposal options for people who use substances?
 - Is there greater/lesser awareness of harm reduction/substance use in the community?
 - Is there more/less acceptance/support for harm reduction/substance use in the community?
11. Is there anything else you would like to share about the WINS program or your role as a Peer Worker?

6.2 Appendix B: Peer Coordinator Interview Questions

1. How long did/have you worked as the Peer Coordinator with the WINS program?
2. Can you describe your role and responsibilities as the WINS Peer Coordinator?
3. What do you like most about your role as a Peer Coordinator?
4. What challenges have you experienced in your role as Peer Coordinator?
5. What do you see as the strengths of the WINS program?
6. What challenges do you see with the WINS program?
7. What suggestions do you have to improve the program and/or the role of Peer Workers or Peer Coordinator?
8. What changes, if any, have you seen in the community because of the WINS program?
9. Is there anything else you would like to share about the WINS program or your role as Peer Coordinator?

6.3 Appendix C: Partner Agency Focus Group Questions

1. What is your role/involvement with the WINS program?
2. What do you see as the strengths of the WINS program?
3. What challenges do you see with the WINS program?
4. What changes, if any, have you seen in the community as a result of the WINS program?
5. Is there anything specific to your role (or your organization's relationship to the program) that could change to improve the program?
6. Would you recommend continuing the WINS program?
7. Is there anything else you would like to share about the WINS program?