

# Prescribed Alternatives and Outreach Program

EVALUATION REPORT FOR  
HAMILTON URBAN CORE  
COMMUNITY HEALTH CENTRE



# Background

The Hamilton Urban Core Community Health Centre (HUCCHC) provides comprehensive healthcare services in Hamilton, Ontario. In 2023, HUCCHC received funding from Health Canada's Substance Use and Addiction Program (SUAP) to implement the **Prescribed Alternatives and Outreach (PAO) program**. This initiative offers integrated, wrap-around healthcare for individuals with chronic opioid use who are at high risk of overdose due to the unpredictable and toxic street drug supply. Through the PAO program, clients receive prescriptions for medications as alternatives to the street drug supply, commonly referred to as "safer supply". Additionally, clients can access the centre's extensive services, including primary care, counselling, housing support, identification documents, clinical services, nutritional support, chiropody, dental care and the Consumption and Treatment Service (CTS). A unique aspect of the PAO program was its focus on equity-deserving populations. To address disparities in access to harm reduction services, HUCCHC integrated a Community Cultural Ambassador into the program. This role focuses on improving outreach and capacity building to ensure the centre's harm reduction initiatives effectively meet the needs of Black, Indigenous, and Racialized community members. The PAO program began prescribing medications in 2023, and from 2023-2025 had a total of 46 clients (61% men and 39% women).

## Evaluation Of The PAO Program

The evaluation explores the implementation and impacts of the Prescribed Alternatives and Outreach program. Additionally, there is a section that focuses specifically on health and social impacts and experiences of providing care to Black, Indigenous, and Racialized clients, as this was a goal of the program. A total of 18 in-person interviews with clients were conducted in June and July 2024. As compensation for their time, clients who participated were provided a \$30 honorarium. Between September and December, 8 interviews were conducted with program staff, using a combination of in-person and virtual formats. Our team used thematic analysis to identify and analyze key themes and programmatic outcomes in the data.

### Evaluation Participant Demographics: Clients (n=18)

Average Age: 40

#### Client Gender

- **55%** identified as Men
- **39%** identified as Women
- **6%** identified as Transgender, non-binary or gender non-conforming

#### Client Race or Ethnicity

- **44%** identified as White
- **28%** identified as Indigenous
- **17%** identified as Black
- **11%** identified as members of another racial or ethnic group

#### Housing

- **39%** were staying in a shelter or other supportive housing facility
- **33%** were unhoused (sleeping in a tent, sleeping rough or couch surfing)
- **17%** were living with extended family members
- **11%** were renting an apartment

### Evaluation Participant Demographics: Staff (n=8)

Average Age: 45

#### Staff Gender

- **12.5%** identify as Men
- **87.5%** identified as Women

#### Staff Race or Ethnicity

- **50%** identified as Black
- **37.5%** identified as White
- **12.5%** identified as a member of another racial or ethnic group

#### Staff Role

- **50%** work in social care (e.g. program management or administration, systems navigators, outreach)
- **50%** work in health care (e.g. physician, nurse practitioner, registered nurse)

# Evaluation Findings

## Reasons for Joining the PAO Program

Clients highlighted that their main motivations for joining the PAO program were an attempt to find safety due to the unpredictable nature of the unregulated drug market, and the increasing prevalence of contaminants in the street drug supply:



***There's too much dangerous stuff in the drugs... Now that it's being cut with tranq dope and benzo dope, it's more dangerous.***

PAO CLIENT

The experience of losing friends, family and community members to fatal overdose was common, and fear of experiencing a fatal overdose was a significant motivation for accessing the PAO program:



***I really just didn't want to die. And I was getting scared that I was getting close to that.*** PAO CLIENT

Clients also cited that joining the program was an attempt to “try to get better” and frequently highlighted their desire to mitigate health and social impacts from problematic patterns of substance use for themselves and their families, with one client sharing:



***I'm not going to let my kids down.***

PAO CLIENT



## PAO Program Impacts

### Reductions in overdose, cravings and use of unregulated fentanyl

The PAO Program brought about **transformative changes in clients lives** by addressing critical physical, mental, and social challenges associated with substance use. Clients overwhelmingly reported positive health impacts following enrollment, particularly a reduction in overdoses. One client reported that they had experienced 11 overdoses in a month before enrollment but none thereafter:



***Getting on the safe supply program was probably the best decision for me, because since then, the overdoses have stopped.***

PAO CLIENT

In addition to a reduction in overdoses, knowing the dose and composition of the medications they were receiving from the PAO program fostered a sense of safety and stability among clients:



***It's so much safer to actually know what you're getting.*** PAO CLIENT

Clients consistently reported significant reductions in cravings and withdrawal symptoms:



***It's changed my life in more ways than I can really describe, because for some reason the opiate itself really helps me concentrate and do certain things. I don't really go into withdrawals anymore, my cravings have kind of stopped.*** PAO CLIENT

Clients described significant decreases in their use of fentanyl from the unregulated drug supply, as well as other drugs such as stimulants:



***It's calmed down, it's much more controlled. I'm having a couple more sober days, and I'm liking that.*** PAO CLIENT

Similarly, another client reflected on the program's effectiveness in managing cravings and reducing fentanyl use:



***I haven't done fentanyl in three weeks. I see it all day long, but it doesn't bother me now.***

PAO CLIENT

## Improvements to physical health

Clients noted significant improvements to both their physical and mental health, and increased access to healthcare services due to their participation in the PAO program. Many clients accessed medical care, often for the first time in years:

**“ The doctor... fixed one of the problems since – I don’t complain about my shoulder anymore. PAO CLIENT**

Additionally, being part of the PAO program allowed clients to connect with medical specialists and receive essential treatment for medical conditions like hepatitis C, which can prevent devastating outcomes like liver cancer and liver failure:

**“ I got back with my specialist, and I got that Hep C treatment, so I don’t have Hep C anymore. PAO CLIENT**

Clients also connected with specialists to access testing and treatment for chronic health conditions, such as CT scans, dental care and pain management. These services were previously inaccessible due to financial or systemic barriers:

**“ The dentist and the colonoscopy, those were services that were helped with the staff here. PAO CLIENT**

PAO staff members also reported the profound impacts of providing access to prescribed alternatives in an environment that offered comprehensive healthcare services. In their view, harm reduction and medical treatment were linked, and combining the two played an important role in managing chronic health conditions and enabling access to preventative care, such as cancer screening, which are often inaccessible to marginalized populations:

**“ A lot of what we do, in my opinion, isn’t just harm reduction. It is actually treatment. And especially when we’re also taking care of their livers and their hearts and their kidneys and their diabetes and their cancer screening. You know, some of these folks have never had a mammogram. They’ve never had a pap test. So, it’s just that education, it’s the awareness, too, of folks moving, shifting from just surviving on an hour to hour basis to thinking about themselves as being worthy of screening for cancer. PAO STAFF**

## Improvements in mental health and emotional well-being

Accessing the PAO program and receiving a stable prescription for opioid medications had a profound impact on clients’ mental and emotional wellbeing. Clients reported decreased depression and newfound clarity that allowed them to focus on long-term goals. As one client noted:

**“ It’s made a big difference in my life. I don’t seem to be as depressed as often. PAO CLIENT**

Clients also noted that being part of the PAO program brought about a sense of stability and consistency, which reduced stress and helped them feel more in control of their lives:

**“ I’m a lot more level, a lot more happy. I enjoy consistency... I’m learning to master my emotions and not be so reactive. PAO CLIENT**

This emotional stability was closely tied to the program’s structure, which reduced the chaos and instability often associated with sourcing substances from street sources and provided a predictable routine:

**“ Last time I went without safe supply, I was really depressed. So I think it’s helped me with that part, too, just knowing that I don’t have to use anymore. PAO CLIENT**

An additional factor contributing to improved mental wellbeing was the consistent access to care and medications through the PAO program. This stability allowed clients to build stronger relationships with family and friends, which improved their mental health and reduced isolation:

**“ I see my grandkids, so I get out. I do what I gotta do. Clean, shower, and then I start my day. PAO CLIENT**

## Improvements in daily life and social relationships

Clients noted improvements in their daily routines, with many re-engaging in activities and responsibilities they had previously abandoned, partly due to not having to worry about where to find opioids to stave off withdrawal:

**“** *Now I don't have to worry about where I'm going to get my next fix from. I have time to do important things, like going back to school.* PAO CLIENT

One aspect of this improvement was the financial relief clients experienced from being part of the program. By providing a consistent and regulated supply of medication, the program alleviated the financial burden of acquiring unregulated substances. This reduced stress, allowing clients to focus on long-term goals and responsibilities:

**“** *I'm not stressing out as much. Got more money in my pocket.* PAO CLIENT

The program also helped clients reconnect with hobbies and physical activities, which in turn improved their quality of life:

**“** *I started working out again for the first time in years...I felt like I was connecting back with who I actually was as a person.* PAO CLIENT



## Impact of wrap-around supports and medical care within PAO program

The wrap-around supports offered as part of the PAO program were also crucial in improving clients' daily lives by facilitating access to vital social services such as housing. Some clients were able to transition from being unhoused to living in shelters:

**“** *The safer supply program seemed to open a lot of doors because one of the ladies at the clinic got me into the shelter that I'm currently in.* PAO CLIENT

Access to counselling services provided through the program also had profound impacts on clients' mental health and emotional stability:

**“** *It really, really helped changed my life, because the other way, I was probably ready to commit suicide, to be honest...Counseling is always good. Help with housing is definitely a really big need. Like I said, I had lost everything.* PAO CLIENT

Staff members highlighted the importance of outreach and health navigation services to PAO clients. Support in accessing housing was crucial during the current affordable housing crisis:

**“** *If they need to go to hospital or to other services, we do the health navigation where we are making sure that we help them access pathways and access to other health services. Or to recognize that housing is part of the services, so we also navigate that area to give them temporary houses...make sure they're getting housing.* PAO STAFF

The wrap-around services provided by PAO staff members also included helping clients apply for government identification and a wide range of other supports and services:

**“** *We do wound care, we have an ID clinic, someone that does IDs and helps with housing, and looking for shelters. We also do a woman's day clinic once a month... we're starting to go weekly out to the encampments, bringing HIV testing kits, Narcan, harm reduction, food.* PAO STAFF

## The PAO program as a safe and respectful place for people who use drugs

The PAO program's person-centred approach stood out in clients' reflections. Clients highlighted that staff members consistently demonstrated genuine care and empathy, and this compassionate approach fostered a sense of trust and belonging, with one client commenting:

**“ I feel safer and comfortable being around them. PAO CLIENT**

Staff also discussed attempting to create safe, stigma-free spaces for clients. Clients' negative experiences in the healthcare system have fuelled a sense of distrust, inhibiting access to critical support. As a result, staff emphasized the importance of establishing trusting relationships with clients:

**“ Because our clients are, they really want to build trust. Trust is an issue for them. And safe spaces, feeling safe, is important to them. PAO STAFF**

Clients also appreciated the humanizing environment created by the program, which addressed basic needs and starkly contrasted the stigmatization experienced in other healthcare settings. Simple acts of kindness, such as providing warmth and access to bathrooms, made clients feel respected and valued:

**“ They treat you with respect. They don't look at you different. PAO CLIENT**

Staff attempted to build respectful, trusting, and personalized approaches to care. They believed this had a significant impact, helping clients stabilize, reduce their use of street-acquired fentanyl, and thus experience fewer overdoses:

**“ I think that our ability to establish trusting relationships with our clients and starting with where they're at, right? I mean, a lot of it is a harm reduction model and approach, and seeing that the benefit of the safer opioid supply in helping to stabilize less street supply, and less overdoses. PAO STAFF**

This personalized approach was noted by clients within the PAO program, and it had favourable impacts:

**“ I just felt like I was having a program tailored just for me and my needs. PAO CLIENT**



# Experiences of Black, Indigenous, and Racialized Clients with the PAO Program

## Discrimination and racism within the healthcare system

Black and racialized clients shared negative experiences within healthcare settings, including stereotyping, prejudice, and a lack of cultural awareness among providers. Many feel judged, with both Black and Indigenous clients recounting experiences of stigma and discrimination due to racial stereotypes during their interactions with healthcare providers. For example, Indigenous clients reported that healthcare providers assumed they had issues with alcoholism:

**““ They presume alcohol... because I’m Native, they assume I’m an alcoholic, too. And I’m not, I don’t even drink. PAO CLIENT**

Black clients also expressed fears of being reduced to racial stereotypes, such as being judged negatively or being seen as “another statistic.” For Black clients, this included the fear of being unfairly categorized or facing amplified scrutiny:

**““ There’s times I was very scared of being just like another statistic. And I mean, especially being Black and transgender. PAO CLIENT**

Similarly, an Indigenous client recalled being perceived as “garbage” or being treated as though they were “drug-seeking” when attempting to access healthcare, particularly in emergency department settings:

**““ They look at you like... like you’re garbage. You know, you shouldn’t be here. And they also think we’re just going in there to get drugs, pain killers. PAO CLIENT**

These sentiments were not only hurtful and discriminatory but had profound health consequences by discouraging clients from seeking care.

Staff members also noted racialized clients’ concerns about being unfairly categorized or judged by healthcare providers:

**““ They don’t believe that their voices are being heard... it’s like: ‘We are just a bother’. PAO STAFF**

## Positive experiences with the PAO program and staff

In contrast to their prior experiences with the healthcare system, Black, Indigenous and Racialized clients praised the PAO staff for their empathetic and respectful efforts to make them feel valued. Both Black and Indigenous clients reported positive experiences with staff who were non-judgmental and compassionate, highlighting the importance of person-centred care in harm reduction settings:

**““ They work with a smile on their face. They never... they’re personable, easy to talk to, and that connects to people from all cultures, of all backgrounds. The human, the human in us. PAO CLIENT**

Clients highlighted that they appreciated the efforts of HUCCHC to ensure diversity among PAO staff, and that members were representative of the client population:

**““ The [clinic] has always been very welcoming to me. I think because they have such a diverse staff... I love the representation, and that’s one of the things that I think is truly one of clinic’s strongest features. PAO CLIENT**

Indigenous clients appreciated the clinic’s focus on culturally appropriate services, addressing specific needs such as residential school support and facilitating connections to Indigenous workers (including at other organizations):

**““ They’re helping me get... with residential schooling, they’re helping me with that. They’re helping me get a Native worker at the Native centre here. And a housing worker. PAO CLIENT**



## Areas for Continued Growth to Serve the Needs of Black, Indigenous and Racialized Clients

### Desire for Indigenous Ceremonial Practices and more supports for Indigenous clients

Indigenous clients expressed a desire to deepen their cultural understanding and strengthen their connection to their Indigenous identity through regular interactions with Indigenous providers. Clients expressed a strong interest in incorporating Indigenous ceremonies, such as sweat lodges and cedar baths, into harm reduction programs.

**“ I think they should get an elder down here and conduct a sweat. PAO CLIENT**

Clients also highlighted the need for more consistent and accessible Indigenous-led support services. One opportunity for growth involved enhancing Indigenous representation among staff, which could facilitate the incorporation of Indigenous ceremonies and other cultural practices:

**“ It would be helpful if there were more Indigenous providers embedded into the program. PAO CLIENT**





# Overall Programmatic Challenges

## Relocation of services may lead to accessibility challenges

The relocation of the Community Health Centre to a new neighbourhood was raised by several clients, due to potential accessibility barriers to service and care. Clients noted that the previous location was near downtown and essential, frequently accessed services such as shelters, drop-in centres and other services:

**“ The current location is literally around the corner from the women’s drop-in center. It’s a huge convenience for people living in that area. PAO CLIENT**

Additionally, many of the services for people experiencing homelessness were located in the downtown area, creating specific access barriers for this population at the new location:

**“ Downtown is where most of the homeless people are, and it’s easier to access. PAO CLIENT**

Clients noted the logistical barriers involved in accessing the community health centre’s new location, including the need to navigate multiple bus routes:

**“ I’d have to take three buses to get to the new site. PAO CLIENT**

They also noted that the new location and the difficulty in accessing it would disproportionately affect some of the community health centre’s most vulnerable clients:

**“ For people in that area that want to access services, they would most likely have to take a bus or walk very far, which can be hard being an addict or homeless. PAO CLIENT**

Some clients suggested that a shuttle bus service from downtown to the new location would help ensure continued access to essential services and care:

**“ A shuttle bus, even once a day, would be helpful. PAO CLIENT**

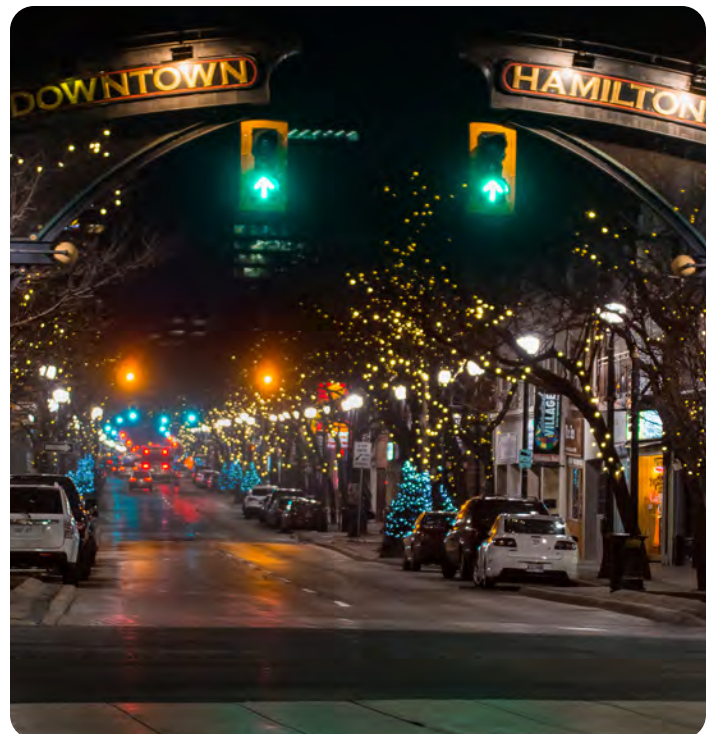
## Staffing Turnover

At different points in the program’s operations, staff shortages occurred. One factor contributing to the turnover of staff was the pilot nature of the PAO program, which meant many staff held contract positions with no job security. This created difficulties with program continuity given the invaluable knowledge of long-term staff:

**“ When the staff leave... there’s a lot you can learn more than what you can get from the book, and that is lost. PAO STAFF**

An additional issue was the impact of staff turnover on clients, who had built trusting relationships with staff members:

**“ I feel bad. Everybody’s leaving, some new people are coming, and I feel like to some extent, we’ve – I don’t know, we’ve betrayed them [clients], or we’ve just abandoned them. PAO STAFF**





## Changes in the availability of harm reduction programs and end of PAO program funding

The short-term, pilot funding for the PAO program created challenges in ensuring continuity of care for clients who had stabilized while receiving safer supply, and were experiencing significant improvements in their physical and mental health. Reflecting on the potential impacts of program closure, one client described what would happen if they lost access to their prescription of opioid medications:



*If I weren't on the program, I'd be back in the same rut, back using regularly. My health would deteriorate mentally and physically.*

PAO CLIENT

Staff were also attentive to the consequences of closing the local Consumption and Treatment Service (CTS). This service is also operated by HUCCHC, and is set to close on March 31st, 2025, alongside the end of funding for the PAO program. Staff were distraught by the policy changes announced by the provincial government that were leading to the closure of the CTS and the PAO program. Staff raised concerns about the absence of support for PAO program continuity, and anticipated that clients would die due to the closure of these services:



*When I saw the announcement about the closure, I felt so bad. These are people we see every day, and some of them will die because of these policies.* PAO STAFF

Other staff members noted the moral distress caused by the concurrent end of the PAO program funding and the closure of the CTS. The anticipated end of these programs also impacted staff retention:



*And when we tried to negotiate the renewal so we could pick up and have more time with the clients and so forth, we're told no. No funding, no renewal, CTS is closing. The staff morale just went [makes a whooshing sound] down, and we started just losing staff like that.* PAO STAFF

# Opportunities for Future Development

## Value of providing wrap-around services

A key finding of this evaluation was the value of wrap-around services, where primary care was integrated with harm reduction and treatment services, as well as social supports. This included helping clients to access identification documents, food security, housing referrals and system navigators:

**““** *They have been saying what has been working well for them is that also being able to have IDs, to be assisted with IDs and also the temporary accommodation, in terms of the short accommodation, that is one thing that is greatly appreciated by clients.*  
PAO STAFF



## Desire for volunteer, educational and employment opportunities

While several clients had returned to school and work due to the stability brought about by their participation in the PAO program, there remain gaps. Multiple clients emphasized the need for programs that support re-entry into the workforce and address the stigma faced by individuals with substance use histories:

**““** *I'd like to go back to school. Maybe there could be programs to help us find jobs. People don't like to hire addicts.* PAO CLIENT

Several clients also highlighted that they would appreciate opportunities for community engagement and for contributing to the program as peer workers:

**““** *I think peer roles are important. I'd love to be a peer support for others new to the program.* PAO CLIENT

Peer support opportunities were seen as particularly important for clients as they envisioned creating spaces for social interaction, skills development, and mutual support, fostering a sense of belonging and reducing isolation:

**““** *I'd like to open a center where people could mingle, do laundry, get a bite to eat, and get out of the elements. Everyone needs a support system.* PAO CLIENT

Clients stressed the role of lived experience in fostering trust and understanding. Many expressed a desire to take on peer leadership roles, both to support others and to advocate for systemic changes:

**““** *I always wanted to be a beacon of hope. Working in harm reduction, I forget how many people recognize and care about me.*  
PAO CLIENT

## Summary of Program Strengths

- Wraparound services addressed clients' immediate and broader health needs, including access to opioid medications, primary healthcare, mental health supports, and housing
- Clients highlighted that staff were caring and compassionate, and that the PAO program was a safe and respectful place to receive care
- Health improvements from having access to the PAO program facilitated access to social services and improved family ties and relationships
- Overall, the PAO program improved access to healthcare and fostered a sense of stability in clients' lives

## Summary of Recommendations

- **Continue to enhance programming** for people who use drugs by integrating comprehensive primary care and individualized opioid prescribing with low-barrier harm reduction and treatment services
- **Ensure access to social supports and system navigation** alongside provision of health services, including services to obtain and replace identification documents, address food security, and mental health services such as on-site counselling
- **Create opportunities to support clients' employment and educational aspirations**
- **Support peer-led spaces** to increase engagement and provide social interaction for clients



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