

Safer Supply Ottawa Evaluation

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University of Ottawa, School of Nursing

Presentation Overview

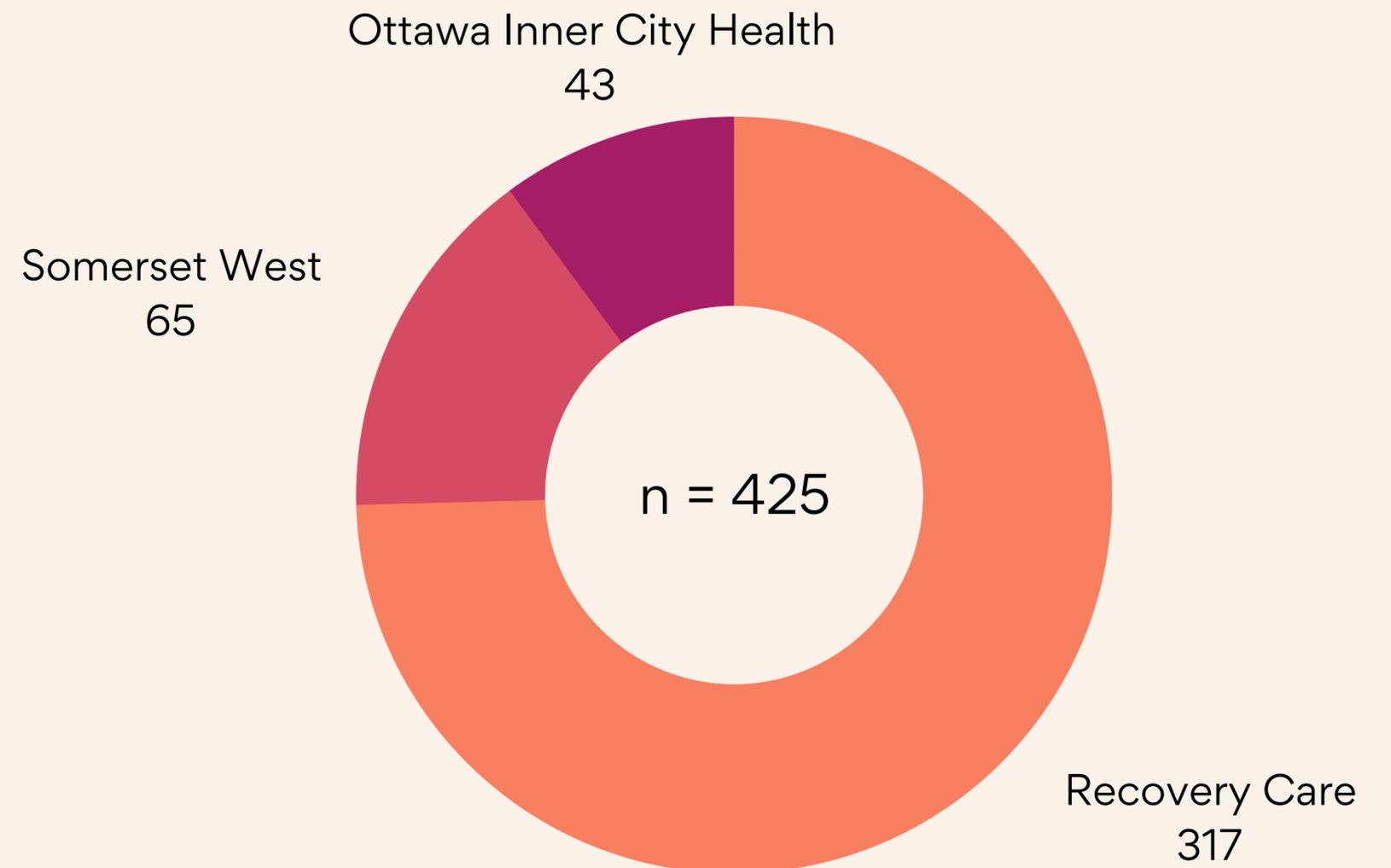
- 1 Quantitative Data Overview
- 2 Qualitative Research Overview
- 3 Survey Results & Interviews
- 4 Participant Framework

Quantitative Data

Data presented today
collected from:

APRIL 1, 2022 TO JULY 31, 2022

**Sample includes participants from the 3
Safer Supply Ottawa pilot project sites:**



Participants by Program Type



= 425 participants on a Safer Supply program

- Safer Supply participants complete program intakes followed by check-ins on a regular basis.

- This information is gathered every 4 months to track progress overall.

- While **Safer Opioid Supply** is the most commonly provided program type, there are also participants on **Safer Stimulant Supply**, and **combination (opioids and stimulants)** programs.

SAFER OPIOID SUPPLY

- Seeks to provide a replacement for the illicit opioid supply, which currently is often fentanyl, fentanyl analogues, and benzodiazepines.
- Participants are often prescribed hydromorphone tablets and a long-acting opioid medication.

SAFER STIMULANT SUPPLY

- Seeks to provide a replacement for the illicit stimulant supply, often including (but not limited to) crystal meth and crack cocaine.
- Participants are often prescribed short- and/or long-acting methylphenidate.

COMBINATION SAFER SUPPLY

- Participants are on both a Safer Opioid and a Safer Stimulant Supply program.

Demographics

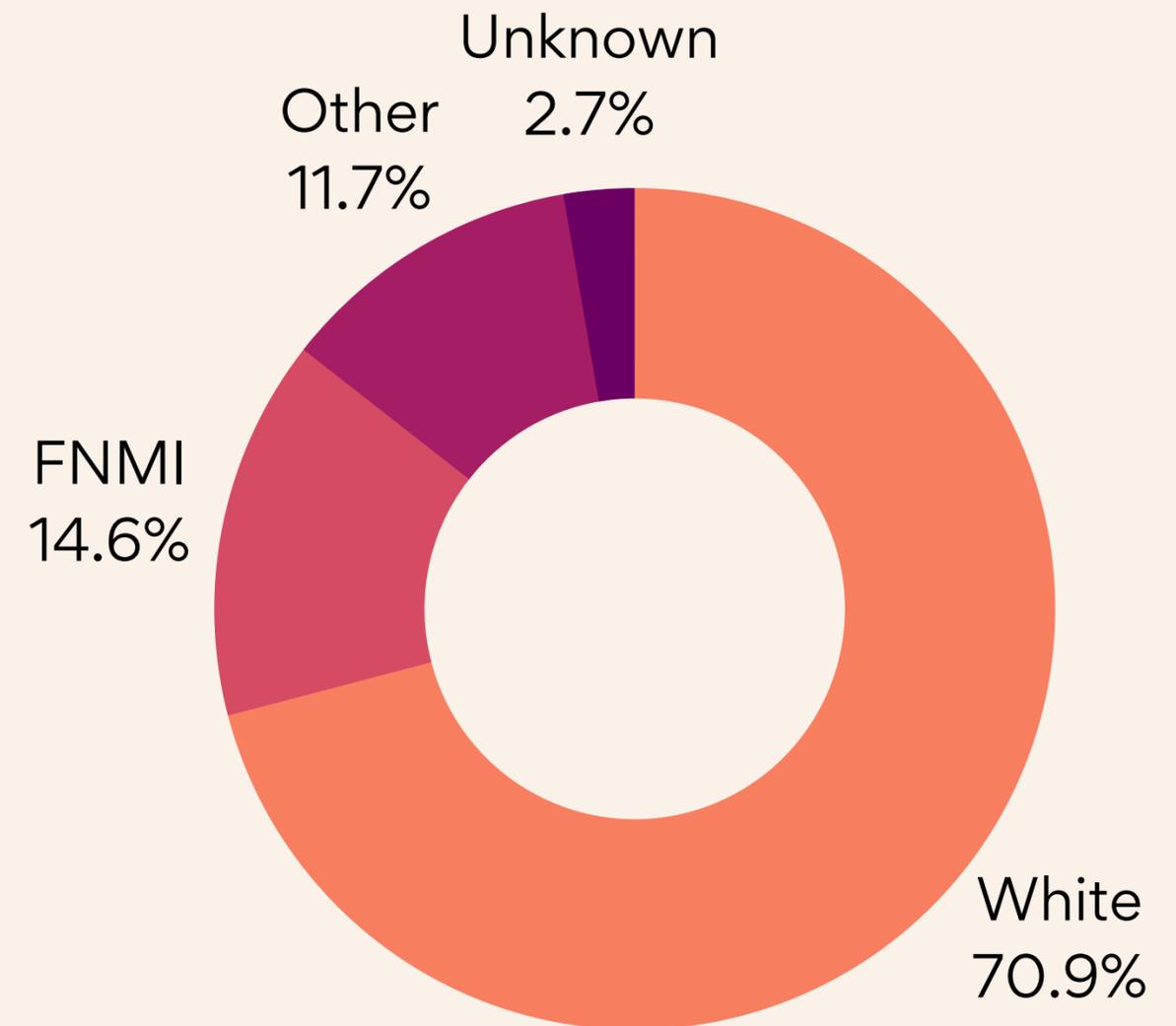
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Median participant age (years)
Youngest: 21
Oldest: 71

Gender

Female = 34%
Male = 66%

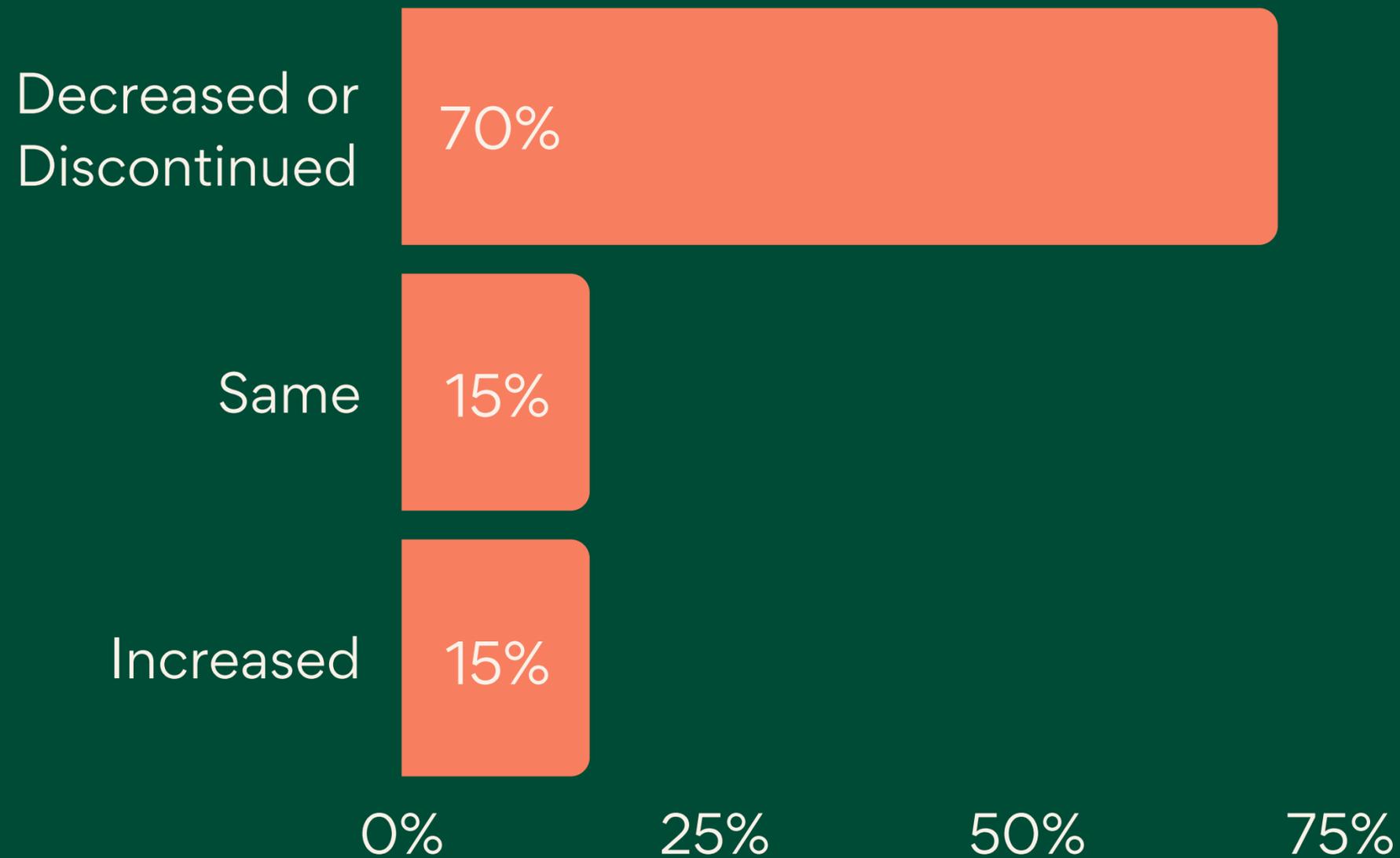
Services received in:
English = 94%
French = 6%



Ethnicity

FENTANYL USE TRENDS

SAFER OPIOID AND COMBINATION SUPPLY



This represents the cumulative data of **all Safer Opioid Supply** and **Combination Safer Supply participants** (n = 400).

Fentanyl use trends were not regularly tracked for participants on Safer Stimulant Supply.

70% (n = 280) of participants reported a decrease in use and/or no use during this period.

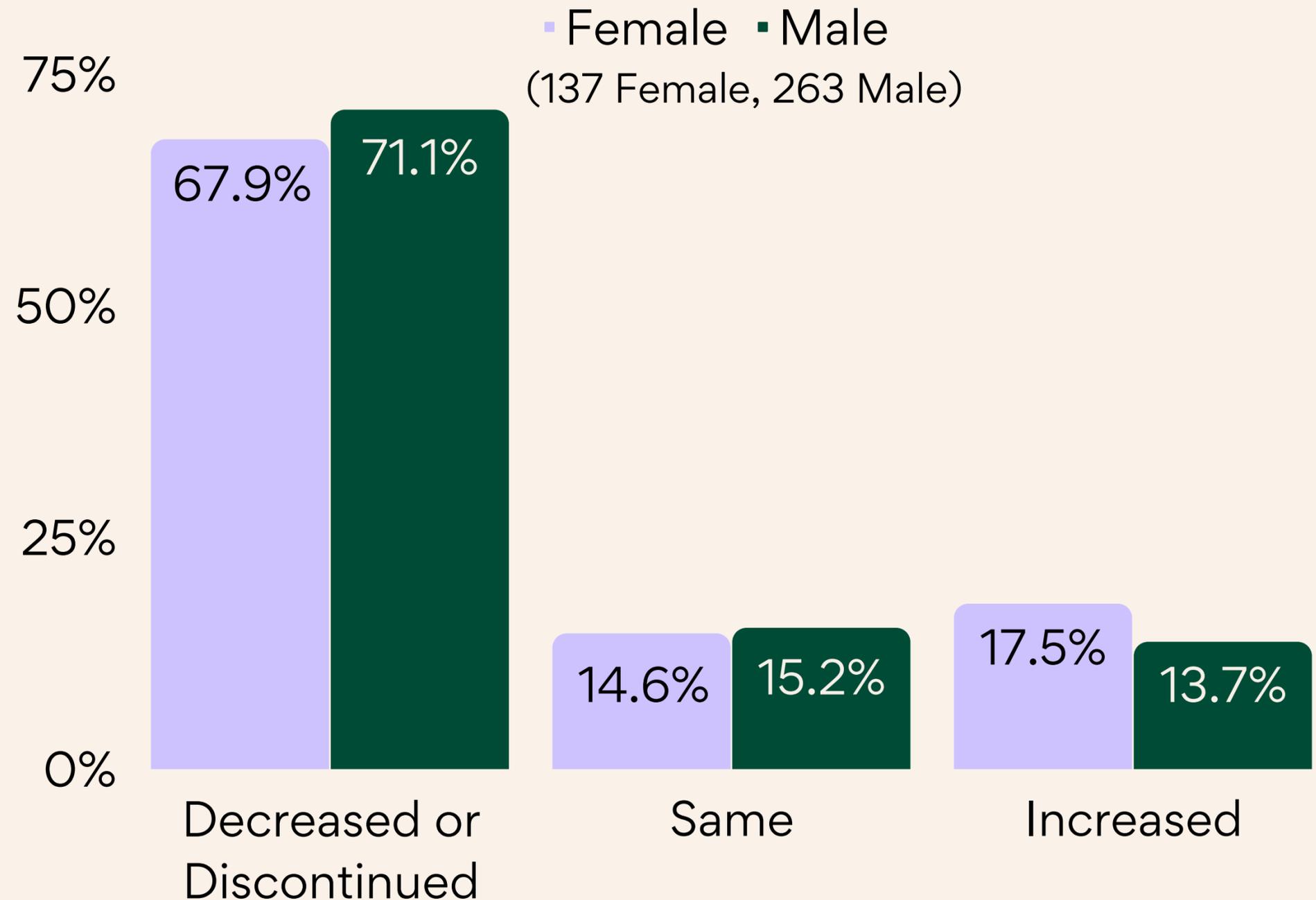
15% (n = 60) reported the same level of use throughout this period.

15% (n = 60) participants reported an increase in their use during this period.

FENTANYL USE TRENDS BY GENDER

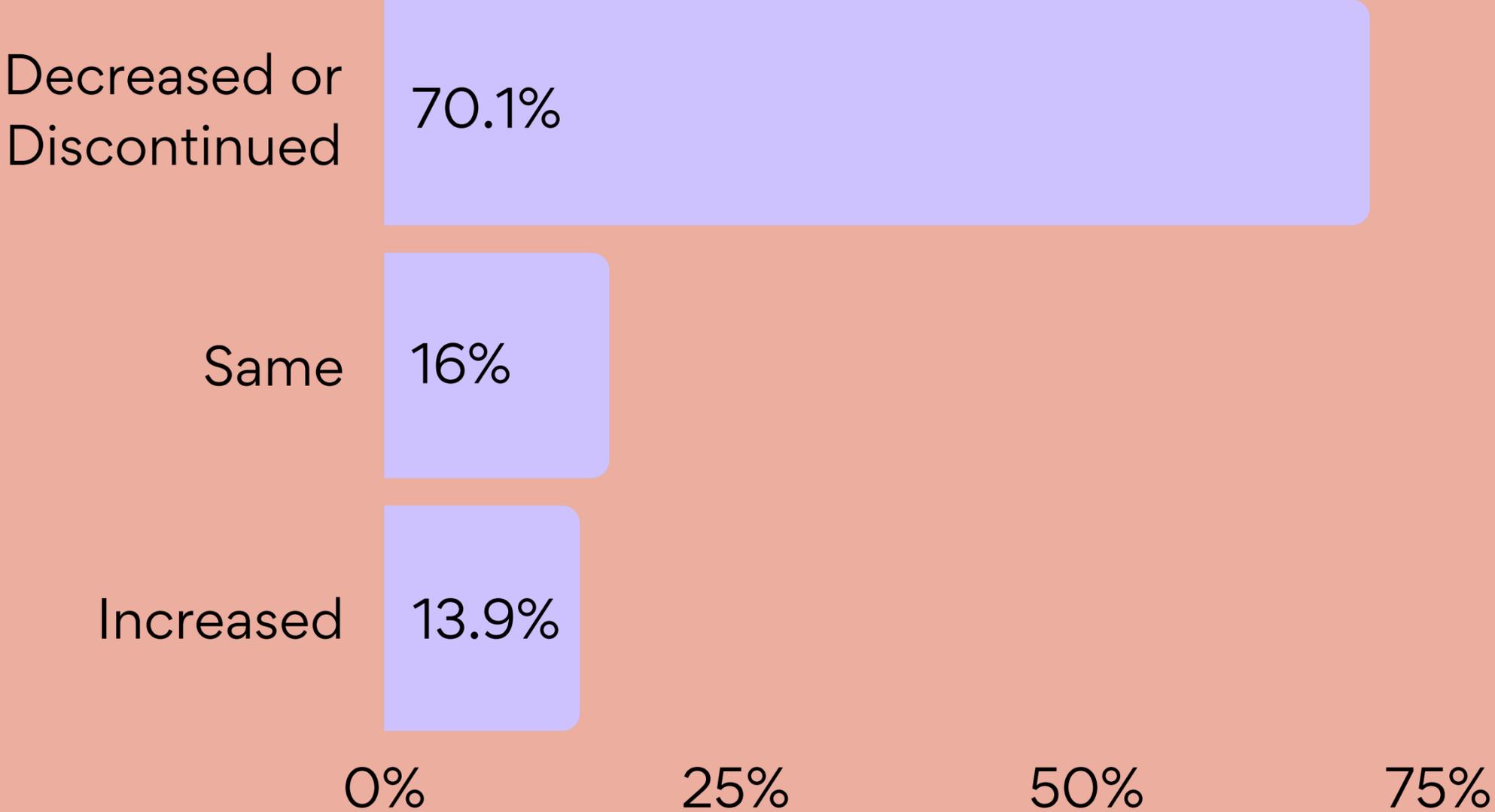
SAFER OPIOID AND COMBINATION SUPPLY

- Similar fentanyl use trends were reported by participants across genders.
- Slightly more female participants reported an increase in fentanyl use during this period when compared to male participants.



FENTANYL USE TRENDS

SAFER OPIOID SUPPLY

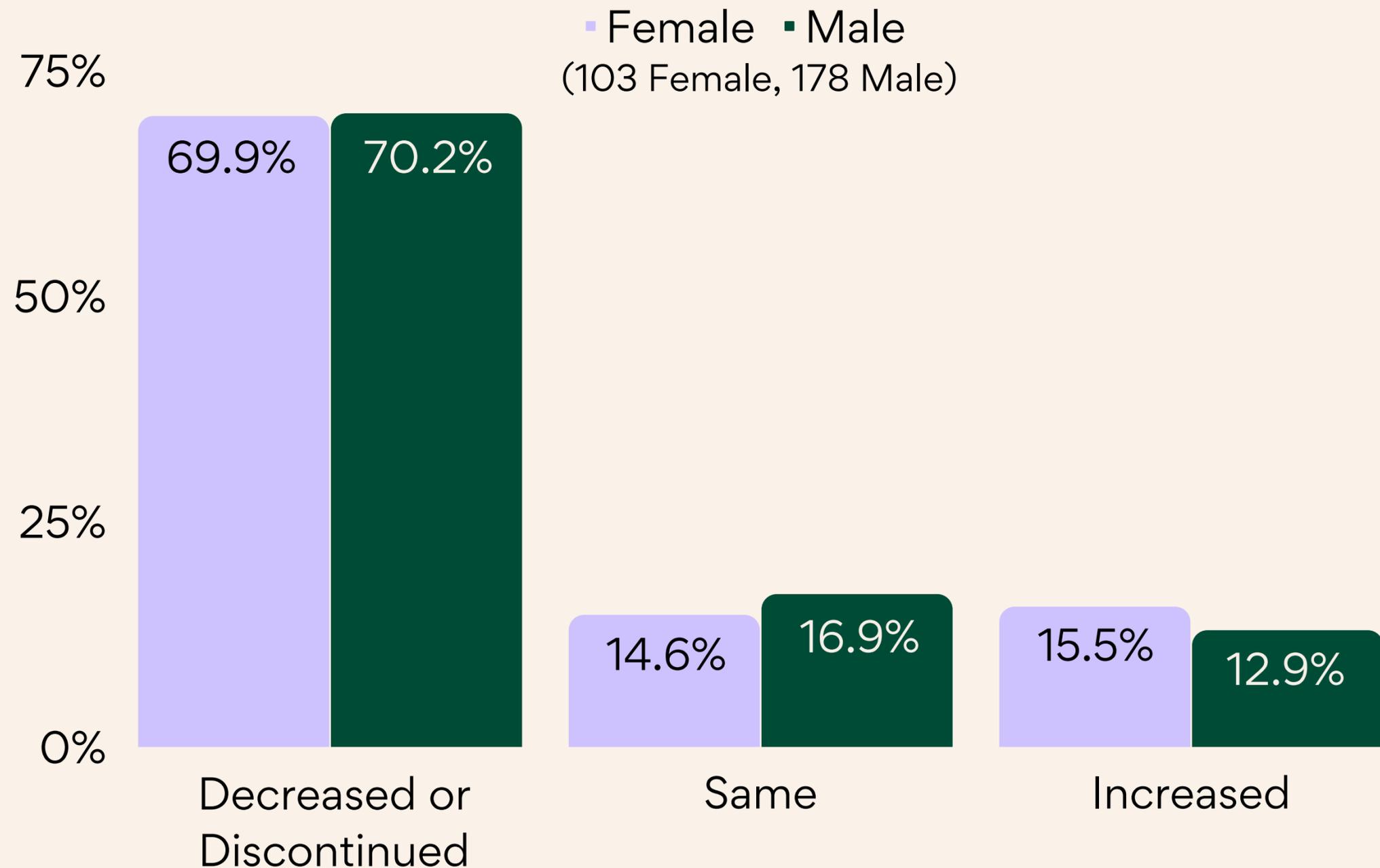


- Represents participants on the **Safer Opioid Supply program.**
- 66.1% (n = 281) of all participants studied are on Safer Opioid Supply only.

FENTANYL USE TRENDS BY GENDER

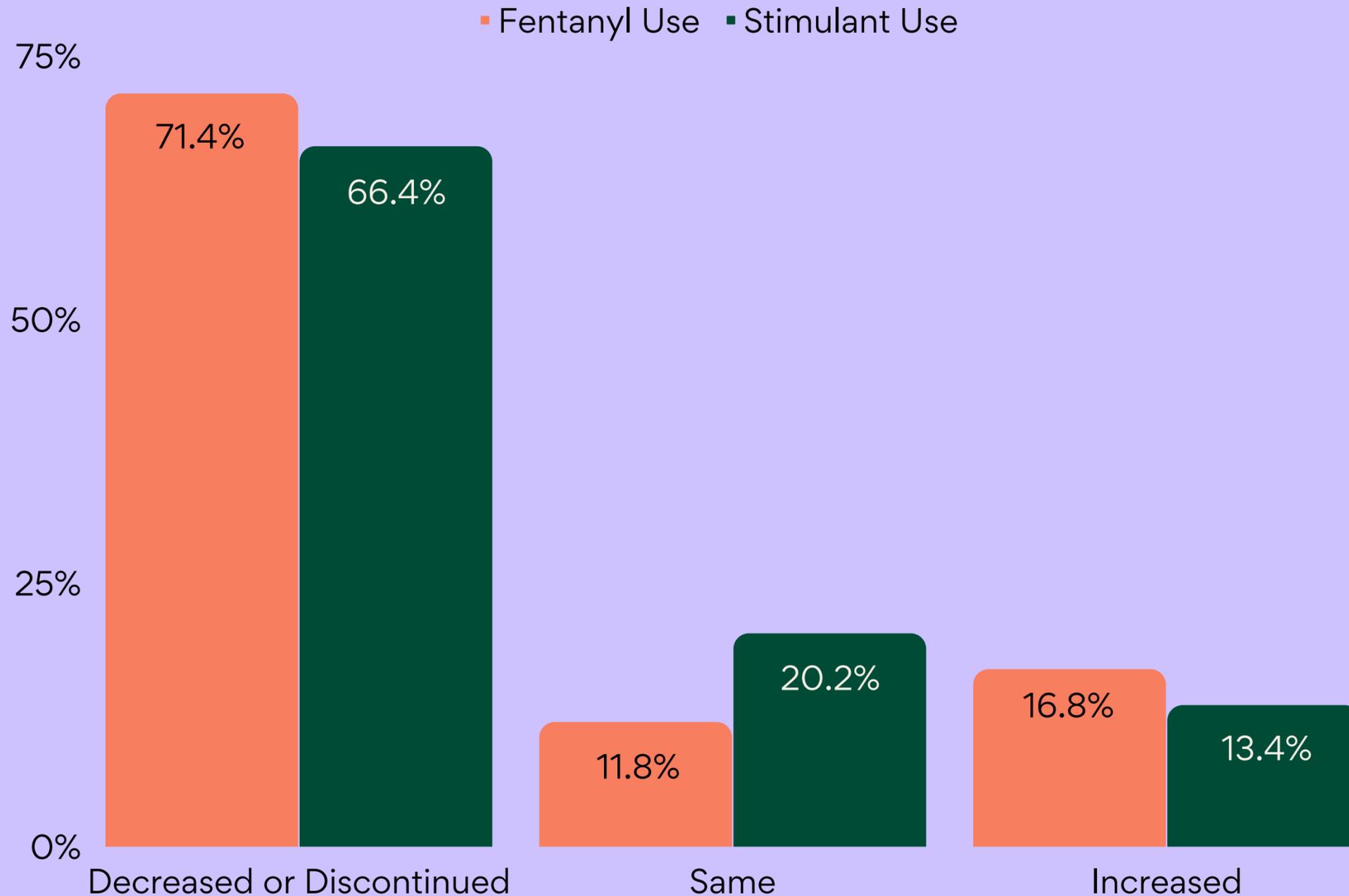
SAFER OPIOID SUPPLY

- Similar trends of fentanyl use were reported regardless of participant gender.



FENTANYL & STIMULANT USE TRENDS

COMBINATION SAFER SUPPLY



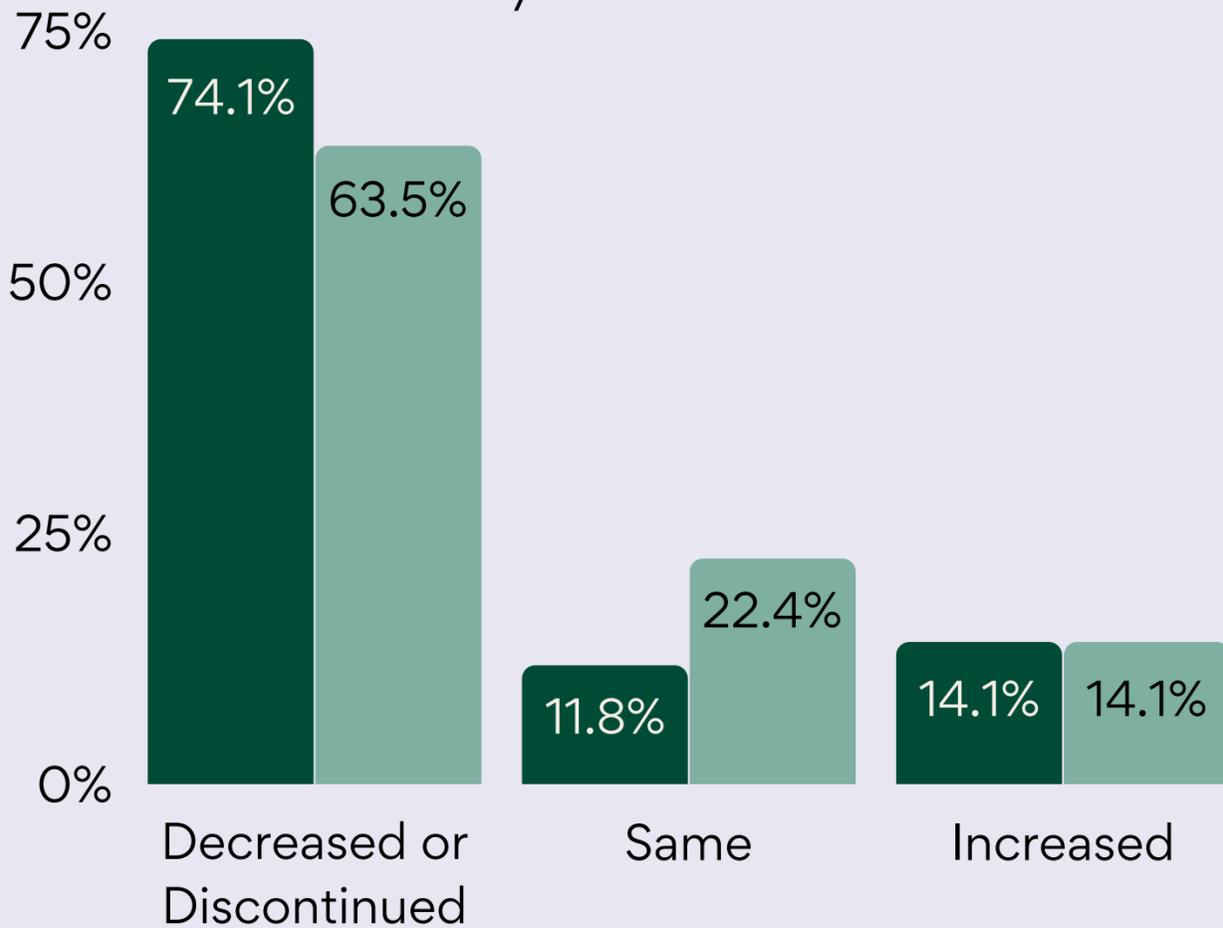
- Represents participant data on the **Combination Safer (Opioid & Stimulant) Supply** program.
- 28% (n = 119) of all participants are on Combination Safer Supply.
- Most participants reported an overall decrease in both fentanyl use (n = 85) and stimulant use (n = 79).
- Of note, more participants reported the same level of stimulant use (n = 24) in comparison to participants who reported the same level of fentanyl use (n = 14).

FENTANYL & STIMULANT USE TRENDS BY GENDER

COMBINATION SAFER SUPPLY

Male (n = 85)

■ Fentanyl Use ■ Stimulant Use



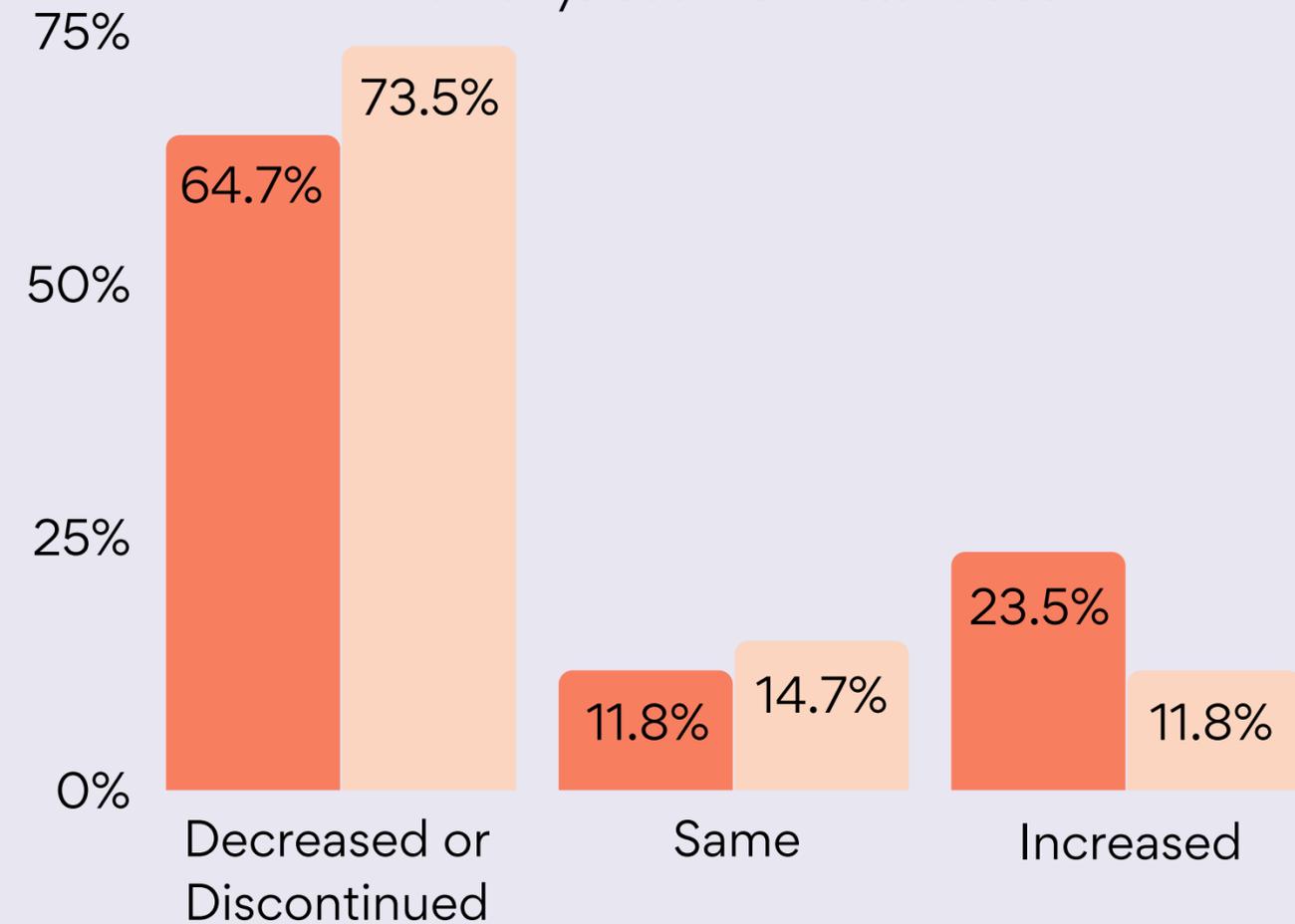
An overall trend of decreasing drug use (opioids and stimulants) was present across genders.

Female participants reported a slightly higher decrease for stimulant use (n = 25) compared to decreasing fentanyl use (n = 22).

Male participants reported the opposite, with a slightly higher decrease for fentanyl use (n = 63) compared to decreasing stimulant use (n = 54).

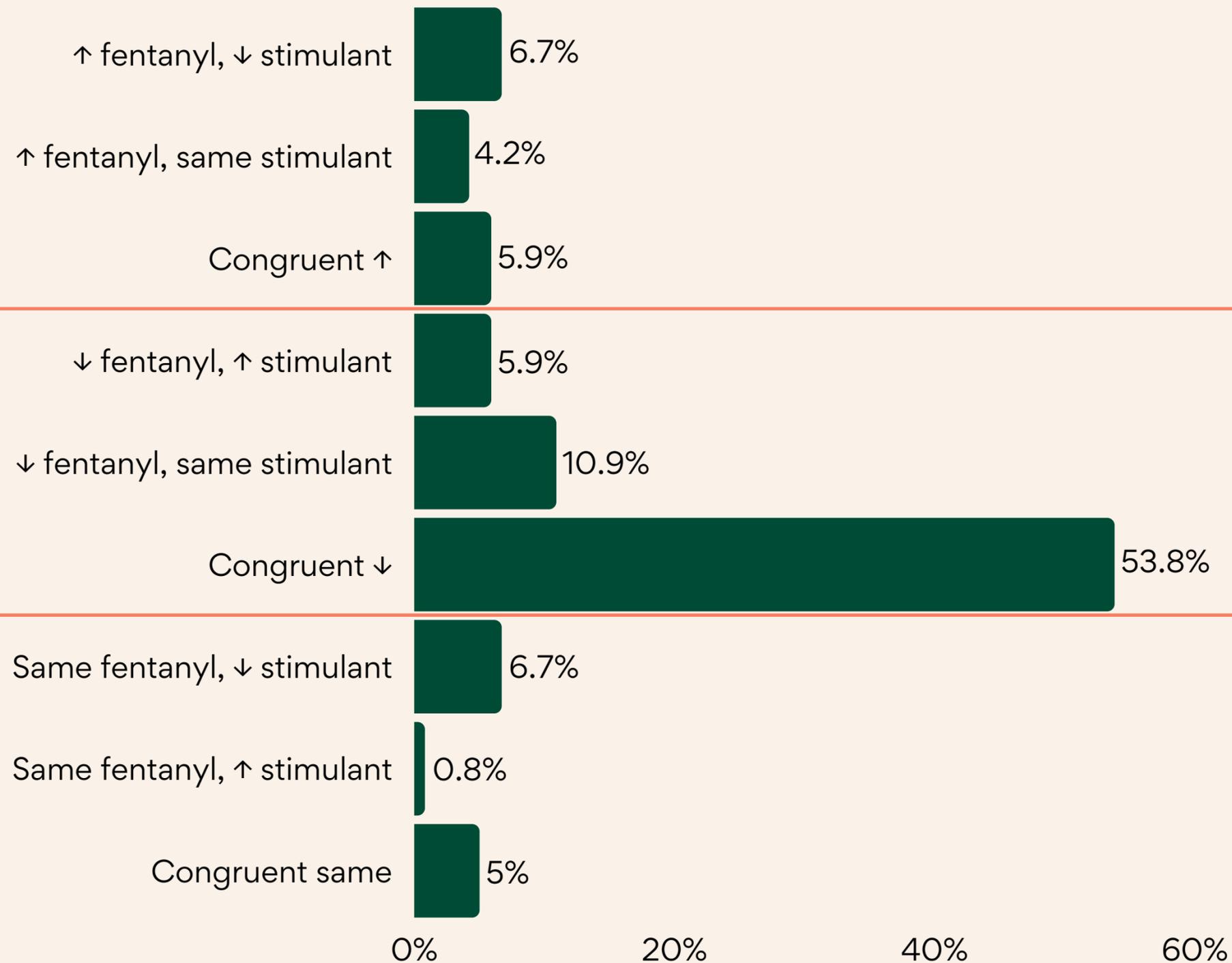
Female (n = 34)

■ Fentanyl Use ■ Stimulant Use



RELATIONSHIP BETWEEN FENTANYL & STIMULANT USE AT THE INDIVIDUAL LEVEL

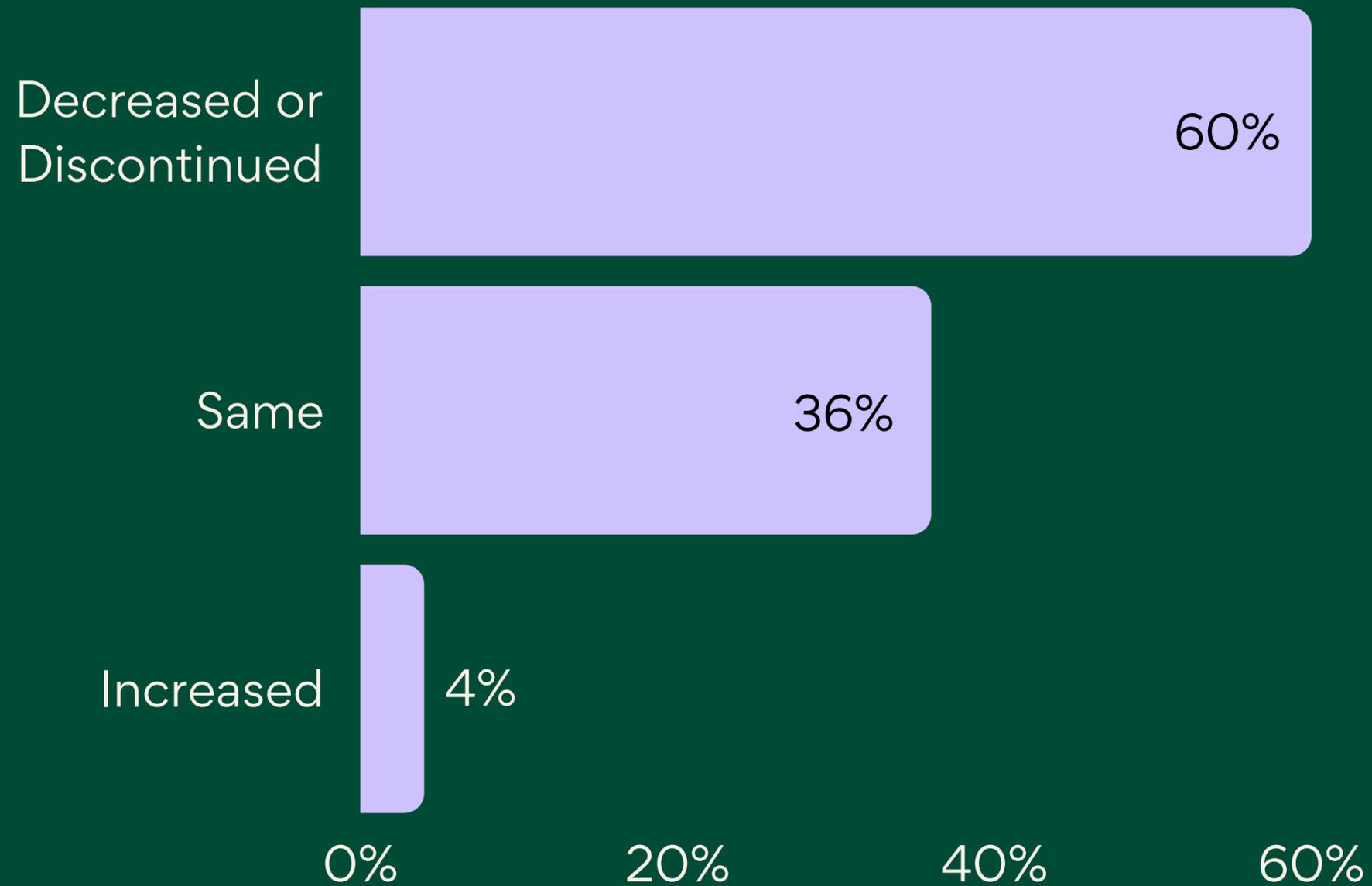
COMBINATION SAFER SUPPLY



- Measures describing **individual participant's concurrent drug use.**
- Each of the 119 participants on Combination Safer Supply were analyzed and grouped according to their reported fentanyl and stimulant use trends.
- 53.8% (n = 64) of participants reported a congruent decrease in both types of drug use.
- 10.9% (n = 13) reported decreasing their fentanyl use while maintaining their same level of stimulant use.
- 71.4% (n = 85) of participants experienced an overall decrease in all substance use.

STIMULANT USE TRENDS

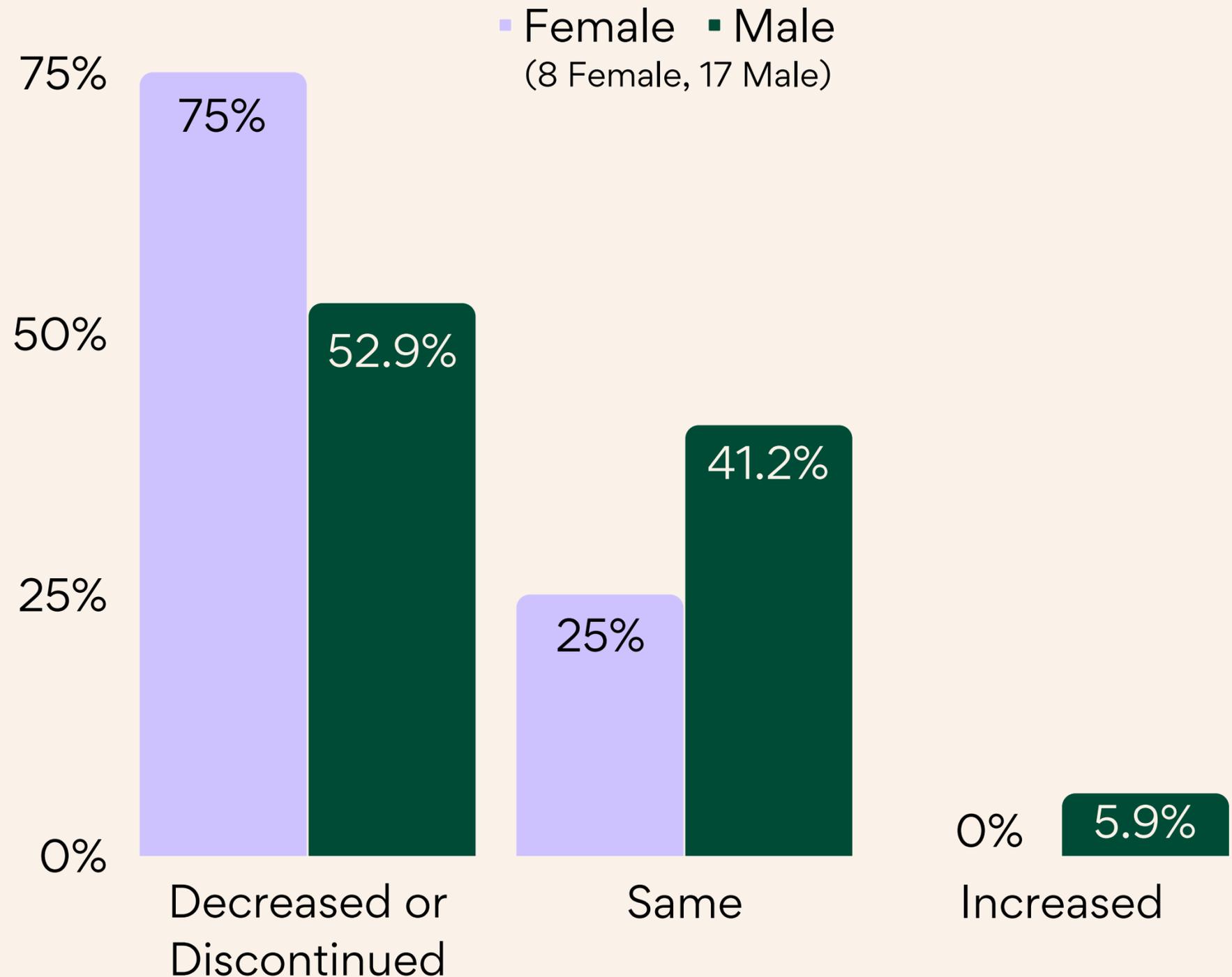
SAFER STIMULANT SUPPLY



- Represents participant data from the **Safer Stimulant Supply** program.
- 5.9% (n = 25) of all participants are on a Safer Stimulant Supply program.
- The majority of participants reported a decrease in their stimulant use this period (n = 15).
- Of note, more participants reported the same level of use when compared to the *Same* category of other Safer Supply program types.

STIMULANT USE TRENDS BY GENDER

SAFER STIMULANT SUPPLY

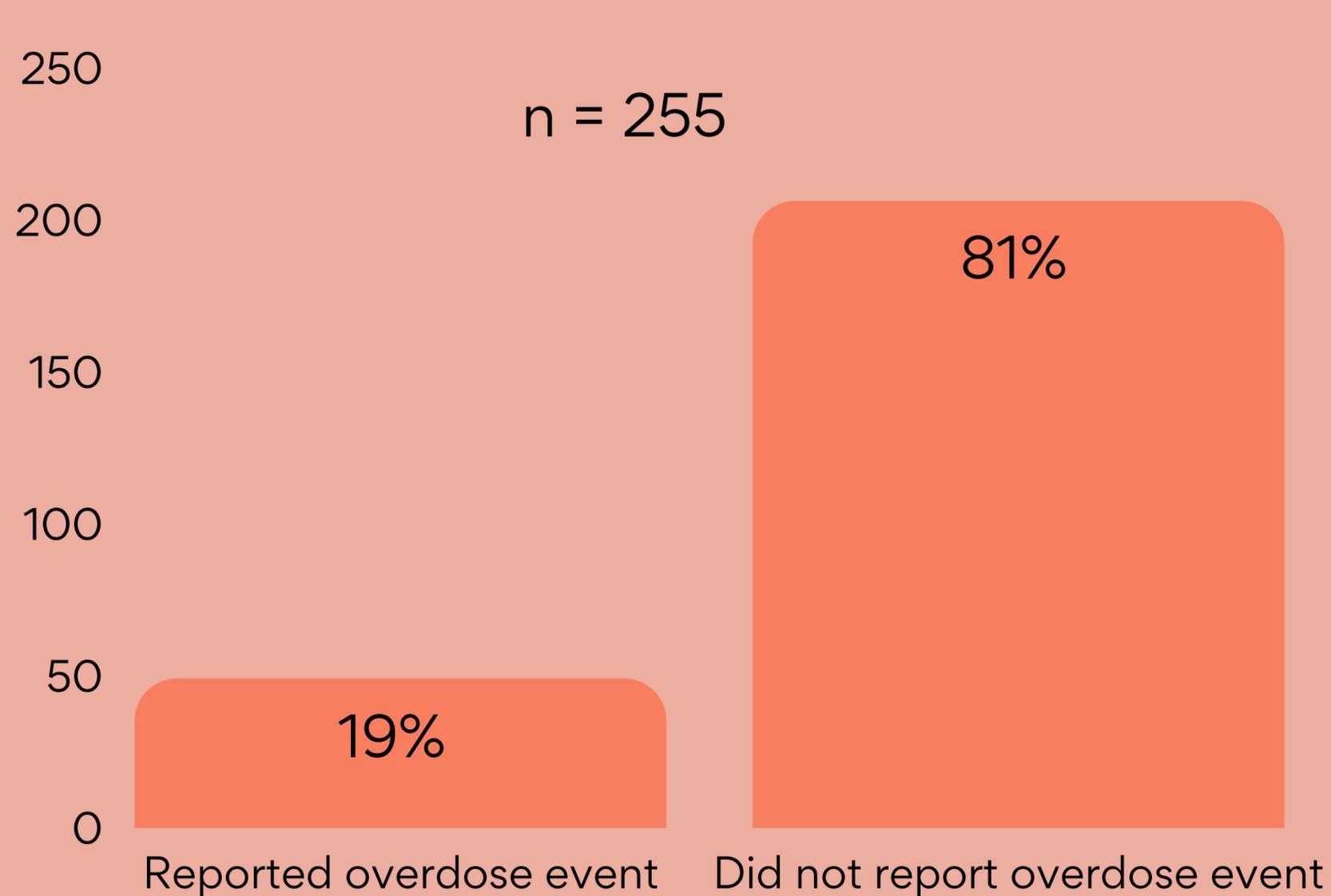


There is a noted difference in reported stimulant use trends between female and male participants in this program:

- Female participants reported an increase in stimulant use. 75% of females reported a decrease in use (n = 6).
- 41.2% male participants reported the same level of stimulant use (n = 7), while 52.9% (n = 9) reported a decrease.

OVERDOSE EVENTS (APRIL – JULY 2022)

INTER-PROGRAM SAMPLE



- Sample included **all participants across all programs who reported experiencing at least one recent drug overdose event at the time of their Safer Supply program intake** (n = 255).
- Only 19% (n = 49) of these participants continued to report experiencing an overdose event.
- Of importance, 81% (n = 206) of these participants reported no overdose events during this check-in reporting period.

4/5

participants studied did not experience an overdose event this period



Qualitative Research

Data Collection



PARTICIPANTS

n = 30 Safer Supply clients

SOURCES

Demographic survey & semi-structured interviews

SAMPLING

Core interviews done at a single location, then replicated in other settings

COMPENSATION

Participants given \$100 for their time & expertise

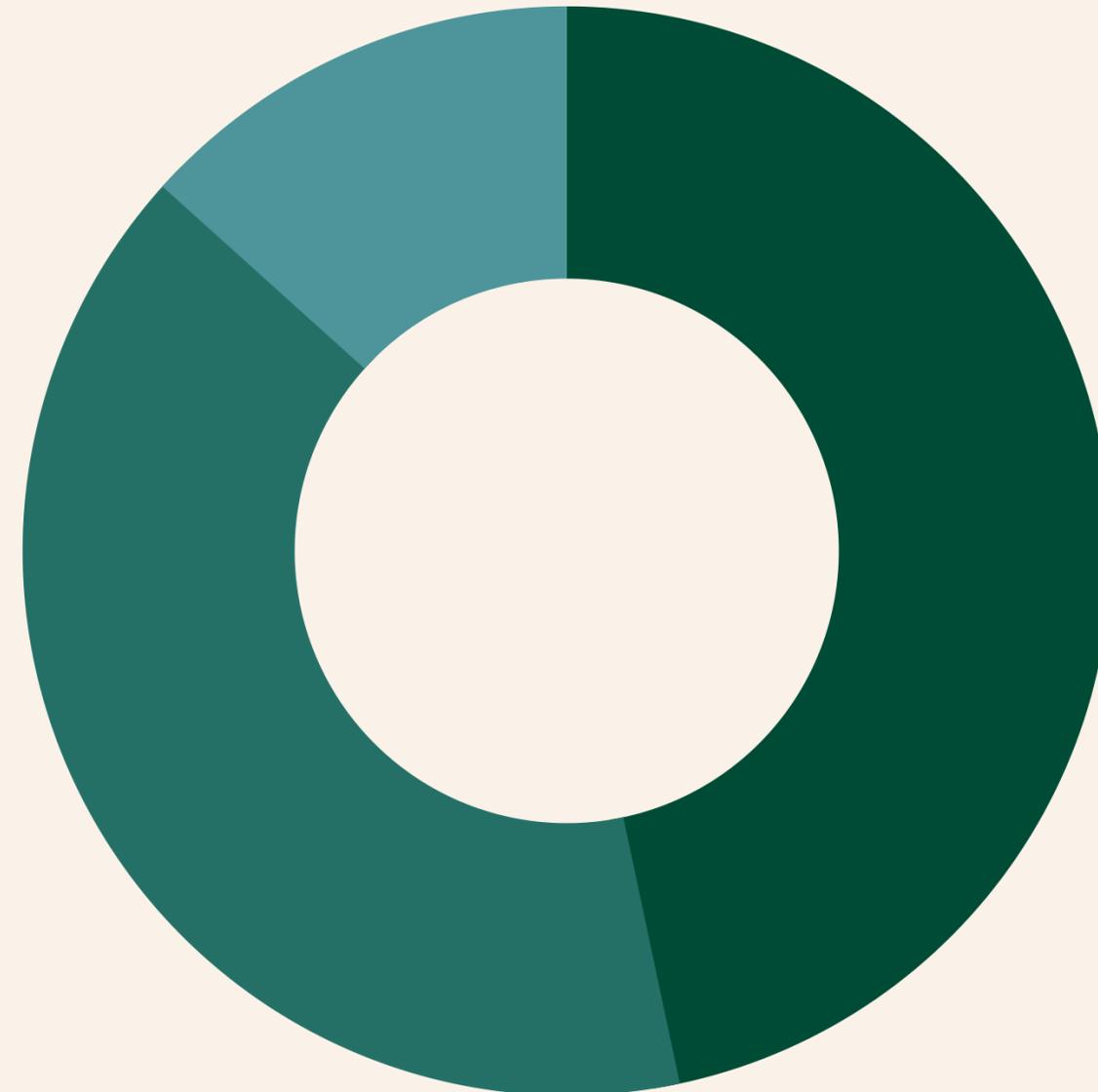
RESEARCH PARTICIPANTS BY PROGRAM SITE

Sample

Community Health Centre
4

Shelter/SCS
12

Clinic
14



Demographics

42

median participant age
(years)

21

median # of months on
program



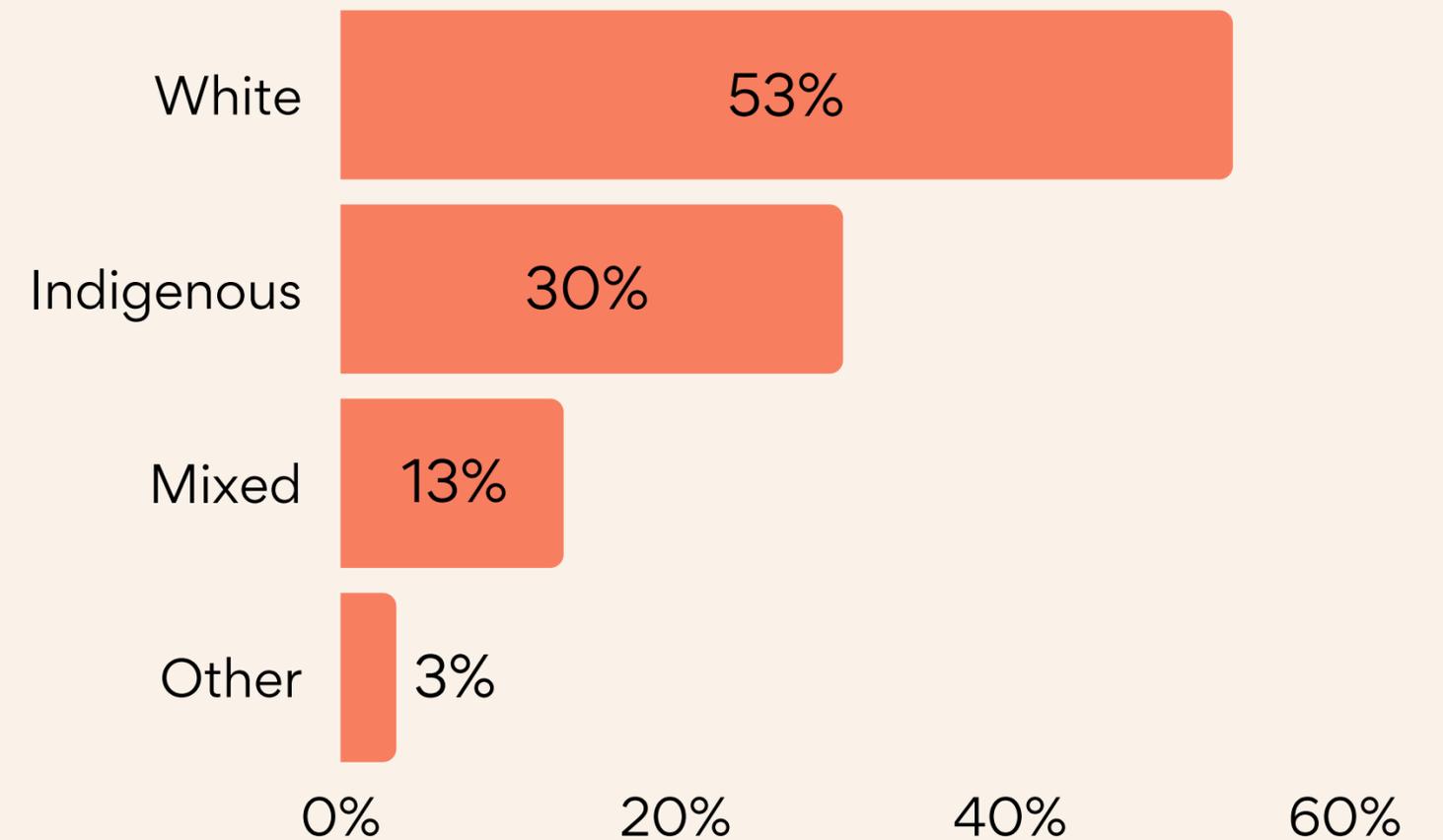
Gender

Female = 13 (43.3%)

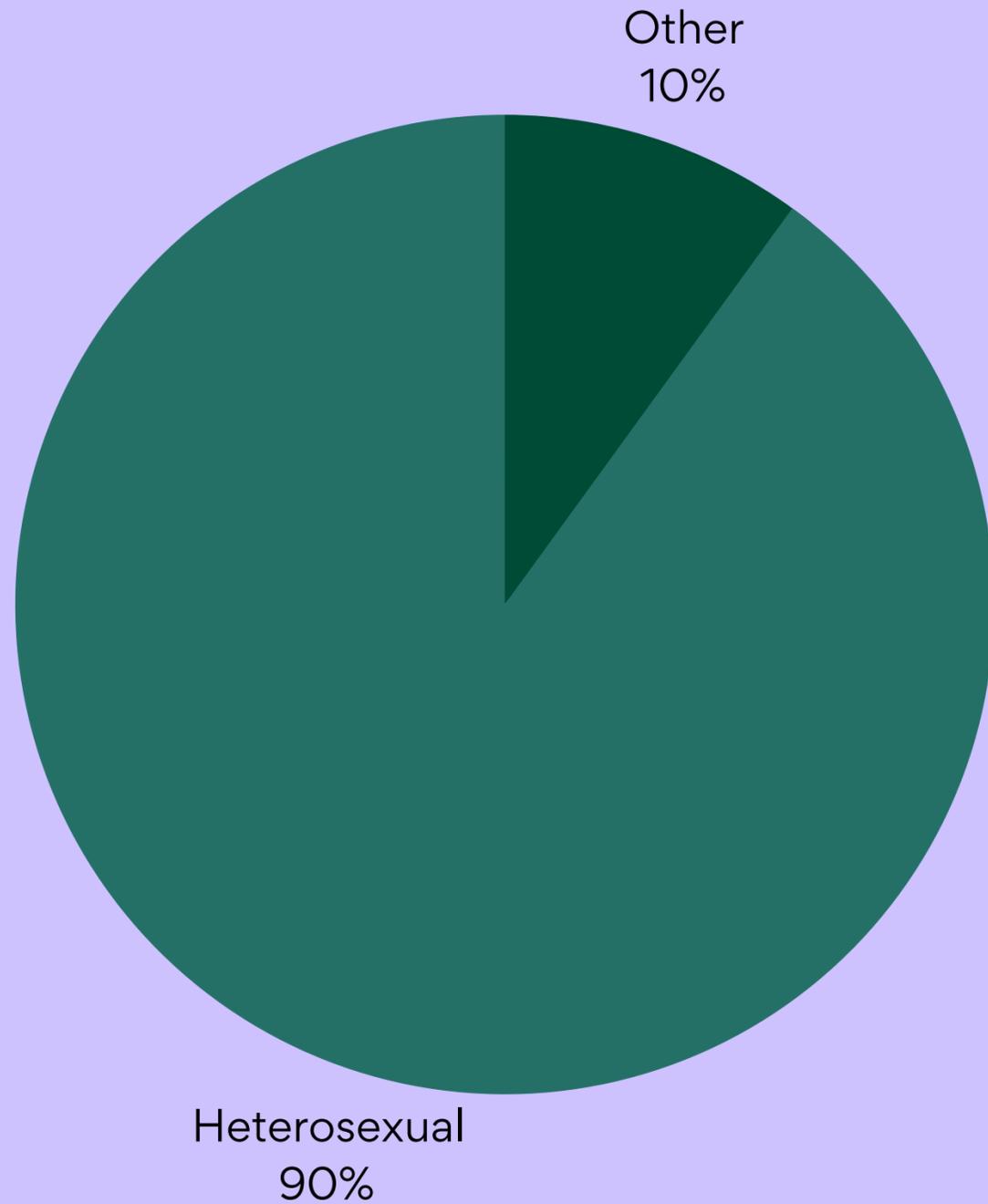
Male = 17 (56.7%)



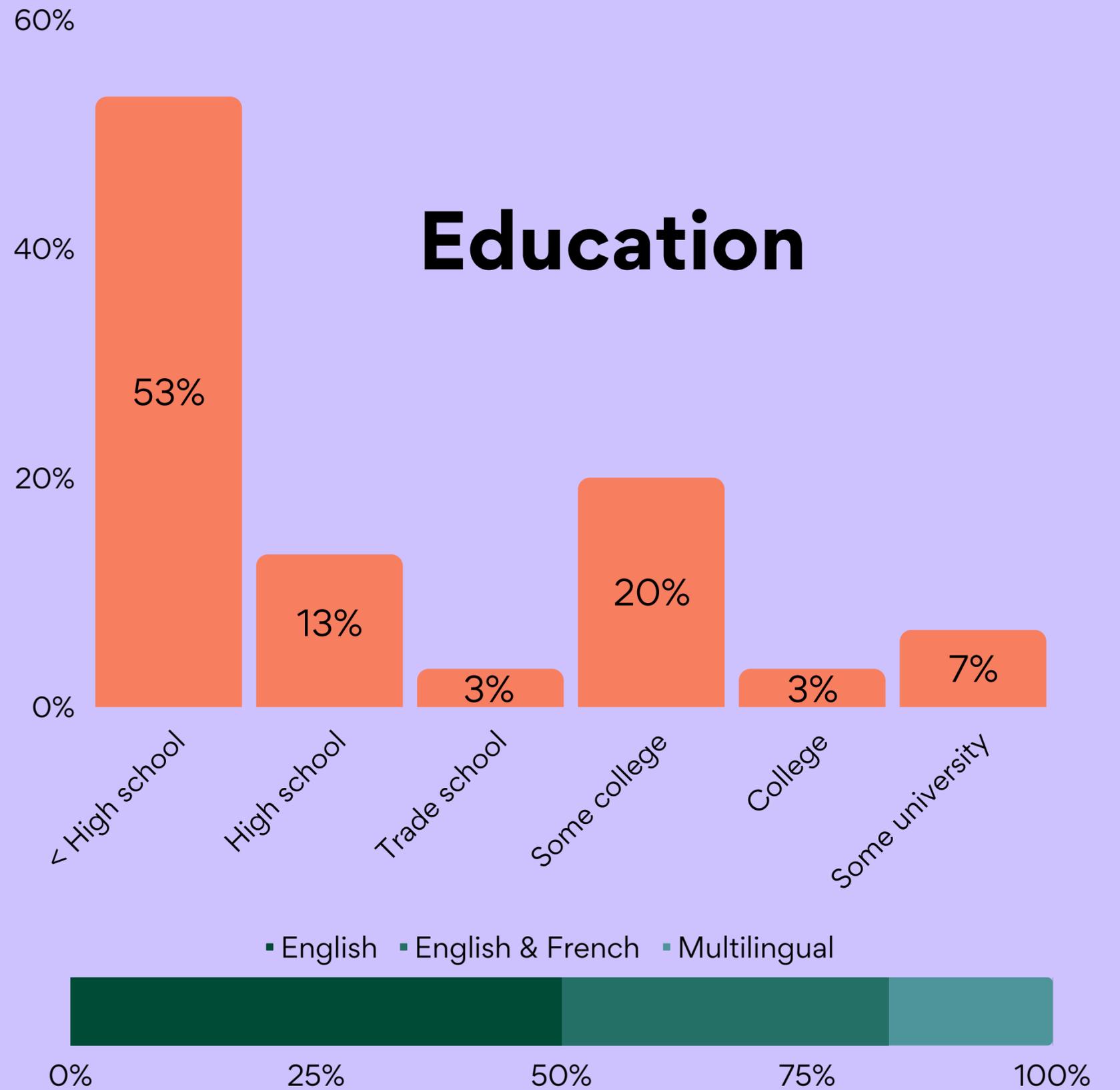
Ethnicity



Sexual Orientation

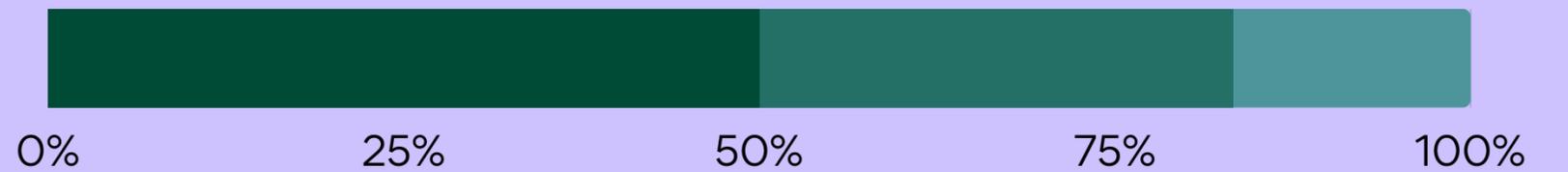


Education

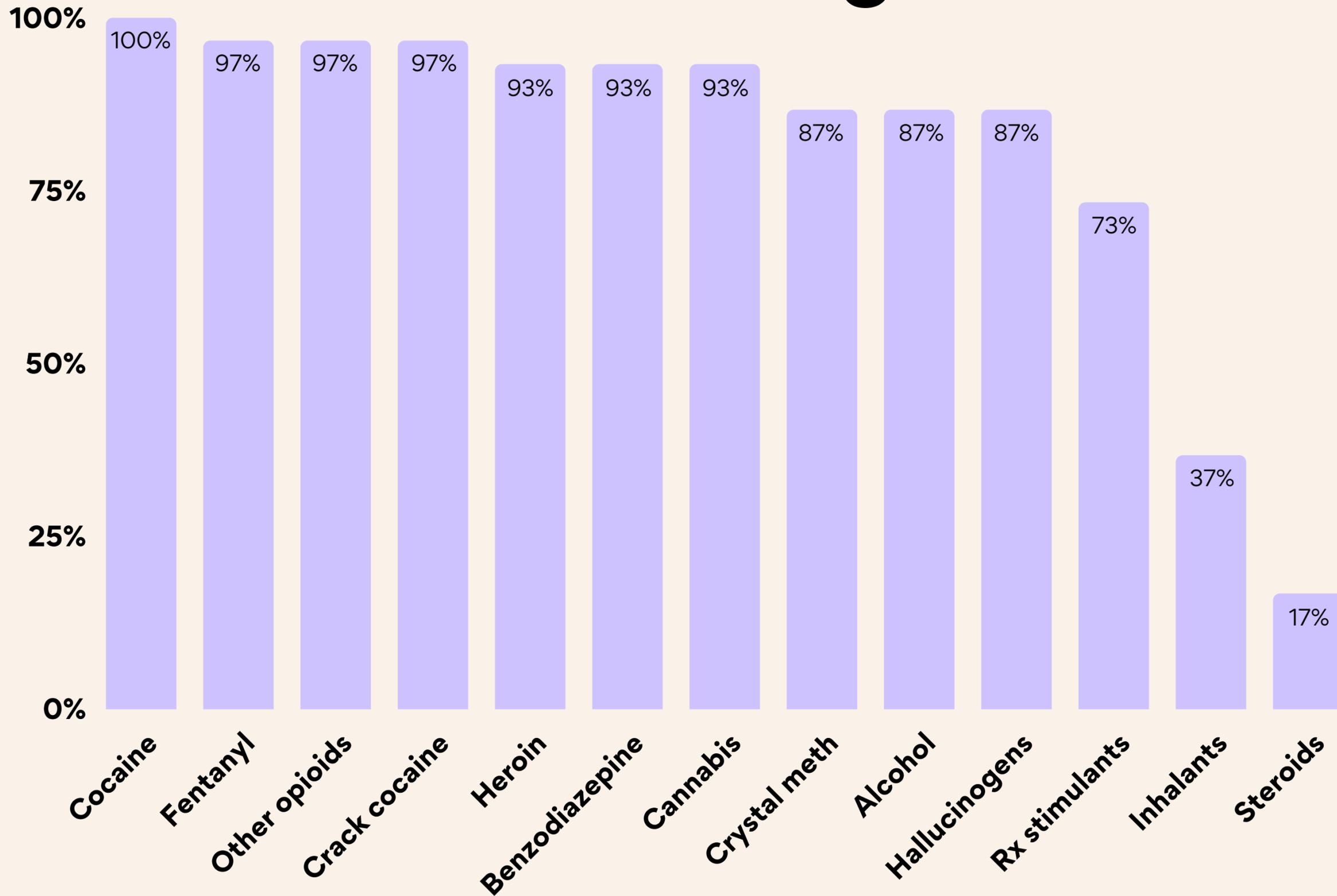


English English & French Multilingual

Spoken Languages



Lifetime Drug Use

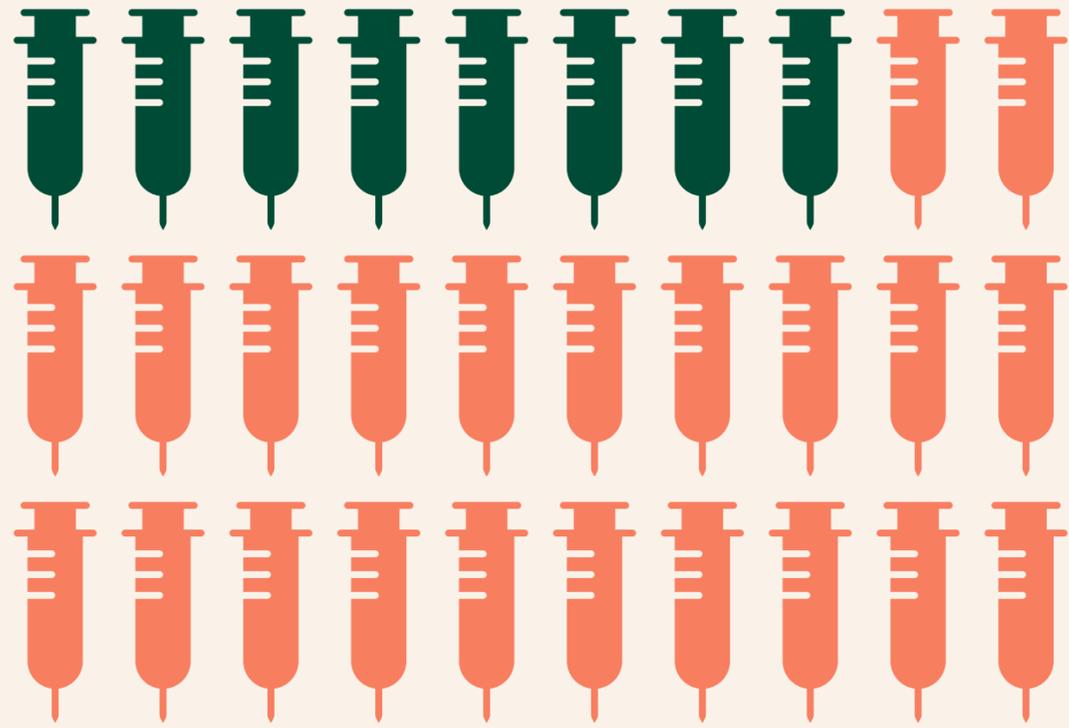


13

median age
(started to use
drugs)

22

median age
(started to use
opioids)

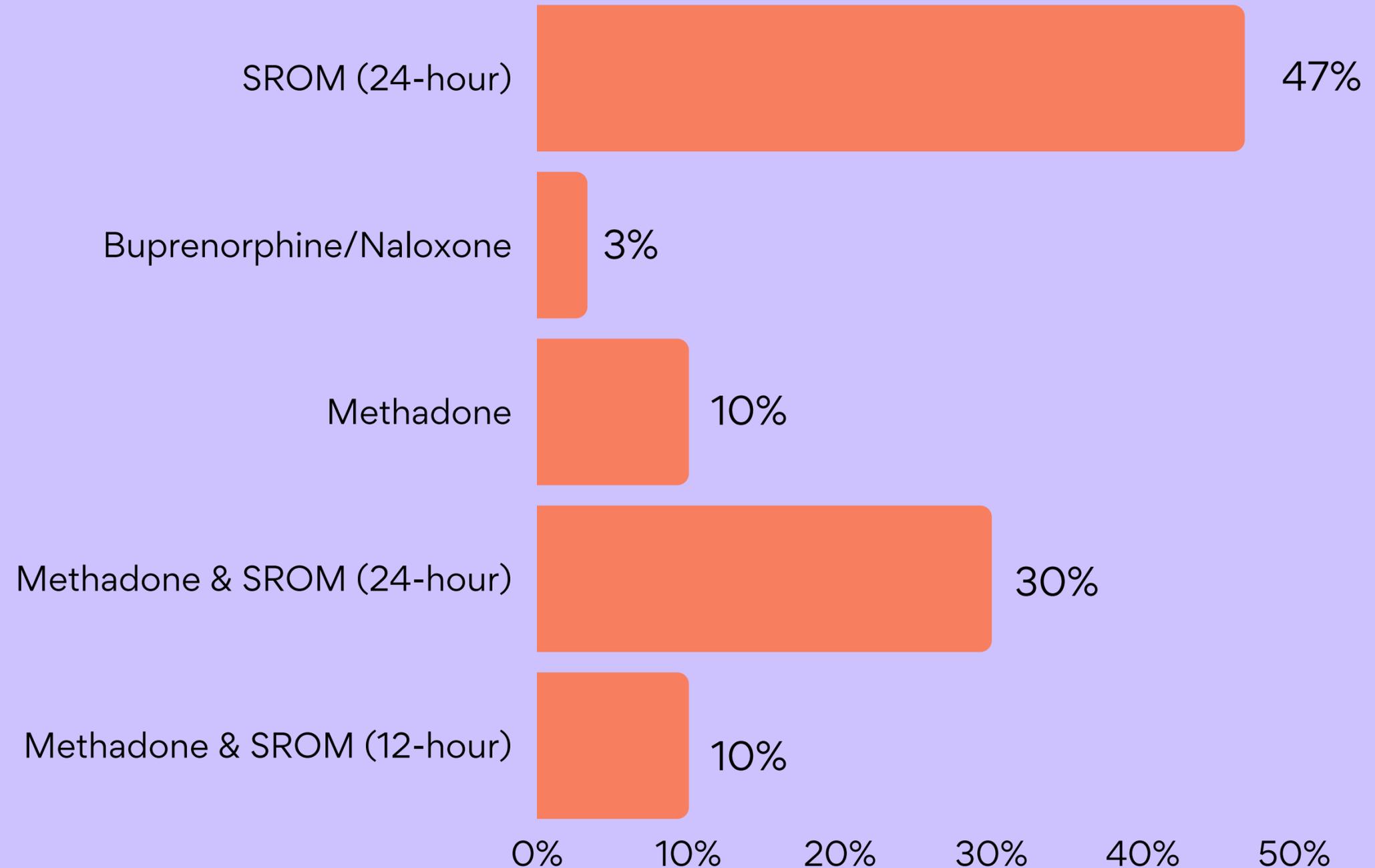


8 OUT OF 30

Participants were also part of a Safer Stimulant program

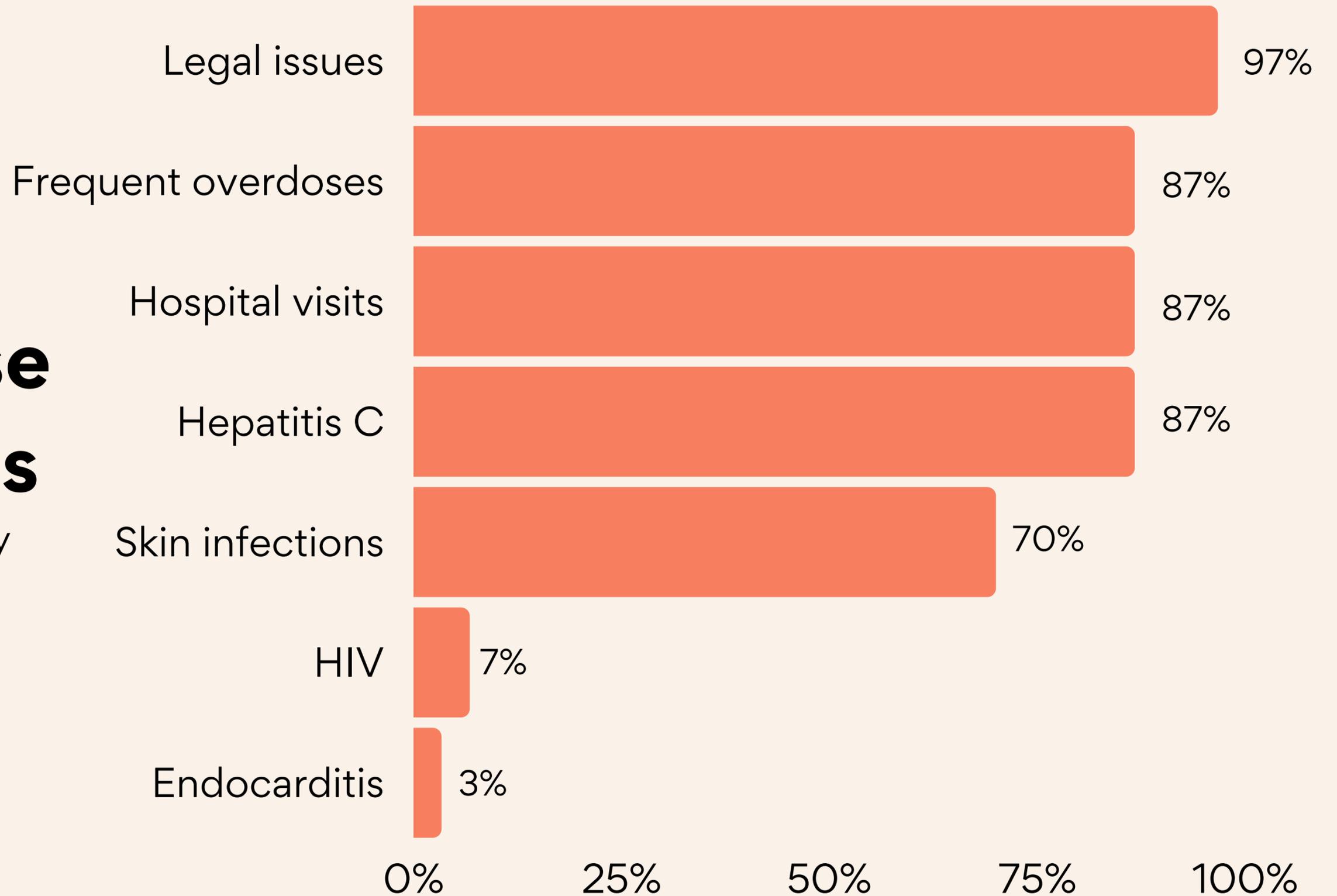
100%

Of participants were prescribed a long-acting opioid to help manage withdrawal symptoms

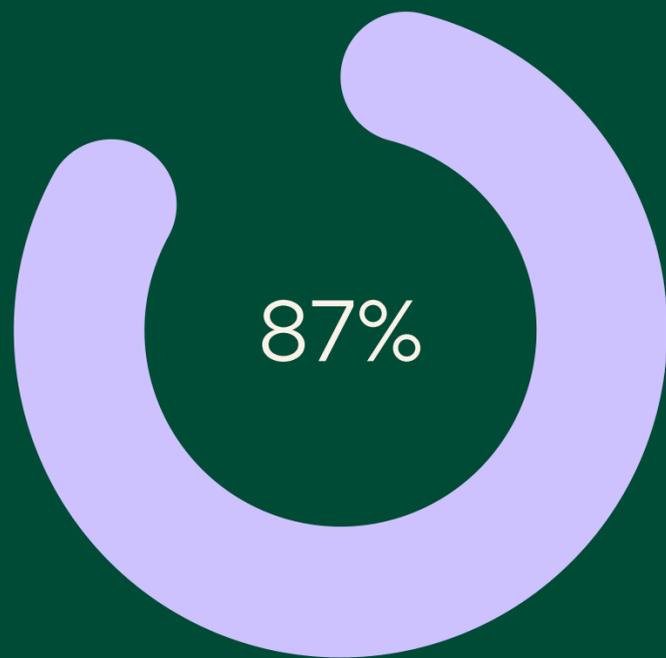
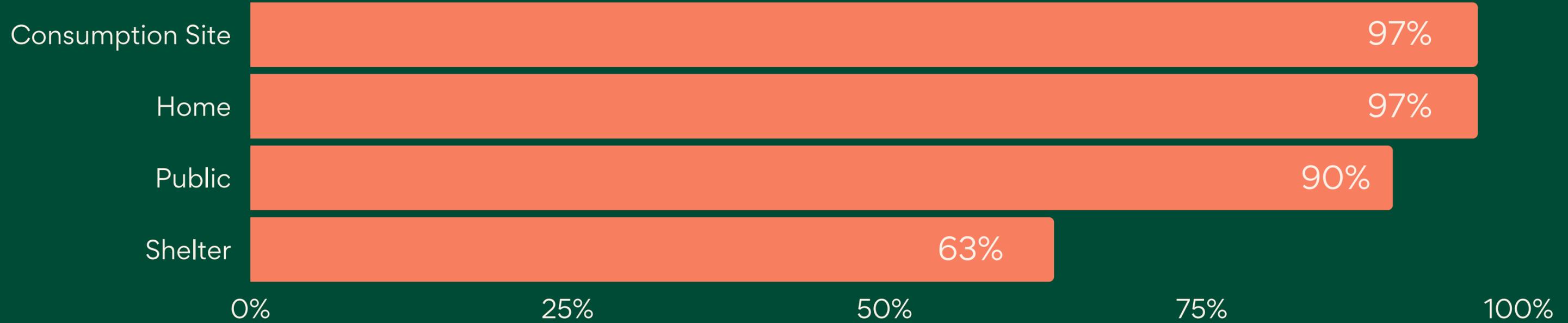


Substance Use Complications

Prior to starting Safer Supply



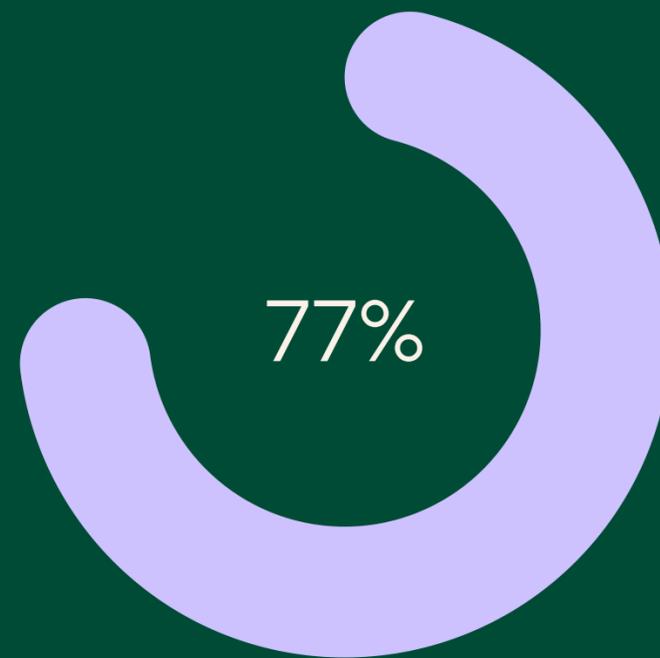
Drug Use Locations



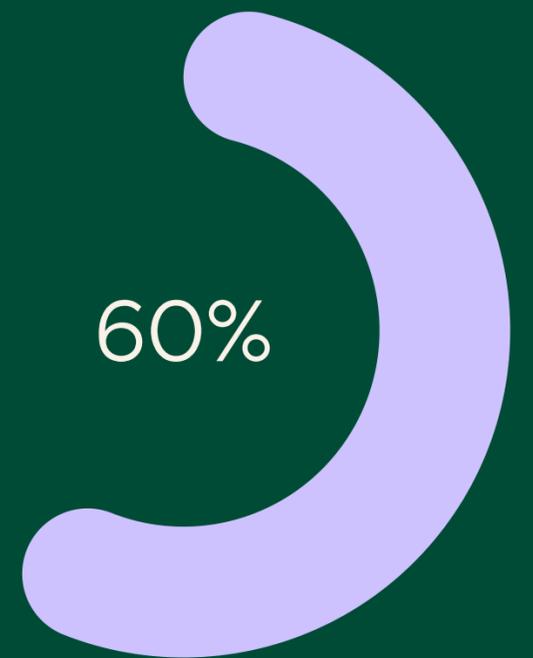
Ottawa Inner
City Health



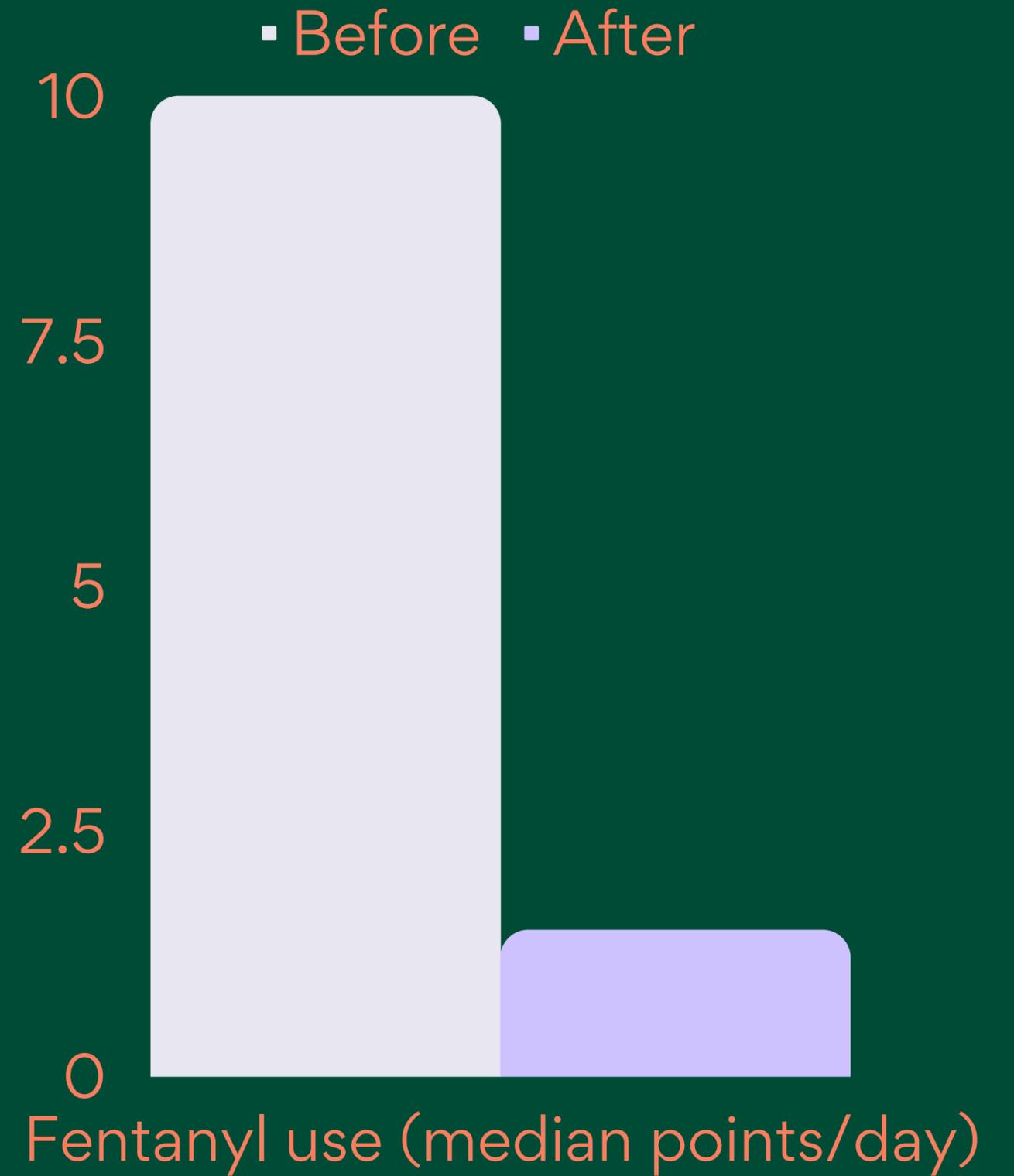
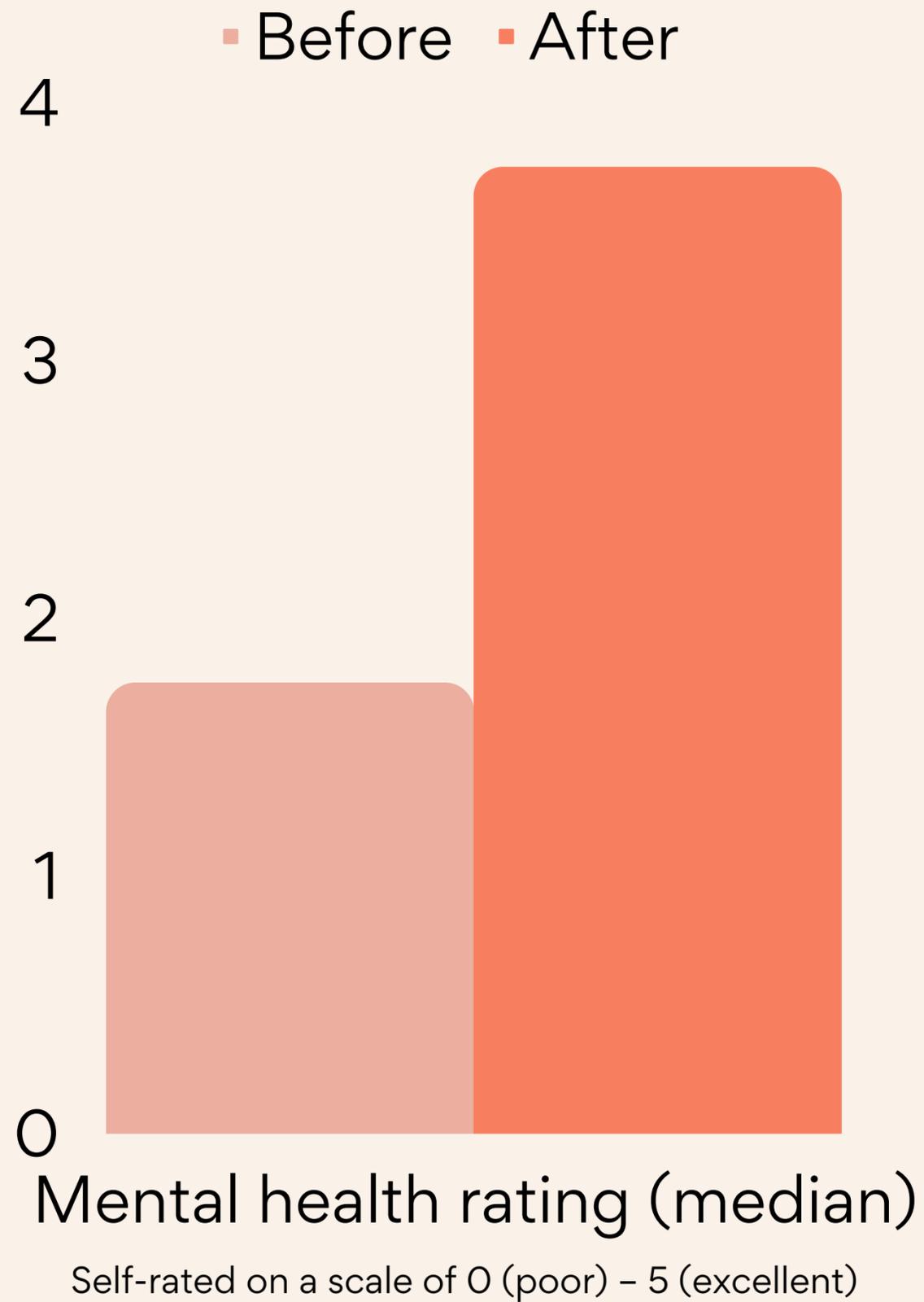
Sandy Hill CHC



Somerset West
CHC

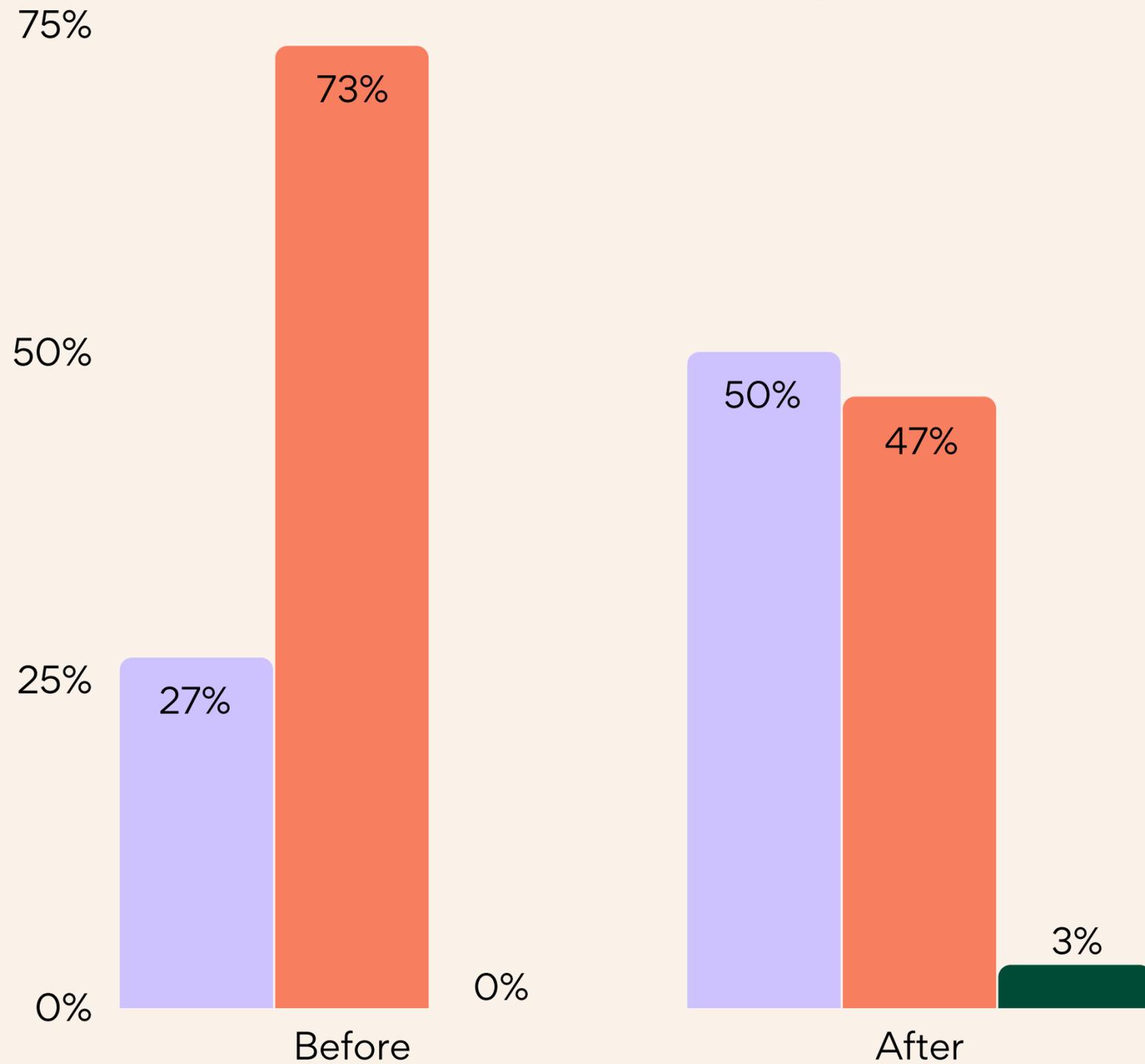


Ottawa Public
Health

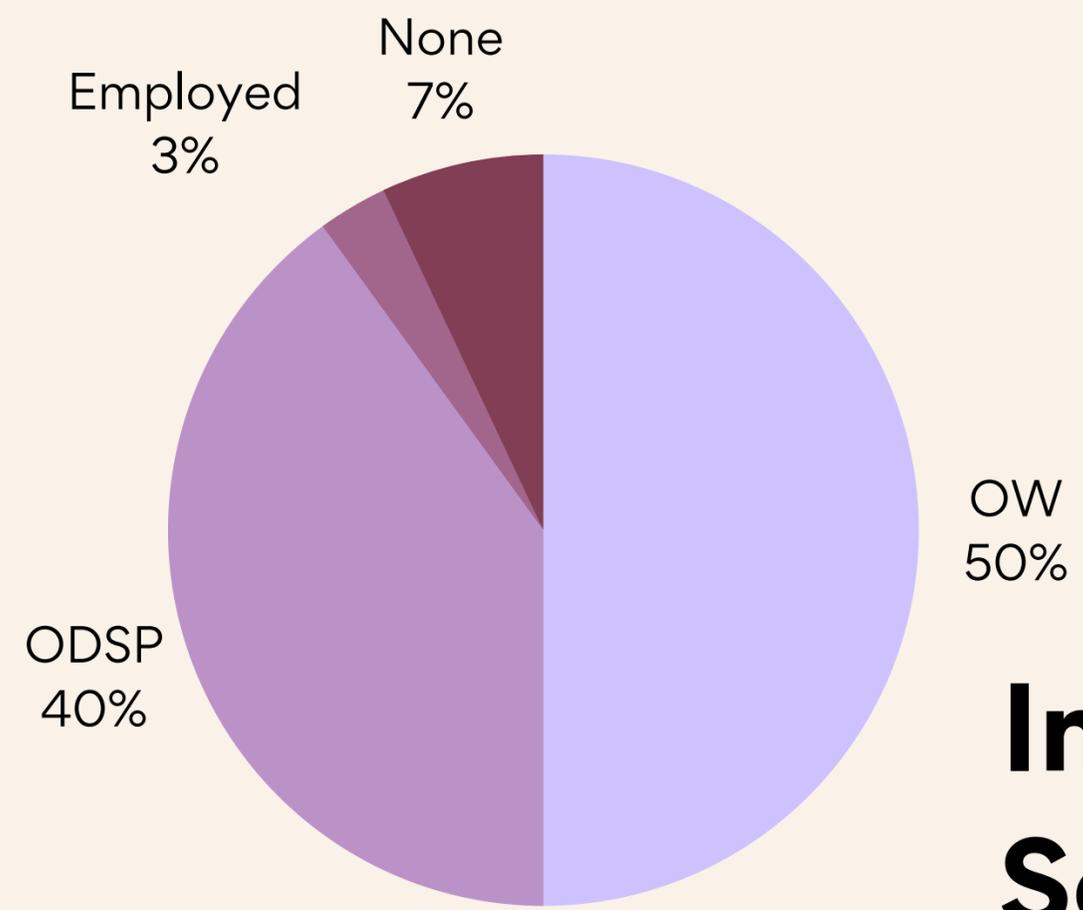


Housing Status

■ Housed ■ Shelter ■ Unstably housed

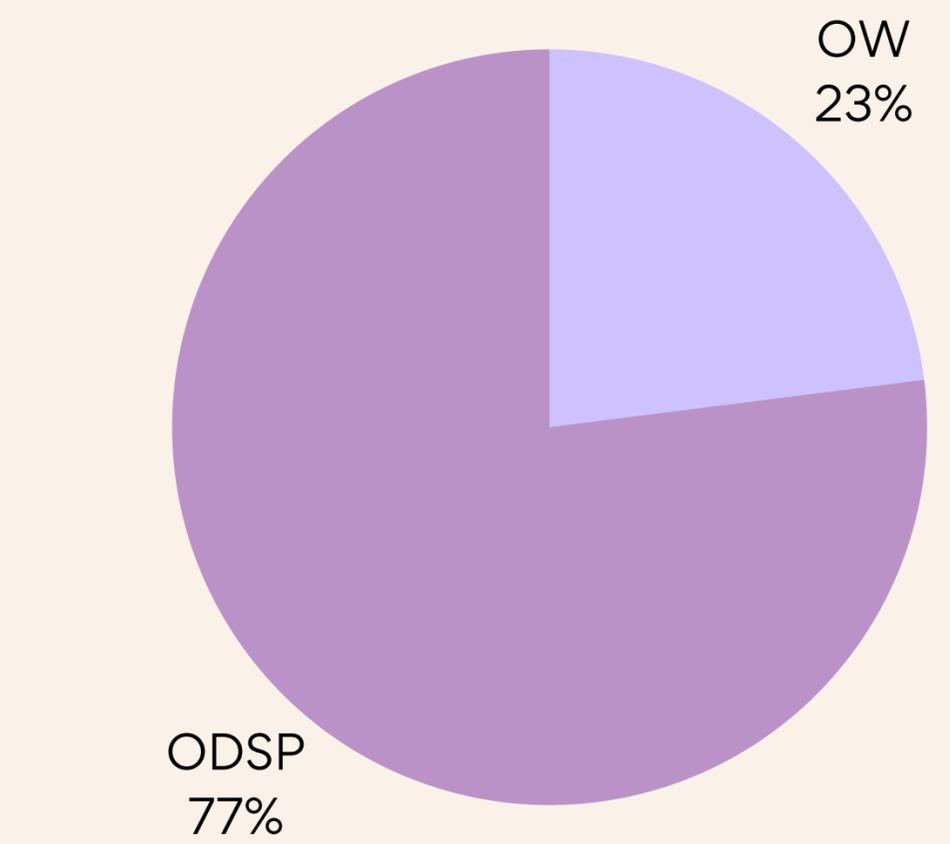


Before

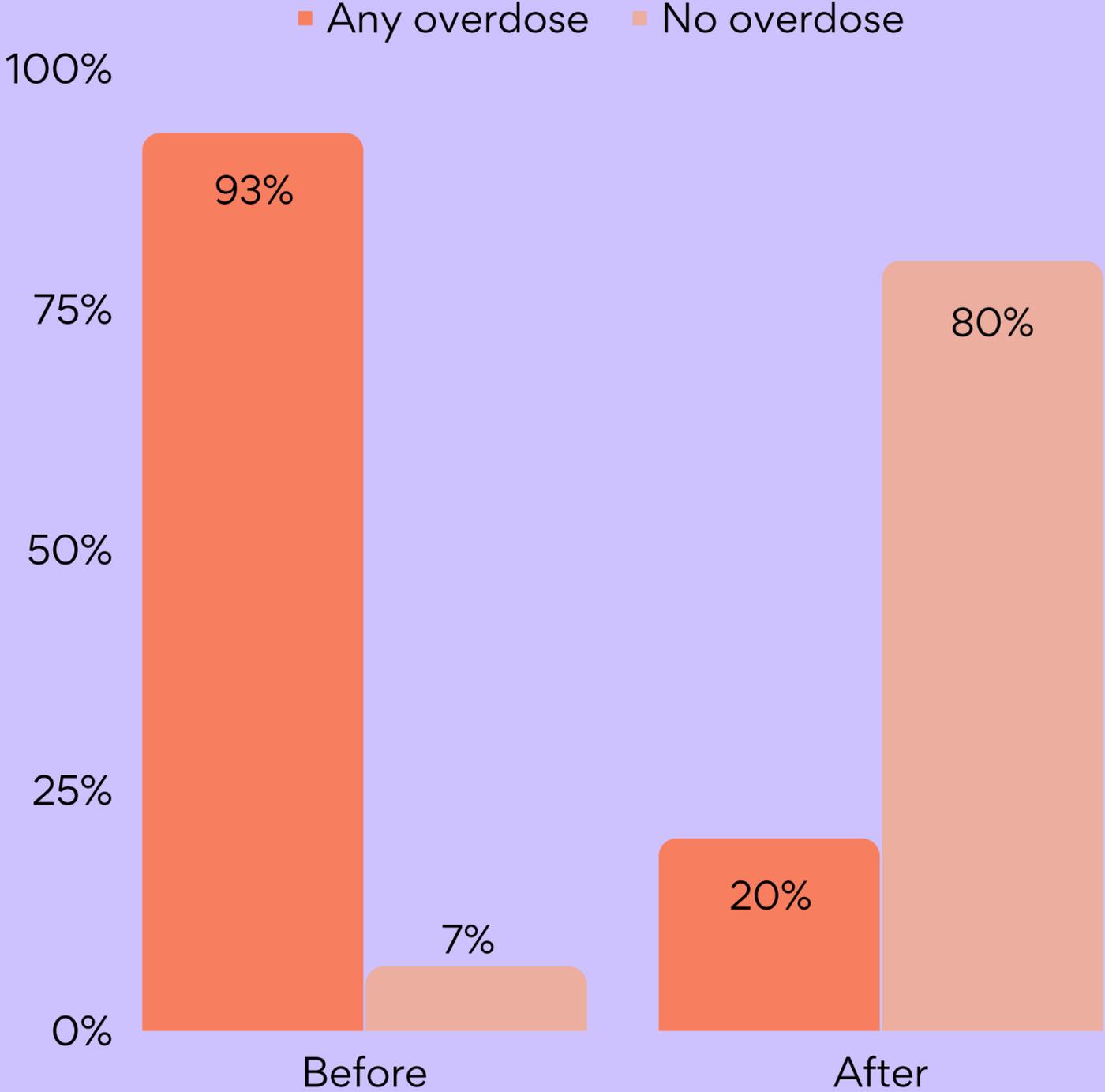


Income Source

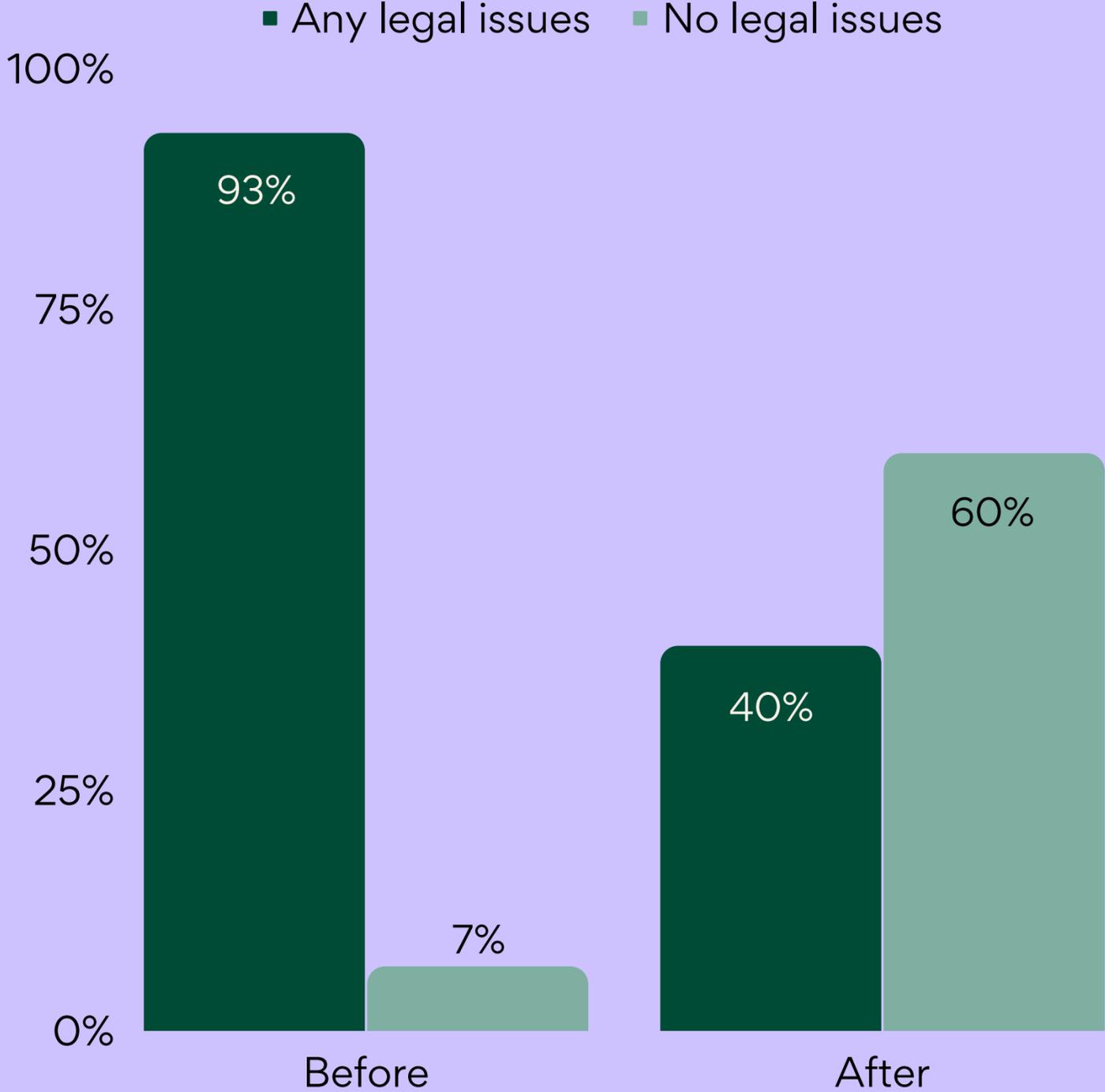
After



Overdose Events



Legal Issues





Interviews

Interview Themes

1

Context of Substance Use

2

Program Process

3

Envisioning the Future

Theme 1: Context of Substance Use

01

Trauma

Current & previous experiences of trauma related to substance use.

02

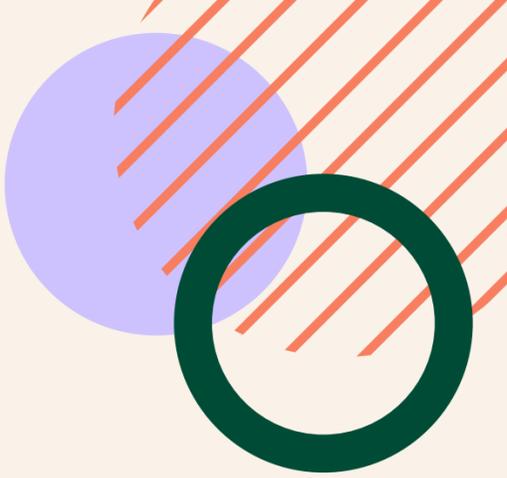
Cycle of Use

Constantly "stuck" in a cycle of substance use.

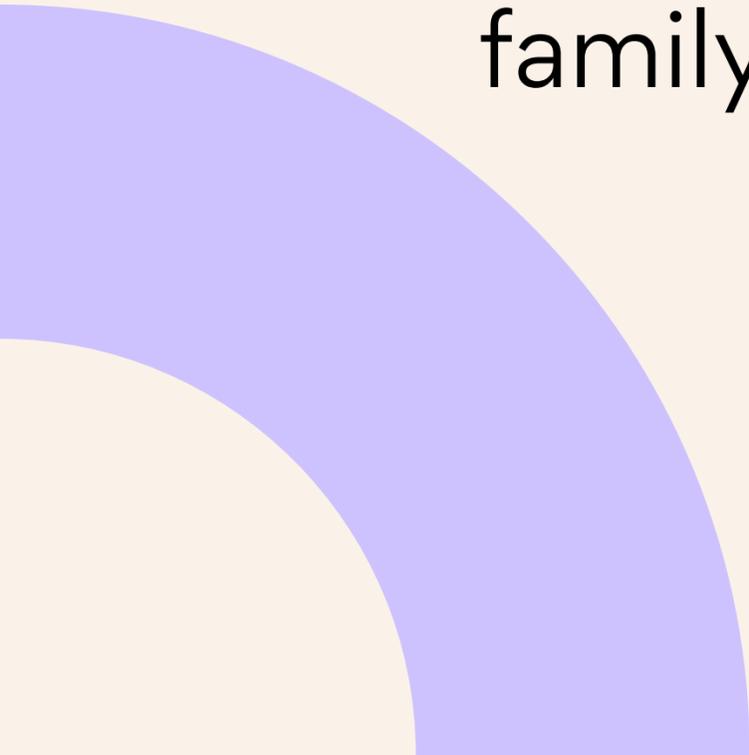
03

Previous Support

Past experience accessing support for substance use.



"Because [opioids] helped me not think about a lot of the trauma that I went through – and I went through a lot of trauma. I was on the streets when I was 15. Runaway from children's aid. Being physically, sexually, mentally abused by my foster family... the reason I use [opioids] is to forget and not to think about that".



Participant 25

Trauma

STIGMA & MARGINALIZATION

- Feelings of rejection & abandonment
- Avoidance of others
- Dehumanization

GUILT & SHAME

- Criminal activity
- Remorse

POWERLESSNESS

- Black outs
- Chaos of life
- Illicit drug supply continuously changing



HOPELESSNESS

- Limited decision making ability
- Despondent about future



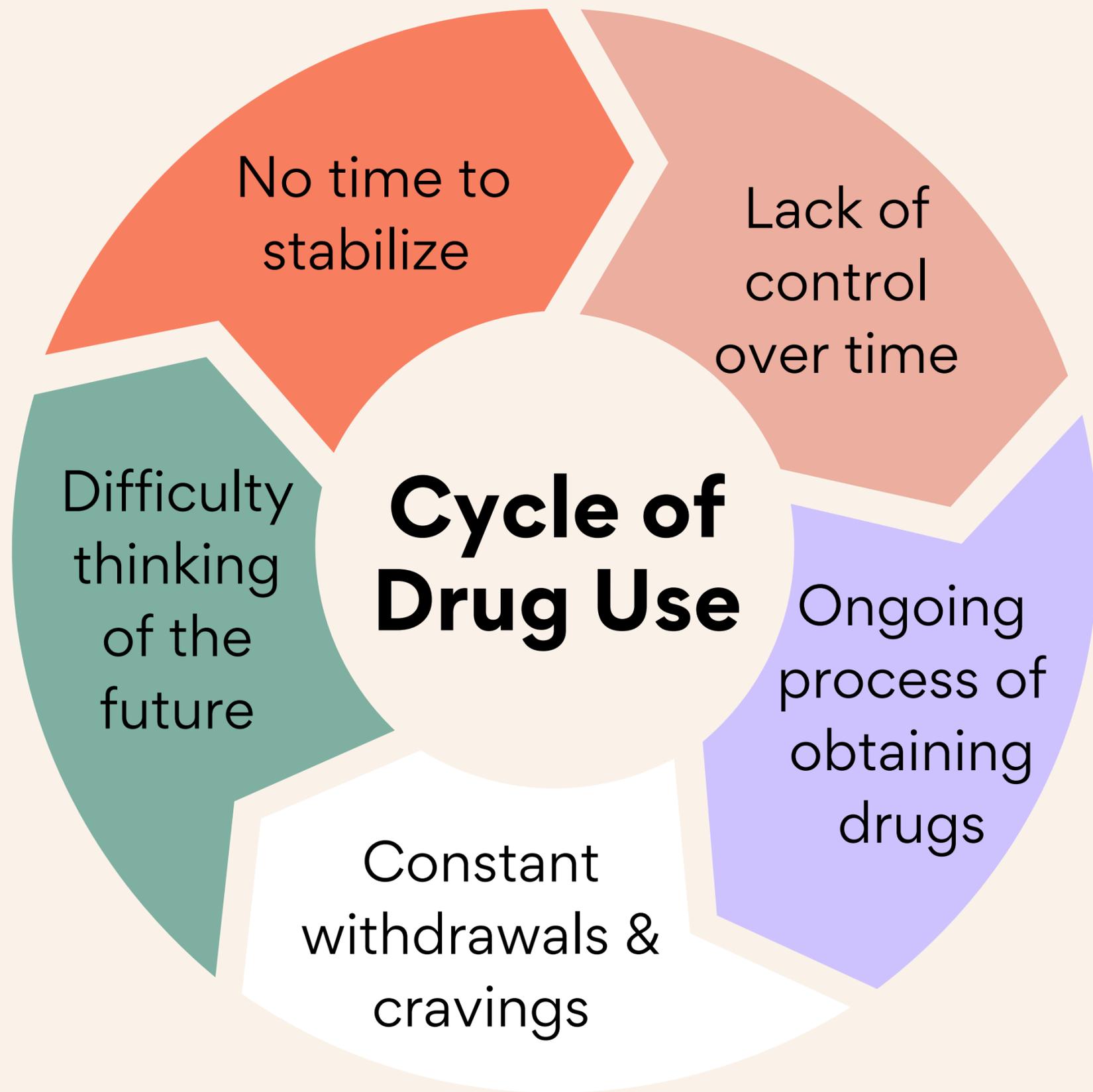
UNPREDICTABLE

- Inconsistent drug supply
- Intense fear & feelings of helplessness



CONSTANT LOSS & GRIEF

- Cumulative grief
- Disenfranchised grief



Safer Supply
as a tool to
interrupt the
cycle

**Previous
Attempts
to Access
Support**

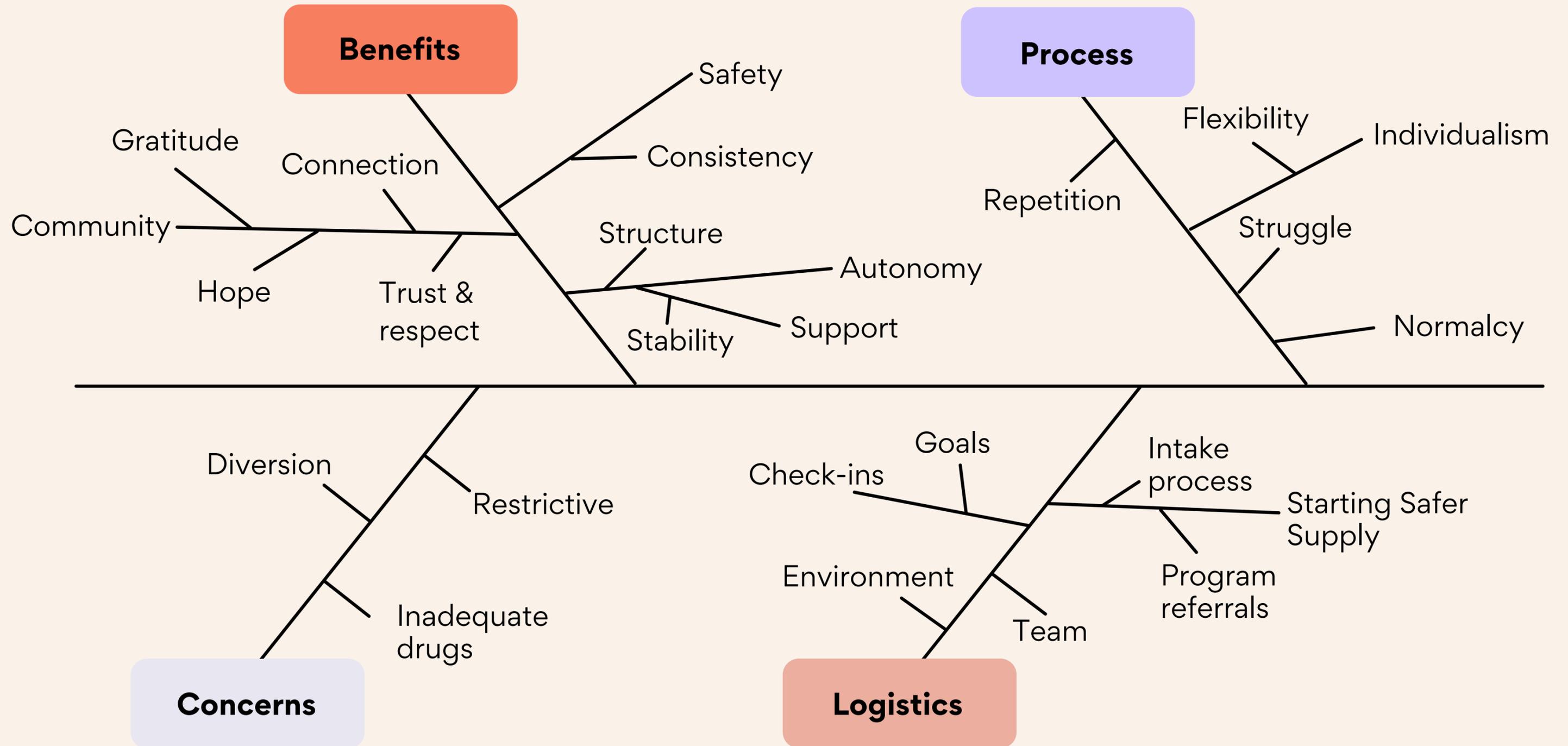


DETOX & REHABILITATION

SELF-IMPOSED DETOX

OPIOID AGONIST THERAPY (OAT)

Theme 2: Process of Program



PROGRAM REFERRALS

"[I was told] that they would help out. And they did. They helped me right away" (P17).

STARTING THE PROGRAM

"When I started it was the best thing that ever happened to me" (P16).

"[I wanted] to end the agony. That day-to-day fight, every day" (P24).

INTAKE PROCESS

"They asked me questions to see if I was qualified... it was quicker than I thought" (P2).

GOALS & MOTIVATION

"Bring that level of fentanyl usage down to zero" (P13).

"Seeing my children" (P1).

CHECK-INS

"[We talk about] my home life, my depression and things like that. Things that I'm going through" (P29).

ENVIRONMENT

"It [the Safer Supply program is] not as clinical per se" (P1).

"There's no judgment. There's no stereotyping or anything" (P14).

TEAM

"I love the staff... They're helpful. They're supportive. They're there for you when you need them. And that's the biggest thing is the support" (P11).

WRAP-AROUND SUPPORTS

"[I can] get everything [all my primary health concerns] cleaned up all in one in here, which is really good" (P17).

**PROGRAM
LOGISTICS**

Program Concerns



Restrictive

"A lot of the time you can't have your dose until you see the doctor, so it can be a long wait" (P17).



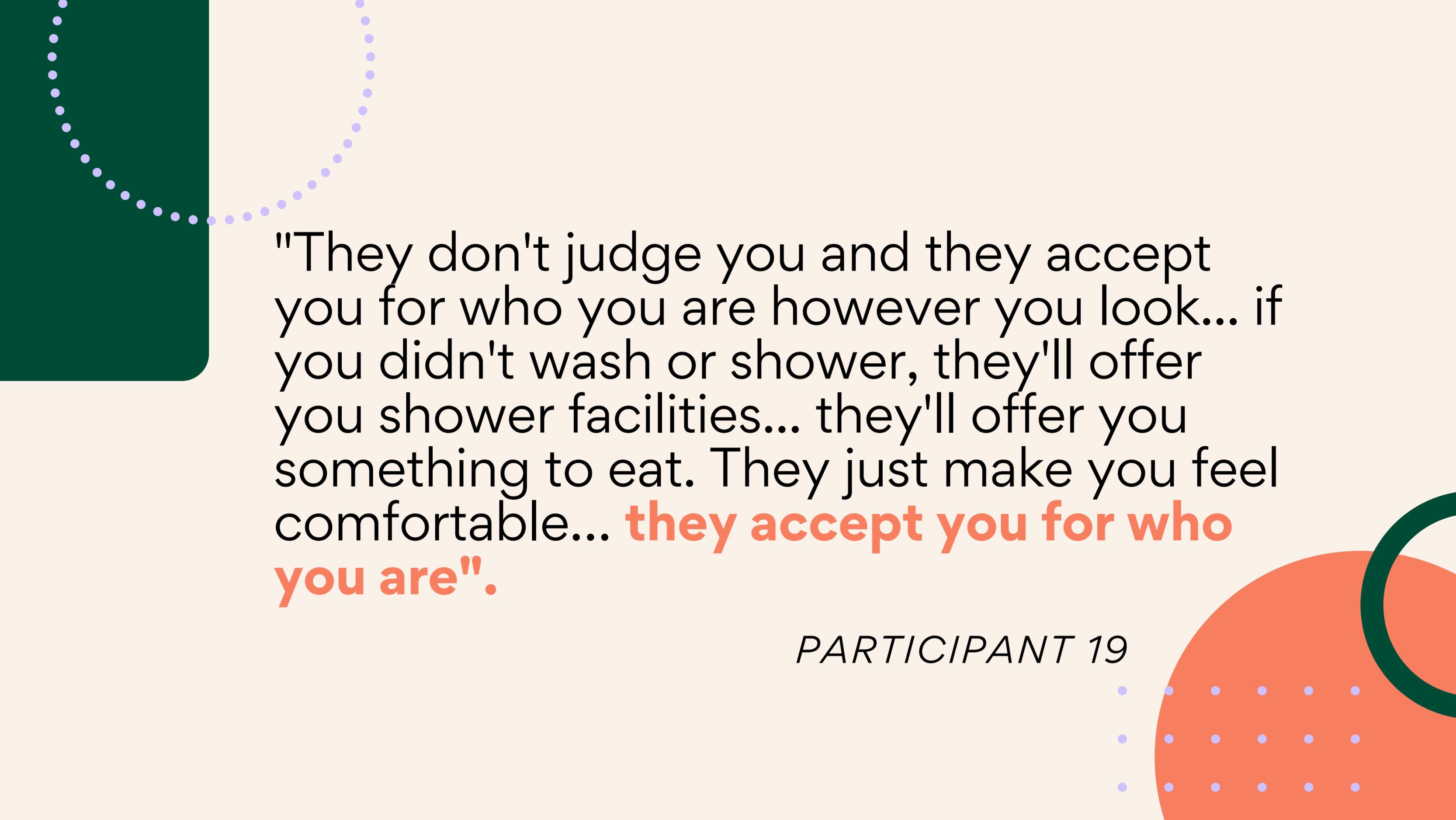
Inadequate
drugs

"[My medication] doesn't do what they [i.e., fentanyl] used to do, because they're way lighter than the fentanyl, but I mean they still help" (P9).



Diversion

"If somebody's trying to look for fentanyl, but they can only find Dilaudid, it's going to be a lot safer for them" (P11).



"They don't judge you and they accept you for who you are however you look... if you didn't wash or shower, they'll offer you shower facilities... they'll offer you something to eat. They just make you feel comfortable... **they accept you for who you are**".

PARTICIPANT 19



Consistency

Community

Connection

Gratitude

Hope

Trust &
Respect

Autonomy

Structure

Safety

Support &
Stability

**PROGRAM
BENEFITS**

COMMUNITY

"It makes me actually happy to be part of it, because it gave me the opportunity to feel like I have family" (P4).

CONNECTION

"It feels more like you're walking into friends than going to see a doctor, which I find that helps a lot" (P8).

TRUST & RESPECT

"I don't have a lot of people that I can trust enough to talk to and stuff... I can tell them anything" (P29).

GRATITUDE

"It's been a miracle... it's made me love life. It's given me a reason to get out of bed. It's changed my whole perspective on life" (P25).

HOPE

"I don't know about a different future. I just know that there is a future. So, that's a start right there" (P18).

CONSISTENCY

"I know what I'm getting and I don't have to worry like 'today, I'm going to go [overdose]'" (P8).

SAFETY

"The first and foremost thing about Safe Supply is the comfort in knowing that it's only going to be a little bit longer before I can get better" (P10).

"Once I was a client of this program, I knew I was safe" (P28).

STRUCTURE

"Once I got on a steady program of it, and actually doing it properly, I got myself into a routine. Coming in every day, seeing staff... it was the whole thing... It just puts you in a whole other mindset... I think if it was just me coming and going into a pharmacy and picking up the Dilaudids, and doing them that way, I don't think it would work" (P11).

SUPPORT & STABILITY

"So that we could finally get to a point where we could think of other things than just doing drugs" (P1).

AUTONOMY

"Not feeling like we are in handcuffs anymore" (P9).

Program Benefits

01

DECREASES IN
CRIMINAL ACTIVITY

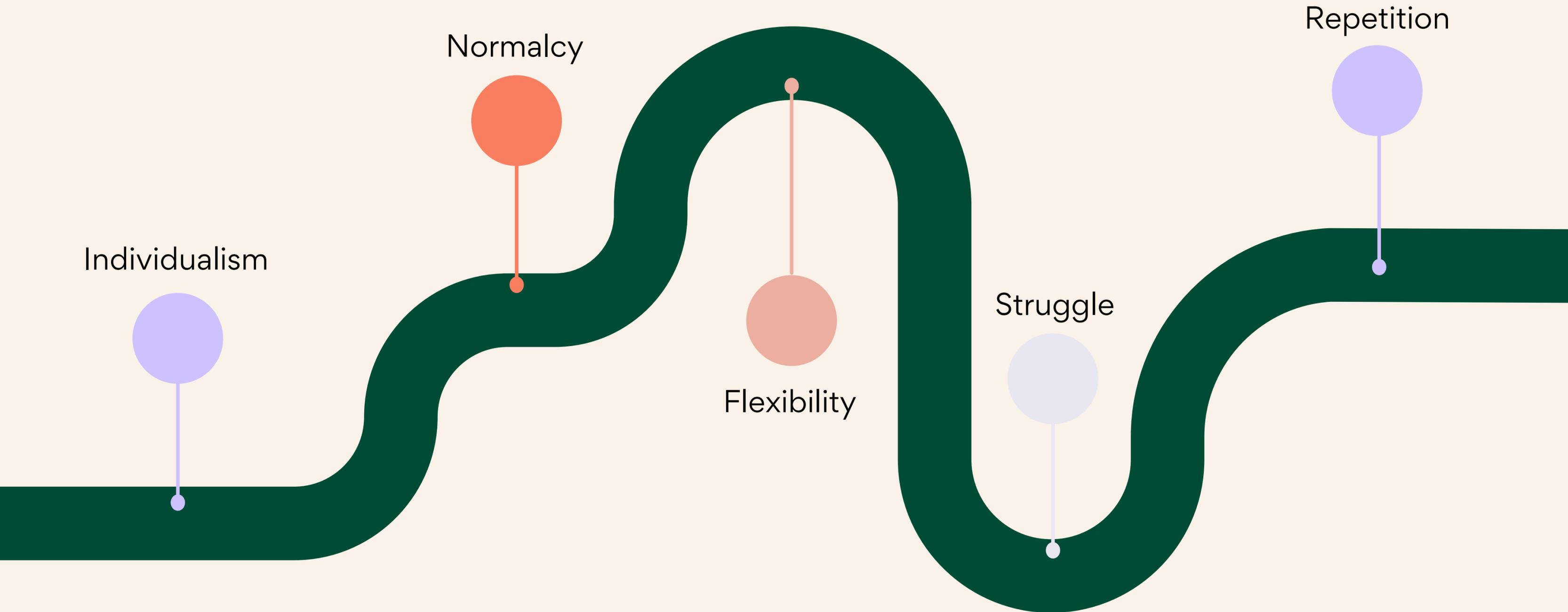
02

DECREASES IN
SUBSTANCE USE

03

IMPROVEMENTS TO
HEALTH & WELLBEING

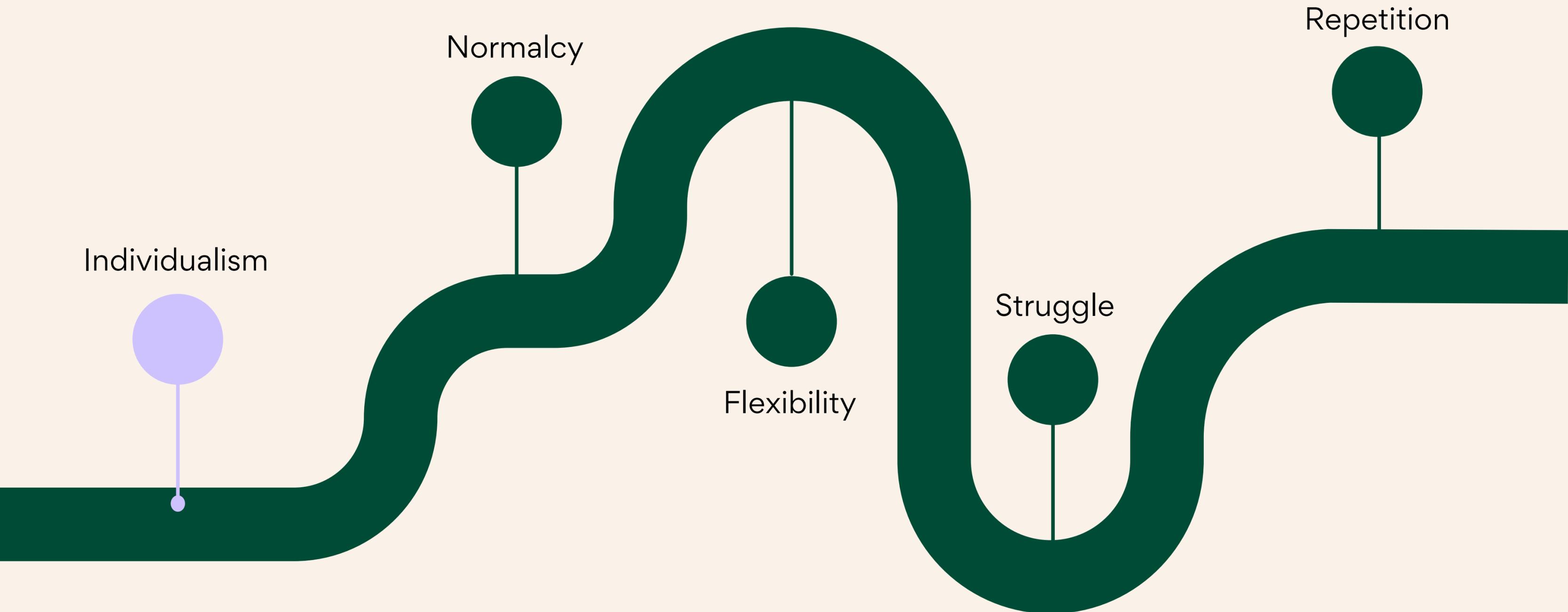
Process of Safer Supply



"I feel like I'm treated equally and my doctor knows my situation and looks at me as an individual" (P18).

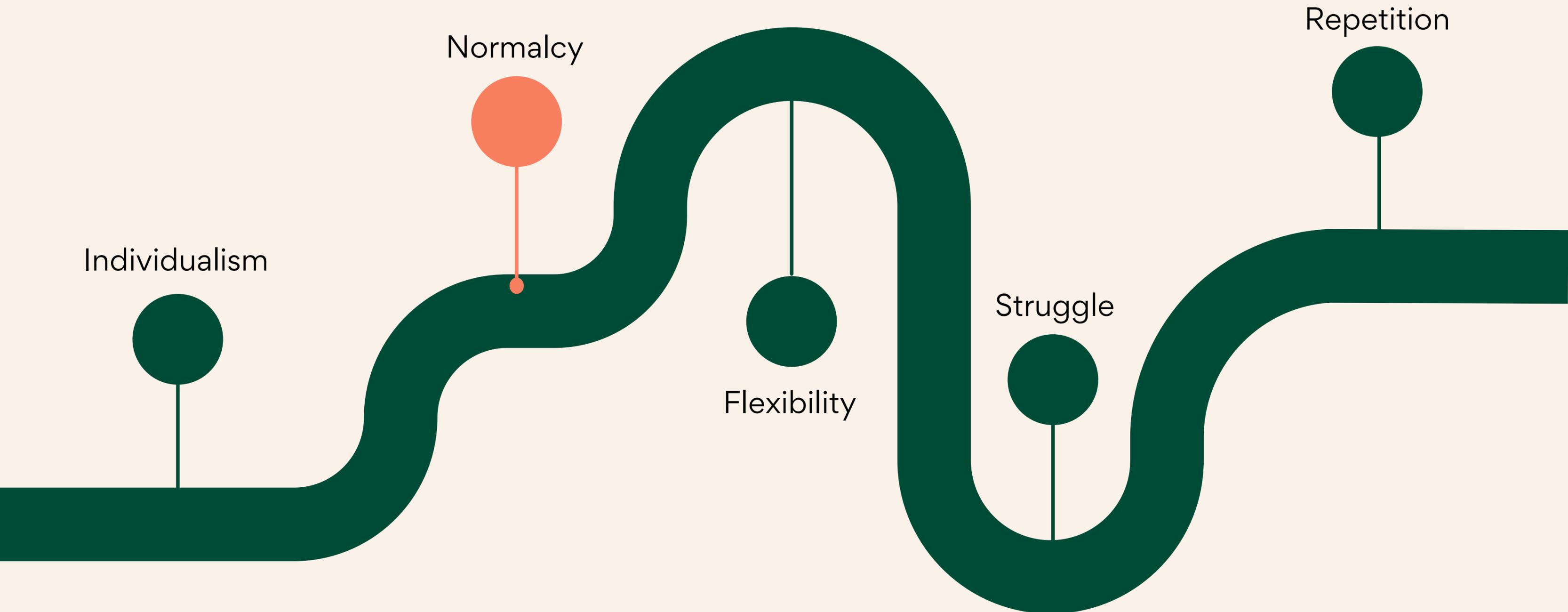
"They don't suggest any specific course of action, they leave it to you to figure out what is best because it is, in the end, up to me to figure it out. Nobody can change anybody else" (P10).

"I'll be on it for the rest of my life" (P27).



"As time went on, it gets better. The more I feel like myself, the more I could go longer, putting myself away from the fentanyl. Sometimes I'll go two weeks without touching it. Sometimes I go a week. When I hit the two week mark is where I start feeling normal again. I'm starting to enjoy that feeling. Feels great. But hopefully it keeps going" (P8).

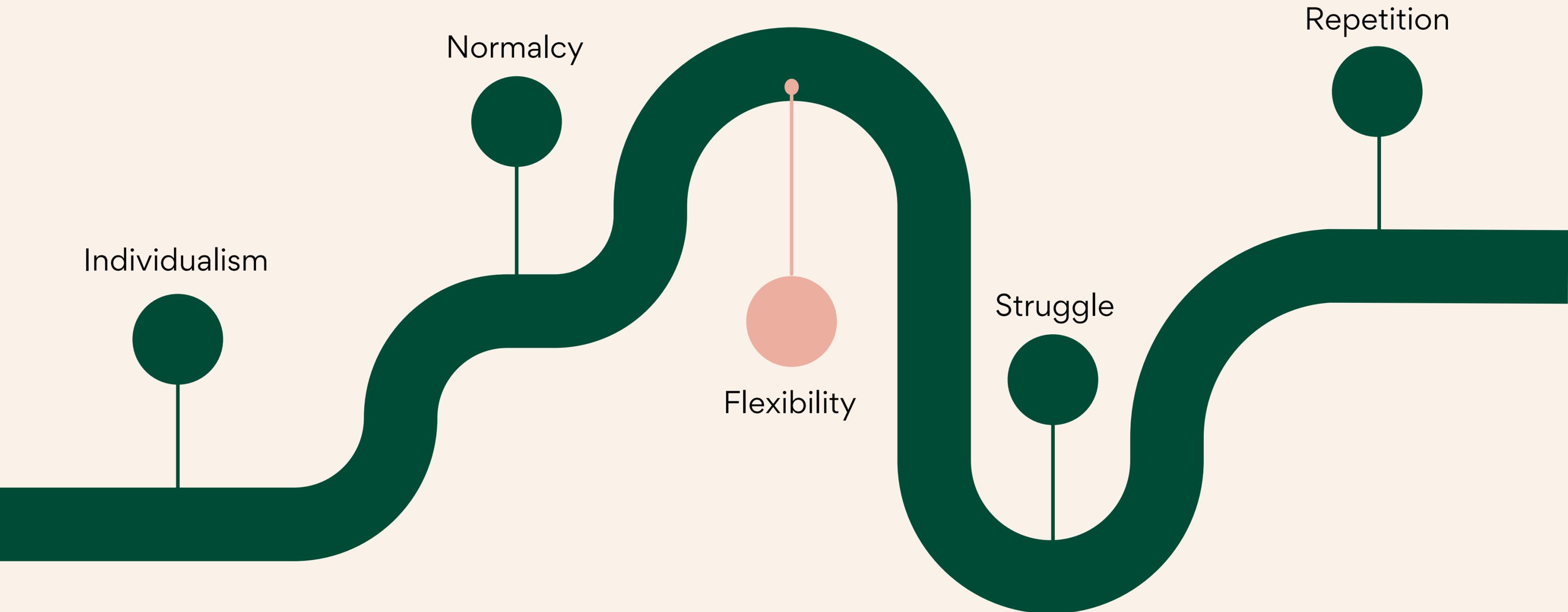
"I love swimming... I love writing, I love sitting outside reading books, I love walks, I love going out for outside meals – just normal stuff" (P28).



"I like it here way better. Because sometimes... I have a lot of trouble remembering appointments or being there on time" (P30).

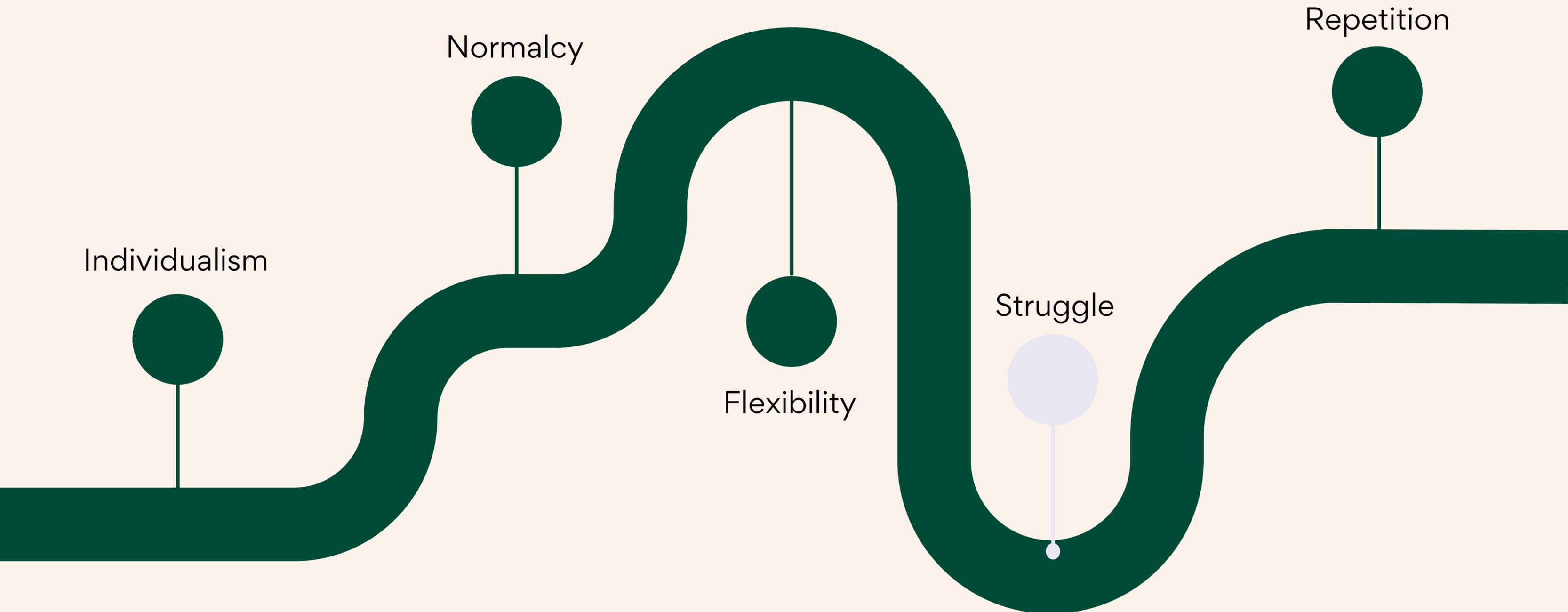
"The further along I've come, the less I've had to do. It's pretty accommodating" (P14).

"[Safer Supply is] there for me when I'm not at that point of being able or willing to absolutely kick [opioids]... I don't have to worry about not having anything there to cope with or help me cope" (P13).



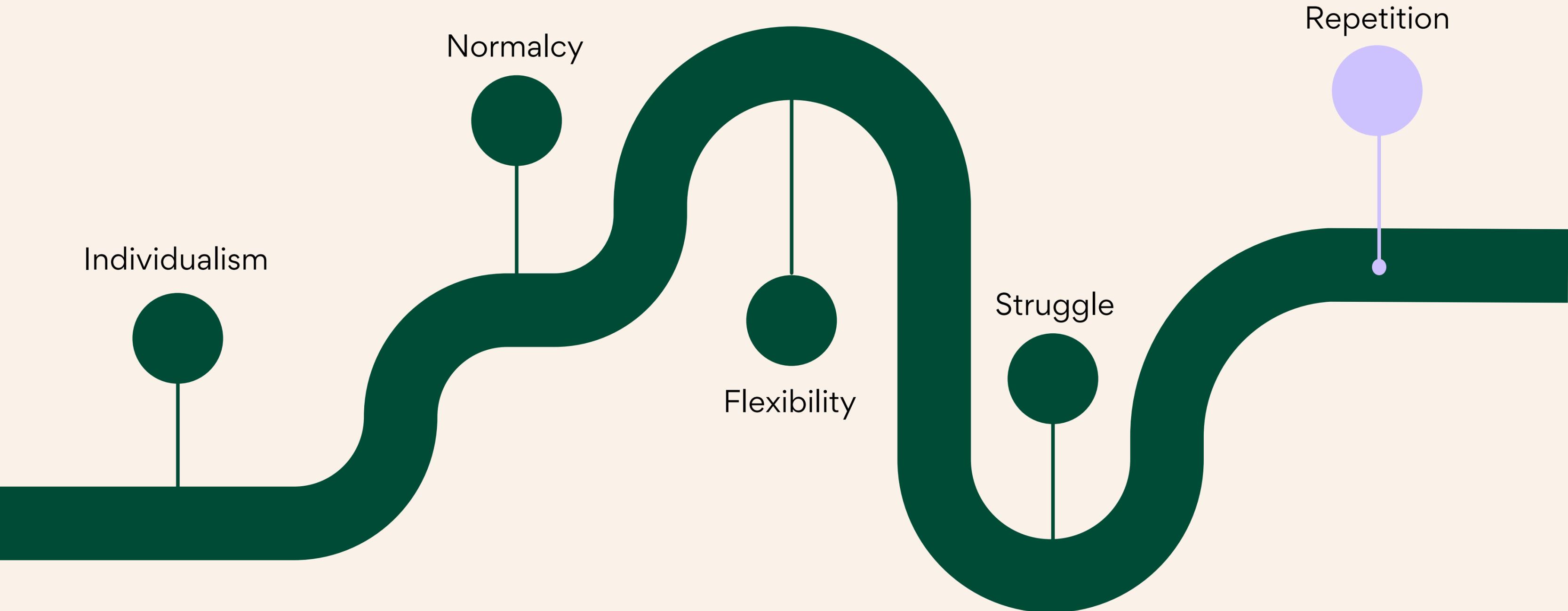
"The fent use is just more like a me battling myself thing. It's not because I need it. It's more just wanting it... and as time went on, it gets better. The more I feel like myself, the more I could go longer, putting myself away from the fentanyl. Sometimes I'll go two weeks without touching it. Sometimes I go a week. When I hit the two week mark is where I start feeling normal again. I'm starting to enjoy that feeling" (P8).

"I'm not going to say it's easy... [quitting fentanyl] is taking time still" (P18).

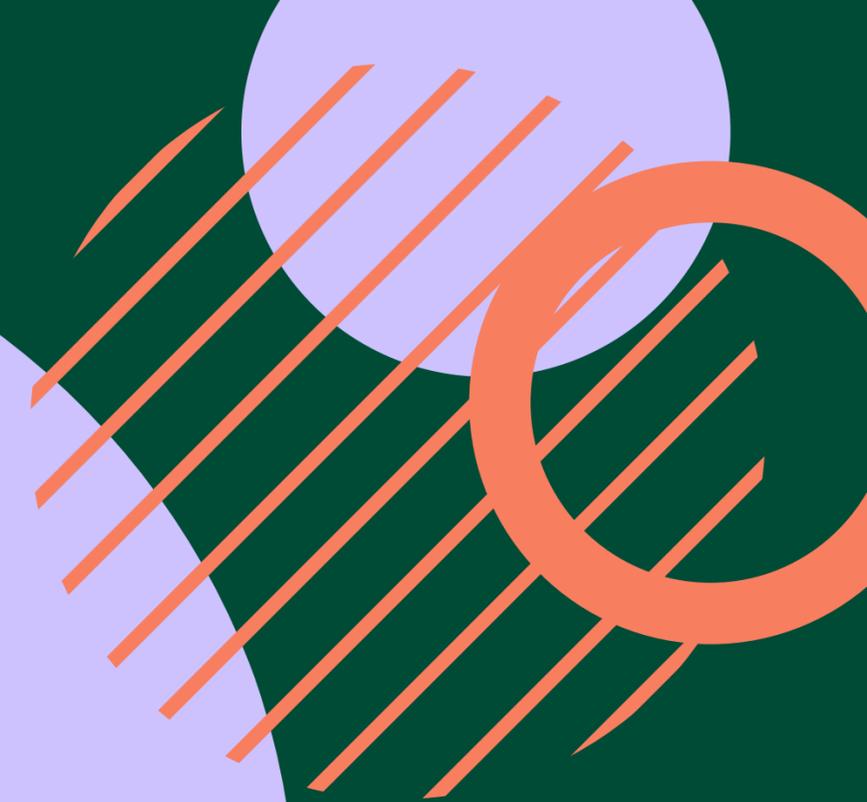


"I think I come back stronger every time" (P6).

"And so it's important – these check-ins make you realize – they make you vocalize what it is that you realize, what it is you've come to realize. And by saying it out loud enough times, maybe you'll start to believe it" (P10).



Theme 3: Envisioning the Future

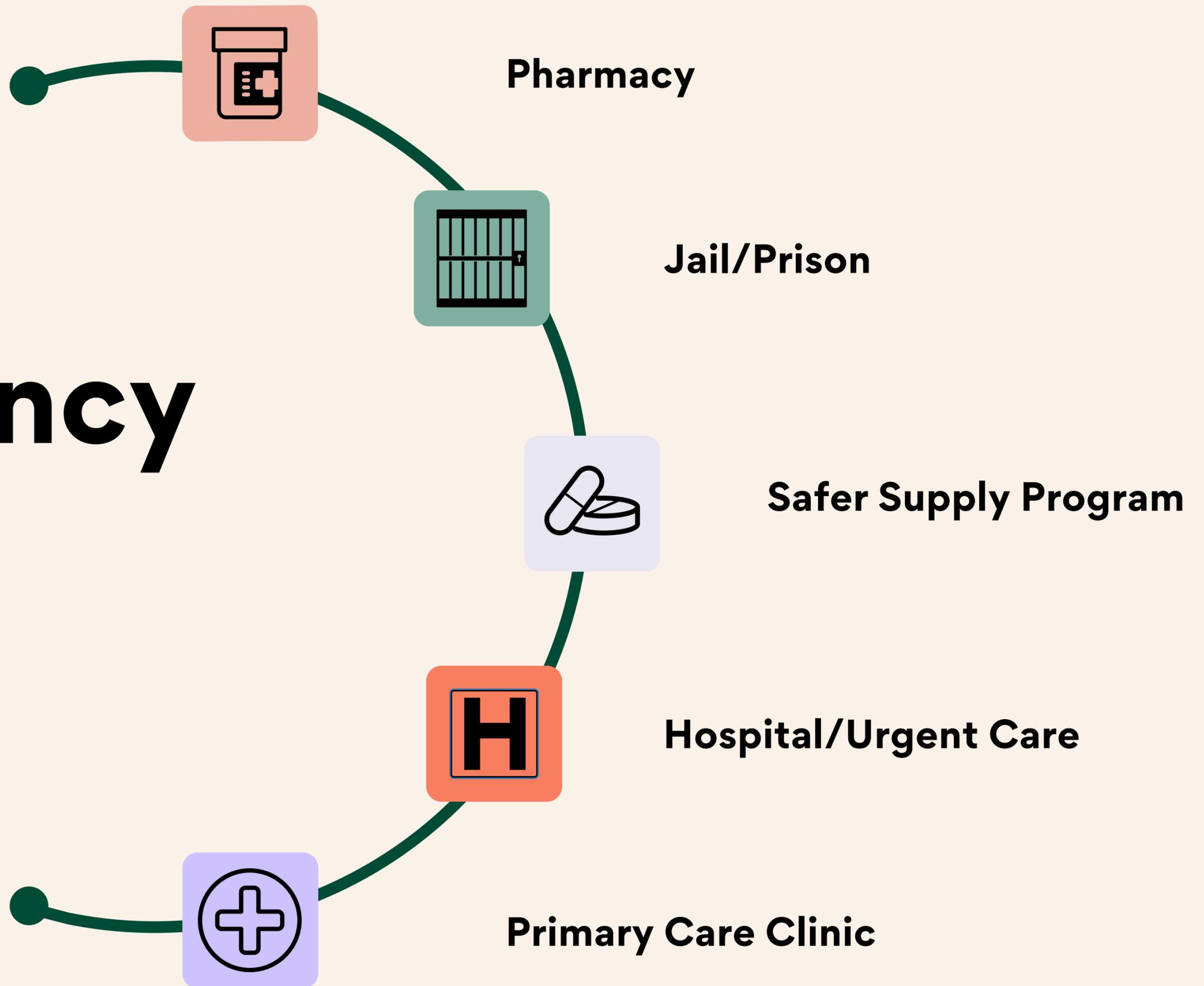


FEAR OF PROGRAM CLOSURE

*"I would lose it. Straight up, I would lose it. I would definitely go hysterical. I would probably have a crying fit and then an anger fit and then probably end up dead... **if you can't get your medicine, you're going to die**".*

PARTICIPANT 20

Consistency in Care



Future of Safer Supply

EDUCATION & AWARENESS

- ▶ Public education re: drug use
- ▶ Increased education and learning for health care providers
- ▶ Education for PWUD about the services available to them

INCREASED PROGRAM ACCESS

- ▶ Improved portability
- ▶ Increased capacity in current programs
- ▶ Different programs to suit different needs
- ▶ Flexibility in pharmacy pick ups

EXPANDED DRUG OPTIONS

- ▶ Safer Stimulants
- ▶ Injectable fentanyl
- ▶ Benzodiazepines
- ▶ Overall: match the drug being used

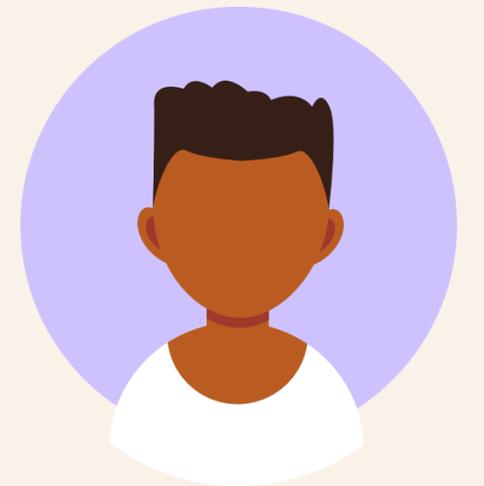
Messages to Policy Makers and Politicians

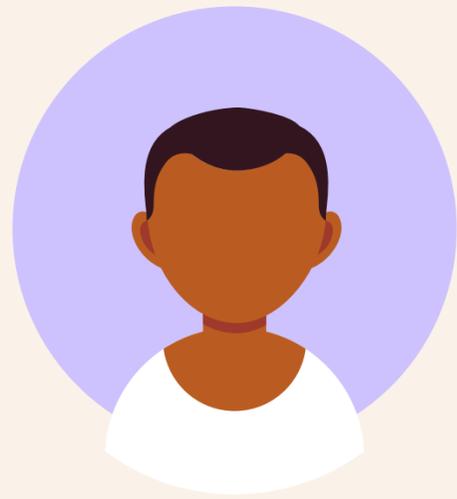
"I'd want them to know in general how lifesaving it is... to be here, it's changed my life" (P1).



"That it does help people, and it stops crime. It stops people from going to jail... you're not worrying about where you're getting dope every day" (P9).

"It's beneficial, it saves lives, and that improves people's lives and well-being, and mental health, and that it's a pretty essential program, especially for the opioid crisis that's going on right now" (P14).





"It's not just another drug given and putting a bandaid on something. It's not. When someone's sick, you take care of that illness first, right?" (P21).

"This program saves lives because whether you want it or not, [fentanyl is] gonna come to your community. And you better be prepared, because if you're not, then it's gonna be chaos. People are gonna die. Your children are gonna die. There is no community that is safe from this happening. It's just a matter of time before it comes"
(P10).



"Come down to the site for a day and see what it's like... sit here for a couple hours. Not just a 15 minute pop-in. Come and sit out in the yard, see what it's like" (P29).

"[Safer Supply] helps people. It stops crime. It provides shelters for people, safe environments to use. It's beneficial, beneficial, beneficial for everyone in reality" (P19).



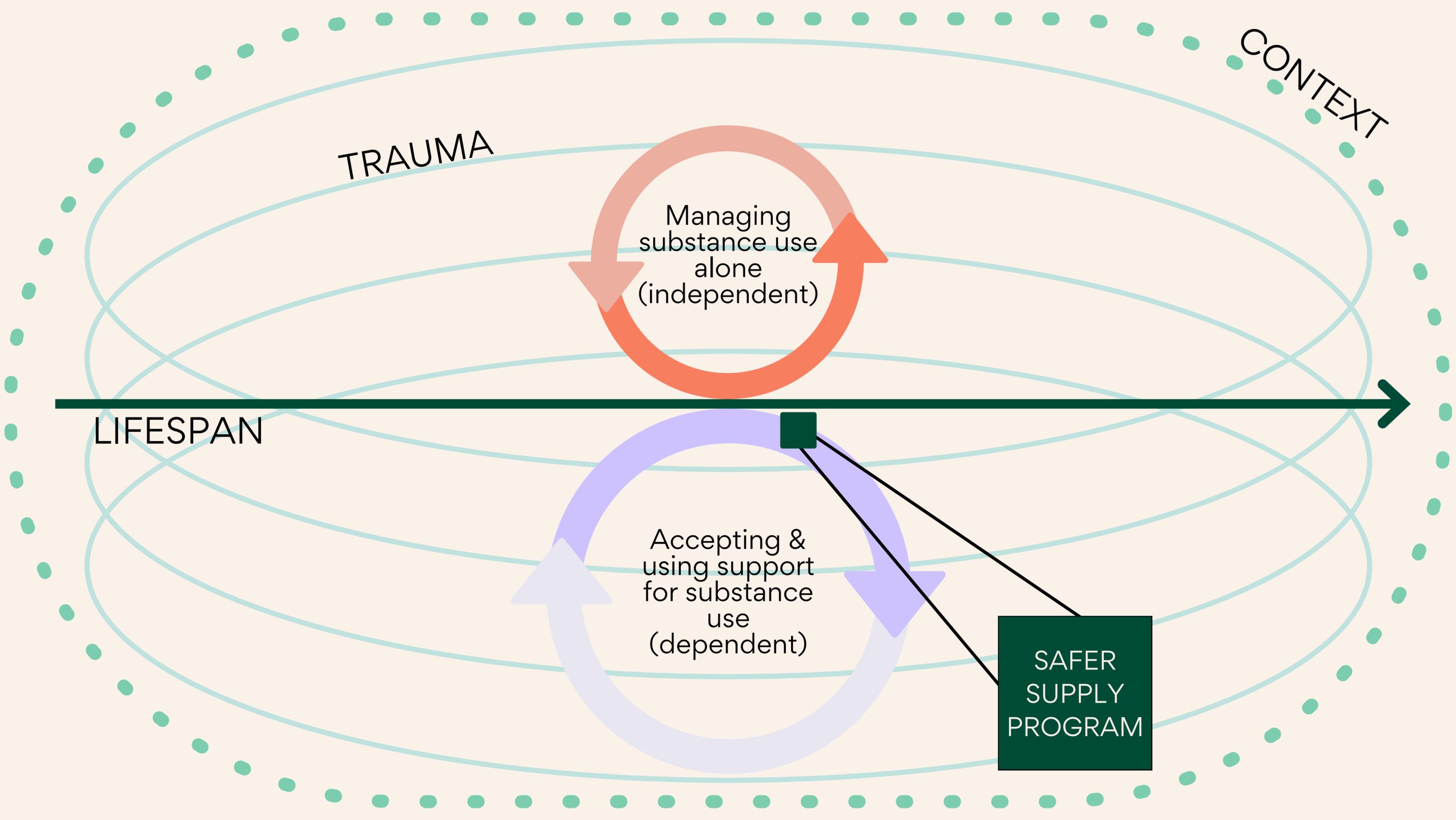
"Punishing the users is not helping anybody" (P8).



"If somebody had cancer, would you deny them chemotherapy?" (P27).

"I need them to know that we're all human... the Safer Supply program is helping people out there get through their days and get to their next goal of their life. It's not hindering things. It's helping things" (P18).





CONTEXT

TRAUMA

Managing
substance use
alone
(independent)

Accepting &
using support
for substance
use
(dependent)

SAFER
SUPPLY
PROGRAM

LIFESPAN



Thank you!

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