

Current Research and Future Directions: A reflection on an evaluation of 4 programs in Toronto and London

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October 26, 2023



Study Team

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Project Background

Emergency safer supply programs: Bridging the HIV prevention, treatment, and care cascade for people who inject drugs

Funder:

Ontario HIV Treatment Network (OHTN)



Parkdale Queen West Community Health Centre
(Both Toronto Sites)

92
clients

Prescribers: 6
Allied Health Professionals: 8

South Riverdale Community Health Centre
(Toronto)

46
clients

Prescribers: 1
Allied Health Professionals: 2

Street Health
(Toronto)

31
clients

Prescribers: 1
Allied Health Professionals: 2

InterCommunity Health Centre
(London)

247
clients

Prescribers: 2
Allied Health Professionals: 10

Methods

Data collection methods	<ul style="list-style-type: none">• Semi-structured interviews• Demographic survey• Program characteristic survey (completed 1/site)
Participants	<ul style="list-style-type: none">• Clients (n= 52)• Prescribers, allied health, pharmacists (n=21)
Sampling	<ul style="list-style-type: none">• Clients: purposive – varied gender and race/ethnicity• Physicians/allied health: census• Pharmacists: purposive
Recruitment	<ul style="list-style-type: none">• Staff assisted, snowball• February to October, 2021 (no face-to-face research: allowed 03/20 to 09/21)
Data collection	<ul style="list-style-type: none">• In person, zoom and telephone, audio recorded interviews• Interviewers - research coordinators/assistants and two PIs (COVID restrictions)
Data analysis	<ul style="list-style-type: none">• Thematic analysis – team based• Advisory group/team provided feedback on coding structure/themes

Participants

We interviewed 52 clients across four SOS programs in Ontario.



London
InterCommunity
Health Centre

40%

of total interviews



PARKDALE
QUEEN WEST
Community
Health Centre

30%

of total interviews



South Riverdale
COMMUNITY
HEALTH CENTRE

20%

of total interviews

StreetHealth

10%

of total interviews

56%
identified
as men

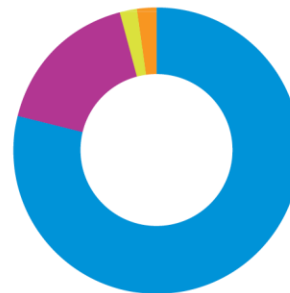


44%
identified
as women

(no clients identified as transgender,
non-binary or gender fluid)

Average age: 47 years
(range 29 to 62 years)

Ethnicity



White	79%
Indigenous	17%
Black	2%
Latino	2%

- **7 HIV positive**
 - All currently on medication
 - All undetectable viral loads
- **77% of clients had ever received a hepatitis C positive diagnosis**

Service Providers

We interviewed 27 service providers who had a variety of roles:



9

Prescribers*



7

Allied Health Professionals**



6

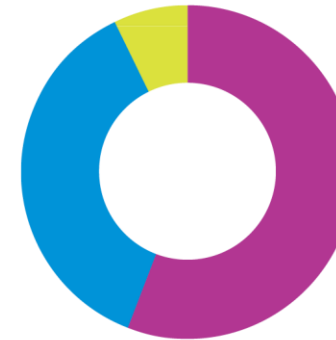
Pharmacists



5

Registered Nurses

Over half identified as women



Woman	56%
Man	37%
Nonbinary	7%

58% had 6-10 years of experience working with people who use drugs, and another 16% had more than 10 years of experience.



What we learned

Key themes

- SOS programs save lives
- SOS programs are adaptive and flexible
- SOS programs improve client's health & access to healthcare
- SOS programs improve client's quality of life
- Delivering SOS programs comes with challenges, but it's rewarding



I've seen how my life drastically changed. I have a job, I have an apartment, I have bills I pay for, I have a car. I have real-life responsibilities that I never had before. **And all this is because the program.**

– CLIENT

Recommendations from the OHTN study

- Provide more options for safer supply
- Offer different ways of delivering safer supply
- There is an ongoing need to advocate for more affordable and appropriate housing
- Expand the size and reach of the programs
- Work to address ongoing sustainability concerns



... we need more capacity, which means more prescribers, because safe supply is almost like boutique program right now.

– PHYSICIAN



What we want to learn

Directions for future research

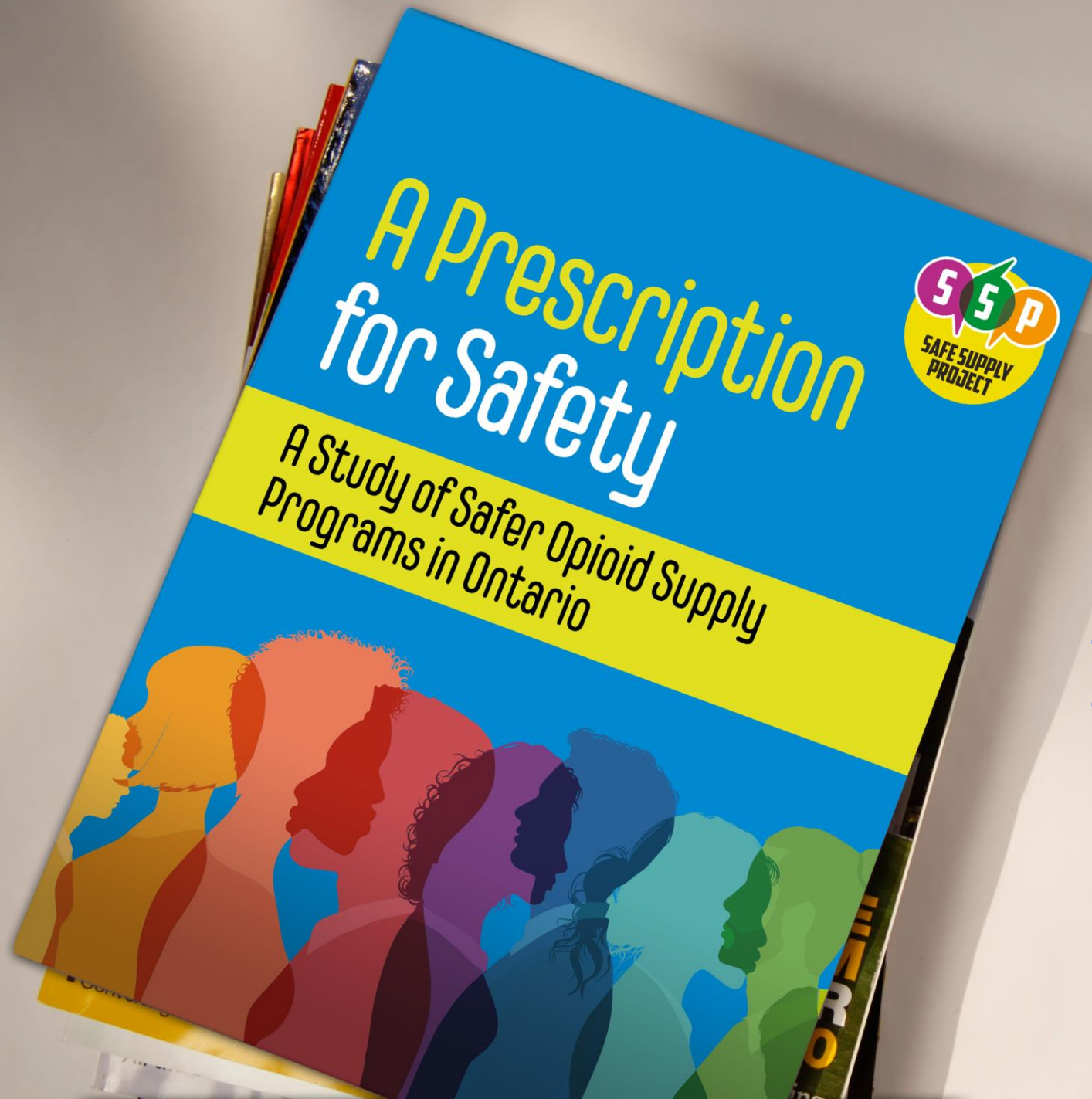
- How have program policies, practices, size etc evolved since 2021?
- How have the programs adapted to drug market changes eg., benzos?
- What is long-term adherence like in these programs?
- What (new) outcomes are achieved with longer time in the program?
- How well do the programs meet the needs of racialized people? Women and gender diverse individuals? Pregnant people? Who is being missed?
- Diversion... what's the scale, regularity etc.? Need for ongoing monitoring at a population level

Acknowledgements

Participants for sharing their stories, personal hopes and challenges and candor.

Sites for their help and patience with the study.

Funder: Breaking new ground grant, Ontario HIV Treatment Network.



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<https://www.nss-aps.ca/prescription-for-safety>

Questions?

