Safer supply:
Current perspectives and evidence /
Approvisionnement plus sécuritaire :
Perspectives et données actuelles

May 17, 2023 / 17 mai 2023

National Safer Supply Community of Practice
La communauté de pratique nationale sur l'approvisionnement plus sécuritaire

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Canada's source for HIV and hepatitis C information

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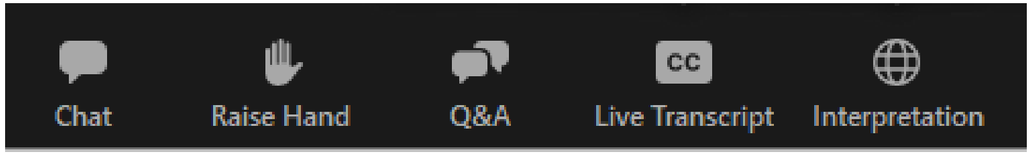

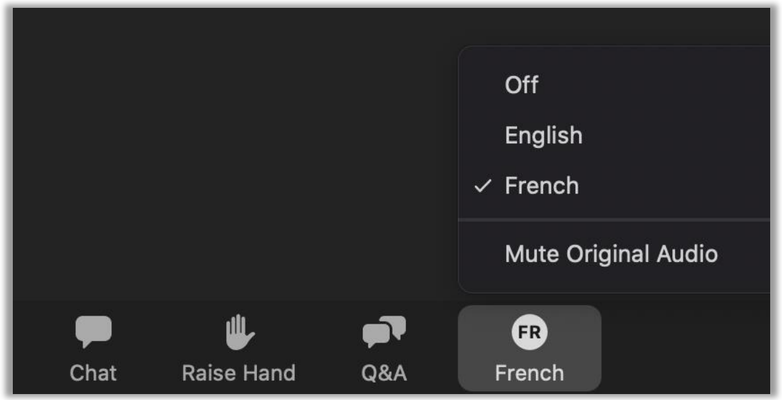

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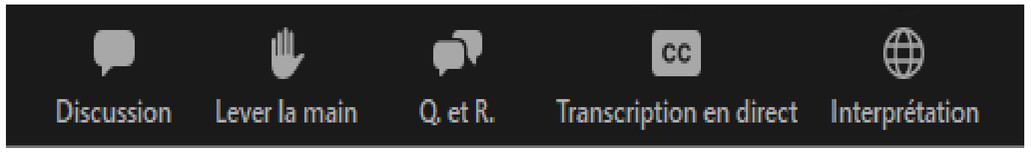


Agenda

1. Introduction
2. Background: Safer supply introduction and overview of research
3. Short panelist presentations
4. Discussion with panelists on specific topics
5. Audience questions and answers
6. Closing

Ordre du jour

1. Introduction
2. Mise en contexte: Introduction à l’approvisionnement plus sécuritaire et vue d’ensemble des études
3. Courtes présentations des panélistes
   Discussion avec les panélistes sur divers thèmes
4. Questions et réponses de l’auditoire
5. Mot de la fin

Panelists / Panélistes

Gillian Kolla, PhD | PhD
Research fellow, Canadian Institute for Substance Use Research, University of Victoria
Chercheuse universitaire, Canadian Institute for Substance Use Research, Université de Victoria

Marie-Ève Goyer, MD | M.D.
Family physician and scientific director, Équipe
de soutien clinique et organisationnel en dépendance et itinérance (ESCODI)
Médecin de famille et directrice scientifique, Équipe de soutien clinique et organisationnel en dépendance et itinérance (ESCODI)

Ashley Smoke
Founder and board member, Ontario Network of People Who Use Drugs (ONPUD); board member, Canadian Association of People Who Use Drugs (CAPUD)
Fondatrice et membre du Conseil d'administration, Ontario Network of People Who Use Drugs (ONPUD); membre du Conseil d'administration, Association canadienne des personnes qui utilisent des drogues (ACPUD)

Panelists / Panélistes

Corey Ranger, RN | IA
Registered nurse and knowledge translation specialist, AVI Health & Community Services; president, Harm Reduction Nurses Association
Infirmier autorisé et spécialiste en transfert des connaissances, AVI Health & Community Services; président, Association des infirmiers et infirmières en réduction des méfaits

Angela Robertson
Executive director, Parkdale Queen West Community Health Centre
Directrice générale, Centre de santé communautaire Parkdale Queen West

Q&A / Q. et R.

All attendees will be muted during the webinar.

Submit your questions in English or French through the **Q&A** tab at the bottom of the screen (not the Chat tab).

Tou·te·s les participant·e·s resteront en sourdine durant le webinaire.

Posez vos questions en français ou en anglais par l'intermédiaire de l'onglet **Q. et R.** au bas de l'écran (et non l'onglet Converser).

CATIE Resources / Ressources de CATIE

RESEARCH SUMMARY

Safe supply: What is it and what is happening in Canada?

RESEARCH SUMMARY

Ontario safer opioid supply program reduced hospital visits and healthcare costs

CASE STUDY

Victoria SAFER Initiative

Safe Supply: Hydromorphone Tablet Distribution Program at the Molson Overdose Prevention Site

RESEARCH SUMMARY

Safer opioid supply (SOS) program

ÉTUDE DE CAS

Programme SAFER de Victoria

Un approvisionnement sûr : programme de distribution de comprimés d'hydromorphone au centre de prévention des surdoses Molson

SOMMAIRE DE RECHERCHE

Le programme d'approvisionnement plus sécuritaire en opioïdes (APSO)

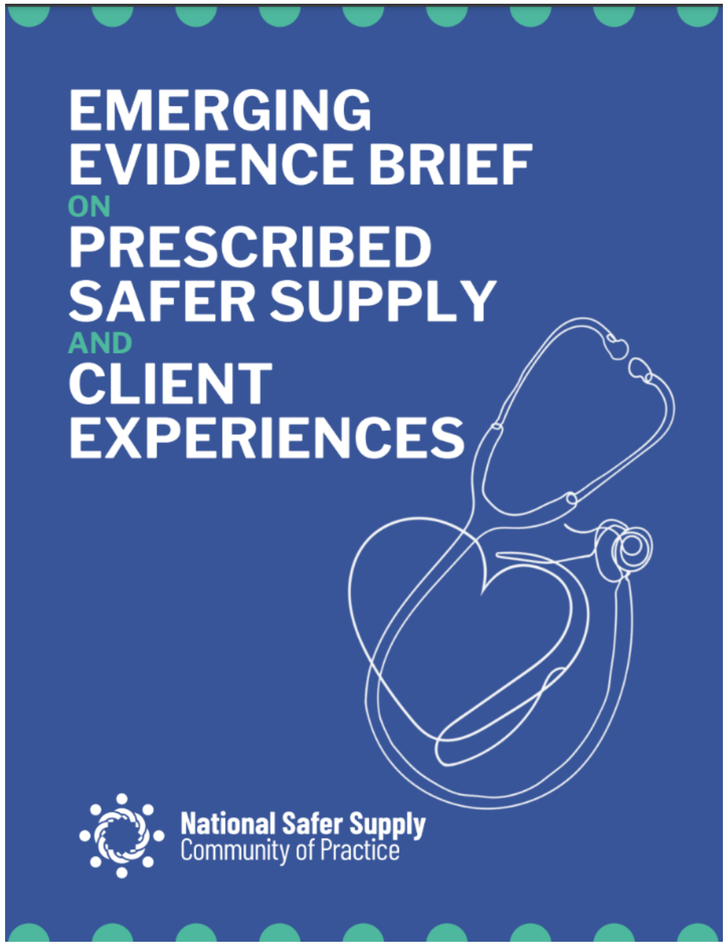
SOMMAIRE DE RECHERCHE

Approvisionnement sécuritaire : De quoi s'agit-il et quel est l'état des choses au Canada?

SOMMAIRE DE RECHERCHE

Un programme ontarien d'approvisionnement plus sécuritaire en opioïdes réduit les visites à l'hôpital et les coûts de soins de santé

National Safer Supply Community of Practice Resources / Ressources de la Communauté de pratique nationale sur l'approvisionnement plus sécuritaire



Questions?

Please enter any questions for our guest speakers into the question box.

Des questions?

Si vous avez des questions pour nos conférencier·ère·s, veuillez les entrer dans la boîte réservée à cette fin.

Thank you! / Merci!

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Veuillez nous faire part de vos commentaires en répondant à l'évaluation qui vous sera envoyée après le webinaire.

Evidence on Safer Supply

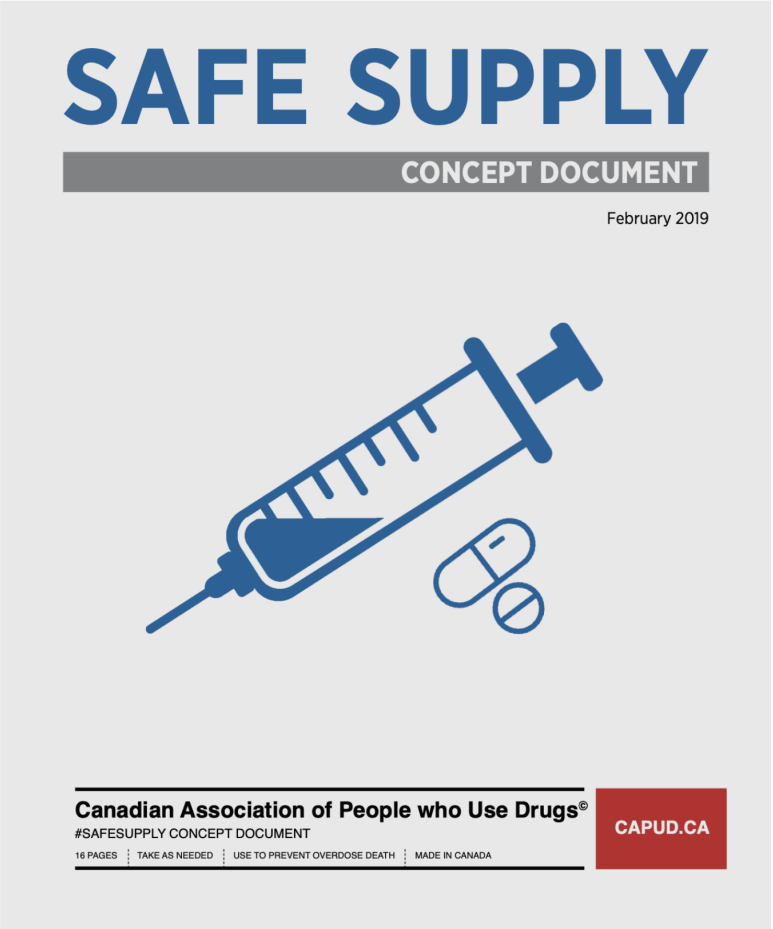
Gillian Kolla

Canadian Institute for Substance Use Research

University of Victoria

What is safe supply?

- **Safe supply =** legal and regulated supply of drugs with mind/body altering properties that traditionally have been accessible only through the illicit drug market (CAPUD, 2019)
- People who use drugs should not be stigmatized, criminalized, or deemed to be "disordered" due to their drug use
- Different from **prescribed safer supply** = Prescription of pharmaceutical opioids and stimulants to people using street-acquired unregulated drugs
    - Harm reduction philosophy within a medicalized model
    - Safer opioid supply goal = reduce overdose risk through provision of known dose of pharmaceutical opioids



Different modalities of safer supply programs

- Observed dosing models = iOAT or TiOAT
  - Observed doses in clinical settings, attendance at clinic several times a day
  - Injectable opioid agonist treatment (iOAT): using high-dose diacetylmorphine & hydromorphone
  - Tablet-based iOAT (TiOAT): short-acting hydromorphone tablets provided for observed use within OPS
  - Newer approach: injectable sufentanil
- Unobserved, take-home tablet opioids = Prescribed safer supply
  - Daily dispensed at pharmacy for take-home, unobserved dosing: short-acting hydromorphone tablets
  - Often combined with long-acting opioid 'backbone': slow-release oral morphine or methadone
  - Risk mitigation prescribing: Response to COVID-19 pandemic in 2020, to facilitate COVID-related isolation
- Hesitation around non-prescriber based models (i.e. buyers clubs or compassion clubs)
  - Implementation has been limited to small-scale, pilot programs with time-limited funding (from SUAP)
  - Scale-up accelerated following COVID pandemic in March 2020 (*Glegg, 2022*)
  - Up to March 2020, just 447 people on prescribed safer supply in Ontario (*Young, 2022*)
  - 67,646 people on OAT in Ontario (*ODPRN, 2021*); 25,000 people receiving OAT in BC (*BCCDC, 2023*)

What do people who use drugs want?

Contents lists available at ScienceDirect

International Journal of Drug Policy

journal homepage: www.elsevier.com/locate/drugpo

Research Paper

A concept mapping study of service user design of safer supply as an alternative to the illicit drug market

B. Pauly[a,b,*], J. McCall[a,b], F. Cameron[c], H. Stuart[c], H. Hobbs[d], G. Sullivan[a,b], C. Ranger[d], K. Urbanoski[a,b]

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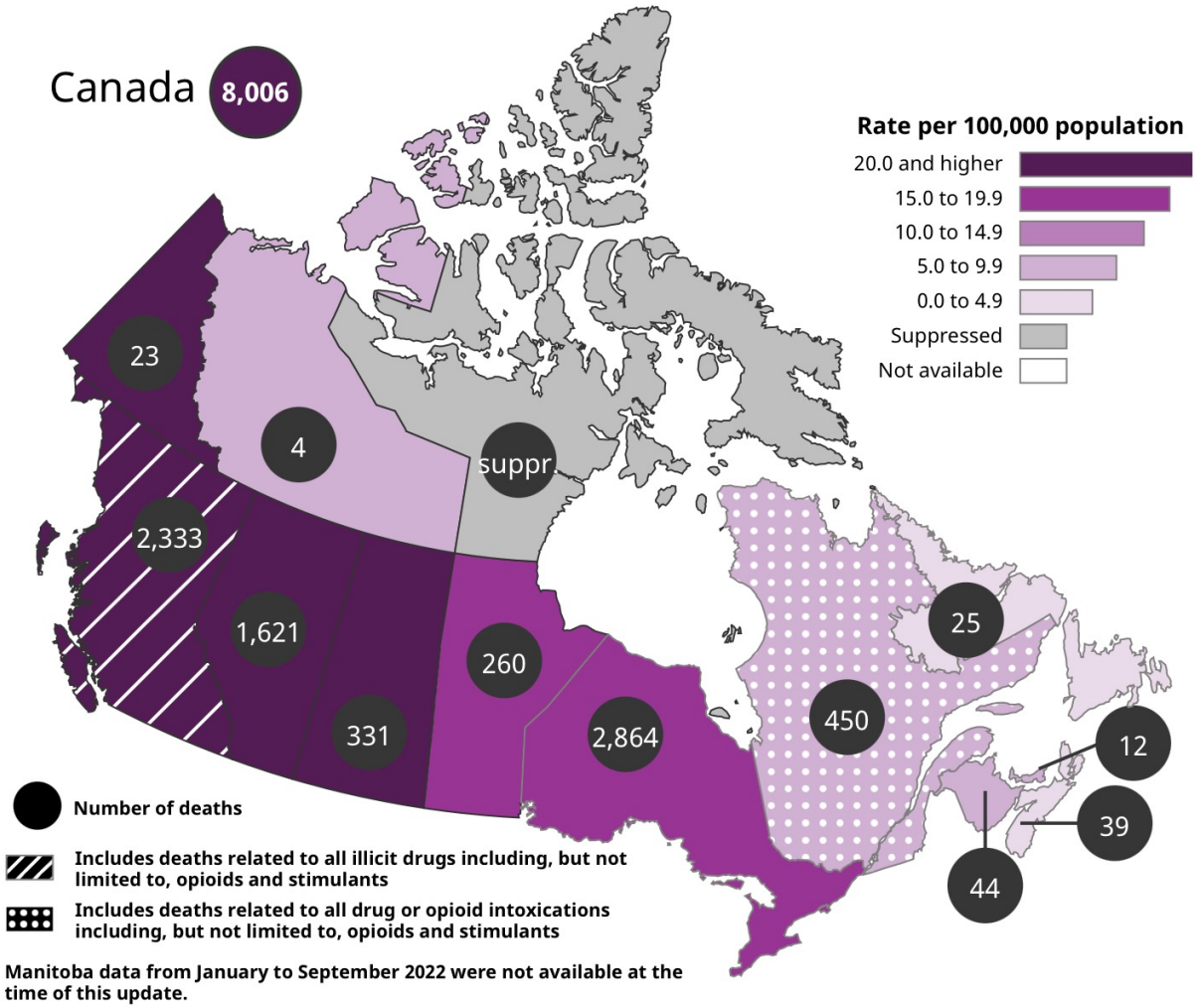
Why do we need safer supply?

- Need new options to address fentanyl toxicity

- More options for people who use drugs
  - If traditional opioid agonist treatment (OAT) has not worked for in the past
  - If they are not currently interested in OAT

- Many people who die from fentanyl toxicity do not have OUD
  - 35% of people dying of opioid toxicity in Ontario had no indication of opioid use disorder (OUD) diagnosis or treatment (*Gomes et al., 2022*)

Canadian drug toxicity overdose crisis



- Over **32,000** deaths in Canada since 2016
- Significant regional variation in overdose rates
  - 87% of opioid toxicity deaths occur in British Columbia (BC), Alberta and Ontario
- Unregulated fentanyl and fentanyl analogues are major drivers of opioid toxicity deaths:
  - **89%** of deaths in Ontario (2021)
  - **86%** of deaths in BC (2021)
- Increasing prevalence of unregulated benzodiazepines (e.g. etizolam) in both post-mortem investigations & drug checking

Need for more options for people who use drugs

ORIGINAL RESEARCH

OPEN

Evaluating the Effectiveness of First-Time Methadone Maintenance Therapy Across Northern, Rural, and Urban Regions of Ontario, Canada

Joseph K. Eibl, PhD, Tara Gomes, MHSc, Diana Martins, MSc, Ximena Camacho, MMath, David N. Juurlink, MD, Muhammad M. Mamdani, PharmD, Irfan A. Dhalla, MD, and David C. Marsh, MD

Retention in methadone treatment at 1 year among 1st time patients:

- Northern Rural: 48.9%
- Northern Urban: 47.0%
- Southern Rural: 40.6%
- Southern Urban: 39.3%

Median time to discontinuation:

- Southern Urban: 188 days
- Northern Rural: 351 days

ELSEVIER

Journal of Substance Abuse Treatment

Volume 133, February 2022, 108647

Assessing the determinants of completing OAT induction and long-term retention: A population-based study in British Columbia, Canada ☆

Megan Kurz [a], Jeong Eun Min [a], Laura M. Dale [a], Bohdan Nosyk [a b]

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https://doi.org/10.1016/j.jsat.2021.108647 ↗

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Highlights

- Less than 60% of opioid agonist treatment episodes completed induction.
- Half of episodes reaching the maintenance phase reached the minimum effective dose.
- Induction for buprenorphine/naloxone improved overtime, exceeding that of methadone.
- Methadone outperformed buprenorphine/naloxone for long-term retention.

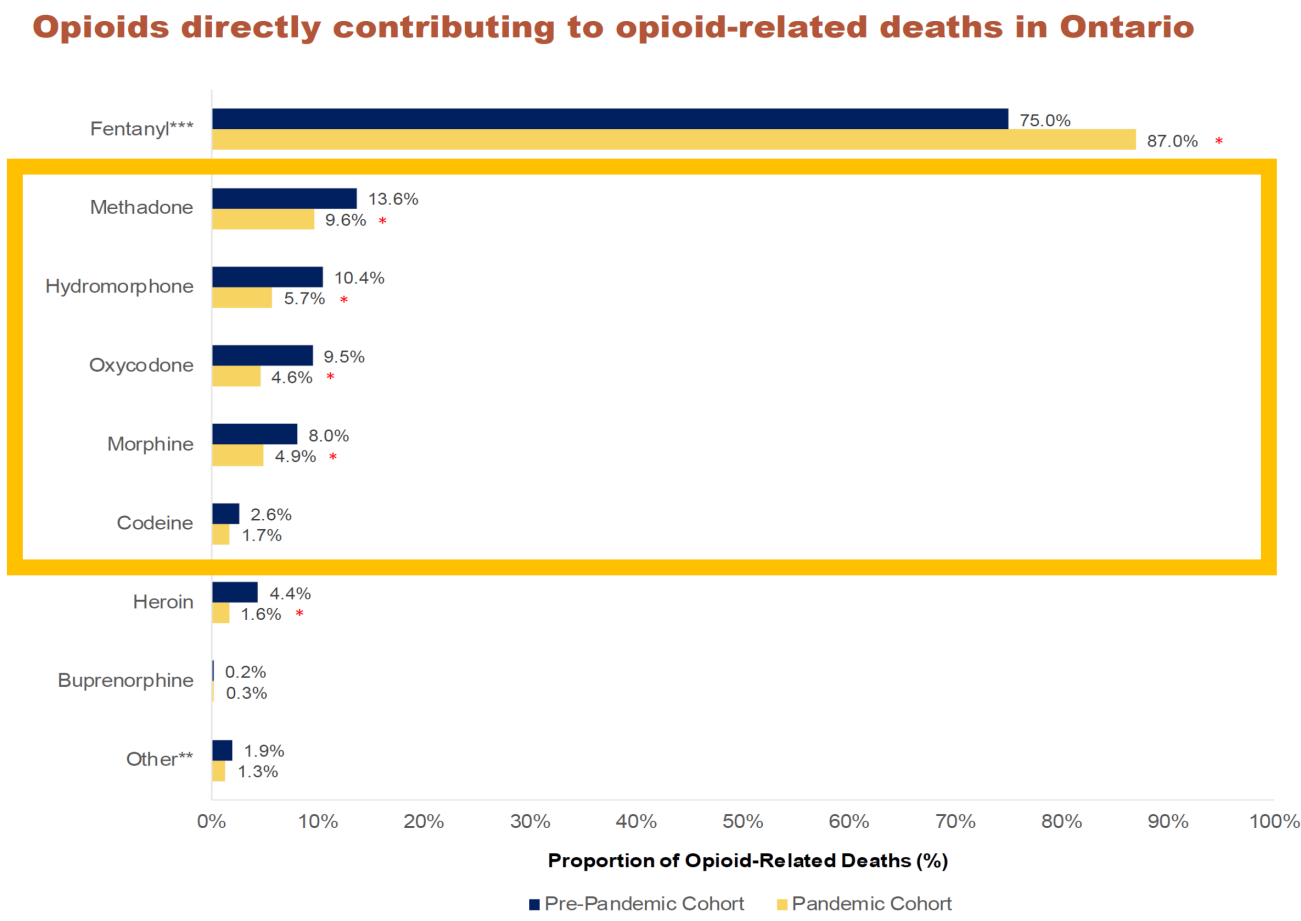
(False) antagonism: treatment vs. harm reduction approaches

- Frequently framed as "either/or" discussion
- Treatment beds are not magic
- This is an emergency: need for BOTH high quality, evidence-based treatment AND harm reduction options
- Some people don't want to stop using drugs, and they need options too

"**Any positive change as a person defines it for him or herself is our definition of recovery**." Dan Bigg, Chicago Recovery Alliance

Mortality from overdose and safer supply?

- Data from coroners in BC and Ontario
  - No concerning signals on association between safer supply and opioid-related death
- Ontario: Deaths where hydromorphone directly contributed to death **dropped** from 10.4% in the pre-pandemic period to 5.7% during the pandemic period
- BC Coroner: “There is no indication that prescribed safe supply is contributing to unregulated drug deaths”



Gomes T et al., (2022) *Patterns of medication and healthcare use among people who died of an opioid-related toxicity during the COVID-19 pandemic in Ontario.* https://odprn.ca/research/publications/opioid-related-deaths-and-healthcare-use/

Positive data on health outcomes from SOS programs

Among SOS clients:

- Very high rates of pre-existing conditions among SOS clients:
  - 34% had HIV at baseline compared to 7.6% in matched cohort
  - 69.5% had HCV at baseline compared to 25.3% in matched cohort
  - 18.3% had skin or soft tissue infection compared to <6.1% in matched cohort

- Significant declines in:
  - Emergency department visits
  - In-patient hospitalization
  - Hospitalizations for incident infections
  - Healthcare costs (not including primary care or medications)

- No change among matched unexposed cohort

Research ■ Vulnerable populations

Clinical outcomes and health care costs among people entering a safer opioid supply program in Ontario

Tara Gomes PhD, Gillian Kolla PhD, Daniel McCormack MSc, Andrea Sereda MD, Sophie Kitchen MSc, Tony Antoniou PhD

■ Cite as: *CMAJ* 2022 September 19;194:E1233-42. doi: 10.1503/cmaj.220892

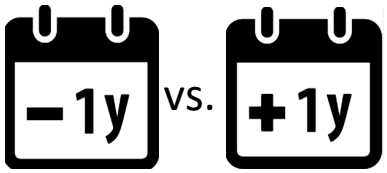
Abstract

Background: London InterCommunity Health Centre (LIHC) launched a safer opioid supply (SOS) program in 2016, where clients are prescribed pharmaceutical opioids and provided with comprehensive health and social supports. We sought to evaluate the impact of this program on health services utilization and health care costs.

Methods: We conducted an interrupted time series analysis of London, Ontario, residents who received a diagnosis of opioid use disorder (OUD) and who entered the SOS program between January 2016 and March 2019, and a comparison group of individuals matched on demographic and clinical characteristics who were not exposed to the program. Primary outcomes were emergency department (ED) visits, hospital admissions, admissions for infections and health care costs. We used autoregressive integrated moving average (ARIMA) models to evaluate the impact of SOS initiation and compared outcome rates in the year before and after cohort entry.

Results: In the time series analysis, rates of ED visits (−14 visits/100, 95% confidence interval [CI] −26 to −2; $p = 0.02$), hospital admissions (−5 admissions/100, 95% CI −9 to −2; $p = 0.005$) and health care costs not related to primary care or outpatient medications (−$922/person, 95% CI −$1577 to −$268; $p = 0.008$) declined significantly after entry into the SOS program ($n = 82$), with no significant change in rates of infections (−1.6 infections/100, 95% CI −4.0 to 0.8; $p = 0.2$). In the year after cohort entry, the rate of ED visits (rate ratio [RR] 0.69, 95% CI 0.53 to 0.90), hospital admissions (RR 0.46, 95% CI 0.29 to 0.74), admissions for incident infections (RR 0.51, 95% CI 0.27 to 0.96) and total health care costs not related to primary care or outpatient medications ($15 635 v. $7310/person-year; $p = 0.002$) declined significantly among SOS clients compared with the year before. We observed no significant change in any of the primary outcomes among unexposed individuals ($n = 303$).

Interpretation: Although additional research is needed, this preliminary evidence indicates that SOS programs can play an important role in the expansion of treatment and harm-reduction options available to assist people who use drugs and who are at high risk of drug poisoning.



Comparisons of primary clinical outcomes: 1 year prior to and following cohort entry

Health care utilization: Primary Outcomes	Clients in Safer Supply Program (N=82)			Matched Unexposed Individuals (N=303)		
	1 year prior N (rate per person-year)	1 year following N (rate per person-year)	p-value	1 year prior N (rate per person-year)	1 year following N (rate per person-year)	p-value
Number of emergency department visits	250 (3.09)	170 (2.12)	**0.007**	591 (1.98)	550 (1.86)	0.5
Number of hospital admissions	74 (0.91)	34 (0.42)	**0.001**	98 (0.33)	95 (0.32)	0.9
Number of hospital admissions for any incident infections	26 (0.32)	13 (0.16)	**0.04**	30 (0.10)	21 (0.07)	0.2

Additional Outcomes Among Safer Supply Program Clients:

- No change in **mental health, opioid toxicity, or substance-use disorder**-related hospital visits
- Low all-cause mortality overall in both groups and **no opioid-related deaths among SOS clients**
- **Lower healthcare costs*** ($15.6k to $7.3k)
- **Higher medication-related costs** ($12.8k to $21.1k)

**excluding primary care and medication cost*

New research: MySafe machine

Research Access to health care

Safer opioid supply via a biometric dispensing machine: a qualitative study of barriers, facilitators and associated outcomes

Geoff Bardwell PhD, Andrew Ivsins PhD, Manal Mansoor BA, Seonaid Nolan MD, Thomas Kerr PhD

Cite as: *CMAJ* 2023 May 15;195:E668-76. doi: 10.1503/cmaj.221550

Abstract

Background: The MySafe program provides pharmaceutical-grade opioids to participants with opioid use disorder via a biometric dispensing machine. The objectives of this study were to examine facilitators and barriers to safer supply via the MySafe program and the associated outcomes.

Methods: We conducted semistructured interviews with participants who had been enrolled in the MySafe program for at least a month at 1 of 3 sites in Vancouver. We developed the interview guide in consultation with a community advisory board. Interviews focused on context of substance use and overdose risk, enrolment motivations, program access and functionality, and outcomes. We integrated case study and grounded theory methodologies, and used both conventional and directed content analyses to guide inductive and deductive coding processes.

Results: We interviewed 46 participants. Characteristics that facilitated use of the program included accessibility and choice, a lack of consequences for missing doses, nonwitnessed dosing, judgment-free services and an ability to accumulate doses. Barriers included technological issues with the dispensing machine, dosing challenges and prescriptions being tied to individual machines. Participant-reported outcomes included reduced use of illicit drugs, decreased overdose risk, positive financial impacts and improvements in health and well-being.

Interpretation: Participants perceived that the MySafe program reduced drug-related harms and promoted positive outcomes. This service delivery model may be able to circumvent barriers that exist at other safer opioid supply programs and may enable access to safer supply in settings where programs may otherwise be limited.

Participant reported outcomes include:

- Decreased overdose risk
- Reduced use of drugs from the unregulated market
- Positive financial impacts
- Improvements in health and wellbeing

Facilitators:

- A lack of consequences for missing doses
- Unobserved dosing
- Judgment-free services
- An ability to accumulate doses

Barriers:

- Technological issues with dispensing machine
- Dosing challenges
- Prescriptions being tied to individual machines

Measuring Uptake/Access across Ontario

- Population-based study using pharmacy claims data from January 2016 – March 2020
- 447 unique people receiving safer supply in Ontario
- 69% had received OAT in year before safer supply initiation
- Mortality among people receiving safer supply was rare (< 5 people among both frequent and infrequent prescribers)
- 62.9% also prescribed OAT medications during study period

International Journal of Drug Policy 102 (2022) 103601

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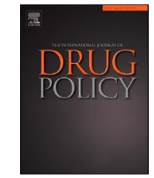
journal homepage: www.elsevier.com/locate/drugpo



Research Paper

Characterizing safer supply prescribing of immediate release hydromorphone for individuals with opioid use disorder across Ontario, Canada

Samantha Young[a,b,c], Gillian Kolla[d], Daniel McCormack[e], Tonya Campbell[f], Pamela Leece[g,h,i], Carol Strike[h,j], Anita Srivastava[g,k], Tony Antoniou[e,g,l], Ahmed M. Bayoumi[a,b,j,m], Tara Gomes[a,e,j,n,*]

ARTICLE INFO

Keywords:
Opioid-related disorders
Opioid agonist therapy
Hydromorphone
Harm reduction

ABSTRACT

Background: In response to the ongoing overdose crisis, some clinicians in Canada have started prescribing immediate release hydromorphone (IRH) as an alternative to the toxic unregulated drug supply. This practice is often referred to as safer supply. We aimed to identify and characterize patients receiving safer supply IRH and their prescribers in Ontario.

Methods: Using provincial administrative health data, we identified individuals with opioid use disorder prescribed safer supply IRH from January 2016 to March 2020 and reported the number of initiations over time. We summarized demographic, health, and medication use characteristics among patients who received safer supply IRH, and examined select clinical outcomes including retention and death. Finally, we characterized prescribers of safer supply IRH and compared frequent and infrequent prescribers.

Results: We identified 534 initiations of safer supply IRH (447 distinct individuals) from 155 prescribers. Initiations increased over time with a peak in the third quarter of 2019 (103 initiations). Patients' median age was 42 (interquartile range [IQR] 34–50), and most were male (60.2%), urban residents, (96.2%), and in the lowest neighborhood income quintile (55.7%), with 13.9% having overdosed in the previous one year. The prevalence of HIV was 13.9%. The median duration on IRH was 272 days (IQR 30–1,244) and OAT was co-prescribed in 62.9% of courses. Death while receiving IRH or within 7 days of discontinuation was rare (≤5 courses;≤0.94 per person-year for each).

Conclusions: Clinicians are increasingly prescribing safer supply IRH in Ontario. Patients prescribed safer supply IRH had demographic and clinical characteristics associated with high risk of death from opioid-related overdose. Short-term deaths among people receiving safer supply IRH were rare.

Qualitative research on risk mitigation prescribing

RESEARCH ARTICLE AJPH

Implementation of Safe Supply Alternatives During Intersecting COVID-19 and Overdose Health Emergencies in British Columbia, Canada, 2021

Ryan McNeil, PhD, Taylor Fleming, MPH, Samara Mayer, MPH, Allison Barker, BMA, Manal Mansoor, BA, Alex Betsos, MA, Tamar Austin, MA, Sylvia Parusel, PhD, Andrew Ivsins, PhD, and Jade Boyd, PhD

Objectives. To explore the implementation and effectiveness of the British Columbia, Canada, risk mitigation guidelines among people who use drugs, focusing on how experiences with the illicit drug supply shaped motivations to seek prescription alternatives and the subsequent impacts on overdose vulnerability.

Methods. From February to July 2021, we conducted qualitative interviews with 40 people who use drugs in British Columbia, Canada, and who accessed prescription opioids or stimulants under the risk mitigation guidelines.

Results. COVID-19 disrupted British Columbia's illicit drug market. Concerns about overdose because of drug supply changes, and deepening socioeconomic marginalization, motivated participants to access no-cost prescription alternatives. Reliable access to prescription alternatives addressed overdose vulnerability by reducing engagement with the illicit drug market while allowing greater agency over drug use. Because prescriptions were primarily intended to manage withdrawal, participants supplemented with illicit drugs to experience enjoyment and manage pain.

Conclusions. Providing prescription alternatives to illicit drugs is a critical harm reduction approach that reduces exposure to an increasingly toxic drug supply, yet further optimizations are needed. (*Am J Public Health*. Published online ahead of print March 8, 2022:e1–e8. https://doi.org/10.2105/AJPH.2021.306692)

AJPH Published online ahead of print March 8, 2022

- High volatility in unregulated drug market in the early pandemic period
- Participants receiving RMG prescriptions reported:
  - Reduction of cravings and withdrawal due to access to pharmaceuticals
  - More stability in their lives and drug use
  - Reduced overdose risk (due to known dose)
- Issues reported:
  - Low doses did not meet people's needs
  - Led to people needing to supplement with fentanyl from street market
  - Need for a larger variety of drugs that correspond to what people are using from street market

Risk mitigation prescribing in early pandemic period

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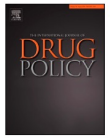

Research Paper

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

Marion Selfridge[a,b,*], Kiffer Card[b,c], Taylor Kandler[d], Erin Flanagan[d], Emily Lerhe[d], Ash Heaslip[a,d], Anne Nguyen[a,d,e], Matthew Moher[a,d,e], Bernie Pauly[b,f], Karen Urbanoski[b,g], Chris Fraser[a,d]

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ARTICLE INFO

Keywords:
Safe supply
People who use drugs
Opioid agonist therapy
COVID-19
Risk mitigation

ABSTRACT

Aims: In March 2020, British Columbia issued Risk Mitigation Guidance (RMG) to support prescribing of pharmaceutical alternatives to illicit drugs, in order to reduce risk for COVID-19, overdose, and withdrawal among people who use drugs. This study evaluated factors associated with 60-day adherence to novel opioid alternatives prescribed at an inner-city health centre in Victoria, Canada.

Methods: A chart review was conducted to collect data on sociodemographic information, medical histories, and follow-up services among all clients prescribed novel opioid alternatives from March 2020-August 2020 (n = 286). Bivariable and multivariable regression were used to identify independent and adjusted factors associated with 60-day adherence.

Results: Overall, 77% of 286 clients were still receiving opioids after 60 days of follow-up. Medications included hydromorphone (*n = 274*), sustained-release oral morphine (*n = 2*), and oxycodone (*n = 9*). The adjusted odds of 60-day adherence to novel opioid alternatives were significantly higher for those receiving a mental health medication (*aOR = 3.49, 95%CI = 1.26, 11.00*), a higher maximum daily dosage of RMG prescriptions (*aOR = 1.03 per mg increase, 95%CI = 1.01, 1.04*), and those with continuous receipt of OAT (*aOR = 6.25, 95%CI = 2.67, 15.90*).

Conclusions: Higher dosages and co-prescription of mental health medications and OAT may help support better adherence to this form of prescriber-based "safer supply". Further work is needed to identify optimal prescribing practices and the longer term impacts of differing implementation scenarios.

- High rates of concurrent health conditions and homelessness
- High rates of polysubstance use (65% reporting methamphetamine use)
- High retention: 77% receiving safer supply at 60 days
- Better retention for those:
  - Receiving mental health medication
  - Receiving a higher daily dose of RMG medications
  - Receiving OAT prior to receiving RMG prescription

Safer Supply in COVID isolation sites

Contents lists available at ScienceDirect

Drug and Alcohol Dependence

journal homepage: www.elsevier.com/locate/drugalcdep

Evaluation of an emergency safe supply drugs and managed alcohol program in COVID-19 isolation hotel shelters for people experiencing homelessness

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ABSTRACT

Background: During a COVID-19 outbreak in the congregate shelter system in Halifax, Nova Scotia, Canada, a healthcare team provided an emergency "safe supply" of medications and alcohol to facilitate isolation in COVID-19 hotel shelters for residents who use drugs and/or alcohol. We aimed to evaluate (a) substances and dosages provided, and (b) outcomes of the program.
Methods: We reviewed medical records of all COVID-19 isolation hotel shelter residents during May 2021. The primary outcome was successful completion of 14 days isolation, as directed by public health orders. Adverse events included (a) overdose; (b) intoxication; and (c) diversion, selling, or sharing of medications or alcohol.
Results: Seventy-seven isolation hotel residents were assessed (mean age 42 ± 14 years; 24% women). Sixty-two (81%) residents were provided medications, alcohol, or cigarettes. Seventeen residents (22%) received opioid agonist treatment (methadone, buprenorphine, or slow-release oral morphine) and 27 (35%) received hydromorphone. Thirty-one (40%) residents received prescriptions stimulants. Six (8%) residents received benzodiazepines and forty-two (55%) received alcohol. Over 14 days, mean daily dosages increased of hydromorphone (45 ± 32 – 57 ± 42 mg), methylphenidate (51 ± 28 – 77 ± 37 mg), and alcohol (12.3 ± 7.6 – 13.0 ± 6.9 standard drinks). Six residents (8%) left isolation prematurely, but four returned. During 1059 person-days, there were zero overdoses. Documented concerns regarding intoxication occurred six times (0.005 events/person-day) and medication diversion/sharing three times (0.003 events/person-day).
Conclusions: COVID-19 isolation hotel residents participating in an emergency safe supply and managed alcohol program experienced high rates of successful completion of 14 days isolation and low rates of adverse events.

CASE STUDY Open Access

The impact of an integrated safer use space and safer supply program on non-fatal overdose among emergency shelter residents during a COVID-19 outbreak: a case study

Brendan Lew[1,2], Claire Bodkin[1], Robin Lennox[1], Timothy O'Shea[3], Gillian Wiwcharuk[1] and Suzanne Turner[1*]

Abstract

Background: Opioid-related harms, including fatal and non-fatal overdoses, rose dramatically during the COVID-19 pandemic and presented unique challenges during outbreaks in congregate settings such as shelters. People who are deprived of permanent housing have a high prevalence of substance use and substance use disorders, and need nimble, rapid, and portable harm reduction interventions to address the harms of criminalized substance use in an evidence-based manner.

Case study: In February 2021, a COVID-19 outbreak was declared at an emergency men's shelter in Hamilton, Ontario, Canada. Building on pre-existing relationships, community and hospital-based addictions medicine providers and a local harm reduction group collaborated to establish a shelter-based opioid agonist treatment and safer supply program, and a volunteer run safer drug use space that also distributed harm reduction supplies. In the 4 weeks preceding the program, the rate of non-fatal overdoses was 0.93 per 100 nights of shelter bed occupancy. During the 26 days of program operation, there were no overdoses in the safer use space and the rate of non-fatal overdoses in the shelter was 0.17 per 100 nights of shelter bed occupancy. The odds ratio of non-fatal overdose pre-intervention to during intervention was 5.5 (95% CI 1.63–18.55, $p = 0.0059$). We were not able to evaluate the impact of providing harm reduction supplies and did not evaluate the impact of the program on facilitating adherence to public health isolation and quarantine orders. The program ended as the outbreak waned, as per the direction from the shelter operator.

Conclusions: There was a significant reduction in the non-fatal overdose rate after the safer drug use and safer supply harm reduction program was introduced. Pre-existing relationships between shelter providers, harm reduction groups, and healthcare providers were critical to implementing the program. This is a promising approach to reducing harms from the criminalization of substance use in congregate settings, particularly in populations with a higher prevalence of substance use and substance use disorders.

Keywords: Case study, Substance use, Homeless shelters, Overdose, Controlled substances

Research examining Safer Supply programs

Foreman-Mackey *et al.*
Substance Abuse Treatment, Prevention, and Policy (2022) 17:66
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Substance Abuse Treatment, Prevention, and Policy

RESEARCH Open Access

Moving towards a continuum of safer supply options for people who use drugs: A qualitative study exploring national perspectives on safer supply among professional stakeholders in Canada

Annie Foreman-Mackey[1,2], Bernie Pauly[3,4], Andrew Ivsins[1,2], Karen Urbanoski[3,5], Manal Mansoor[1] and Geoff Bardwell[1,2,6,7*]

Abstract

Background Novel public health interventions are needed to address the toxic drug supply and meet the needs of people who use drugs amidst the overdose crisis. Safer supply – low-barrier distribution of pharmaceutical grade substances – has been implemented in some jurisdictions to provide safer alternatives to the unregulated drug supply, yet no studies to date have explored professional stakeholder perspectives on this approach.

Methods We used purposive sampling to recruit professional stakeholders (n = 17) from four locations in British Columbia, Ontario, and Nova Scotia, including program managers, executive directors, political and health authority representatives, and healthcare providers involved in the design, implementation, and/or operation of safer supply programs in their communities. Semi-structured, one-to-one interviews were conducted, and interview data were coded and analyzed using thematic analyses.

Results Participants defined safer supply as low-barrier access to substances of known quality and quantity, offered

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Research Paper

Investigating opioid preference to inform safe supply services: A cross sectional study

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ARTICLE INFO

Keywords:
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ABSTRACT

Background: The drug toxicity crisis continues to be a significant cause of death. Over 24,600 people died from opioid toxicity in Canada over the last 5 years. Safe supply programs are required now more than ever to address the high rate of drug toxicity overdose deaths caused by illicit fentanyl and its analogues. This study aims to identify opioid preferences and associated variables to inform further phases of safe supply program implementation.

Methods: The Harm Reduction Client Survey, an annual cross-sectional survey of people who use drugs (PWUD), was administered at harm reduction supply distribution sites in BC in October–December 2019. The survey collects information on substance use patterns, associated harms, stigma, and utilization of harm reduction services. Eligibility criteria for survey participation included aged 19 years or older; self-reported substance use of any illicit substance in the past six months, and ability to provide verbal informed consent. We conducted multivariate logistic regression to investigate associations with opioid preference. We used the dichotomized preference for either heroin or fentanyl as an outcome variable. Explanatory variables of interest included: geographic region, urbanicity, gender, age category, Indigenous identity, housing, employment, witnessing or experiencing an overdose, using drugs alone, using drugs at an observed consumption site, injection as preferred mode of use, injecting any drug, frequency of use, and drugs used in last 3 days.

Results: Of the 621 survey participants, 405 reported a preferred opioid; of these 57.8% preferred heroin, 32.8% preferred fentanyl and 9.4% preferred prescription opioids. The proportion of participants who preferred heroin over fentanyl significantly increased with age. The adjusted odds of a participant 50 or older preferring heroin was 6.76 (95% CI: 2.78–16.41, p-value: < 0.01) times the odds of an individual 29 or under. The adjusted odds of an Indigenous participant reporting a preference for heroin compared to fentanyl was 1.75 (95% CI: 1.03–2.98, p-value: 0.04) the odds of a non-Indigenous participant reporting the same. Adjusted odds of heroin preference also differed between geographic regions within British Columbia, Canada.

Conclusion: Opioid preference differs by age, geographic area, and Indigenous identity. To create effective safe supply programs, we need to engage PWUD about their drugs of choice.

More research…

Haines and O'Byrne *Harm Reduction Journal* (2023) 20:53
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Harm Reduction Journal

RESEARCH Open Access

Safer opioid supply: qualitative program evaluation

Marlene Haines[1*] and Patrick O'Byrne[1]

Abstract

Background As the overdose crisis in Canada continues to escalate in severity, novel interventions and programs are required. Safer Supply programs offer pharmaceutical-grade medication to people who use drugs to replace and decrease harms related to the toxic illicit drug supply. Given the paucity of research surrounding these programs, we sought to better understand the experience of being part of a Safer Supply program from the perspective of current participants.

Methods We completed semi-structured interviews and surveys with Safer Supply participants in Ottawa, Canada. Interviews were audio-recorded, transcribed, and analyzed thematically. Descriptive statistics were used to report survey data.

Results Participants most commonly discussed Safer Supply benefits. This included programs offering a sense of community, connection, hope for the future, and increased autonomy. Participants also described program concerns, such as restrictive protocols, inadequate drugs, and diversion.

Conclusions Our research demonstrated that participants found Safer Supply to be effective and impactful for their substance use goals. While participants did discuss concerns about the program, overall, we found that this is an important harm reduction-based program for people who use drugs in the midst of the overdose crisis.

Keywords Safer Supply, Safer opioid supply, Overdose crisis, Harm reduction, People who use drugs, Qualitative research

RESEARCH Open Access

Community partner perspectives on the implementation of a novel safer supply program in Canada: a qualitative study of the MySafe Project

Manal Mansoor[1], Annie Foreman-Mackey[1,2], Andrew Ivsins[1,2] and Geoff Bardwell[1,3*]

Abstract

Background The adulteration of the illicit drug supply with fentanyl and its analogues is driving the ongoing overdose crisis in North America. While various harm reduction interventions address overdose-related risks, there is growing interest in safer supply programs, including the MySafe Project which utilizes a biometric dispensing machine that provides pharmaceutical opioid alternatives to the toxic drug supply. However, the experiences and perspectives of professional community partners on program implementation remain unexplored. This study aims to examine professional community partner perspectives on the feasibility, as well as barriers and facilitators to the implementation of the MySafe program.

Methods Semi-structured qualitative interviews were conducted with 17 professional community partners involved in program implementation across four pilot locations in Canada. Thematic analysis of interviews focused on perspectives on safer supply, barriers and facilitators faced during program implementation, and recommendations to inform future scale-up of low-barrier safer supply models across Canada.

Results Participants identified a variety of barriers, including the dependence on clinician buy-in, coupled with regulatory and logistical constraints. In addition, some participants perceived hydromorphone to be an inadequate substitute to the increasingly toxic street opioid supply. Lastly, technical difficulties were described as barriers to service uptake and delivery. Conversely, having political and community buy-in, availability of wrap-around services, and collaborative communication from the MySafe team served as facilitators to program implementation. Though community partners preferred establishing MySafe machines into existing community organizations, they also discussed benefits of housing-based MySafe programs. The potential role of this program in mid-sized to rural cities was also emphasized.

Conclusions To address the overdose crisis, there is an urgent need to implement and evaluate novel solutions that address supply drivers of crisis. Community partner-informed research plays an integral role in ensuring program acceptability and proper implementation. Our findings identify current gaps and facilitators underlying the efficacy of one such model, together with future directions for improvement. Participant recommendations included a diversification of medications offered and types of locations for MySafe programs, a streamlined national approach to prescribing guidelines coupled with more robust training for healthcare professionals, and an emphasis on service

Main take-aways so far:

- Safer supply/RMG reaching people with:
  - Multiple medical conditions and social complexities
  - High levels of previous or current OAT prescriptions
- People receiving safer supply/RMG report:
  - Fewer overdoses
  - Better health and less health care usage
  - More stability in their lives
- Issues identified:
  - Need more medication options
  - Low doses (particularly in BC)
- Lack of association between safer supply/RMG prescribing and overdose death

Thank you!

Questions? Comments?

Gillian Kolla

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Prescribed safer supply @ AVI

Corey Ranger RN BN

SAFER KTE

Land Acknowledgement

SAFER KTE does work with individuals and organizations across all of Turtle Island and honour the lifeforce of Indigenous Peoples who have had their land stolen and who continue to resist ongoing genocide. Addressing the root causes of the toxic drug supply is deeply connected to decolonization.

Acknowledgement of Lived/Living Experience

The content discussed today is made possible by people with lived/living experience of drug use sharing their knowledge and experience. Without their generosity, vital life-saving harm reduction initiatives would not exist.

PSS @ AVI

~250 participants in 4 municipalities

Victoria
- Fentanyl patches
- Fentora
- Sufentanil

Comox Valley
- Fentanyl patches
- Fentora

Campbell River
- Fentanl patches

Nanaimo
- Fentanyl patches
- Fentora

We met with 63 people who use drugs and asked them to brainstorm, sort and rate the elements of effective safer supply.

Thank you to all our concept mapping participants for their time and insight.

more info: colabbc.ca

PSS @ AVI

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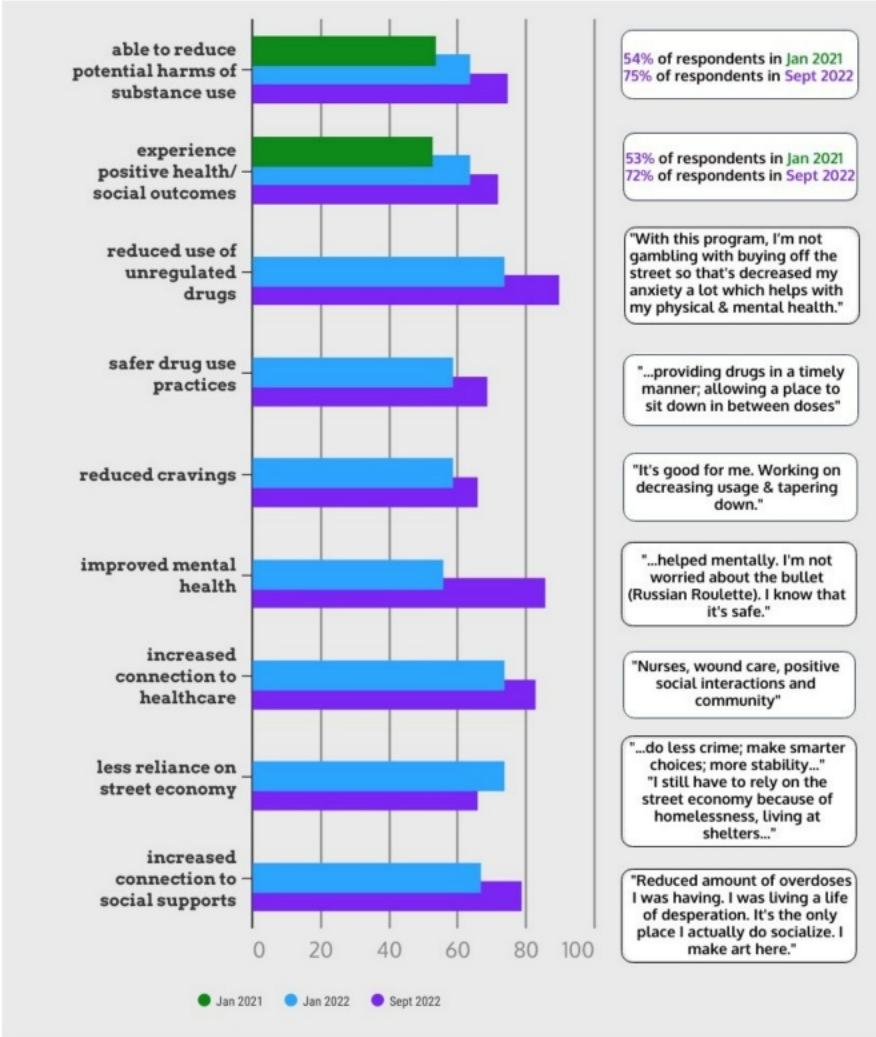
Outcomes of PSS

- Reduction in harms from unregulated supply
- Positive health or social outcome
- Reduced overdose risk
- Improved mental health
- Less wounds
- Improved function and quality of life as defined by the participant

SAFER Impacts

We regularly ask our participants how their safe supply is working for them and the impacts they experience from having access to regulated drugs and program supports.

We support 75-100 program participants at any given time. We spoke to 64% of our active participants in January 2021, 31% in January 2022, and 39% in September 2022. Here are some of the the impacts they told us they're experiencing.



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VICTORIA safer INITIATIVE

Prescribed Safer Supply

- Perception vs reality
- Less than 5% accessibility

Why the discrepancy?

- Wrong dose
- Wrong route
- Wrong drug
- Wrong delivery model
- Prescriber hesitancy
- Precarious funding
- Being outpaced by unregulated supply

Advancing Safe Supply Through Options

1 Clinical Programmatic Settings

Examples
- Injectable opioid agonist therapy (iOAT) and tablet injectable opioid agonist therapy (tiOAT)
- Crosstown Clinic

Benefits
- Most studied delivery model
- Generates evidence for future practice

Harms
- Rooted in paternalism
- Flawed metrics for success
- History of mistrust d/t harms towards people who use drugs
- Coercive practices

2 Harm Reduction Initiatives

Examples
- SAFER Initiatives
- Embedding in overdose prevention sites (OPS) and supervised consumption services (SCS)

Benefits
- Reduces death, disease, and community harms associated with higher risk activities
- Flexible and responsive to emerging community trends

Harms
- Underfunded/under-resourced
- Limited capacity and precarious funding

3 Public Health Models

Examples
- Decision-support tools and centralized access lines
- Nicotine replacement therapy (NRT)

Benefits
- Easily replicated based on learnings from naloxone de-scheduling and the de-medicalization of nicotine and cannabis
- Potential for widespread accessibility

Harms
- Regulatory barriers for implementation and lack of buy-in

4 Drug Policy Reform and Regulated Supply

Examples
- Compassion club models
- Legalization/regulation
- Retail dispensaries

Benefits
- Targets the root cause of toxic drugs
- Lowest barrier options
- Competes with the unregulated drug supply
- Acknowledges the many reasons and ways people use drugs

Harms
- Not easily understood or accepted by policy-makers
- Low political will to endorse

Prescribed safer supply @ AVI

Corey Ranger RN BN