



National Safer Supply Community of Practice

Prescribed Safer Supply Programs in Ontario

June 13, 2023

Issue:

Opioid-related overdose deaths in Ontario continue to constitute a major public health crisis; while there has been some stabilization in opioid-related overdose rates over the past year, these rates continue to be approximately 15% higher than pre-COVID rates from 2019. The extreme and continuing burden of opioid-related overdose in Ontario requires continued vigilance, intervention and investment through a **spectrum of services** designed to meet the needs of a wide group of people at risk of overdose-related death. **Over 1500 clients** are currently enrolled in Prescribed Safer Supply programs across the province of Ontario; **this is a population whose substance use care needs have not been served by existing OAT or RAAM programs and would be at high risk of overdose death if programs were discontinued.**

Further, this population consists of people who have **highly complex health and social care needs that are now being addressed through primary care and wraparound supports** that are a central element of safer supply programs. The **emerging evidence suggests that safer supply programs have a critical role on the continuum of care for people who use drugs**. In particular, recent research (2) from Ontario published in the [Canadian Medical Association Journal](#) found that clients enrolled in Prescribed Safer Supply programs saw a significant decrease in emergency department visits, hospitalizations and hospitalizations for infectious complications, resulting in significant cost savings for the healthcare system.

Prescribed Safer Supply programs require committed funding support to expand their capacity and reach.

Background:

Prescribed Safer Supply programs provide care to individuals at high risk of overdose through the prescription of pharmaceutical opioids as an alternative to the fentanyl-adulterated drug supply and by providing wraparound care. Prescribed Safer Supply programs have been integrated into harm reduction programming in several Canadian jurisdictions. In Prescribed



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Safer Supply programs, the prescription of pharmaceutical opioids — generally daily-dispensed, immediate-release hydromorphone provided as take-home doses — is often paired with long-acting opioid medications (primarily slow-release oral morphine and, less frequently, methadone) as well as additional interventions to promote engagement with care and management of co-existing conditions. Canada’s first formal Prescribed Safer Supply program began at the London InterCommunity Health Centre (LIHC) in 2016. Building on the work of LIHC, several organizations in Toronto and Ottawa started offering safer supply prescribing in 2019 and were funded through Health Canada’s Substance Use and Addictions Program (SUAP) in 2020. Since then, a total of **15 programs** have been funded in Ontario, **reaching over 1500 people**.

Common features of Ontario Prescribed Safer Supply Programs:

- Safer supply programs are primarily located in **community health settings** and delivered **by interdisciplinary primary care teams with wraparound support** (e.g., system navigation, peer support, care coordination, support to secure housing, food, income, mental health care, harm reduction supplies and education, social support, volunteer/employment/education opportunities)
- The most common medication prescribed is hydromorphone tablets. Longer-acting opioids, such as methadone or slow-release oral morphine (SROM), are prescribed alongside safer supply medications depending on patient needs.
- Patients who receive daily dispensed doses attend pharmacies each day to receive take-home doses of hydromorphone. Those who are also prescribed longer-acting opioids (e.g., SROM, methadone) receive these as observed doses at the pharmacy daily.
- Published research (1) on Ontario Safer Supply programs shows that a majority of clients enrolled in these programs have previously accessed other forms of addiction treatment (such as methadone and buprenorphine medications offered through opioid agonist treatment (OAT) and Rapid Access Addiction Medicine (RAAM) models, and that these medications have not been effective. **Prescribed Safer Supply programs located in Community Health Centres are providing comprehensive care to a group of highly vulnerable people whose needs are currently unmet by existing OAT and RAAM models.**



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- Due to the high demand for programs, Safer Supply program eligibility is triaged to prioritize those who are experiencing **significant medical and social complications** related to their substance use. Programs frequently try to target people who are often the most **disconnected from care**, such as Black, Indigenous and people of colour, those who are precariously housed or unhoused, members of the 2SLGBTQ+ communities, and women and gender non-binary people.
- There is **significant community-level demand for Safer Supply programs that is not being met** by existing programs; expansion is limited by the constraints of current project funding structure.
- SUAP provides substantial resources for the evaluation of the funded Safer Supply projects to allow them to conduct **comprehensive program evaluations** and build the evidence-base on Prescribed Safer Supply. Additionally, over 20 national and provincial research studies on Safer Supply are being conducted by academic scientists.

Profile of a prescribed safer supply client

Clients who are provided care by prescribed safer supply programs have a **substantially different profile than those who are served by current OAT and RAAM models**. In addition to having a diagnosis of severe substance use disorder and previous unsuccessful experiences with methadone, buprenorphine, and other forms of addiction treatment, **Safer Supply program clients are characterized as experiencing extremely high levels of medical and social complexity**. For example:

- Homeless or precariously housed (73% of Safer Supply Ottawa and of LIHC SOS Clients)
- Having complex physical and/or mental health problems (34% of LIHC's SOS Clients had a diagnosis of HIV, compared to 7.6% of a comparison group of people in London with substance use disorder not receiving Safer Supply)
- Experiencing frequent overdoses
- Having previous unsuccessful experiences with methadone, buprenorphine and addiction treatment
- Involved in high risk activities (e.g., survival sex work)
- Prior to their involvement in Safer Supply programs, high levels of involvement in criminalized behaviours related to their substance use that diminish significantly after beginning Safer Supply (Safer Supply Ottawa=97%, LIHC SOS 86%)
- Experiencing income and food insecurity



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- Disproportionately identifying as Indigenous, Black, or a person of colour
- Experiencing significant barriers to health care, addictions treatment, and social services

Peer-reviewed scientific studies and evaluations of Safer Supply

The emerging evidence provides strong evidence that Safer Supply programs are a critical expansion to the existing services available to address the drug toxicity overdose crisis. Over 20 peer-reviewed scientific papers have been published on Safer Supply in the 2020-2022 period, illustrating the rapid growth in the evidence base on this intervention in the past 2 years. A full bibliography is available on request, and select key papers are listed in Appendix 2.

Key findings from research and evaluation studies show:

- **Decline in health care costs:** In the year after being prescribed Safer Supply, the healthcare costs of Safer Supply program clients dropped from \$15,635 to \$7,310 per person-year, with no corresponding change in costs observed in a matched group of individuals with substance use disorder who did not access the program (2). While medication costs increased among Safer Supply clients, only 15% of medication costs were for Safer Supply or Opioid Agonist Treatment medications, suggesting that clients were receiving broad treatment for conditions such as HIV and hepatitis C that will result in long term savings to the healthcare system.
- **Fewer hospital visits:** Safer Supply clients experienced significant decreases in emergency department (ED) visits, hospital admissions, and admissions for incident infections in the year following entry into the LIHC SOS program compared to the year prior. There was no significant change in these outcomes among a comparison group of London residents with opioid use disorder who were not clients of the safer supply program (2).
- **Reduced risk of overdose:** No overdose-related deaths were found in a study of London safer supply program clients that used Ontario health administrative data (2), which



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corresponds to other published research reporting fewer overdoses among Safer Supply clients (3,4,5,6).

- **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 (6,7,8,9,10).
- **Improvements in physical and mental health:** Improved chronic and/or infectious disease management, medication adherence, pain management, sleep, nutrition, and energy level (2,4,6,8,9,11,13).
- **Improvements in social well-being and stability:** Economic improvements (4,6,13) reduced inequities stemming from the intersection of drug use and social inequality (12), improved stability leading to engagement in employment, hobbies, and interests (4,9), decreased levels of involvement in criminal activities and legal issues, reduced exposure to violence, improved general social stability (3), improved housing access (4) and improved relationships with family members and friends (6,8,9).
- **Reduced use of drugs from the unregulated street supply:** Reducing overdose risk and, in some cases, reductions in overall drug use or cessation of the use of drugs by injection (3,4,5,8,6,13). 35% of all LIHC Safer Supply clients reported no longer using drugs by injection at all (8).
- **Improved control over drug use:** The flexibility and autonomy of Safer supply programs, coupled with certainty about dose strength, enabled participants to avoid withdrawal symptoms and manage pain (5,6,13).

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2. Gomes, T., Kolla, G., McCormack, D., Sereda, A., Kitchen, S., and 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://www.cmaj.ca/content/194/36/E1233>.
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5. McNeil, R., Fleming, T., Mayer, S., Barker, A., Mansoor, M., Betsos, A., Austin, T., Parusel, S., Ivsins, A., & Boyd, J. (2022). Implementation of Safe Supply Alternatives During Intersecting COVID-19 and Overdose Health Emergencies in British Columbia, Canada, 2021. *American Journal of Public Health* 112, s151-s158. <https://doi.org/10.2105/AJPH.2021.306692>
6. Selfridge, M., Heaslip, A., Nguyen, A., Card, K., & Fraser, C. (2020). *Cool Aid Community Health Centre Report on Risk Mitigation Guidance Prescriptions: Providing "Safer Supply" in CAMICO Sheltering Sites, Outreach and Primary Care Practice*. Victoria, British Columbia: Cool Aid Community Health Centre. https://coolaid.org/wp-content/uploads/2021/03/CACHC_RMG_March-August20...
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9. 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...
10. Selfridge, M., Card, K., Kandler, T., Flanagan, E., Lerhe, E., Heaslip, A., Nguyen, A., Moher, M., Pauly, B., Urbanoski, K., & Fraser, C. (2022). Factors associated with 60-day adherence to “safer supply” opioids prescribed under British Columbia's interim clinical guidance for health care providers to support people who use drugs during COVID-19 and the ongoing overdose emergency. *International Journal of Drug Policy* 105, Article 103709. <https://doi.org/10.1016/j.drugpo.2022.103709>
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12. Ivsins, A., Boyd, J., Beletsky, L., & McNeil, R. (2020a). Tackling the overdose crisis: The role of safe supply. *International Journal of Drug Policy* 80, Article 102769. <https://doi.org/10.1016/j.drugpo.2020.102769 >
13. Ivsins, A., Boyd, J., Mayer, S., Collins, A., Sutherland, C., Kerr, T., & McNeil, R. (2020b). Barriers and facilitators to a novel low-barrier hydromorphone distribution program in Vancouver, Canada: a qualitative study. *Drug and Alcohol Dependence* 216: Article 108202. <https://doi.org/10.1016/j.drugalcdep.2020.108202>
14. Ranger, C., Hobbs, H., Cameron, F., Stuart, H., McCall, J. Sullivan, G., Urbanoski, K., Slaunwhite, A., & Pauly, B. (2021). *Co/Lab Practice Brief: Implementing the Victoria SAFER Initiative*. Victoria, British Columbia: Canadian Institute for Substance Use Research.



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Appendix 1: Ontario programs receiving funding from Health Canada’s Substance Use and Addictions Program as of January 16th, 2023

Location	Organization(s)
London	London InterCommunity Health Centre LIHC Safer Opioid Supply Program Funded: 2020 Evaluation Report
Toronto	Parkdale Queen West Community Health Centre Safer Opioid Supply (SOS) Program Parkdale Queen West Community Health Centre Funded: 2020
Toronto	South Riverdale Community Health Centre; Regent Park Community Health Centre; Street Health Funded: 2020 Websites: Safer Opiate Supply (SOS) – SRCHC CTS & Harm Reduction - Regent Park Community Health Centre
Toronto	Toronto Public Health, The Works Funded: 2021



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Ottawa	Recovery Care Ottawa; Somerset West Community Health Centre; Ottawa Inner City Health Website: Safer Supply Ottawa . Evaluation Report Funded: 2020
Kitchener - Waterloo	K-W Working Centre for the Unemployed (The Working Centre) Website: www.theworkingcentre.org/24024-safer-supply-program-updates Funded: 2021
Guelph	Guelph Community Health Centre Funded: 2021 - on site and mobile
Peterborough	Peterborough 360 Nurse Practitioner-Led Clinic https://www.360nursepractitionerledclinic.ca/360nplc-launches-safer-supply-research-project/ Funded: 2021 (needs assessment) Funded 2022 (client service)
Thunder Bay	NorWest Community Health Centres Funded: 2022
Brantford	Grand River Community Health Centre Funded: 2022
St. Catherines, Niagara Region	Regional Essential Access to Connected Health Care, Niagara Funded: 2022
Hamilton	The AIDS Network Funded: 2022

Safer supply client profiles:



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- Ages (SSO: median = 40; 21-71)
- Gender (SSO: 66% men; 34% women; LIHC 53% women, 45% men, 2% trans person)
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- Health complications related to substance use prior to starting on safer supply:
 - Hospital visits (SSO 87%)
 - ED in last 6 months: 77% (LIHC)
 - Hepatitis C (SSO 87%)
 - Skin infections (SSO 70%)
 - HIV (SSO 7%)
 - Endocarditis (SSO 3%)
- Rate their physical health to be poor or very poor: 55%
- Median age of starting to use opioids (SSO 22)
- Polysubstance use (alcohol, stimulants)
- Mental health concerns: LIHC - 59% rate their health to be poor or very poor
- Ethnicity (SSO: 71% white; 15% Indigenous, 12% other; 3% unknown; LIHC: 83% white, 23% Indigenous, 5% Black, Latinx, Middle Eastern, Asian, or mixed race)
- Education: (SSO: 53% didn't finish high school, 13% completed high school; 20% some college)
- Income insecurity - LIHC - 91% difficulty finding money to pay for basic needs
- Food insecurity LIHC 82%



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Appendix 2: Peer-reviewed scientific studies of Safer Supply

18 peer-reviewed scientific papers have been published on Safer Supply in the 2020-2022 period, illustrating the rapid growth in the evidence base on this intervention in the past 2 years. Full bibliography is available on request, and select key papers include:

1) Gomes, T., Kolla, G., McCormack, D., Sereda, A., Kitchen, S., and 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://www.cmaj.ca/content/194/36/E1233>.

Key findings from this research study of health outcomes among patients in London's safer supply program:

- There was a rapid decrease in emergency department (ED) visits, hospital admissions, and healthcare costs (excluding primary care and medication costs) among individuals enrolled in the SOS program.
- Among people in the SOS program, there was also a significant decrease in emergency department (ED) visits, hospital admissions, admissions for incident infections, and healthcare costs (excluding primary care and medication costs) in the year following entry into the program compared to the year prior.
- No significant changes in these outcomes were found among a comparison group of London residents with opioid use disorder who were not clients of the SOS program.

Infographic: <https://odprn.ca/wp-content/uploads/2022/09/LIHC-Safer-Supply-Infographic.pdf>
[Research Minute: Clinical outcomes and healthcare costs among people entering a safer opioid supply program in Ontario](#)

Webinar: [Clinical outcomes and health care costs among people entering a safer opioid supply program in Ontario | National Safer Supply Community of Practice](#)

2) Young, S., Kolla, G., McCormack, D., Campbell, T., Leece, P., Strike, C., Srivastava, A., Antoniou, T., Bayoumi, A., & Gomes, T. (2022). **Characterizing safer supply prescribing of immediate release hydromorphone for individuals with opioid use disorder across Ontario, Canada.** *International Journal of Drug Policy*, 102(103601).



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<https://doi.org/10.1016/j.drugpo.2022.103601>

Key findings from this research study of patients receiving safer supply in Ontario and their prescribers:

- In Ontario, 447 individuals with opioid use disorder were started on safer supply of immediate release hydromorphone (IRH) between January 2016 and March 2020.
- A total of 155 prescribers started at least one individual on safer supply in this time period, with the most initiations occurring mid-2019. Prescribing IRH safer supply is substantially less common than prescribing traditional opioid agonist therapy.

3) McNeil, R., Fleming, T., Mayer, S., Barker, A., Mansoor, M., Betsos, A., Austin, T., Parusel, S., Ivsins, Al, and Boyd, J. (2022). **Implementation of Safe Supply Alternatives During Intersecting COVID-19 and Overdose Health Emergencies in British Columbia, Canada, 2021.** *American Journal of Public Health*, 112, S151-S158. <https://doi.org/10.2105/AJPH.2021.306692>

Key findings from this research study on the implementation of safer supply options at the beginning of the COVID19 pandemic in BC:

- Risk Mitigation Guidelines released in BC in March 2020 provided clinical guidance for and expanded access to safer supply for individuals relying on the illicit drug market.
- People who use drugs identified that reliable access to safer supply reduced both risk of overdose and involvement in criminal activities to generate income.

4) Glegg, S., McCrae, K., Kolla, G., Touesnard, N., Turnbull, J., Brothers, T.D., Brar, R., Sutherland, B., Le Foll, B., Sereda, A., Goyer, M-E., Rai, N., Bernstein, S., and 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(103742).

<https://pubmed.ncbi.nlm.nih.gov/35679695/>

Key findings from a national environmental scan of harm reduction services in Canada:

- The COVID-19 pandemic accelerated the establishment of injectable opioid agonist treatment and safer supply prescribing interventions across Canada.
- Sixty new safer supply sites were established between March 1 and May 1, 2020, representing 285% increase.



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5) Urbanoski, K., Barker, B., Beck McGreevy, P., Slaunwhite, A., Pauly, B. (2022). **The North American opioid crisis: evidence and nuance on prescribed safer supply.** *The Lancet*, 400(10361), 1402-1403. [https://doi.org/10.1016/S0140-6736\(22\)01592-6](https://doi.org/10.1016/S0140-6736(22)01592-6)

Key findings include:

- Prescribed safe supply is meant for individuals at high risk of overdose to a toxic drug supply and evaluation of safer supply programs is ongoing.
- Addressing the current crisis requires multiple interventions, including safer supply, and listening to people who use drugs.

6) Brothers, T., Leaman, M., Bonn, M., Lewer, D., Atkinson, J., Fraser, J., Gillis, A., Gniewek, M., Hawker, L., Hayman, H., Jorna, P., Martell, D., O'Donnell, T., Rivers-Bowerman, H., Genge, L. (2022). **Evaluation of an emergency safe supply drugs and managed alcohol program in COVID-19 isolation shelters for people experiencing homelessness.** *Drug and Alcohol Dependence*, 235(109440). <https://doi.org/10.1016/j.drugalcdep.2022.109440>

Key findings from a rapid implementation of an emergency safe supply program at a COVID-19 isolation hotel in Halifax:

- Residents participating in the emergency safe supply program had high rates of completing the mandatory 14-day isolation stay.
- No overdoses occurred during the implementation of this program.

7) Ivsins, A., Boyd, J., Mayer, S., Collins, A., Sutherland, C., Kerr, T., McNeil, R. (2020). **“It’s helped me a lot, just like to stay alive”:** a Qualitative analysis of outcomes of a novel hydromorphone tablet distribution program in Vancouver, Canada. *Journal of Urban Health*. *Journal of Urban Health*, 98, 59-69. <https://doi.org/10.1007/s11524-020-00489-9>

Key findings from this research paper on safer supply program in Vancouver, BC:

- Safe supply program participants indicated that access to a reliable and regulated supply of opioids reduced use of toxic street-drug supply and reduced risk of overdose.



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- Program further demonstrated positive outcomes for participants through improvements to health and well-being, the management of pain, and economic stability.

Evaluations of Safer Supply Programs

- Haines, M., Tefoglou, A., & O'Byrne, P. (2022). **Safer Supply Ottawa evaluation: Fall 2022 report**: <https://safersupplyottawa.com/wp-content/uploads/SS-Ottawa-Evaluation-Report-Fall-2022.pdf>
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Evidence Reviews

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- Ontario HIV Treatment Network. (2020). **Possible benefits of providing safer supply to people who use drugs during public health emergencies such as the COVID 19 pandemic**. <https://www.ohtn.on.ca/rapid-response-possible-benefits-of-providing-safe-supply-of-substances-to-people-who-use-drugs-during-public-health-emergencies-such-as-the-covid-19-pandemic/>



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Safer Supply FAQs and Infographics

- National Safer Supply Community of Practice. **Safer Supply for Health Care Providers: Frequently Asked Questions.** (2022): <https://www.nss-aps.ca/safer-supply-prescribers-faq>
- Victoria SAFER Initiative. **SAFER Impacts Infographic.** (2022): <https://www.catie.ca/sites/default/files/2023-01/SAFER-Impacts-2022-infographic.pdf>

Guidance and Protocols

- Waraksa, M., et al. (2022). **Safer Opioid Supply Program Protocols – Parkdale Queen West Community Health Centre.** <https://www.nss-aps.ca/sites/default/files/resources/2022-06-23-PQWCHC-Clinical-and-Operational-Protocols.pdf>
- Victoria SAFER Initiative. (2022). **Safer Supply Protocols.** AVI Health and Community Services. <https://www.nss-aps.ca/sites/default/files/resources/2022-10-12-VictoriaSAFERInitiativeProtocols.pdf>
- Hales, J., Kolla, G., Man, T., O'Reilly, E., Rai, N., Sereda, A. (2020). **Safer Opioid Supply Programs (SOS): A Harm Reduction Informed Guiding Document for Primary Care Teams - April 2020 update.** <https://bit.ly/3dR3b8m>