Enhancing evaluation efforts as an implication of *"Communities are attempting to tackle this crisis": a scoping review on community opioid-related plans and initiatives*

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April 30, 2019

Canadian Public Health Association, Public Health 2019

Disclosure Statement

- I have received non-financial support (in-kind donation of naloxone) from Adapt Pharma for another project

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Acknowledgements

- Project team included: Jayne Caldwell, Rita Henderson, Sue Keller-Olaman, Triti Khorasheh, Heather Manson, Susan Massarella, Michael Parkinson, Nimitha Paul, Greg Penney, Carol Strike, Sheena Taha

- Interview, focus group, and workshop participants

- Funded by the Canadian Institutes of Health Research (CIHR)

Scoping review purpose and objectives

1   To map the scope of the literature on 'comprehensive' community opioid-related plans

2   To describe the intervention components, community engagement, implementation strategies, and equity considerations of community plans

3   To involve a broad group of experts and knowledge users throughout the research process

What we did

Literature search

Stakeholder consultations

Workshop insights

Published
- 6 databases

Grey literature
- Google
- 2 custom search engines

14 interviews
3 focus groups

Analysis and synthesis

44 participants
- Interpretation of results
- Implications for practice
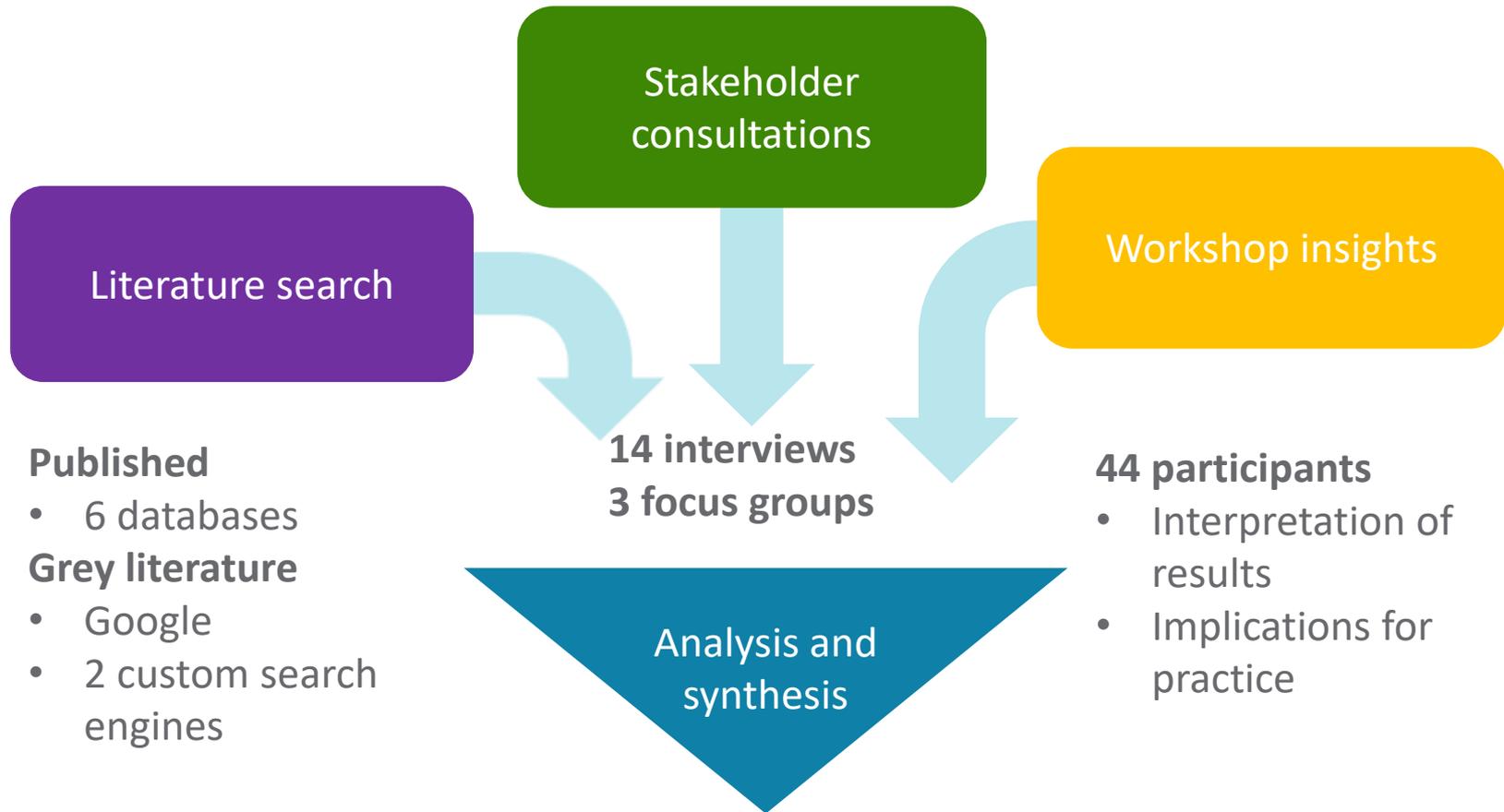
What we found
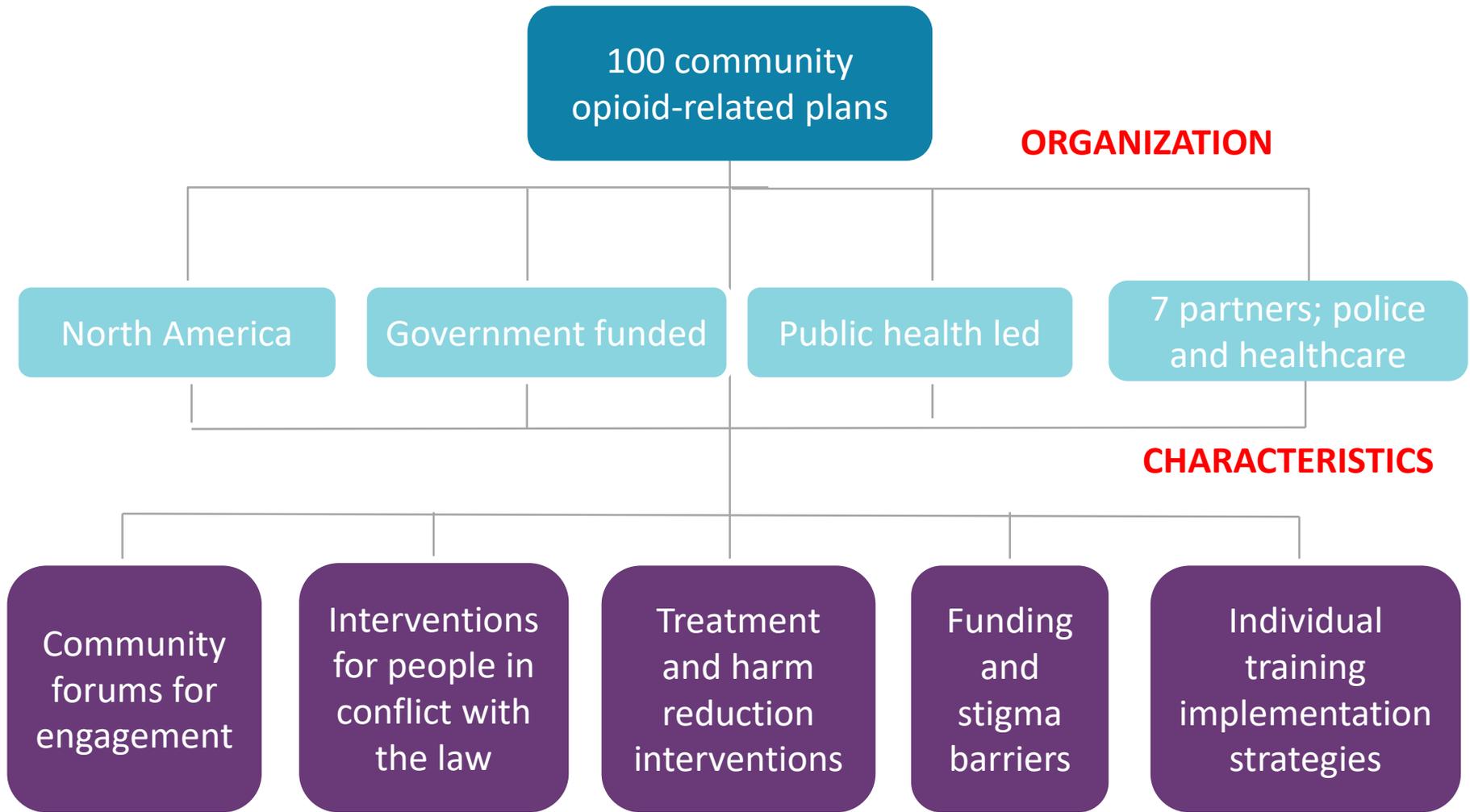
Evaluations

Project Lazarus (local)

- **Components:** diversion control, naloxone, community education, provider educations, treatment, support for pain, emergency department (ED) policies
- **Methods:** mortality (coroners' investigations) and prescribing data, vital statistics
- **Outcomes:** ↓ overdose deaths ↓ opioid prescribing

Project Lazarus (state)

- **Components:** diversion control, naloxone, community education, provider educations, treatment, support for pain, emergency department (ED) policies
- **Methods:** process logs, surveys, interviews, data on prescribing, mortality, and ED
- **Outcomes:** non-significant impact on mortality /ED visits; addiction treatment associated with ↑ mortality

Staten Island

- **Components:** opioid prescribing guidelines and campaigns, public awareness, data, town halls
- **Methods:** mortality data (coroners' investigations) and prescribing data
- **Outcomes:** ↓ opioid analgesic deaths and prescribing ↑ heroin-involved deaths

California

- **Components:** centrally-funded technical assistance team, safe prescribing, naloxone, and treatment
- **Methods:** Key informant interviews, document review, site visits, overdose surveillance data including opioid prescribing
- **Outcomes:** ↓ opioid prescribing ↑ buprenorphine prescribing

What we heard

Meaningful involvement of community expertise

Addressing stigma and equity

Evaluation and evidence

Implication – Enhancing evaluation

- Use of evaluation and research to inform intervention components

- Stakeholders suggested actions focussed on:
  - Improving documentation
  - Information sharing
  - Conducting real-time implementation evaluation
  - Building local evaluation capacity

References

Leece P, Khorasheh T, Paul N, Keller-Olaman S, Massarella S, Caldwell J et al. "Communities are attempting to tackle the crisis": a scoping review on community plans to prevent and reduce opioid-related harms [under-review].

For More Information About This Presentation, Contact:

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- I have no affiliation (financial or otherwise) with a pharmaceutical, medical device or communications organization.

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Overview of Project
April 2017-August 2019

Funder: Municipal Drug Strategies of Ontario, April 2017-August 2019

Who Was Involved:

- Evaluators: Robert Schwartz and Emily Taylor

- Working Group: Jessica Penner, Alison Govier, Charles Shamess and Megan Deyman

- Steering Committee:

Academic Members: Carol Strike, Daniel Werb, and Pamela Leece

Coordinators: Cynthia Olsen, Lindsey Sprague, Jen Carlson

Scenario- What was the project?

Framework: Complexity and the Attribution Problem
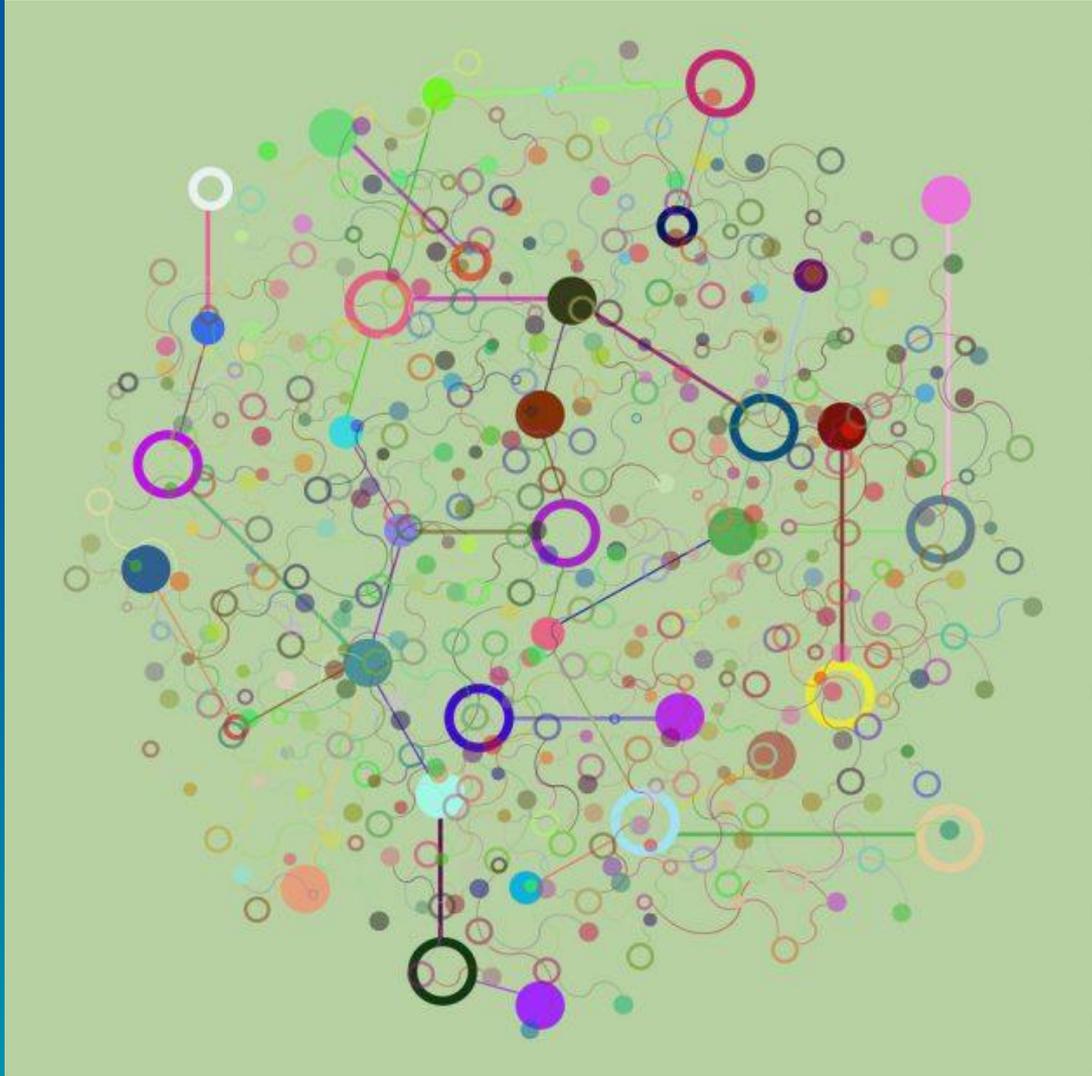
Scenario: What made it complex?

- Changing drug supply

- Many competing interventions (public health, drug strategy, provincial strategy, other)

- Changing nature of the problem, especially in neighbouring jurisdictions.

- Many municipalities, fire stations, police department.

- Rural and urban areas.

- Population level data is difficult to interpret.

Framework: Modular Approach

See Resource #1 for different types of evaluation activities and when to use them.

Scenario: What modules did we use?

What modules did we use?

- Process evaluation
- Project evaluation (three prongs: naloxone, education campaign, and local opioid plan).
- Focus on outcomes

What modules were not used?

- Evaluative thinking
- Performance measurement
- Thematic evaluation
- Population level surveillance
- Comprehensive strategy evaluation

Framework: Outcomes

Outcomes = Attitude, Capacity and Behaviour Change amongst key partners and stakeholders that the strategy is trying to influence

Key Partners and Stakeholders:

- Strategy partners
- People who use drugs, peers, families
- Community leaders and policy makers
- General public
- Funders

See Resource #2 for a logic model with examples of outcomes

Scenario: What outcomes did we measure?

Partner Agencies:

- Increased # of partner agencies engaged and trained in distributing naloxone.
- More priority partner agencies are willing to distribute naloxone.
- More community agencies are distributing naloxone.
- More community agencies opioids are taking a destigmatization approach.

People who use Opioids:

- More people who use opioids are aware of how to access naloxone.
- More people who use opioids are accessing naloxone.
- More people who use opioids are willing to use naloxone when necessary.
- More people who use opioids report comfort and dignity in the experience of accessing naloxone.

Framework: Impacts

What long term population health changes might an opioid strategy expect to influence?

• Decrease in # of overdoses by type (fatal, non-fatal, opioid or drug related, self-reported vs first responder or health care contact)

• Decrease in # of individuals/youth reported to be using substances (prevalence)

• Decrease # of ER visits related to substance use

• Decrease in reported youth uptake of substance use (new initiation)

• Increase in reported uptake of harm reduction services (eg. needle exchange)

See Resource #2 for a logic model with examples of impacts

Scenario: What population health indicators did we measure?
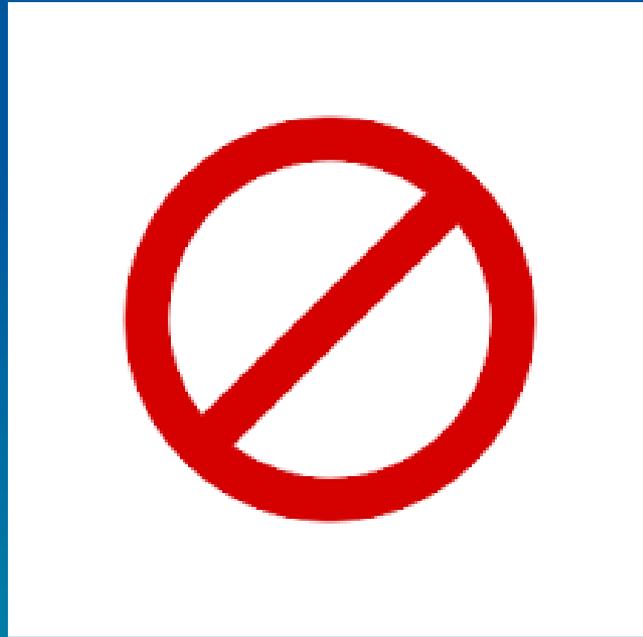
Framework: Evaluation Methods and Data Sources

Suggested Methods Include:

- Evaluative thinking
- Administrative data
- Surveys
- Interviews
- Focus groups
- Analysis of existing surveillance data

Suggested Data Sources Include:

- Staff
- Strategy partners
- People who use drugs, peers, families
- Community leaders and policy makers
- General public
- Funders
- Population health data

Scenario: What methods did we use?

- Interviews with PHU and strategy partners (n=7)

- Interviews with community agencies (addictions agencies, First Nations, fire, police, EMS) (n=12)

- Interviews with people with lived experience of naloxone (n=5)

- Survey of drug strategy partners (n=14)

Scenario: Engaging of People With Lived Experience

- Ethical approval/coverage
- Appropriate incentives (benefits out-weigh risks)
- Be honest about potential risks
- Duty to report
- Meet in a neutral space
- Non judgemental approach
- Snacks and beverages (ask preferences in advance)
- Innovative methods (eg. arts)

Scenario: What did we learn from people with lived experience?

- Some people prefer injectable naloxone to nasal because of the control offered.

- People with lived experience are playing a crucial role in distribution naloxone to peers who do not feel comfortable obtaining naloxone themselves.

- Some people are afraid to get naloxone due to fear of losing children to children's aid.

- Some people are abusing naloxone to chase highs.

- Some people report needing multiple kits to prevent an overdose.

- Many people report that naloxone is saving many lives.

For more information…

- Full Evaluation Framework available on the SDEI website

www.ihpme.utoronto.ca/research-centres-initiatives/sdei/

Strategy Design and Evaluation Initiative

A new IHPME initiative

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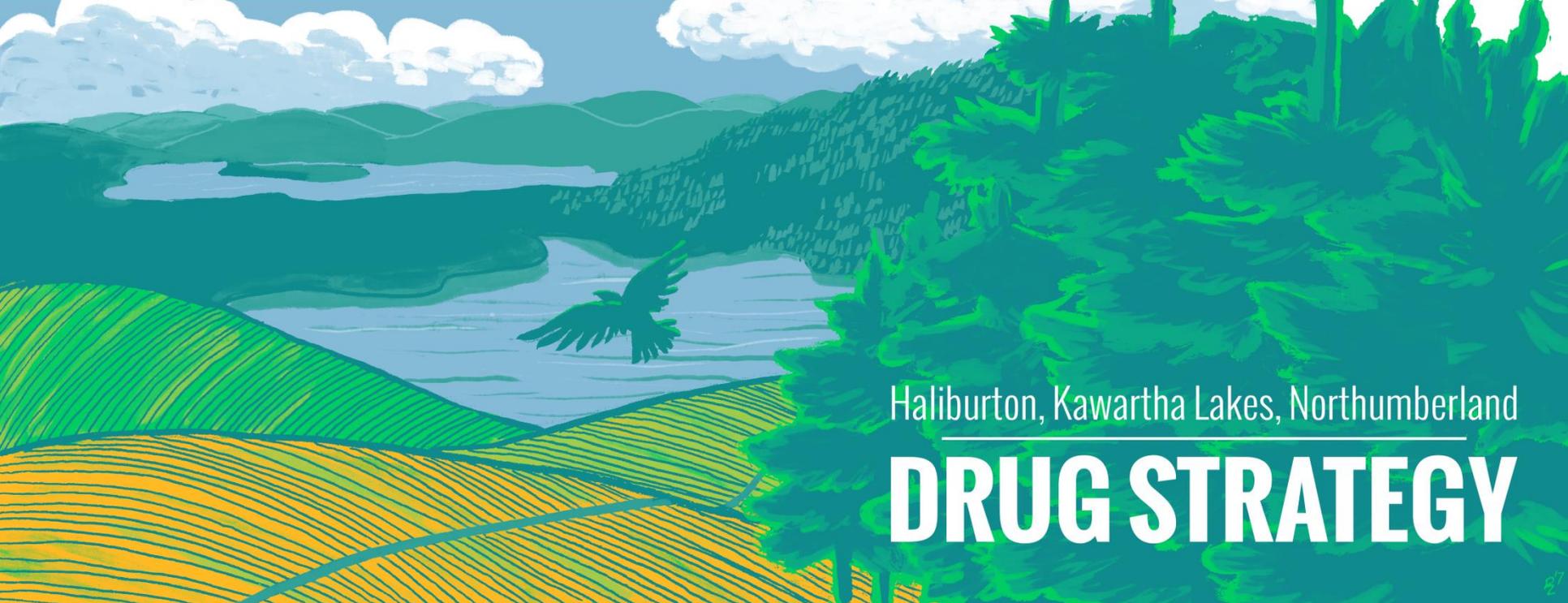
Applying Evaluation Activities & Frameworks:

What worked and what didn't

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Four Counties Addiction Services Team
HKPR District Health Unit
Ontario Addiction Treatment Centre
PARN – Your Community AIDS Resource Network
A Place Called Home
Boys and Girls Clubs of Kawartha Lakes
Chimo Youth Services
City of Kawartha Lakes Community Care
City of Kawartha Lakes Family Health Team
Kawartha Lakes Pharmasave
Remedy's Rx on Kent
Kawartha Lakes Haliburton Housing Corporation
Canadian Mental Health Association – HKPR
Fleming College, Counselling and Accessible Education
Services
Kawartha Lakes Police Services
City of Kawartha Lakes OPP
Kawartha Lakes Paramedic Service
Central East Correctional Centre
Ross Memorial Hospital, Mental Health Program
Women's Resources
Kawartha-Haliburton Children's Aid Society
Point in Time Centre
Haliburton Highlands Family Health Team
Haliburton OPP
YWCA Women's Centre of Haliburton County

Campbellford Hospital, Mental Health Program
Northumberland Hills Hospital, Mental Health Program
Change Health Care Methadone Clinic
CMHA, Four County Crisis
Green Wood Coalition
Transition House
Northumberland County
Port Hope Northumberland Community Health Centre
Northumberland County EMS
Port Hope Fire and EMS
Port Hope Police Services
Cobourg Police Services
Northumberland OPP
Northumberland Child Development Centre
Ministry of Children and Youth Services, Youth Probation
Rebound Child & Youth Sevices Northumberland
Salvation Army Cobourg
Northumberland Community Legal Centre
Peterborough Victoria Northumberland and Clarington
Catholic District School Board
Trillium Lakelands District School Board
CAREA Community Health Centre
Brain Injury Association Peterborough Region
Peterborough Drug Strategy

Steering Committee and Coordinator

Drug Strategy Members

Harm Reduction

Prevention and Education

Treatment

Justice and Enforcement

Guiding Principles: Collaboration, Inclusivity, Local Relevance, Accessibility, Sustainability, Evidence-Informed

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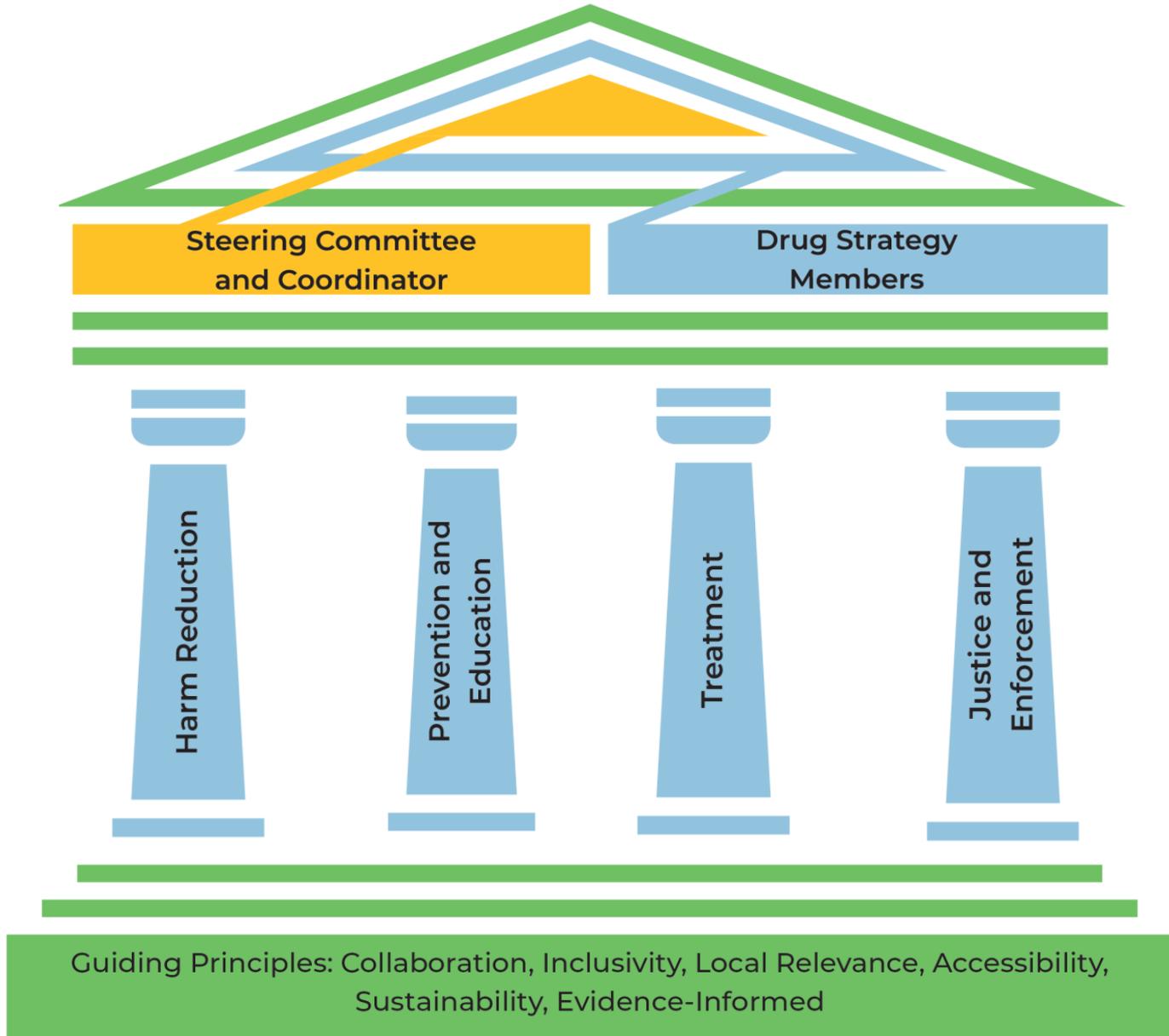
DRUG STRATEGY 5

Types of Evaluation

1. Performance Measurement and Process Evaluation
2. Population Level Surveillance
3. Evaluative Thinking
4. Overall Strategy Evaluation

Performance Measurement and Process Evaluation

Indicators:

- # of drug strategy members
- # of presentations
  - Presentation evaluation surveys
  - Pre-/post-tests at seminars
- # media requests
- # of social media engagements & impressions
- # of subscribers to E-newsletter

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DRUG STRATEGY 7

Population Level Surveillance

- Opioid-related events
  - Opioid Response Plan & Early Warning Surveillance System
- # of people accessing harm reduction supplies
- # of naloxone kits distributed and distributing agencies
- 911 calls
- # of admissions for substance use supports & services

Evaluative Thinking

- Ongoing
- Self-assessments, collective reflection and internal discussions
    - Tool: "Report/Grading Card"

Strategy Evaluation

- Surveys

- Informant interviews

Things to consider

- Diversity of stakeholders and sources of information

- Funding

- Timing and duration of evaluation

- Geography

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DRUG STRATEGY

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Group Activity

Continuing with the same evaluation scenario:

- Discuss the motivation(s) to carry out the evaluation

- Describe the potential challenges and solutions with implementing activities related to the collection, use, and application of data