EMERGING EVIDENCE BRIEF ON PRESCRIBED SAFER SUPPLY AND CLIENT EXPERIENCES

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Prescribed Safer Supply Programs: Emerging Evidence

Contents

What is prescribed safer supply?

Safe supply refers to regulated pharmaceutical drugs of known content, quantity, quality, and potency that provide the mind/body altering properties of drugs that are currently only available through illegal markets and not available through traditional opioid agonist therapies (CAPUD, 2019).

> "[Prescribed] safe opioid supply programs are a promising intervention to address North America's ongoing overdose crisis by providing people at high risk of fatal overdose an alternative to the toxic drug supply" (Ivsins *et al.*, 2020b)

Objectives and scope of this document

This document is a brief summary of the current evidence about prescribed safer supply for lay audiences, political briefings, and the media. It draws on findings from peer-reviewed research articles and commentaries, as well as all program evaluation reports that have been published to date. For a more in-depth review of the evidence, please see: Safer Supply: A Review of the Literature.

Context

The appearance of fentanyl in the unregulated drug supply in recent years has made the illegal drug supply increasingly unpredictable and toxic. As a result, there were 34,455 opioid toxicity related deaths in Canada between January 2016 and September 2022 (Special Advisory Committee, 2022). Fentanyl is overwhelmingly responsible for drug-related deaths in Canada, contributing to 89% of drug-related deaths in Ontario and 86% of drug-related deaths in BC in 2021 (British Columbia Coroners Service, 2023; Gomes et al., 2022).

Health Canada currently funds 25 pilot programs which use medical models of safer supply. The most common settings for prescribed safer supply are community health settings, such as community health centres and primary care clinics, and onsite pharmacies (Glegg et al., 2022). There are also unfunded programs and individual health care providers who prescribe safe supply. Unsanctioned buyer's club models are being explored.

Who can access prescribed safer supply?

Around 5% of adults around the world use illegal drugs, and nearly 90% of them are occasional or recreational users (Schlag, 2020). Anyone who uses opioids procured from the illegal drug supply – either recreationally or routinely – needs access to a safer supply. At this time, safer

supply is only accessible through medicalized programs (i.e., “prescribed safer supply”) due to the current legislative and regulatory context in Canada.

However, prescribed safer supply programs have very limited capacity. One program estimated 6000 people in their region would benefit from prescribed safer supply, but they are only able to serve 300 people (McMurchy & Palmer, 2022). Prescribed safer supply programs currently prioritise those who are at the highest risk of death from overdose (Young *et al*., 2022), who are experiencing serious medical complications from their drug use (Gomes & Kolla, 2022; Haines *et al*., 2022; McMurchy & Palmer, 2022; Selfridge, *et al*., 2020), and who are marginalized from health care services, including traditional opioid agonist therapies (ESCODI, 2022).

> “[N]ot all people who use opioids are interested in treatment, nor is conventional treatment suitable for all people who use opioids” (Ivsins *et al.*, 2020a).

Typical prescribed safer supply inclusion criteria include DSM V defined opioid use disorder and previous unsuccessful experience with methadone, buprenorphine or SROM, or disinterest in methadone, buprenorphine, or SROM (Hales *et al.*, 2020). Individual prescribed safer supply programs add criteria such as a history of overdose and high risk of overdose, complications related to injection drug use (infections, etc.), and social factors such as being unhoused or precariously housed, being disengaged from health care and social services, or being involved in crime or sex work. Retention rates in prescribed safer supply programs are very high (Atkinson, 2023; McMurchy & Palmer, 2022; Kolla *et al.*, 2022; Haines *et al*., 2022; ESCODI, 2022; Selfridge *et al.*, 2022). It’s important to note that prescribed safer supply programs are not accessible to those who use opioids recreationally.

What does the evidence show?

Initiators of prescribed safer supply in Canada have drawn on the extensive literature on international OAT studies, European Heroin Assisted Treatment (HAT) studies and Canadian iOAT. There are many research and evaluation studies underway. **Peer-reviewed scientific studies and evaluations of prescribed safer supply programs show:**

- **Prescribed hydromorphone is not contributing to drug-related deaths:** Data from coroners in both BC and Ontario have found no link between prescribed hydromorphone and drug-related overdose deaths: “There is no indication that prescribed safe supply is contributing to illicit drug deaths” (British Columbia Coroners Service, 2023). In Ontario, despite the increasing use of immediate-release hydromorphone during the early pandemic period, both the percentage and overall number of hydromorphone-related deaths actually decreased (Gomes et al., 2022).
- **Reduced risk of death and/or overdose:** Both drug-related deaths and deaths from any cause among people receiving prescribed safer supply were rare (Young *et al.*, 2022; Gomes & Kolla, 2022) and they had fewer overdoses (Atkinson, 2023; Bardwell *et al.*, 2023; ESCODI, 2022; Haines *et al.*, 2022; McNeil *et al.*, 2021; Selfridge *et al.*, 2020).

- **Engagement and retention in programs and care:** Increased access to health and social services, including primary care, COVID-19 quarantine, OAT, counselling, and housing support; and improved relationships with providers (Atkinson, 2023; Brothers *et al.*, 2022; Haines & O'Byrne, 2023; Kolla *et al.*, 2022; McMurchy & Palmer, 2022; Selfridge *et al.*, 2020; Selfridge *et al.,* 2022).
- **Improvements in physical and mental health:** Improved chronic and/or infectious disease management, medication adherence, pain management, sleep, nutrition, and energy level (Haines & O'Byrne, 2023; Kolla *et al.*, 2022; Klaire *et al.*, 2022; Ivsins *et al*., 2021; McMurchy & Palmer, 2022; Haines *et al.*, 2022; Selfridge *et al.*, 2020; Gomes & Kolla, 2022).
- **Fewer emergency department visits and hospitalizations:** Significantly fewer Emergency Department visits and inpatient hospital admissions after entering the safer supply program compared to the year prior, with no change in these outcomes among a matched group unexposed to safer supply in the same time period (Gomes, Kolla, McCormack et al., 2022).
- **Decrease in hospitalizations for infectious complications:** In the year after beginning a safer supply program, there was a significant decrease in hospitalizations for infectious complications among safer supply clients; hospitalizations dropped from 26 in the year before program entry to 13 in the year following entry to a safer supply program (Gomes, Kolla, McCormack et al., 2022). There was no change in these outcomes among a matched group unexposed to safer supply in the same time period (Gomes, Kolla, McCormack et al., 2022). Increasing infection rates overall among people who inject drugs since 2016 align with the shifts in the unregulated drug market towards nonprescription fentanyl (Gomes et al., 2021).
- **Reduced use of drugs from the unregulated street supply** (thereby reducing overdose risk) and, in some cases, reducing drug use overall or ceasing the use of drugs by injection (Atkinson, 2023; Bardwell *et al.*, 2023; Kolla *et al.*, 2022; McNeil *et al.*, 2021; ESCODI, 2022; Haines *et al*., 2022; Selfridge *et al.*, 2020; Ivsins *et al.*, 2020b).
- **Improved control over drug use:** The flexibility and autonomy of prescribed safer supply programs, coupled with certainty about dose strength, enabled participants to avoid withdrawal symptoms and manage pain (Bardwell *et al.*, 2023; Haines & O'Byrne, 2023; McNeil *et al.,* 2021; Ivsins *et al.*, 2020b, Selfridge, 2020).
- **Improvements in social well-being and stability:** Economic improvements (Ivsins *et al.,* 2020; Selfridge *et al.*, 2020; Haines *et al.*, 2022), reduced inequities stemming from the intersection of drug use and social inequality (Ivsins *et al.,* 2021), better control over time leading to engagement in employment, hobbies, and interests (Atkinson, 2023; McMurchy & Palmer 2022; Haines *et al.*, 2022), decreased involvement in and exposure to violence, criminal activities and legal issues (Haines & O'Byrne, 2023; Kolla *et al.*, 2022; McMurchy & Palmer, 2022; Haines *et al.*, 2022; Ivsins *et al.*, 2020b), improved general social stability (ESCODI, 2022), improved housing access (Atkinson, 2023; Haines *et al.*, 2022) and improved relationships with family members and friends (Kolla *et al.*, 2022; McMurchy & Palmer, 2022; Selfridge *et al.*, 2020).
- **Decline in health care costs:** Prescribed safer supply program participants had lower costs for healthcare not related to primary care or outpatient medications in the year

after program initiation, with no corresponding change observed in a matched group of individuals who did not access the program (Gomes & Kolla, 2022).

Overall, the emerging evidence supports prescribed safer supply as a critical option on the continuum of treatment and harm reduction services for people who have not been successful with traditional approaches to care and who are at high risk of drug poisoning.

Gomes and Kolla's (2022) research involving health administrative data provides a measure of reassurance regarding the safety of safer supply program: their study found a significant decline in health services utilization among clients on prescribed safer supply alongside no change in infection rates, opioid-related deaths, or all-cause mortality.

More research is needed, including longitudinal studies to monitor changes in access to and delivery of prescribed safer supply in the country, determine which models are most effective, and identify the impact of programs on the health, well-being and safety of individuals and communities.

Success factors for prescribed safer supply programs

- **Comprehensive ancillary services:** populations served by prescribed safer supply benefit from health and social supports delivered alongside safer supply (Gomes & Kolla 2022; Haines *et al.,* 2022; Selfridge *et al.*, 2020).

  "Safer supply is just one part of more equitable access to health and wellbeing. Providing safer supply is a harm reduction entry-point to addressing other basic needs and priorities. Secure housing, livable income, access to health care, and a caring community to feel a part of, are all necessities." (McMurchy & Palmer, 2022)

- **Program flexibility** (Bardwell *et al.*, 2023; Ivsins *et al.*, 2020b; Haines *et al.,* 2022; McMurchy & Palmer, 2022) and adaptability (Glegg *et al.*, 2022; McMurchy & Palmer, 2022)
- **Low-barrier, client-centred design** (Ivsins *et al.*, 2020b; McMurchy & Palmer, 2022)
- **Ability to provide pharmaceuticals that meet people's needs** (dose, formulation, type) (Selfridge *et al.*, 2022)
- **Community-centred approach**, foregrounding the leadership and engagement of people who use drugs (Ranger *et al.*, 2021; Haines & O'Byrne, 2023).

  "The overarching approach to providing safer supply services should be grounded in the community and centred on input from people with lived experience in program co-design, planning and implementation" (McMurchy & Palmer, 2022)

Program challenges

Safer supply programs and models do have challenges. Current models are time-consuming for participants, require extensive staffing, and cannot provide safer supply medications of the kind (e.g. smokable formulations or stimulants) and strength that people prefer or require (Haines & O'Byrne, 2023; Kolla *et al.,* 2022; McMurchy & Palmer, 2022). Current regulations and policies are limiting and conventional addiction medicine has not generally been supportive (Kolla *et al.,* 2022; McMurchy & Palmer, 2022) .

Diversion (the sharing, exchanging, and selling of prescribed safer supply drugs) is reflective of unmet individual and community needs. It is not unique to safer supply medications (Haines & O'Byrne, 2023). It can be understood as a harm reduction practice rooted in mutual aid that saves lives and improves quality of life. It has social and structural contexts and motivators: barriers to medicalized safer supply programs often necessitate diversion practices. Programs address diversion through providing comprehensive care, urine drug screens, patient contracts, and observed doses. Punitive approaches to handling diversion are counterproductive. For more information, please see Reframing Diversion for Health Care Providers: Frequently Asked Questions (NSSCoP, 2022).

Next steps for safer supply include developing and exploring other models, including nonmedical models and supports for individual prescribers, and moving towards decriminalization and regulation.

What clients have said about prescribed safer supply

Quotes from prescribed safer supply program evaluations:

- "Once I was a client of this program, I knew I was safe." (Haines, Tefoglou & O'Byrne, 2022)
- "I haven't had an overdose since I've been on the program. I had a couple shortly before where I had to be defibrillated." (Atkinson, 2023)
- "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." (Haines, Tefoglou & O'Byrne, 2022)
- "I'm not in the hospital so much getting my abscesses drained, because I'm actually swallowing my medication. I find it more effective." (Atkinson, 2023)
- "It makes me actually happy to be part of it, because it gave me the opportunity to feel like I have a family." (Haines, Tefoglou & O'Byrne, 2022)

- The best part is the freedom. It just gives me a lot of freedom, more freedom than I had before, more options than I had before. That's a beautiful thing. And the support that comes around with it." (Atkinson, 2023)
- "There are people that are on this program that started off in tents and now they've actually got themselves to a position where they're renting an apartment. That doesn't happen without safer supply." (Haines, Tefoglou & O'Byrne, 2022)
- "I got a job, got stable housing, stopped using, connected with kids again, I'm in school." (Atkinson, 2023)

For further information

National Safer Supply Community of Practice resources

- Reframing Diversion for Health Care Providers: Frequently Asked Questions (2022)
- Safer Supply for Health Care Providers: Frequently Asked Questions (2022)
- Safer Supply: A Review of the Literature (2022)
- Safer Supply, Opioid Agonist Treatment & Harm Reduction: National Advocacy Toolkit (2022)

Reports

- Parkdale Queen West Community Health Centre Safer Opioid Supply 2023 Evaluation Report (Atkinson, 2023)
- Safer Supply Ottawa Evaluation - Fall 2022 Report (Haines, Tefoglou, & O'Byrne, 2022)
- Assessment of the Implementation of Safer Supply Pilot Projects - Full Report (McMurchy & Palmer, 2022)
- London InterCommunity Health Centre's Safer Opioid Supply Program Evaluation - Full Report (Kolla *et al.*, 2022)
- Cool Aid Community Health Centre Report on Risk Mitigation Guidance Prescriptions: Providing "Safer Supply" in CAMICO Sheltering Sites, Outreach and Primary Care Practice (Selfridge *et al.*, 2020)

Protocols and Guiding Documents

- Safer Opioid Supply Programs (SOS): A Harm Reduction Informed Guiding Document for Primary Care Teams-April 2020 update (Hales *et al.*, 2020).
- Safer Opioid Supply Program Protocols. Parkdale Queen West Community Health Centre (Waraksa *et al.*, 2022)
- Victoria SAFER Initiative: Safer Supply Protocols (AVI Health and Community Services, 2022)

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Bardwell, G., Ivsins, A., Mansoor, M., Nolan, S., & Kerr, T. (2023). Safer opioid supply via a biometric dispensing machine: a qualitative study of barriers, facilitators and associated outcomes. *Canadian Medical Association Journal, 195*(19) e668-e676. https://doi.org/10.1503/cmaj.221550 ➤ Semi-structured interviews with 46 MySafe program participants.

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Canadian Association of People Who Use Drugs. (2019). *Safe Supply Concept Document.* Canada: Canadian Association of People Who Use Drugs. https://zenodo.org/record/5637607#.YwUxcezML0p

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Glegg, S., McCrae, K., Kolla, G., Touesnard, N., Turnbull, J., Brothers, T.D., Brar, R., Sutherland, C., Le Foll, B., Sereda, A., Goyer, M.-È., Rai, N., Bernstein, S., & Fairbairn, N. (2022). “COVID just kind of opened a can of whoop-ass”: The rapid growth of safer supply prescribing during the pandemic documented through an environmental scan of addiction and harm reduction services in Canada. *International Journal of Drug Policy 106*, Article 103742.

https://doi.org/10.1016/j.drugpo.2022.103742 ➤ Mixed methods national environmental scan at two time points.

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Gomes, T., Kolla, G., McCormack, D., Sereda, A., Kitchen, S., & Antoniou, T. (2022). Clinical outcomes and health care costs among people entering a safer opioid supply program in Ontario. *Canadian Medical Association Journal, 194*(36), e1233-e1242. https://doi.org/10.1503/cmaj.220892 ➤ Interrupted time series analysis with 82 exposed individuals demographically and clinically matched to 303 unexposed individuals.

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Haines, M., & O'Byrne, P. (2023). Safer opioid supply: qualitative program evaluation. *Harm Reduction Journal, 20*(53). https://doi.org/10.1186/s12954-023-00776-z ➤ Semi-structured interviews and surveys with 30 participants

Haines, M., Tefoglu, A., & O'Byrne, P. (2022). *Safer Supply Ottawa Evaluation: Fall 2022 Report*. Ottawa, Canada. https://safersupplyottawa.com/research/ ➤ Chart review for all safer supply participants (n=425) plus a qualitative study including interviews (n=30) and surveys

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Health Canada. (2022). *Interactive map: Canada's response to the opioid overdose crisis.* Health Canada. https://health.canada.ca/en/health-canada/services/drugs-medication/opi…

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Kasper, K. J., Manoharan, I., Hallam, B., Coleman, C. E., Koivu, S. L., & Weir, M. A. (2019). A controlled-release oral opioid supports S. aureus survival in injection drug preparation equipment and may increase bacteremia and endocarditis risk. *PloS ONE 14*(8): e0219777. https://doi.org/10.1371/journal.pone.0219777 ➤ Examined used injection drug preparation equipment (n=87).

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McMurchy, D., & Palmer, R. W. H. (2022). *Assessment of the Implementation of Safer Supply Pilot Projects*. Ottawa, Ontario: Dale McMurchy Consulting. https://www.nss-aps.ca/sites/default/files/resources/2022-03-safer_supp… ➤ Qualitative assessment of 10 time-limited safer supply pilot projects in British Columbia, Ontario, and New Brunswick.

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About this document

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