

# Safer Supply Ottawa Evaluation

*Fall 2023 Report*

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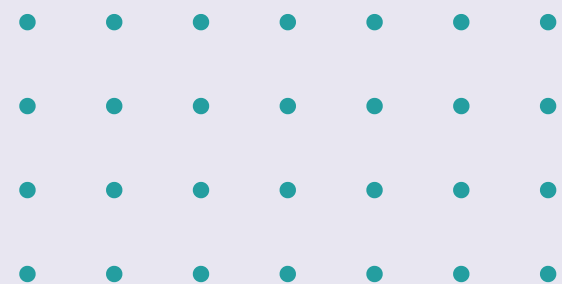
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School of Nursing



uOttawa

# PRESENTATION OVERVIEW

- 01 Safer Supply Program Overview
- 02 Safer Supply Program Data
- 03 Qualitative Research Overview
- 04 Survey Results
- 05 Interview Results
- 06 Future Considerations



# Program Overview



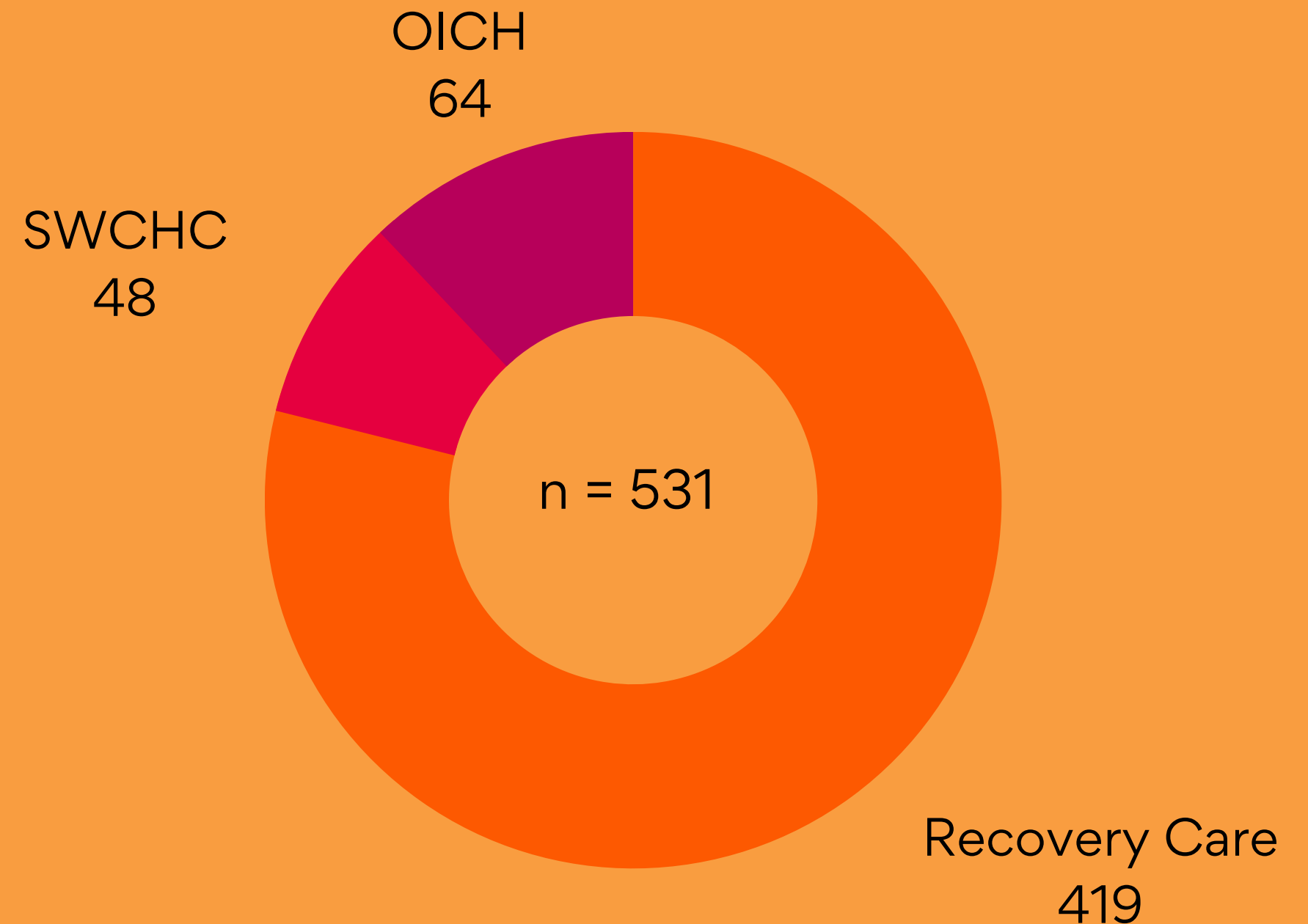
# Quantitative Data

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Data presented today  
collected from:

APRIL 1, 2023 TO JULY 31, 2023

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



# Participants by Program Type



= 467 participants with reportable data on a Safer Supply program

- Safer Supply participants complete program intakes followed by check-ins on a regular basis.
- This information is gathered every 4 months to track progress overall.
- While **Safer Opioid Supply** is the most commonly provided program type, there are also participants on **Safer Stimulant Supply**, and **combination (opioids and stimulants)** programs.

## SAFER OPIOID SUPPLY

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

## SAFER STIMULANT SUPPLY

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

## COMBINATION SAFER SUPPLY

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

# Demographics

40

Median participant age (years)

Youngest: 19

Oldest: 72

## Gender

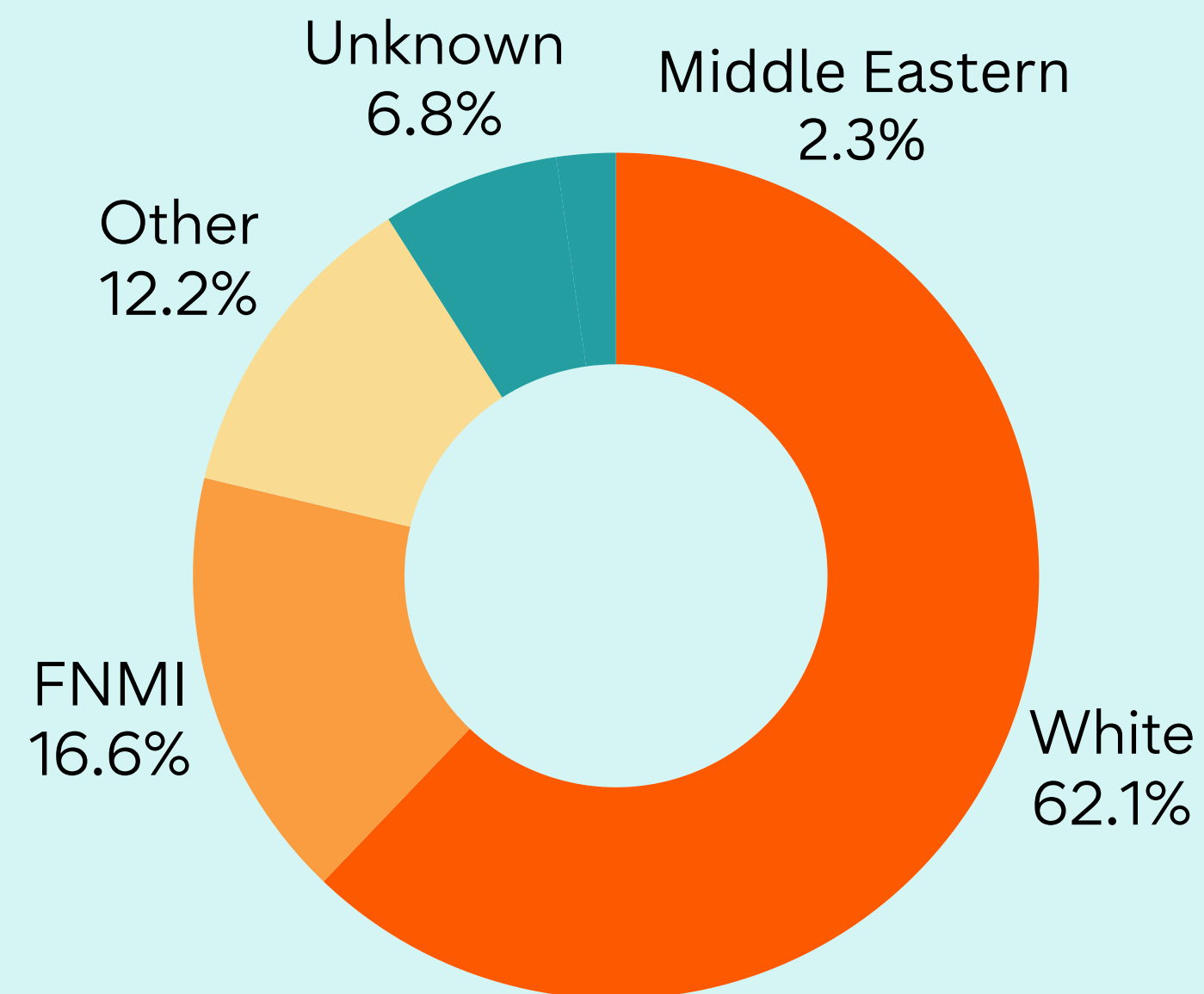
Female = 34%

Male = 66%

Services received in:

English = 90%

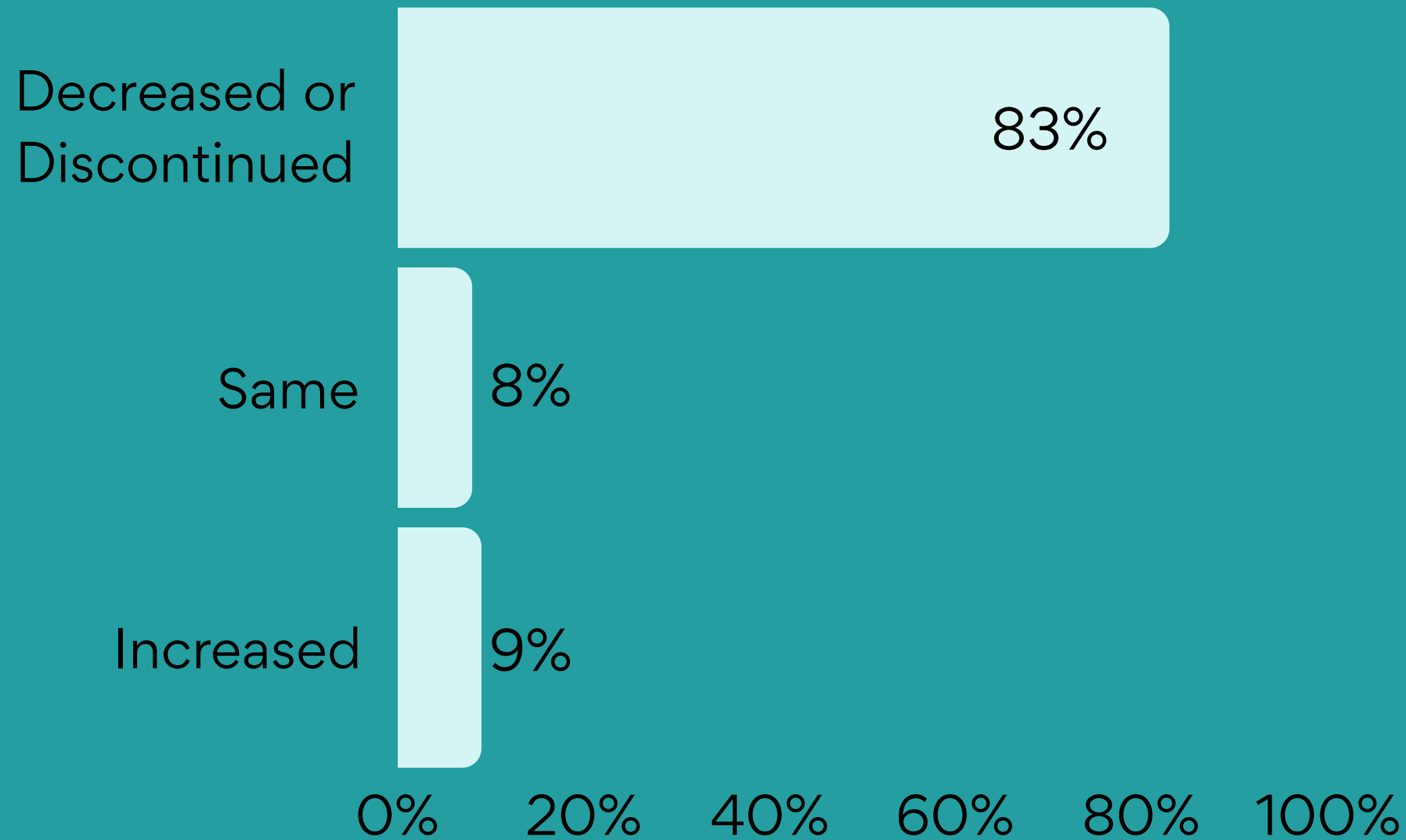
French = 10%



## Ethnicity

# FENTANYL USE TRENDS *FROM PROGRAM INTAKE*

SAFER OPIOID SUPPLY & SAFER  
COMBINATION SUPPLY



This represents the cumulative data of **all Safer Opioid Supply** and **Combination Safer Supply** participants who had **quantitative intake data available regarding their Fentanyl use** (n = 320).

A direct comparison was made between disclosed quantity of fentanyl use at intake and quantity of fentanyl use at their closest check-in to July 31, 2023.

Exclusions included limited time on program (<1 month) and qualitative intake data.

83% (n = 266) of participants reported a decrease in and/or no fentanyl use since program intake.

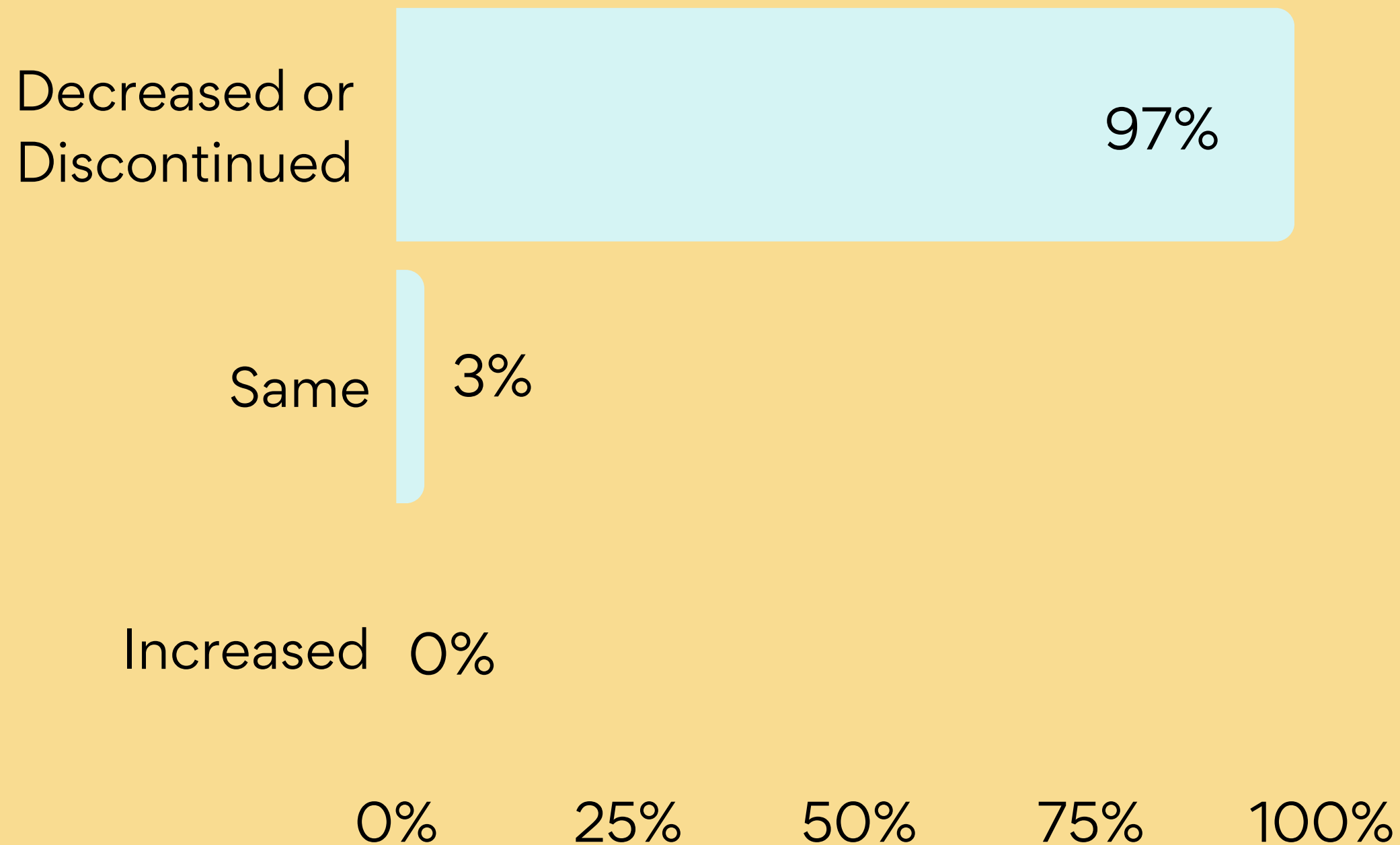
8% (n = 25) reported the same level of fentanyl use since program intake.

9% (n = 29) participants reported an increase in their fentanyl use since program intake.



# UNREGULATED STIMULANT USE TRENDS FROM PROGRAM INTAKE

## SAFER STIMULANT SUPPLY



This represents the cumulative data of **all Safer Stimulant Supply clients** who had **quantitative intake data available** (n = 31).

A direct comparison was made between disclosed quantity of unregulated stimulant use at intake and quantity of unregulated stimulant use at their closest check-in to July 31, 2023.

Exclusions included limited time on program (<1 month) and qualitative intake data.

97% (n = 30) of participants reported a decrease in and/or no unregulated stimulant use since program intake.

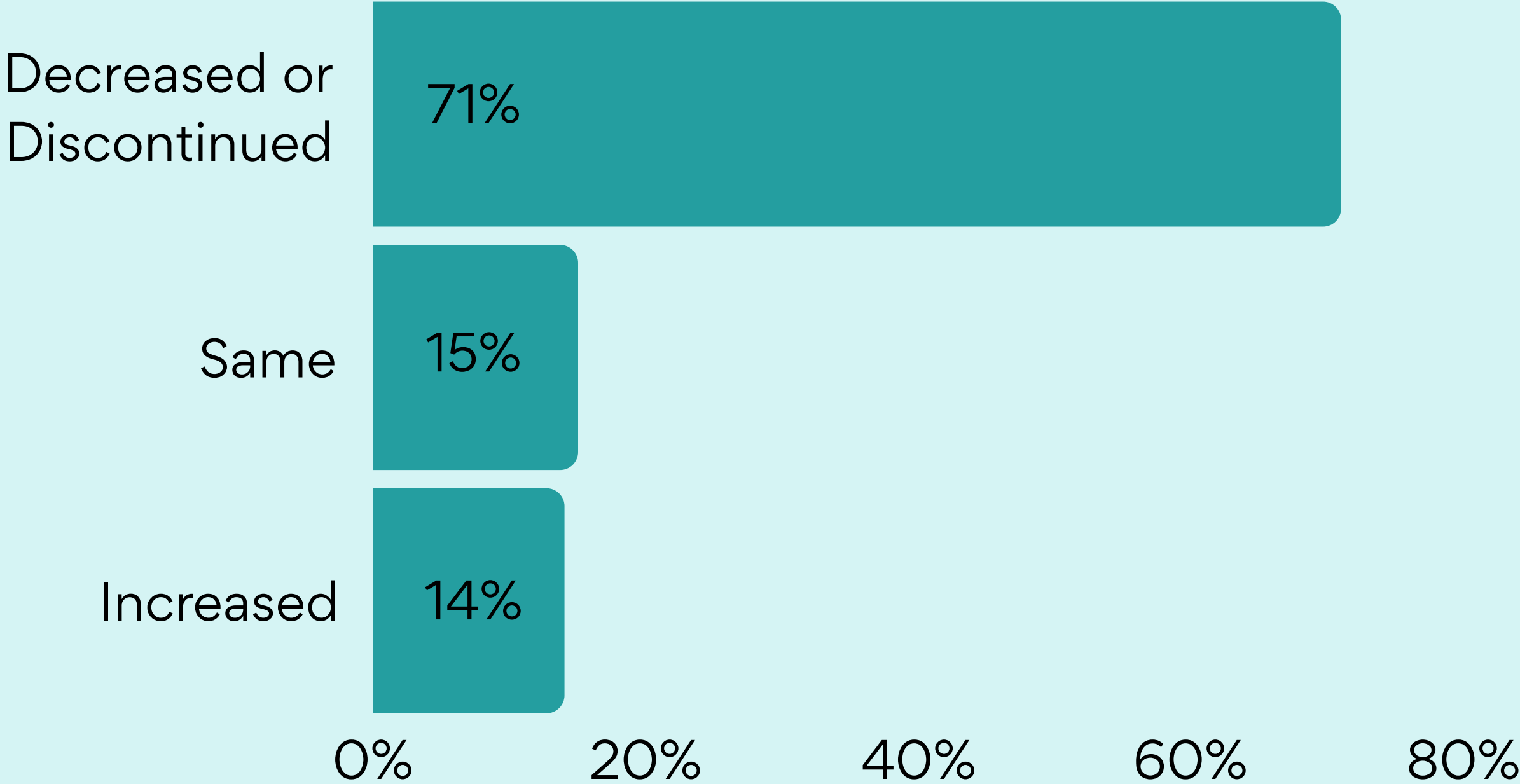
3% (n = 1) reported the same level of unregulated stimulant use since program intake.

No participants reported an increase in their unregulated stimulant use since program intake.

# FENTANYL USE TRENDS

*APRIL - JULY 2023*

SAFER OPIOID SUPPLY



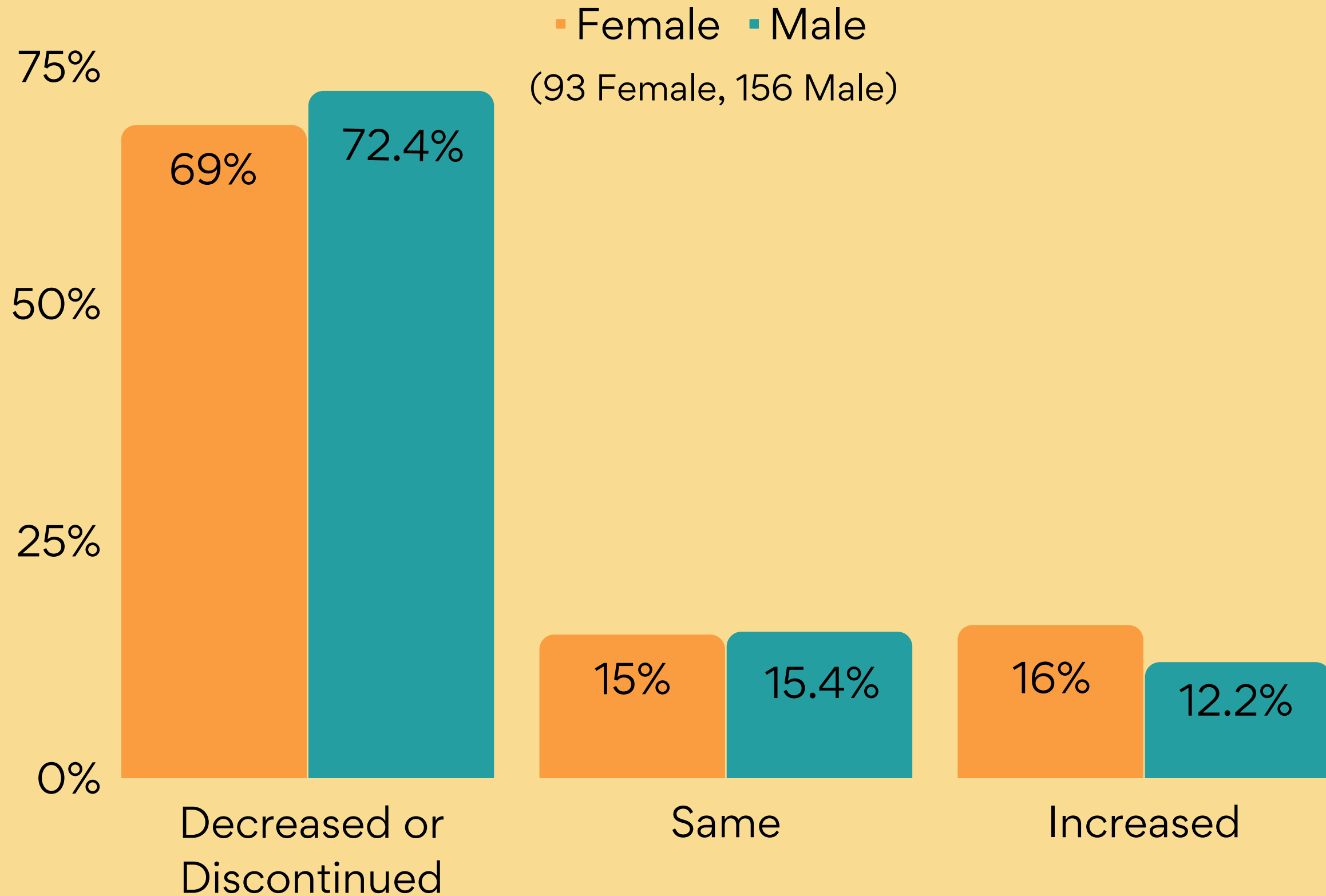
- Represents participants on the **Safer Opioid Supply program.**
- 53.3% (n = 249) of all participants studied are on Safer Opioid Supply only.

# FENTANYL USE TRENDS BY GENDER

*APRIL - JULY 2023*

SAFER OPIOID SUPPLY

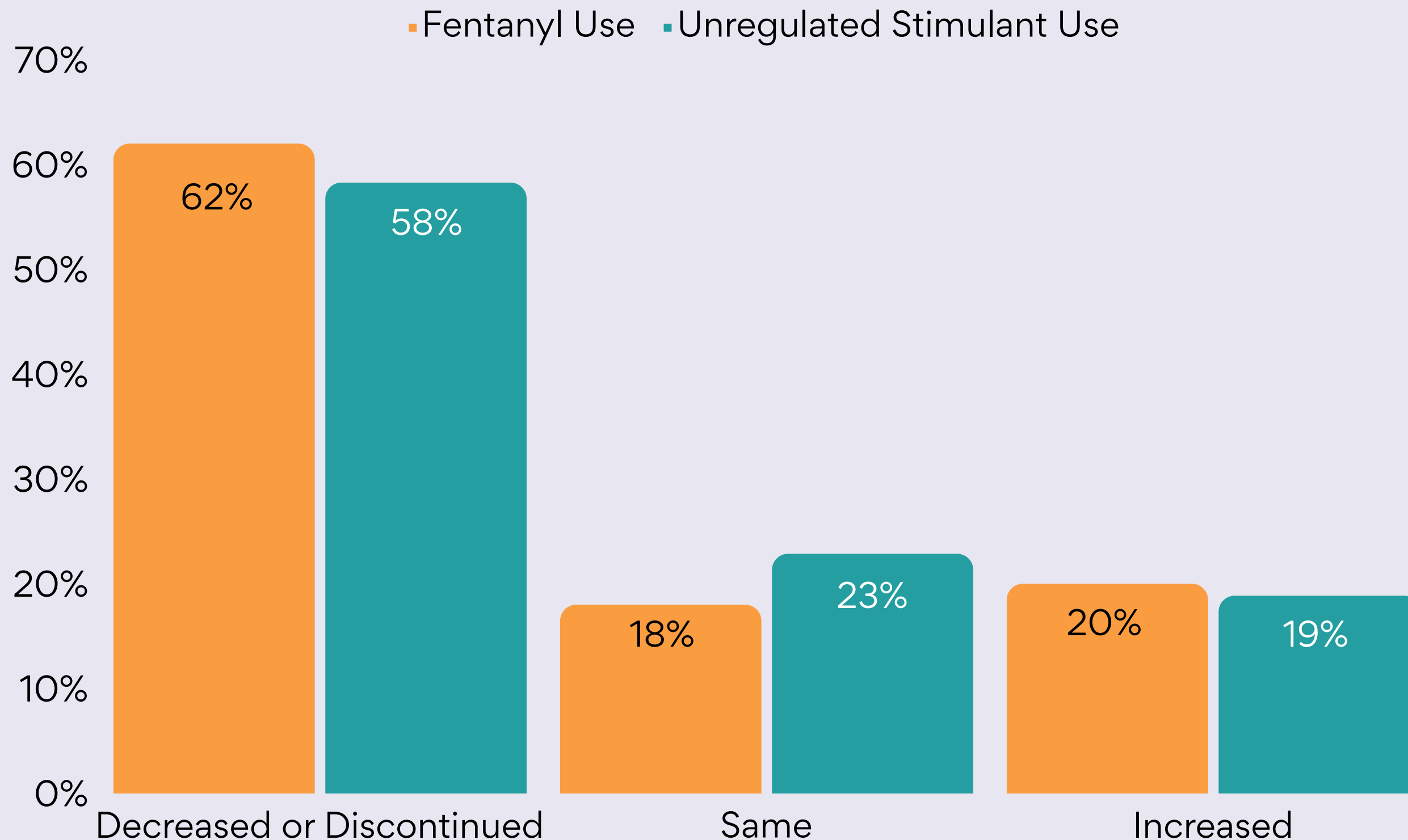
- Similar trends of fentanyl use were reported regardless of participant gender.



# FENTANYL & UNREGULATED STIMULANT USE TRENDS

*APRIL - JULY 2023*

## COMBINATION SAFER SUPPLY



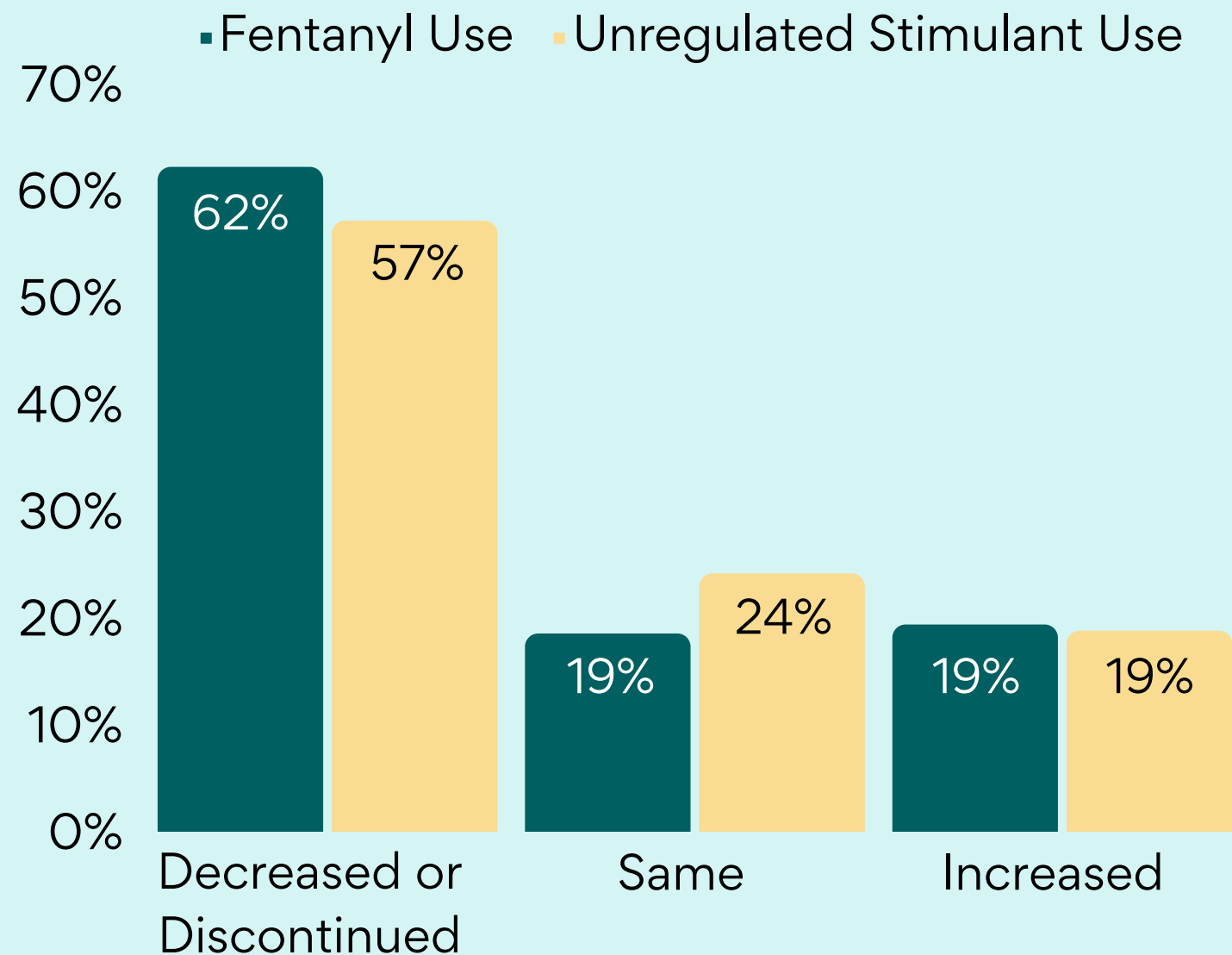
- Represents participant data on the **Combination Safer (Opioid & Stimulant) Supply** program.
- 40% (n = 182) of all participants are on Combination Safer Supply.
- Most participants reported an overall decrease in both fentanyl use (n = 112) and unregulated stimulant use (n = 102).
- Similar trends are seen between fentanyl use and unregulated stimulant use, with a majority of participants reporting decreased or discontinued use.

# FENTANYL & UNREGULATED STIMULANT USE TRENDS BY GENDER

## APRIL - JULY 2023

### COMBINATION SAFER SUPPLY

**Male (n = 119)**

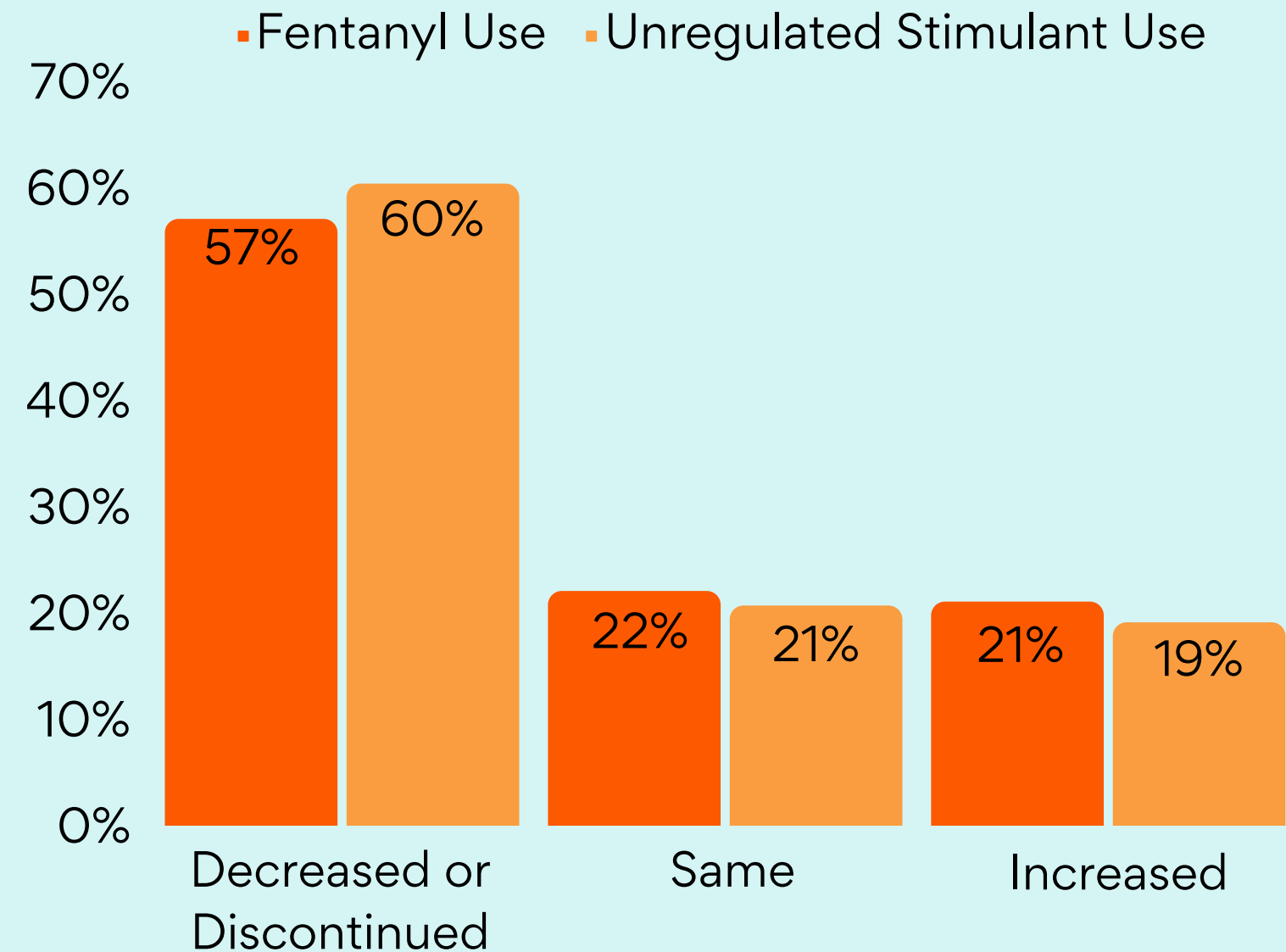


An overall trend of decreasing drug use (fentanyl and unregulated stimulants) was present across genders.

Female participants reported a slightly higher decrease in unregulated stimulant use (n = 38) compared to decreasing fentanyl use (n = 36).

Male participants reported the opposite, with a slightly higher decrease in fentanyl use (n = 69) compared to decreasing unregulated stimulant use (n = 63).

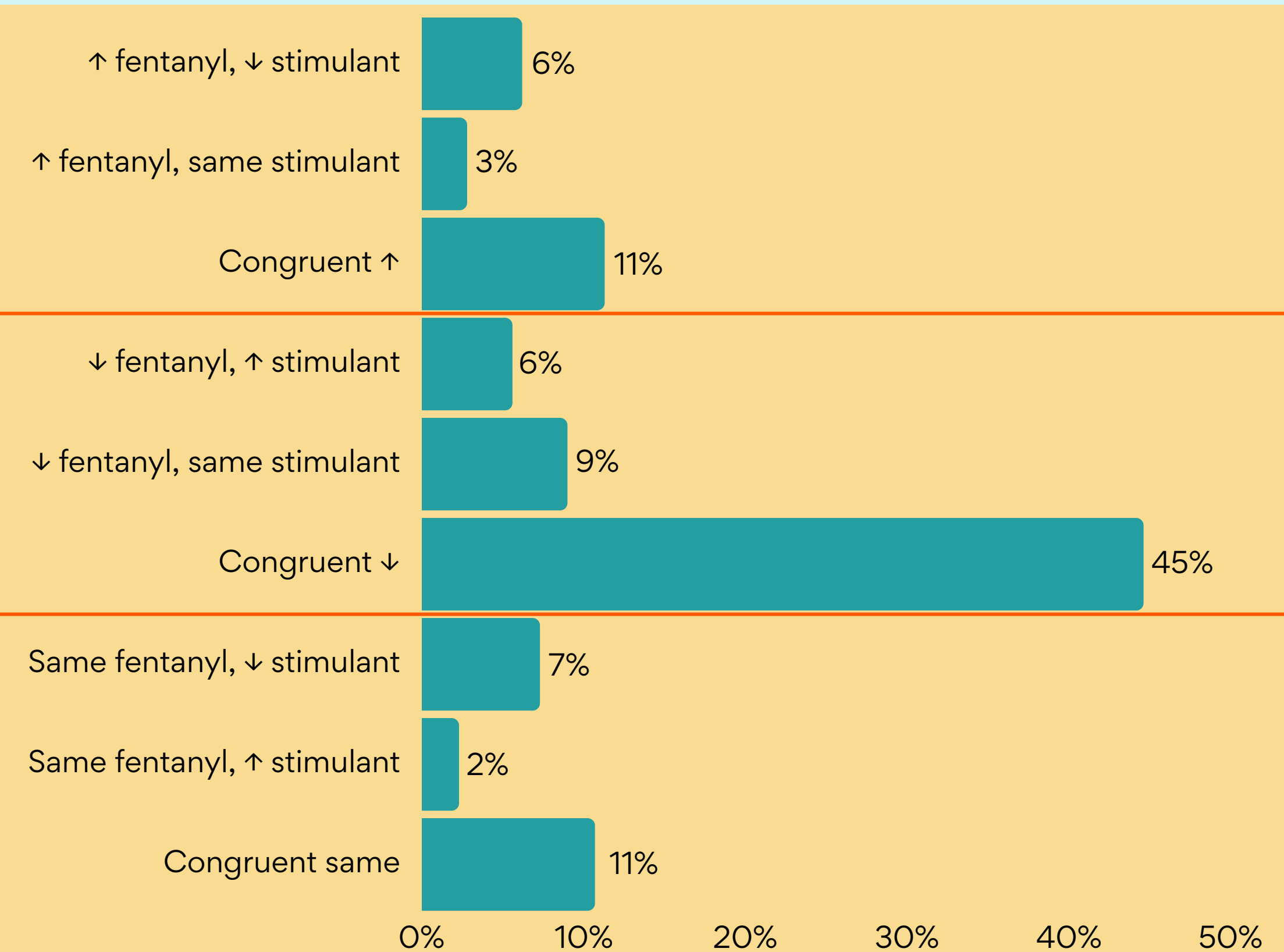
**Female (n = 63)**



# RELATIONSHIP BETWEEN FENTANYL & UNREGULATED STIMULANT USE AT THE INDIVIDUAL LEVEL

## APRIL - JULY 2023

### COMBINATION SAFER SUPPLY

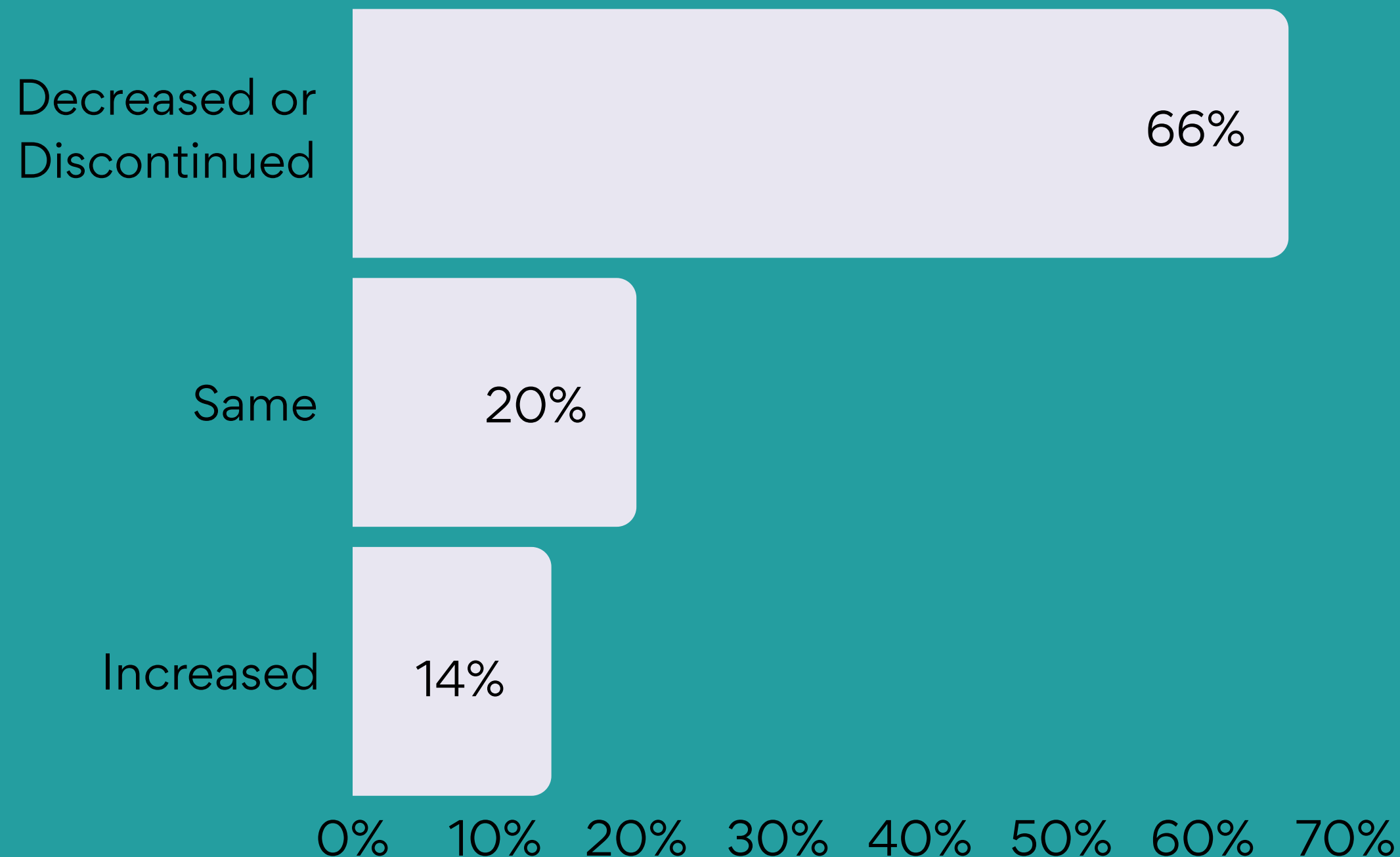


- Measures describing **individual participant's concurrent drug use**.
- Each of the 182 participants on **Combination Safer Supply** were analyzed and grouped according to their reported fentanyl and unregulated stimulant use trends.
- 45% (n = 79) of participants reported a congruent decrease in both types of drug use.
- 11% (n = 20) reported a congruent increase in both types of drug use.
- 61% (n = 108) of participants experienced an overall decrease in all substance use.

# UNREGULATED STIMULANT USE TRENDS

*APRIL - JULY 2023*

SAFER STIMULANT SUPPLY



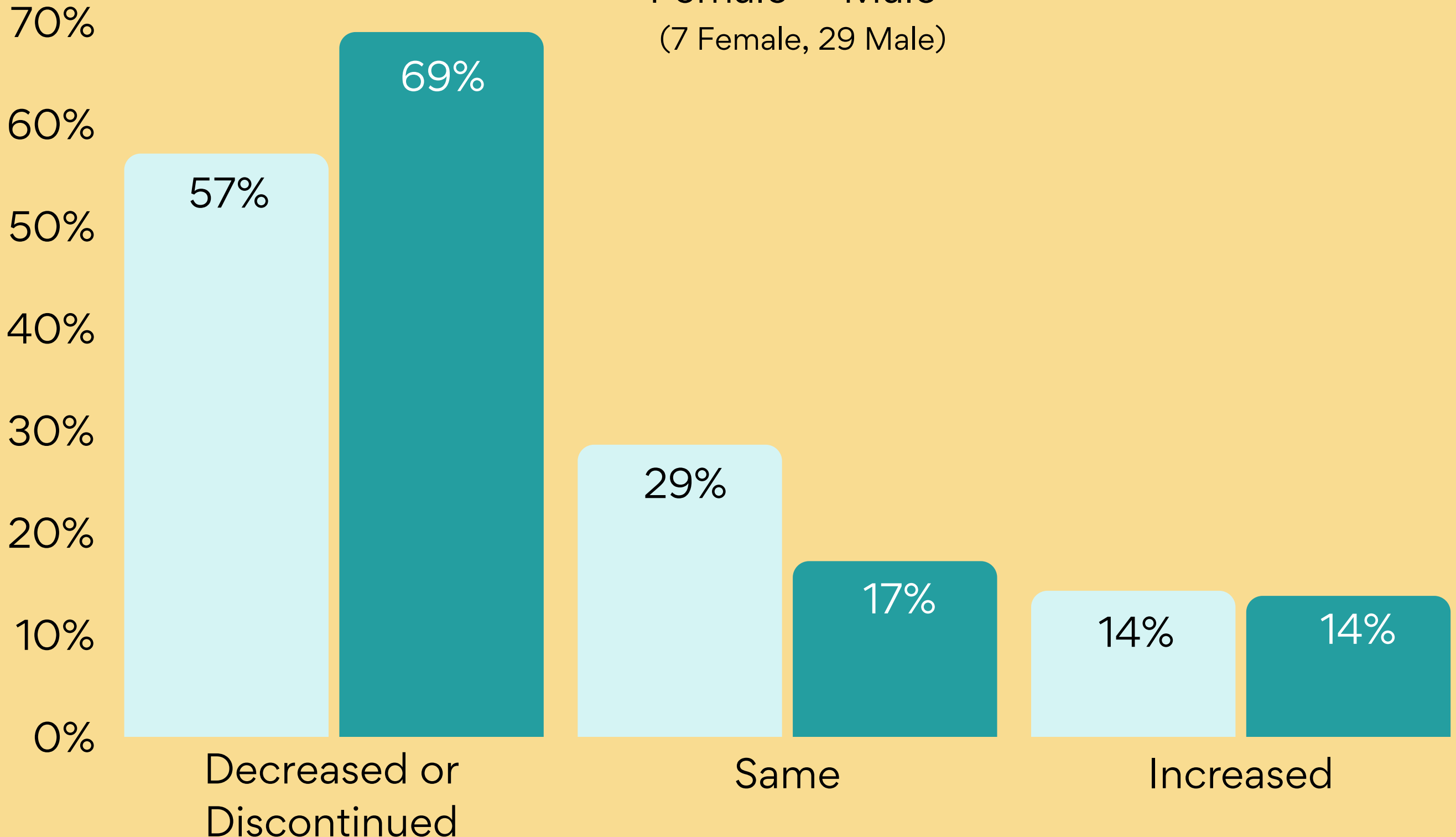
- Represents participant data from the **Safer Stimulant Supply** program.
- 7.7% (n = 36) of all participants are on a Safer Stimulant Supply program.
- The majority of participants reported a decrease in their unregulated stimulant use this period (n = 23).

# UNREGULATED STIMULANT USE TRENDS BY GENDER

## *APRIL - JULY 2023*

### SAFER STIMULANT SUPPLY

■ Female ■ Male  
(7 Female, 29 Male)



There is a noted difference in reported unregulated stimulant use trends between female and male participants in this program. A greater proportion of female participants reported the same amount of unregulated stimulant use (n= 2) when compared to male participants (n= 5).

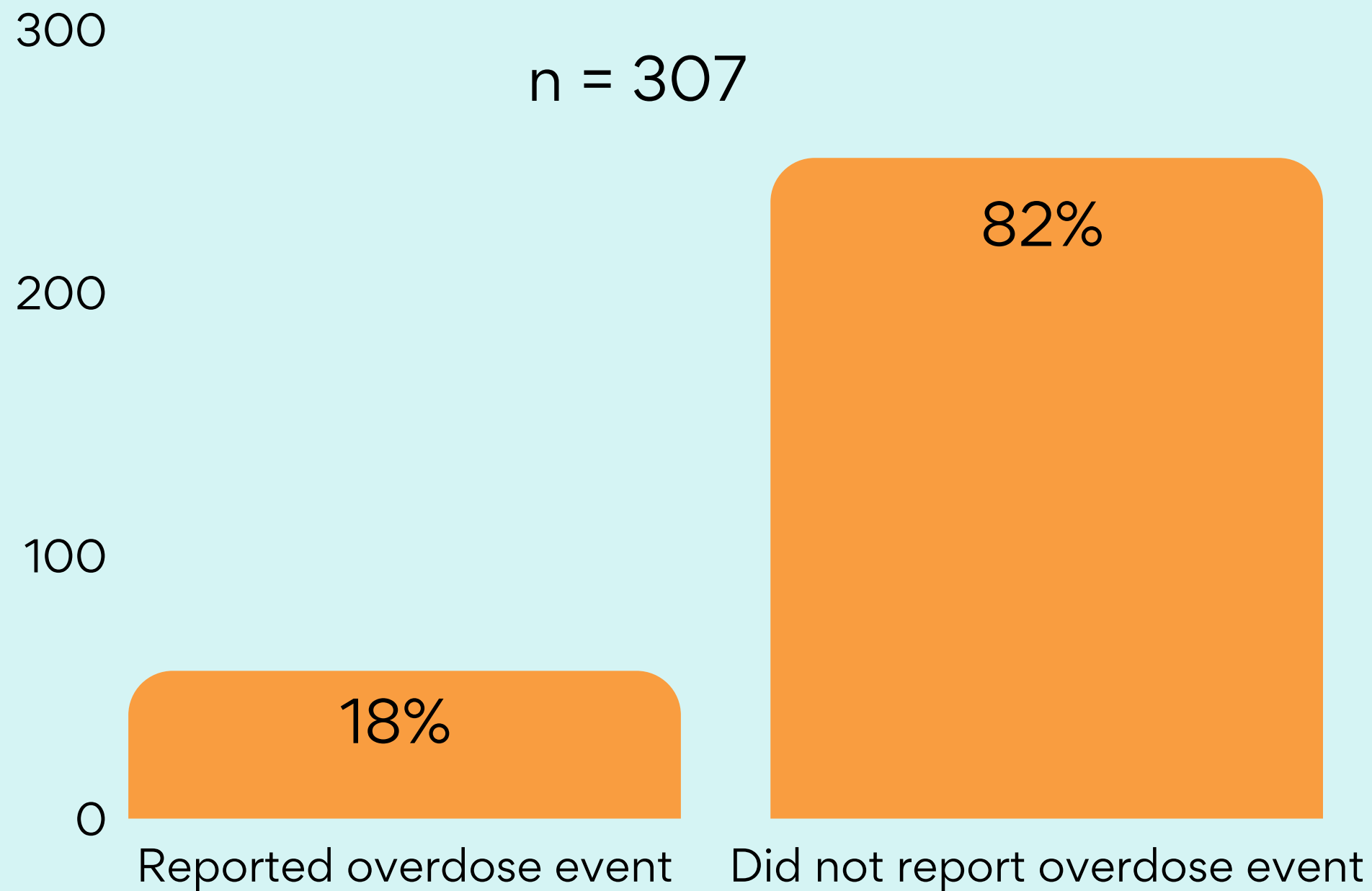
Of note, there is a difference in sample size between the categories.



# OVERDOSE EVENTS

## APRIL - JULY 2023

### INTER-PROGRAM SAMPLE



- Sample included **all participants across all programs who reported experiencing at least one recent drug overdose event at the time of their Safer Supply program intake** (n = 307).
- 18% (n = 56) of these participants continued to report experiencing an overdose event.
- Of importance, 82% (n = 251) of these participants reported no overdose events during this check-in reporting period.

**4/5**

participants studied did not experience an overdose event this period



# **QUALITATIVE RESEARCH RESULTS**

# **Safer Supply *Restarts* Study**

Spoke with Safer Supply program participants who have been restarted on their program.

Program restarts include a participant who has stopped and subsequently restarted their Safer Supply program one or more times in the last year.

# RESEARCH OBJECTIVES

## EXPLORE

To explore why program participants may stop and restart their Safer Supply program.

## UNDERSTAND

To better understand the facilitators and barriers of consistent Safer Supply program engagement.

## INFORM

To inform future directions, policies, and resources related to Safer Supply programs.

# RESEARCH QUESTIONS

- What are the circumstances leading to certain participants being unable to consistently engage in their Safer Supply program?
- Why do participants discontinue their Safer Supply program?
- What causes a participant to re-engage and restart their Safer Supply program?
- What happens to a participant in their time off of their Safer Supply program?

# RESEARCH METHODS

## DESIGN

Descriptive qualitative interviews  
Socio-demographic surveys

## SAMPLE TYPE

Stratified convenience

## SAMPLE SIZE

30 Safer Supply participants

## DATA ANALYSIS

Applied thematic analysis  
Descriptive statistics

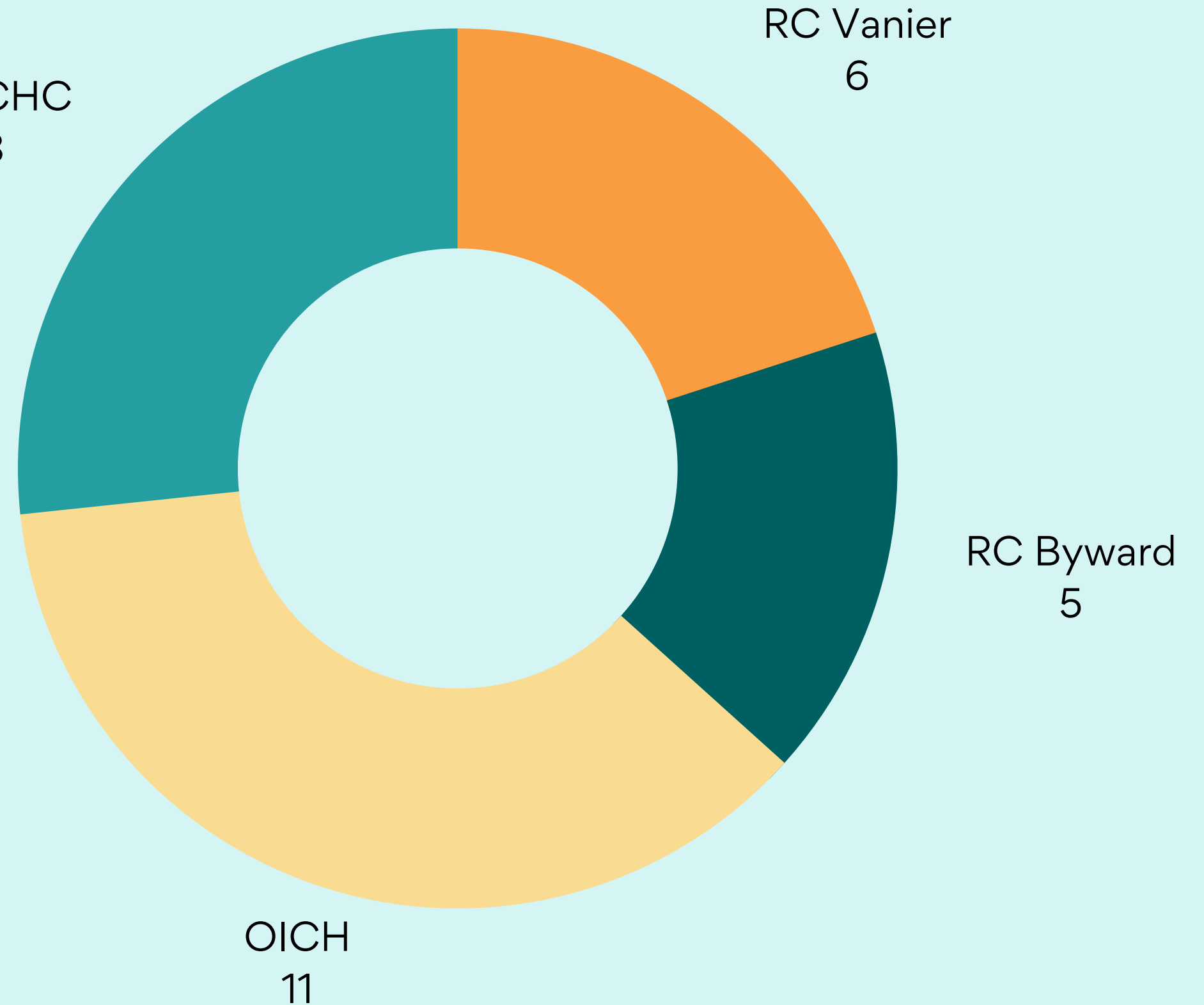
## COMPENSATION

\$100 cash



**SURVEY RESULTS**

# RESEARCH PARTICIPANTS BY PROGRAM SITE



**Sample**



# Demographics

38

median participant age  
(years)

20.5

median # of months on  
program



## Gender\*

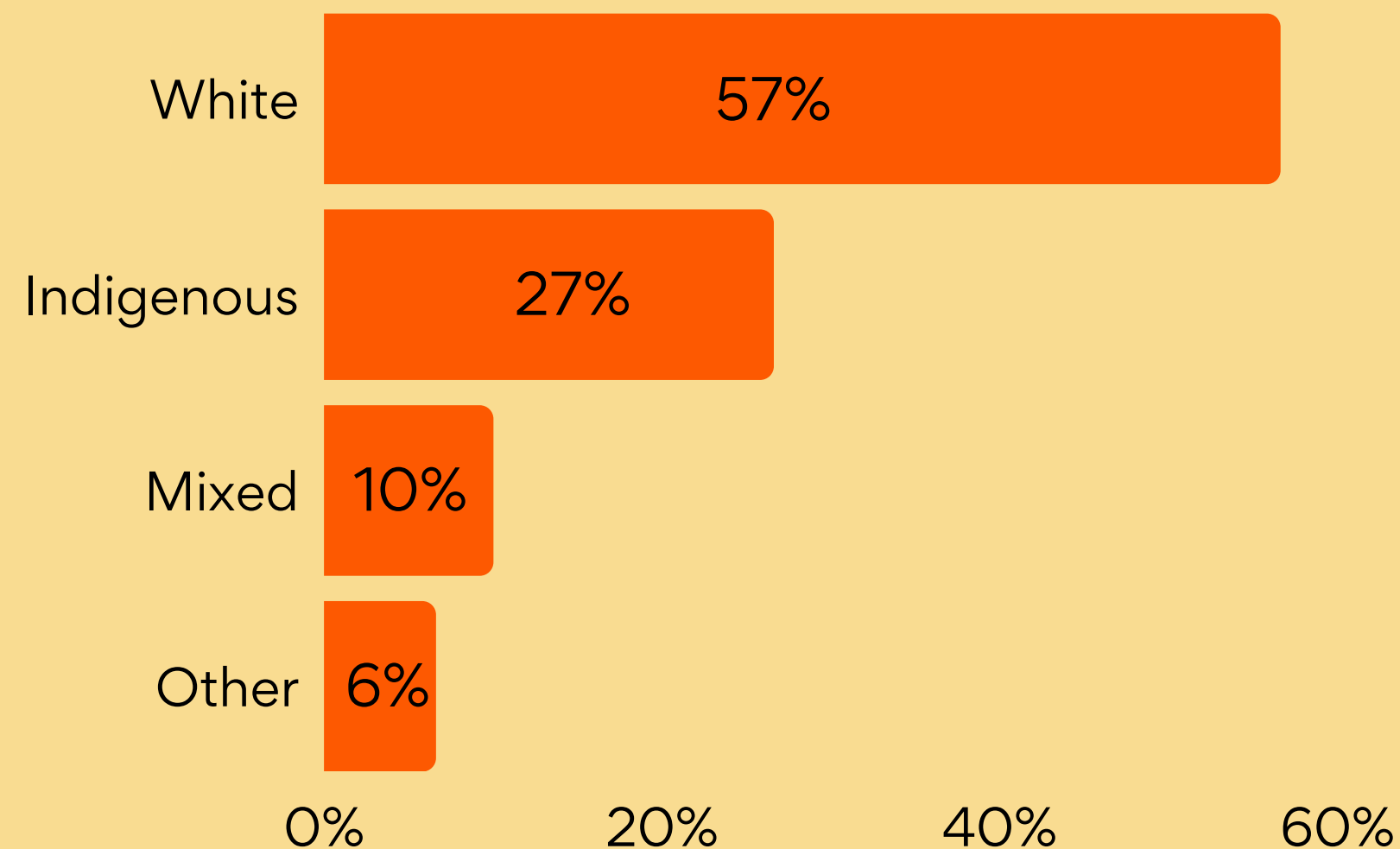
Female = 15 (50%)

Male = 15 (50%)

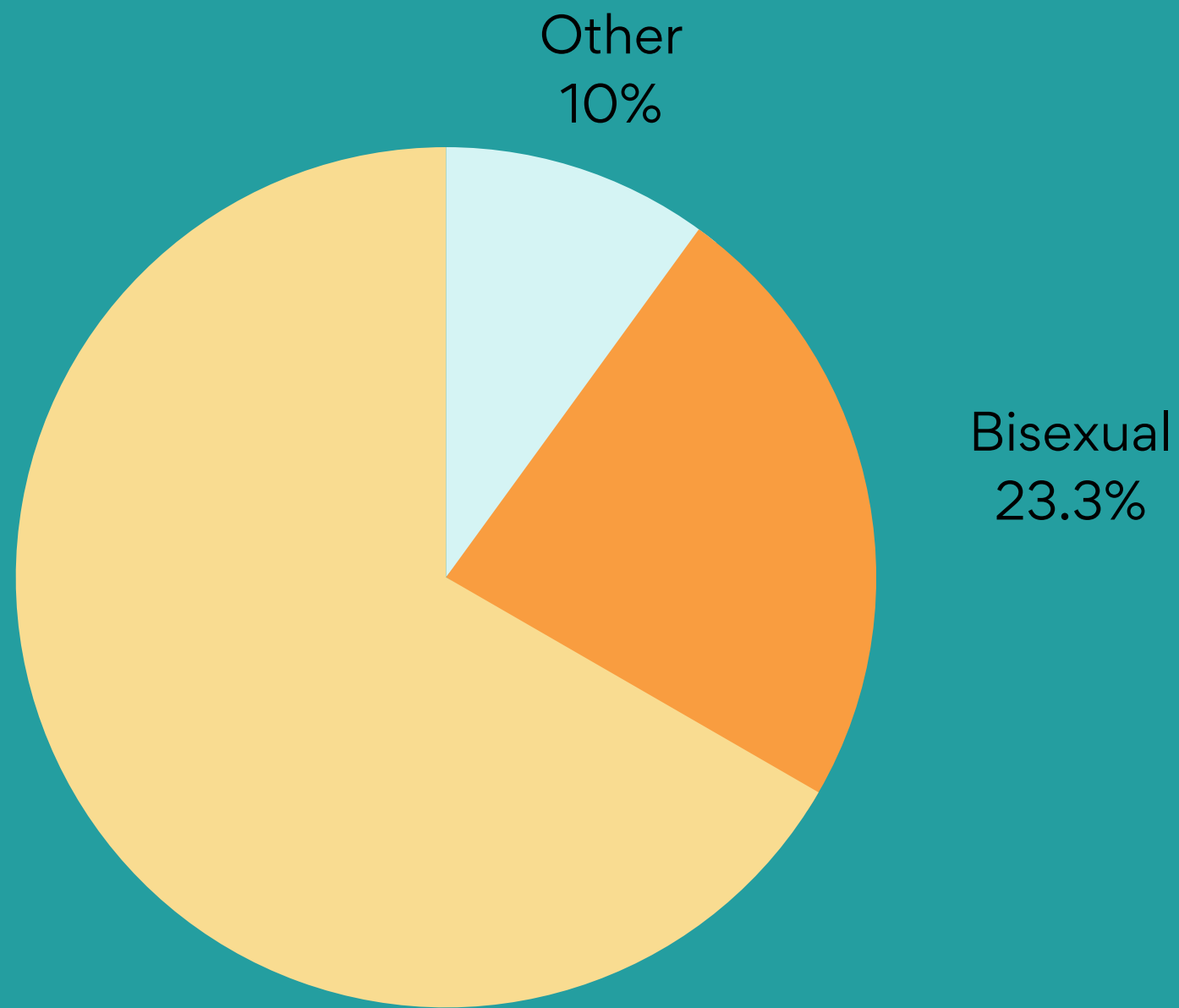
\*cis and transgender



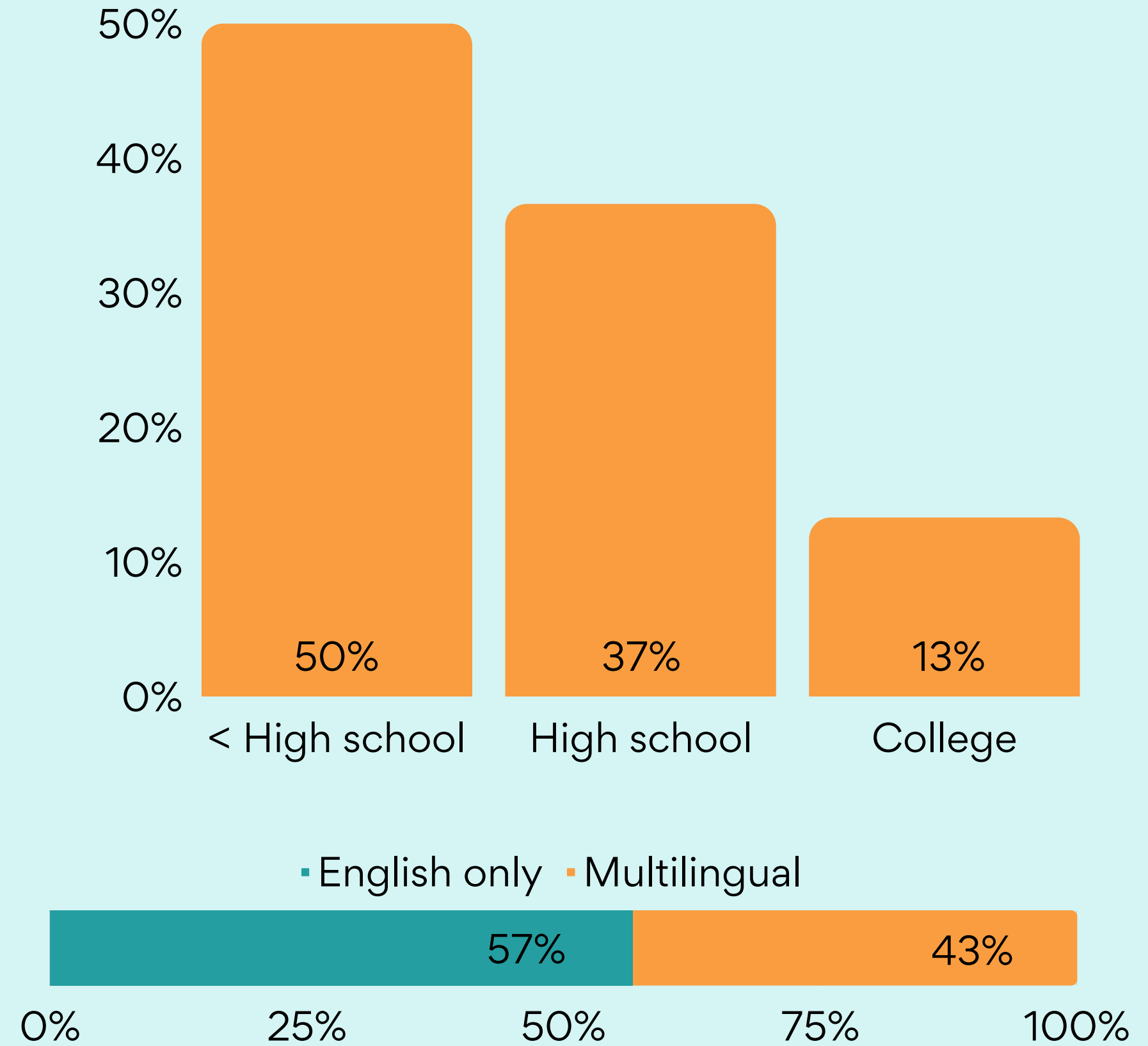
## Ethnicity



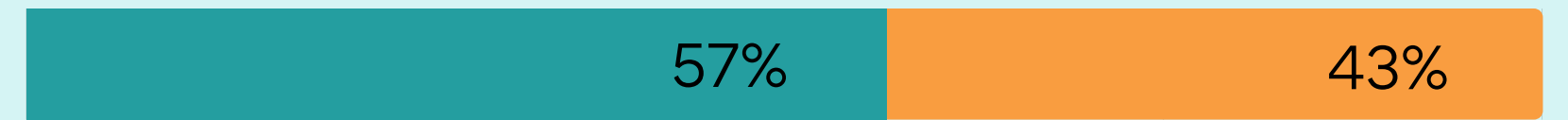
# Sexual Orientation



# Education

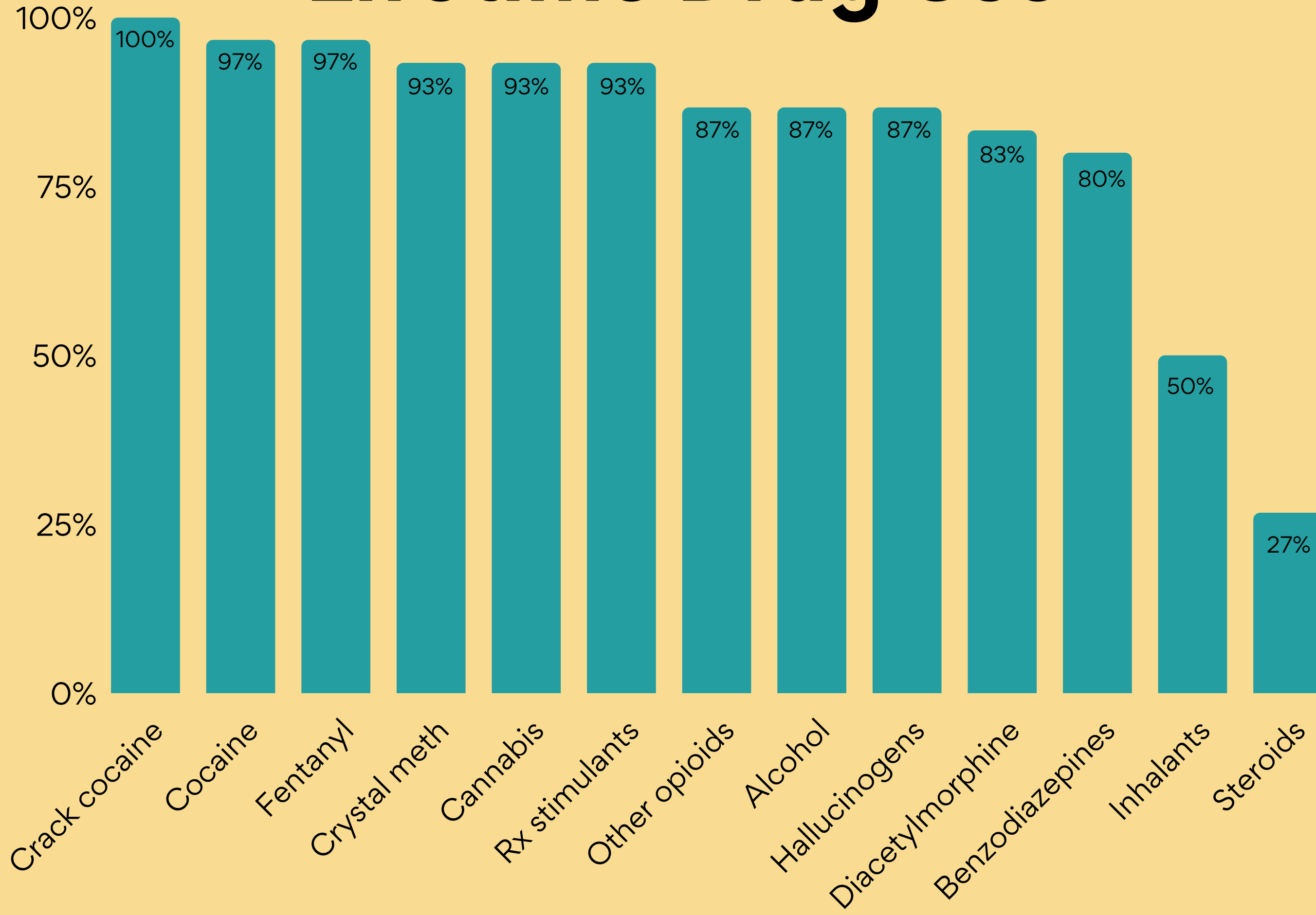


English only Multilingual



# Spoken Languages

# Lifetime Drug Use



**12**

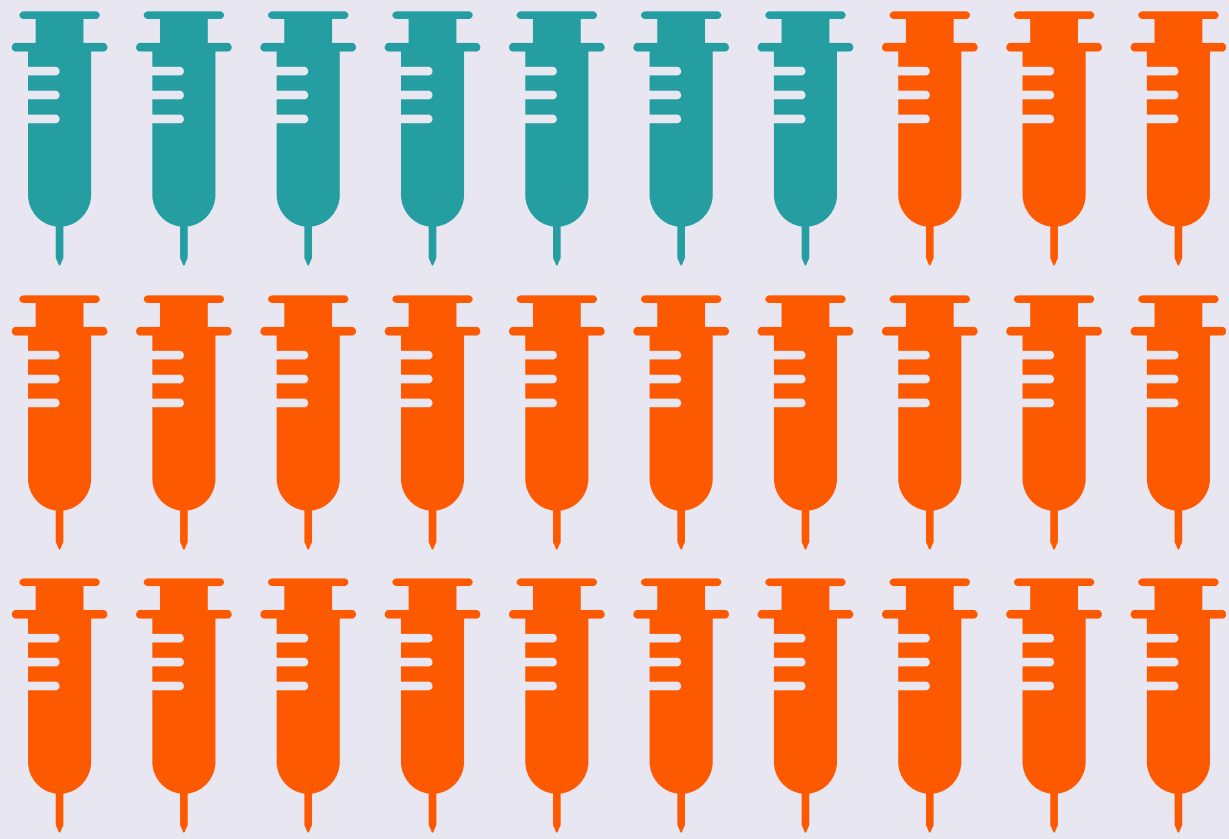
median age  
(started to use  
drugs)

**20**

median age  
(started to use  
opioids)

**18.5**

median age  
(started to use  
stimulants)

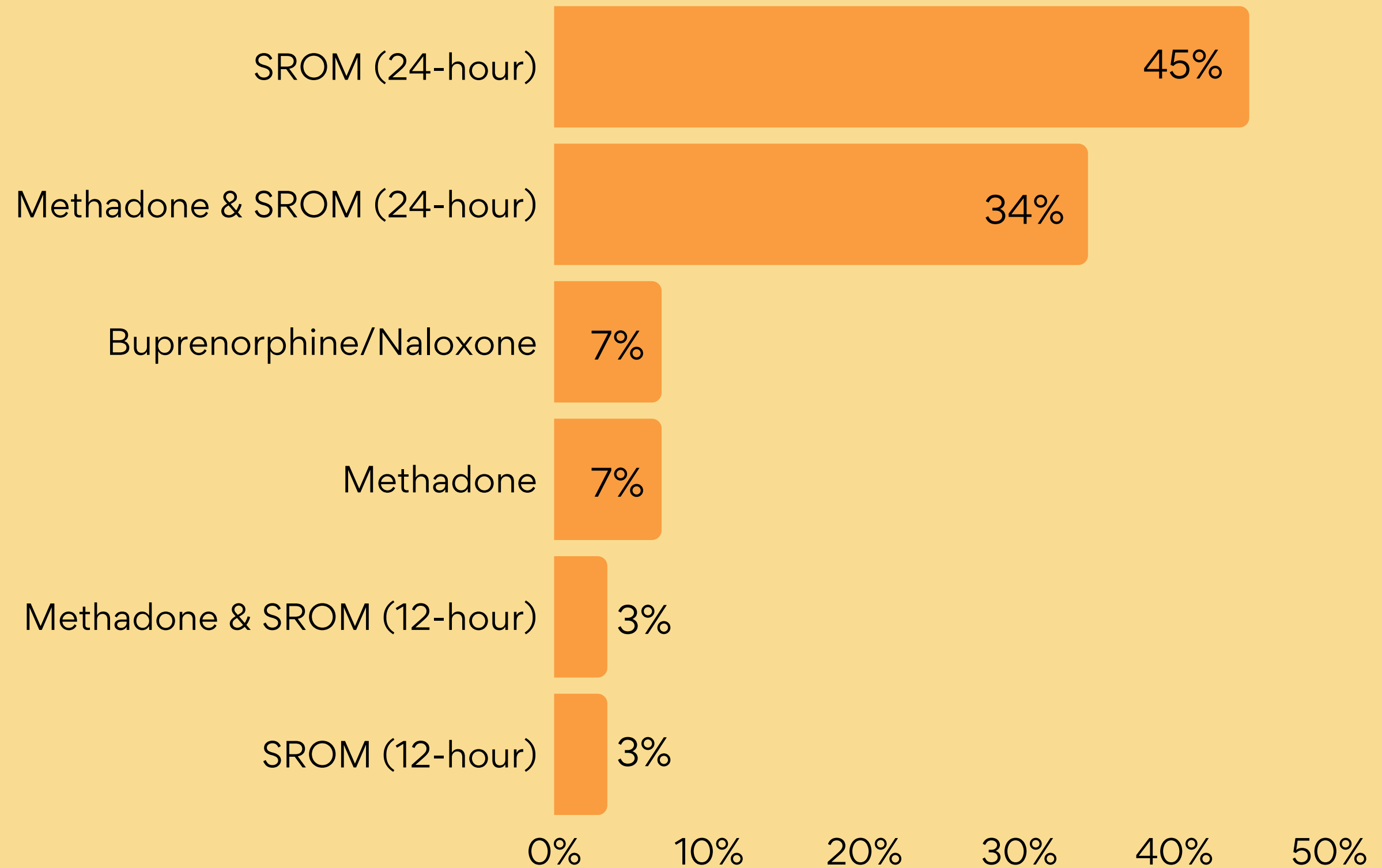


7 OUT OF 30

Participants were also part of a Safer Stimulant program

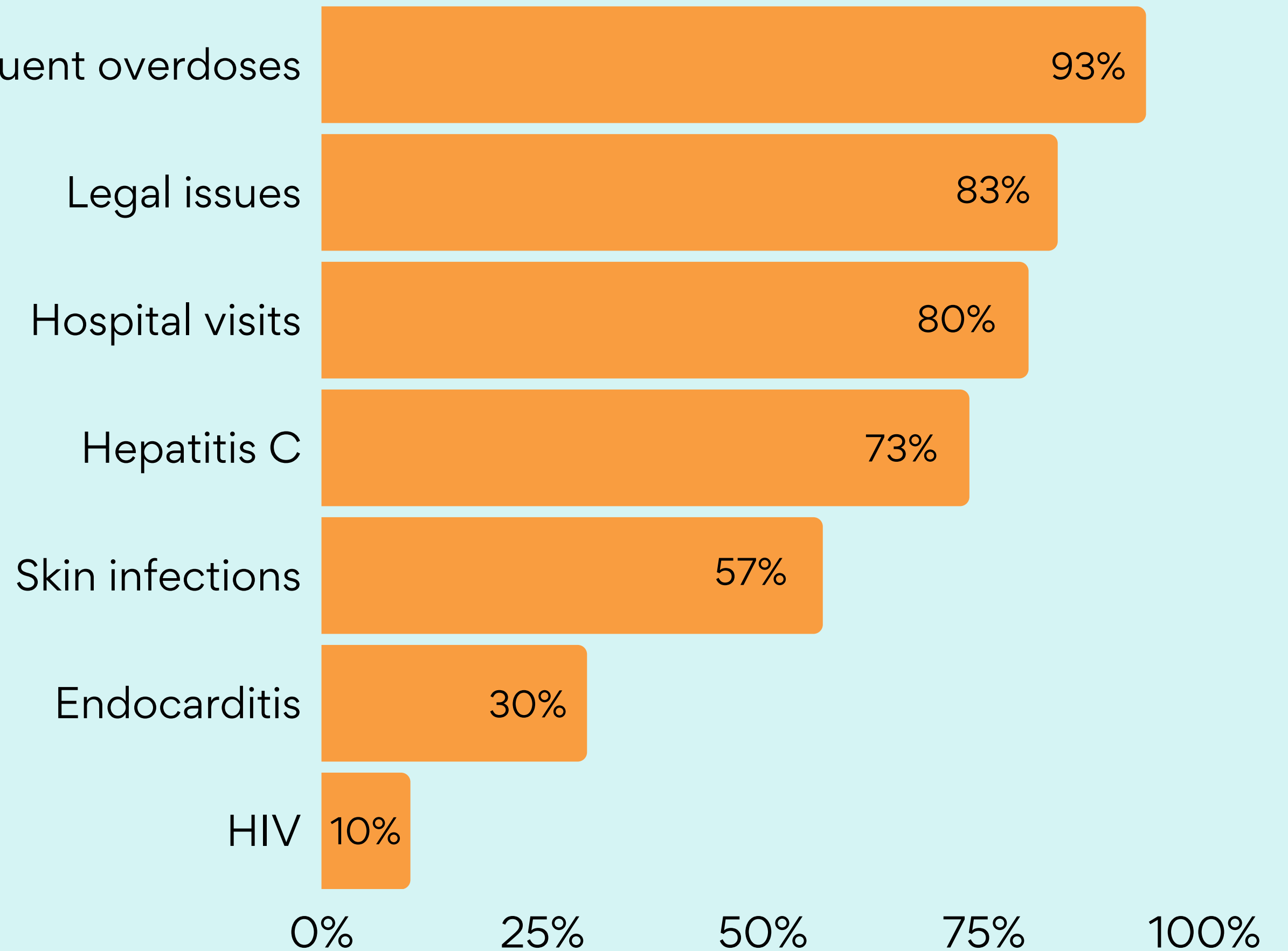
97%

Of participants on a Safer Opioid Supply program were prescribed a long-acting opioid to help manage withdrawal symptoms.

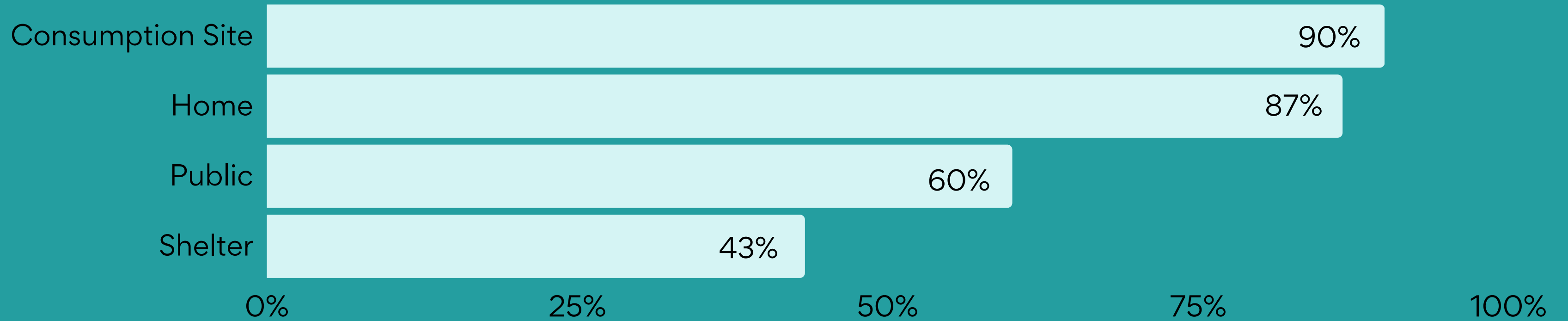


# Substance Use Complications

Prior to starting Safer Supply



# Drug Use Locations



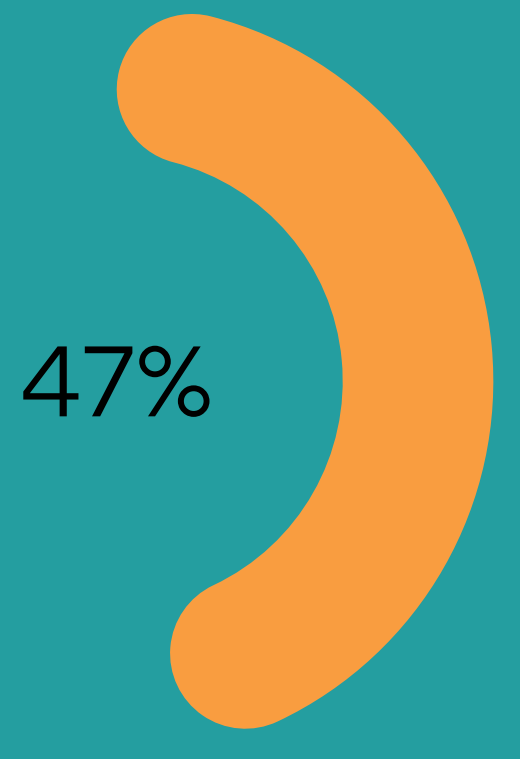
Sandy Hill CHC



Somerset West  
CHC

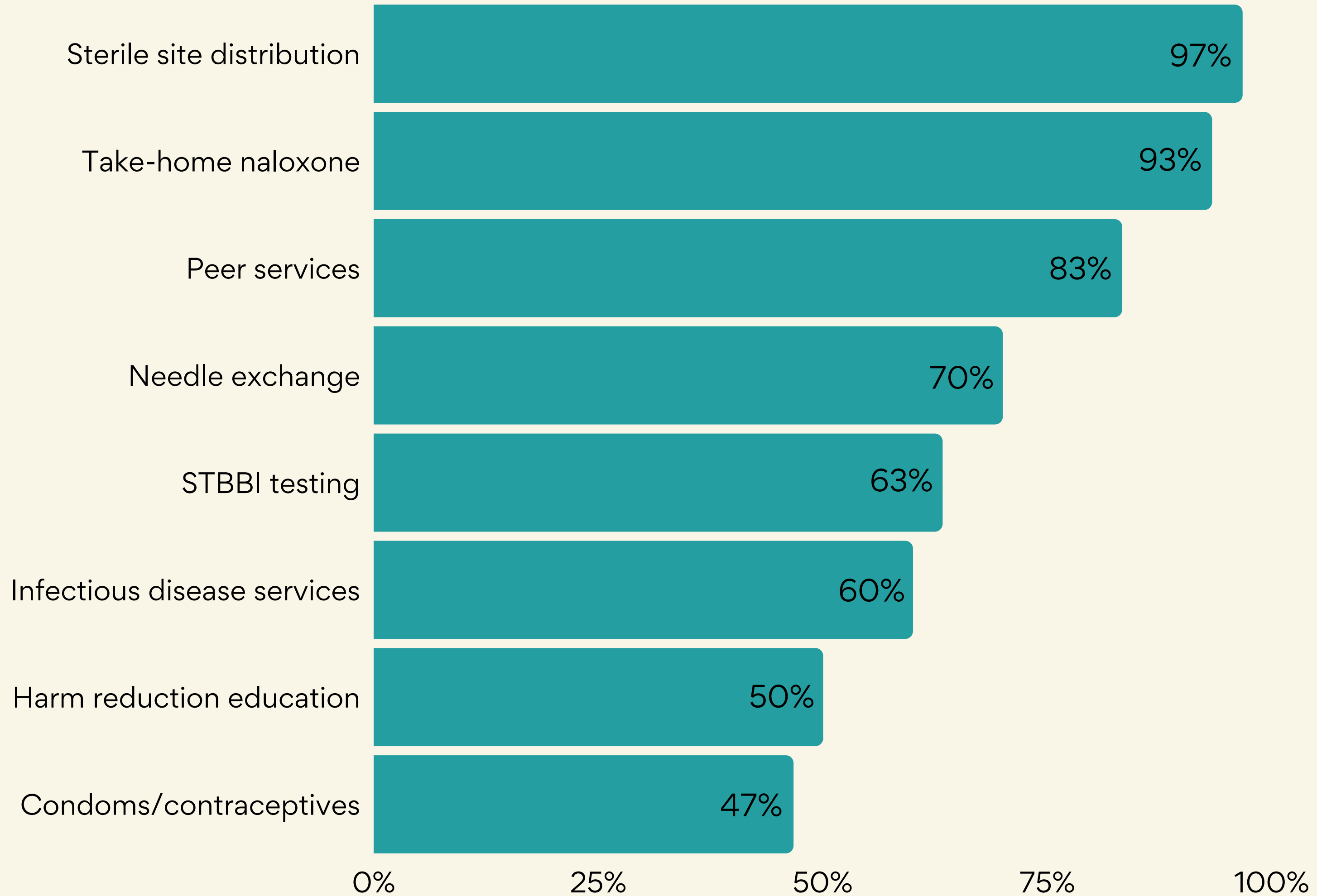


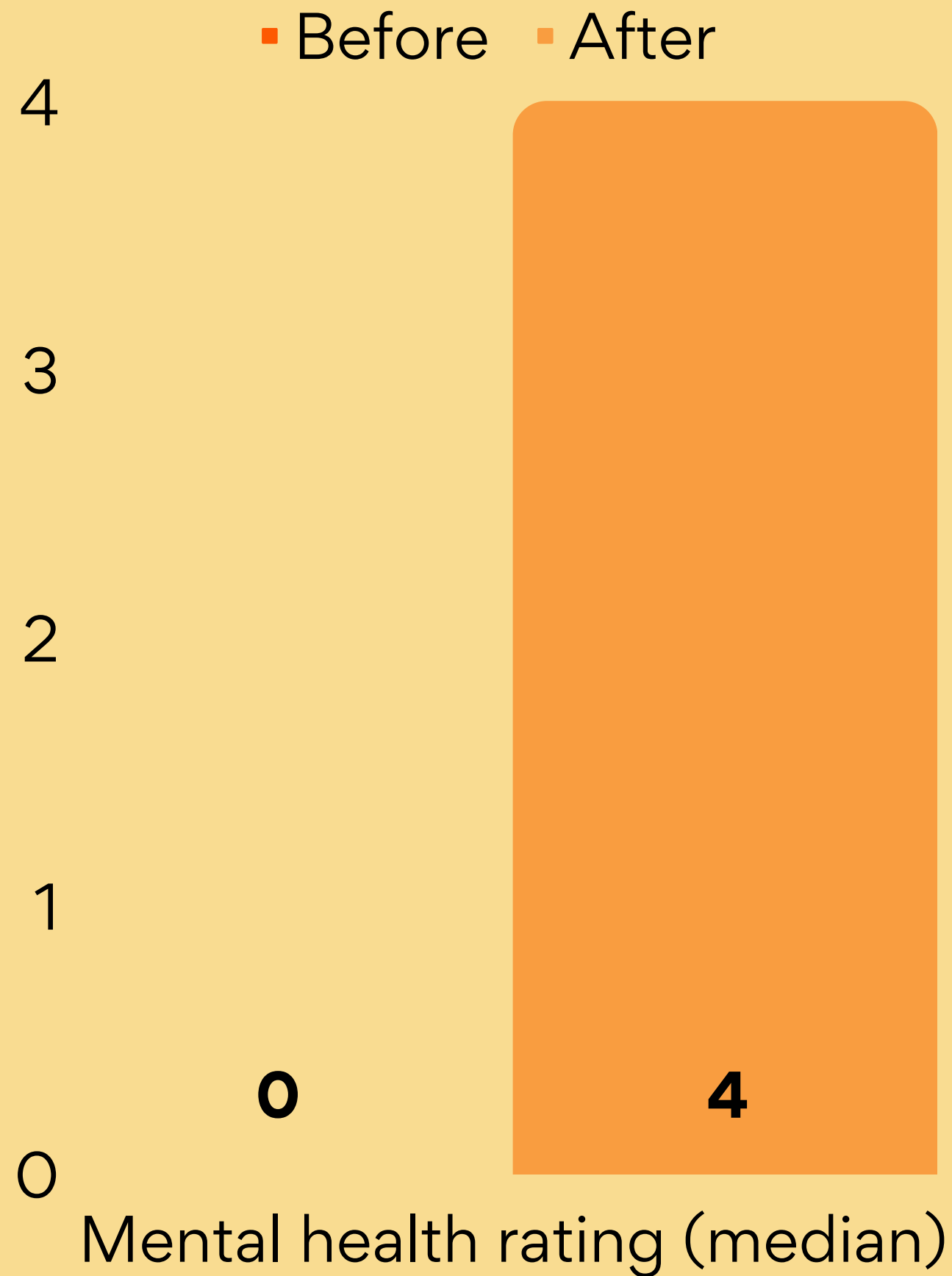
Ottawa Inner  
City Health



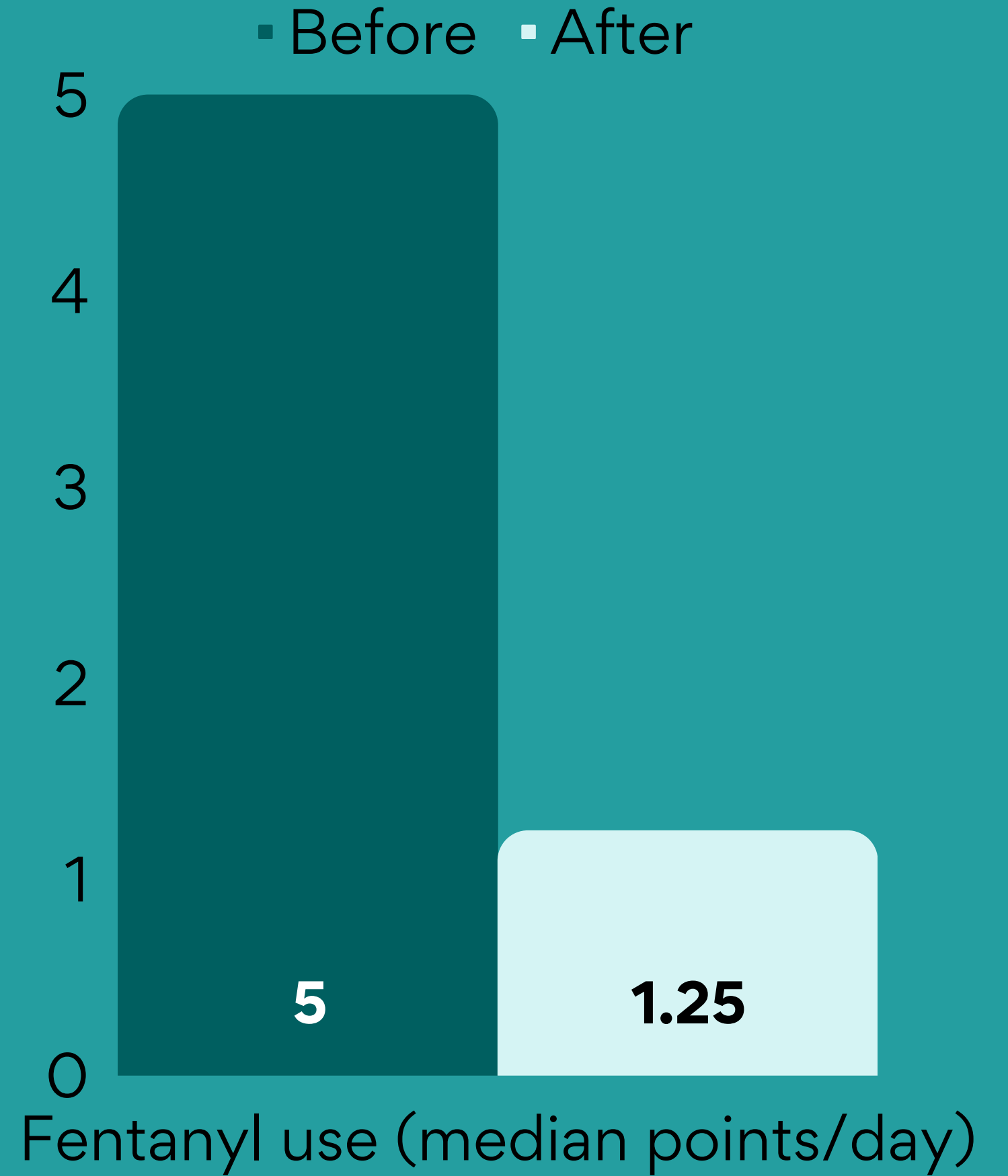
Ottawa Public  
Health

# Harm Reduction Services Usage





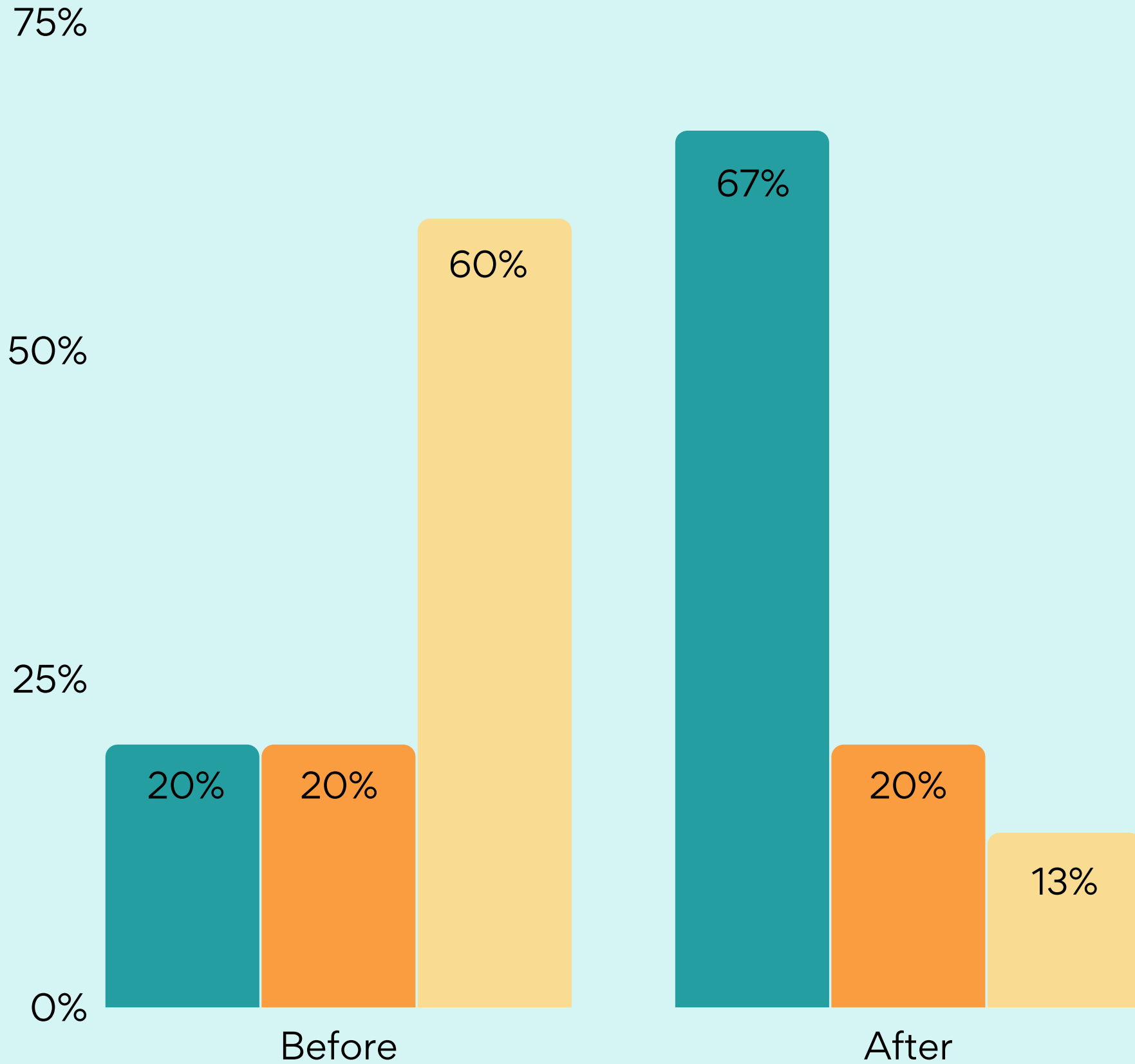
Self-rated on a scale of 0 (poor) – 5 (excellent)



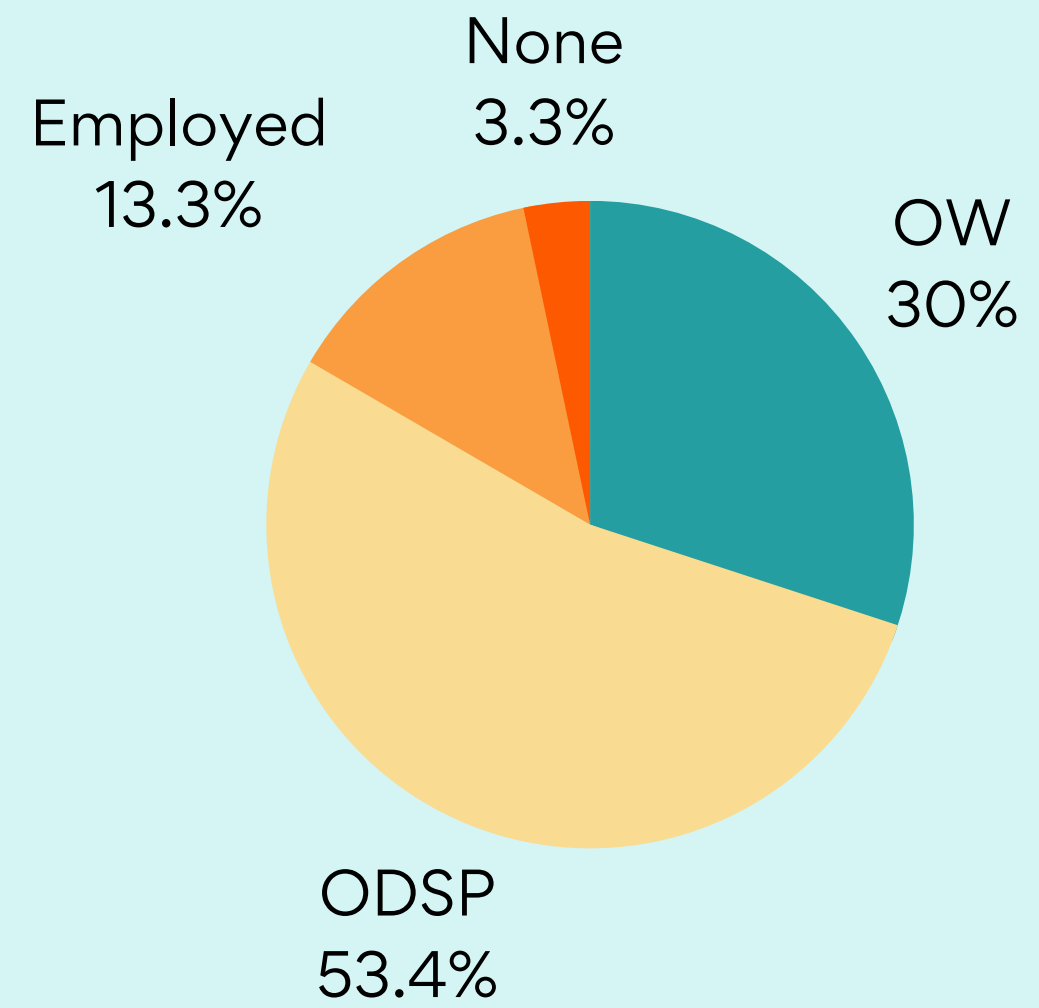


# Housing Status

■ Housed ■ Unstably housed ■ Shelter

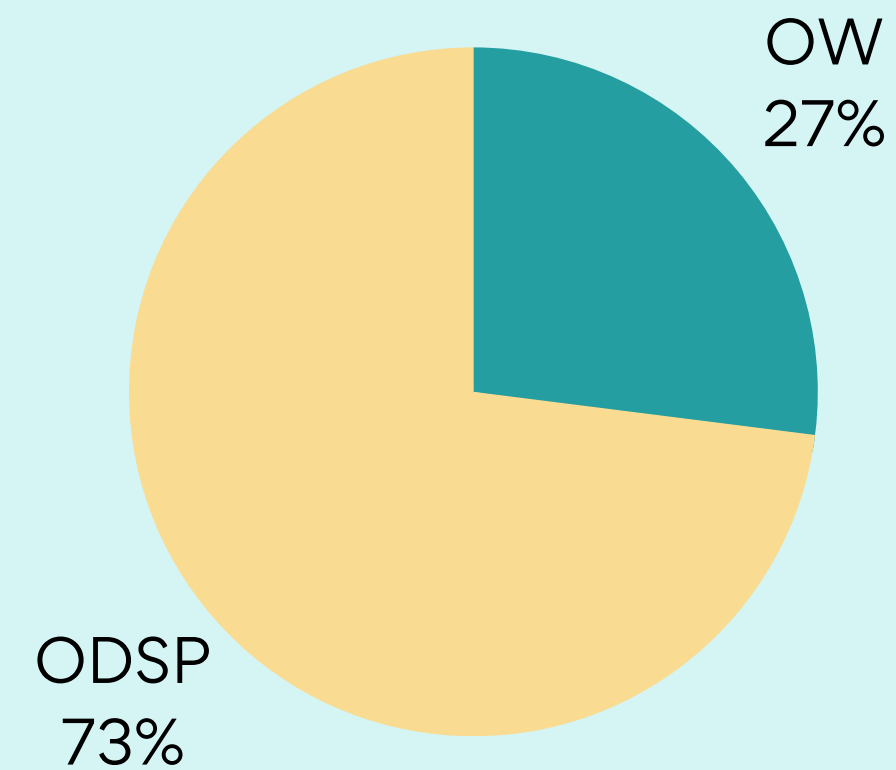


BEFORE



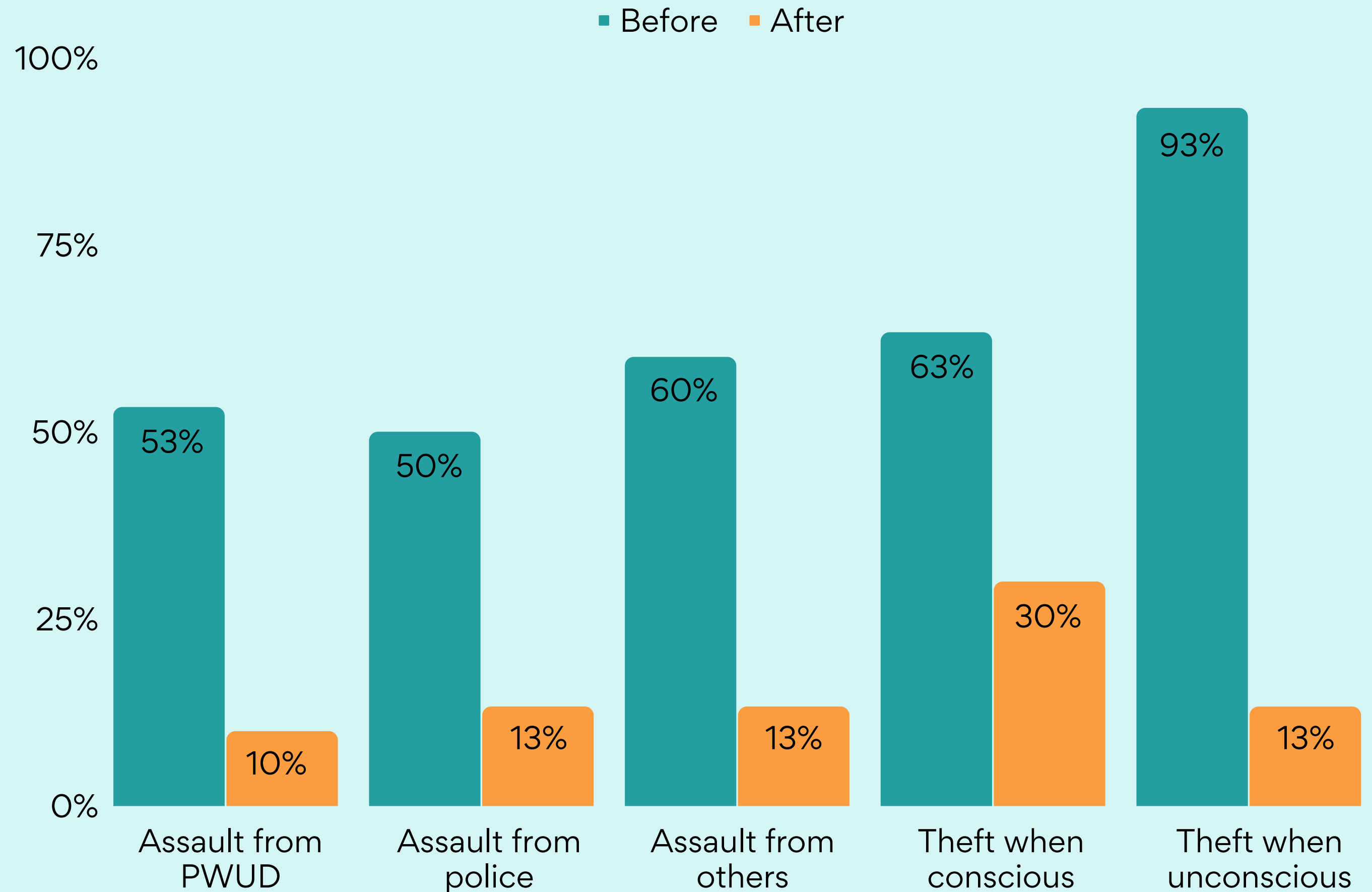
# Income Source

AFTER

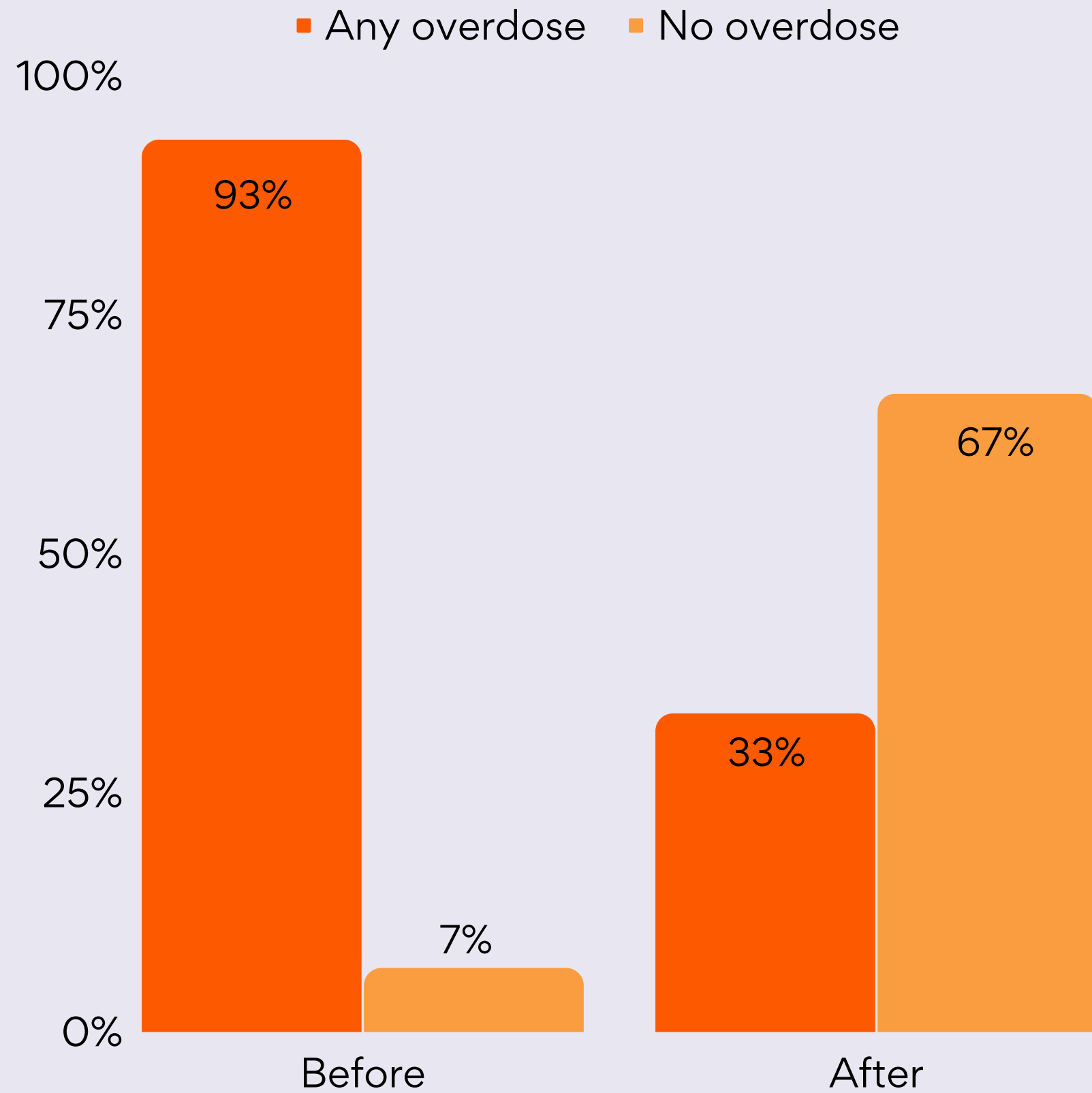


Overall, the majority of participants reported that after starting a Safer Supply program, they experienced no (n = 18) or less (n = 8) victimization as a result of their unregulated substance use.

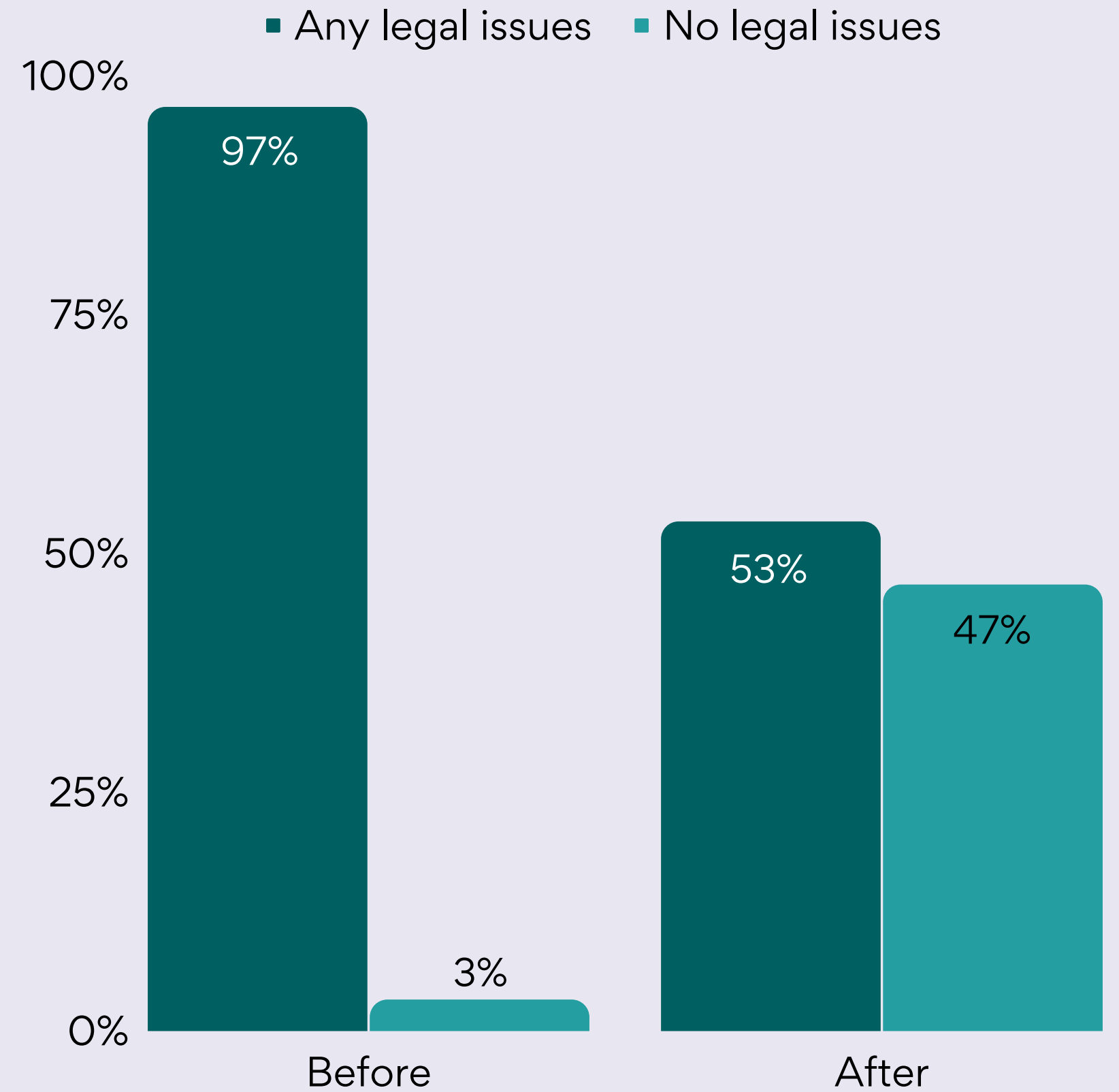
# Victimization



# Overdose Events

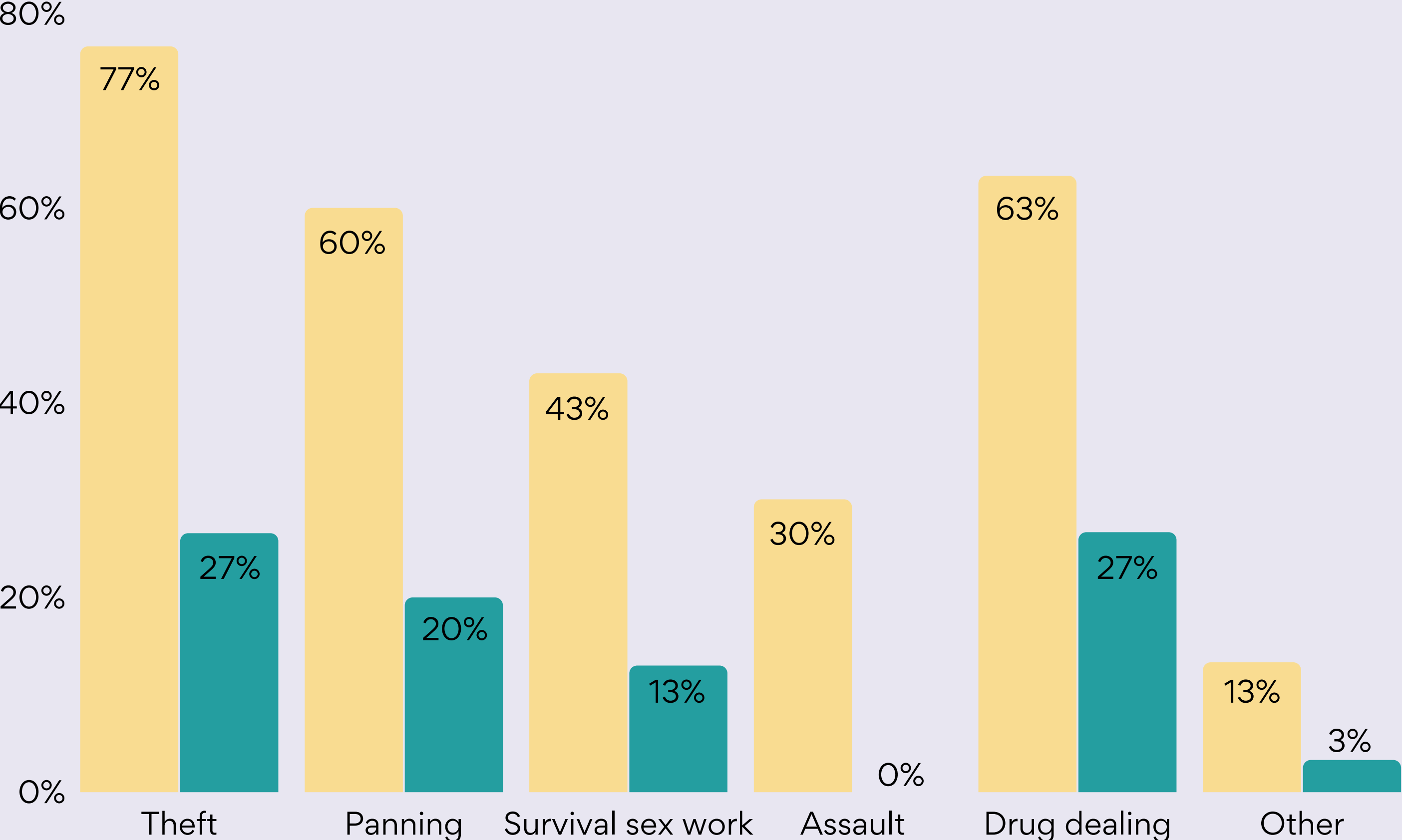


# Legal Issues



# Criminalized Behaviours

Before After



All participants reported that their criminalized behaviours had either decreased (n = 16) or stopped (n = 14) since starting a Safer Supply program.

# INTERVIEW RESULTS

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# THEMES

**1** Experience of being a PWUD

**2** Time on Safer Supply program

**3** Program restart process

**4** Current implications & future directions

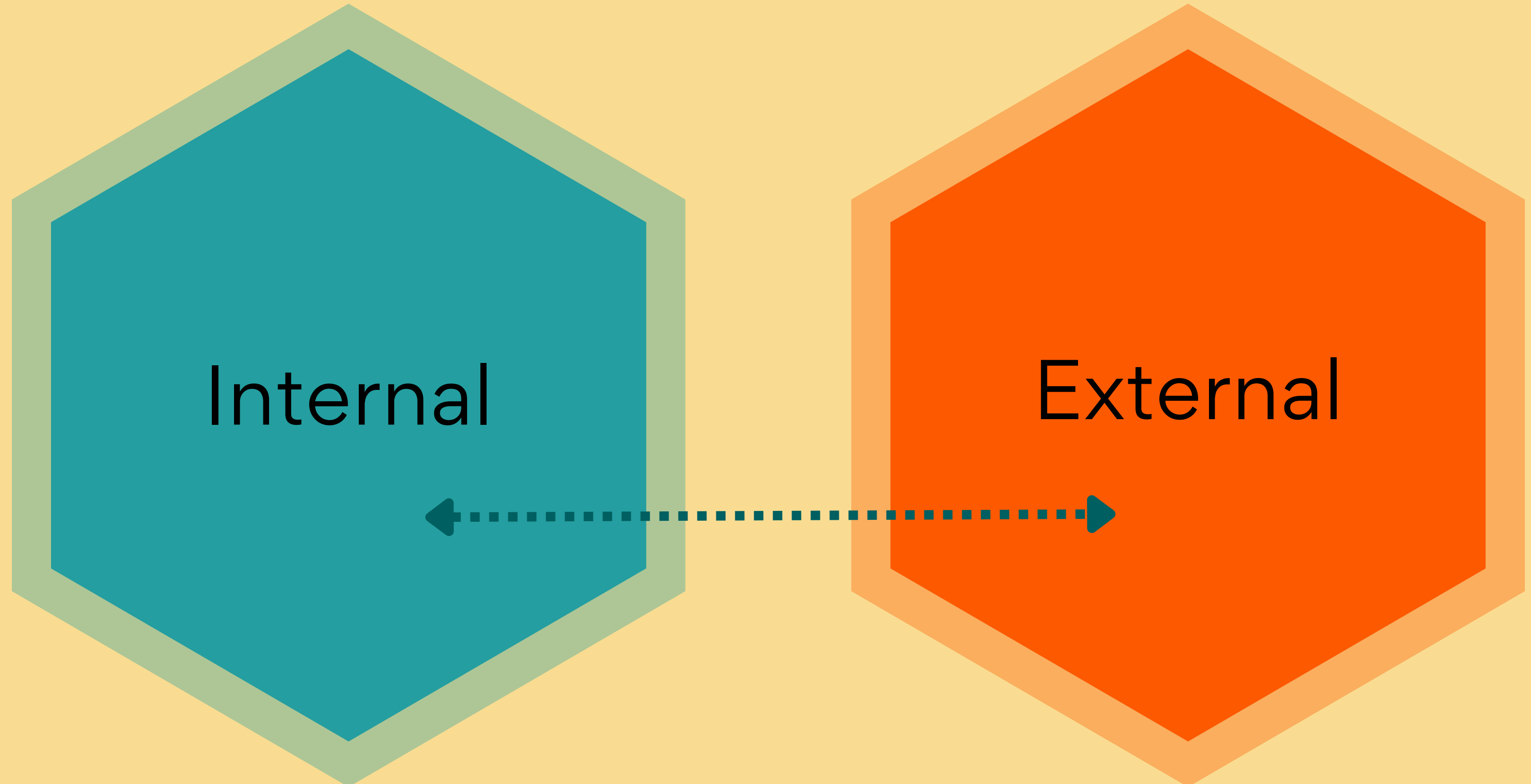
# THEME 1: EXPERIENCE OF BEING A PWUD

What factors influence drug use?

What is the experience of being a person who uses drugs?

When do people start Safer Supply programs?

# WHAT INFLUENCES DRUG USE?





# WHAT INFLUENCES DRUG USE?



Internal

- Mental health
- Pain management

## MENTAL HEALTH

*“I feel like **if I'm not using drugs, I'm not myself**. I feel like drugs make me function more normally, and drugs help me contain my thoughts better and help me be a more functioning member of society” (P28).*

*“I just was really depressed, and **the only thing that could make me feel better was opioids**. They just take everything away, all emotion, everything. When I didn't have it, my world, it felt like everything was falling apart” (P13).*

*“What I went through with my family was really bad, with mental abuse and physical abuse. That's **why I started the drugs from the beginning**” (P6).*

## PAIN MANAGEMENT

*“I'm very anxious and have **a lot of pain**” (P16).*

*“Because I was coming off of fentanyl and oxycontin that was prescribed by my doctor... it was **for my fibromyalgia, my chronic pain**” (P10).*

*I got a lot of **pain in my shoulder** (P15).*

*“Because I **have pain issues too**. I have bad joints, and I've had a lot of bike accidents, a lot of head injuries” (P23).*

# WHAT INFLUENCES DRUG USE?

- Stigma and judgement
- Environmental chaos



External

# STIGMA & JUDGEMENT

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*“The way people look at us and drive by the parking lot, **staring at us like we're animals** or something” (P13).*

*“We're good people. A lot of us, we're nice. We're kind, we're sharing, but we just do what we got to do to get by. **We are not bad people. We just sometimes we do bad things to get by**” (P26).*

*“People look at me, and think that automatically I'm a drug addict. Yeah. It hurts. **It's hurtful**” (P19).*

# ENVIRONMENTAL CHAOS

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*“I was getting robbed and almost getting stabbed downtown. It was just **getting crazy and violent**” (P22).*

*“They beat me up. It was bad.” (P6).*

*“I was raped when I was working the streets... I'm mentally and emotionally distraught about it. **I still have to live with it to this day**” (P8).*

## TOXIC UNREGULATED DRUG SUPPLY

*It's [the unregulated drug supply] taking too many lives... **I've lost everybody I've ever loved and cared about**" (P26).*

*"I've overdosed three times on crack... **I'm afraid of fentanyl**" (P20).*

## GRIEF & LOSS

*"[I was experiencing] abuse from boyfriends. Abuse from other people. My father had passed away. A lot of important people had passed away in my life. I was at a point where **I did not care about anything**" (P11).*

*"My girlfriend dying really took a toll on me" (P23).*

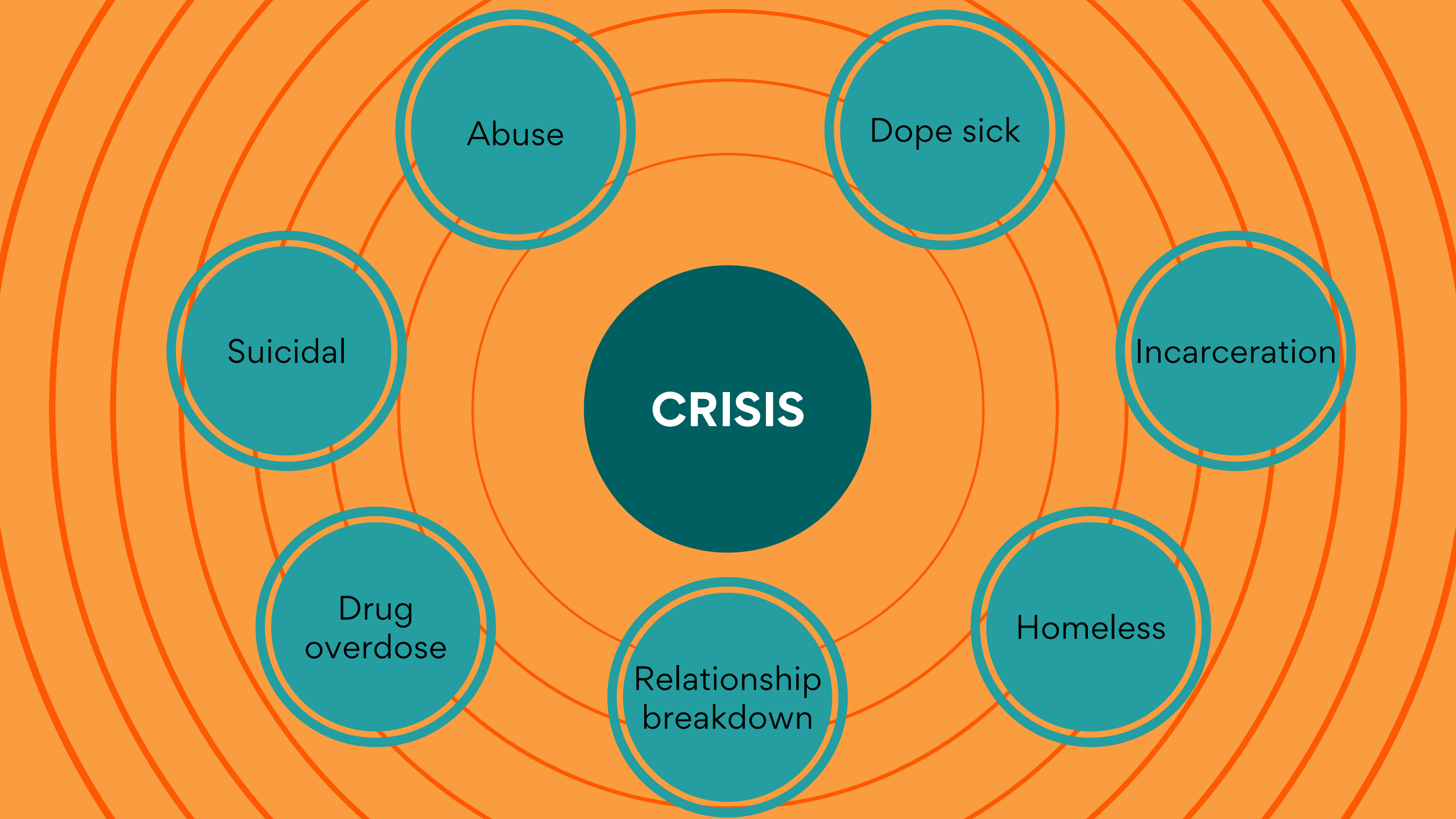
## LOW SELF-WORTH

*"I went from being this really strong woman to fucking weak...the emotions that I've blocked out my whole life, **feeling unloved, unworthy, questioning the purpose of life.** Like what am I here for, when all this shit's happened?" (P4).*

*"It's upsetting me, because it's hard. I want to get clean... **I'm ashamed of it** [my drug use]" (P6).*



WHEN DO PEOPLE  
START SAFER SUPPLY  
PROGRAMS?



**CRISIS**

Abuse

Dope sick

Incarceration

Homeless

Relationship  
breakdown

Drug  
overdose

Suicidal

# THEME 2

TIME ON  
SAFER  
SUPPLY  
PROGRAM



Safer Supply  
program entry  
point

Program  
challenges

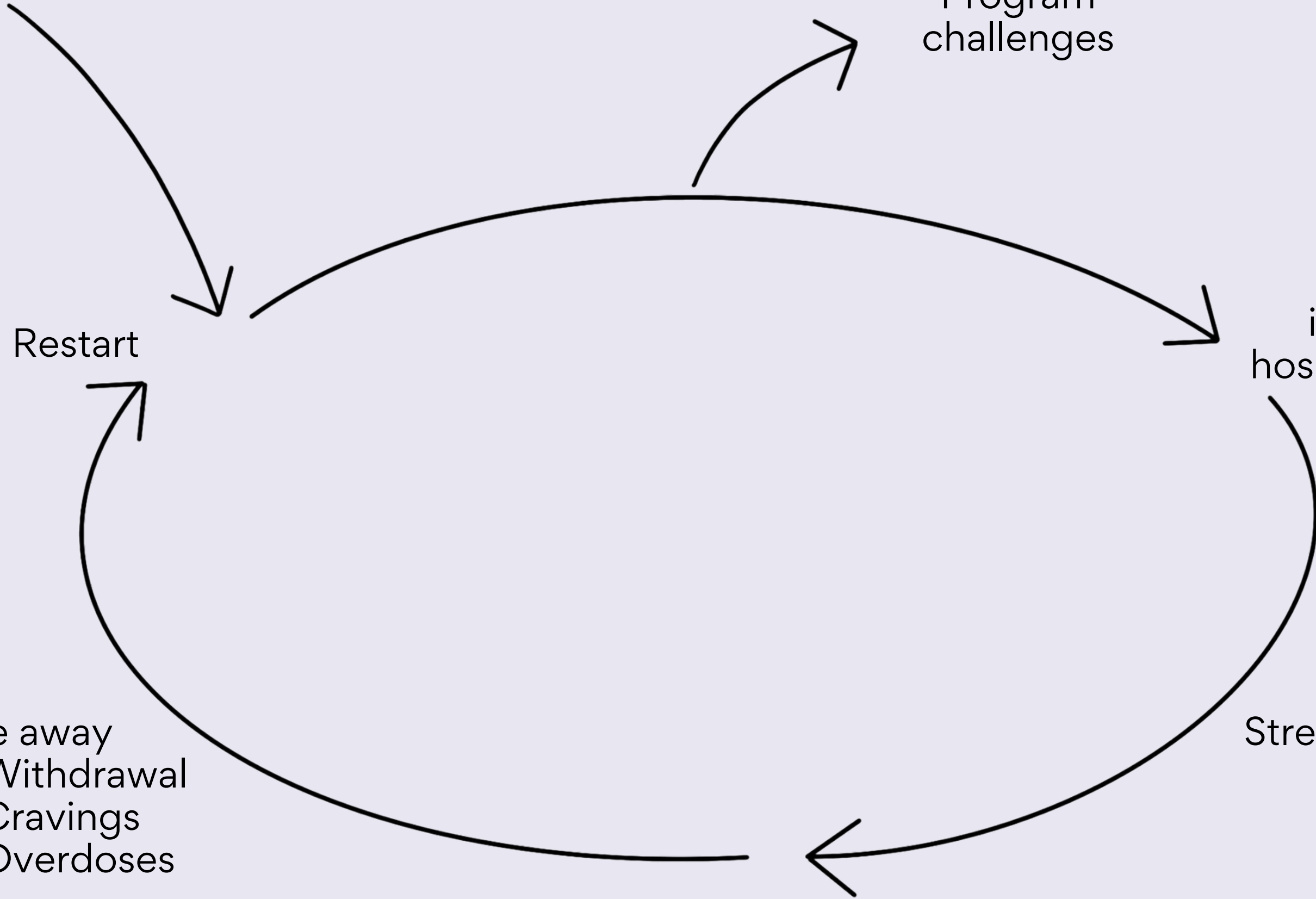
Crisis (e.g.,  
incarceration,  
hospitalization, etc.)

Restart

- Time away
- Withdrawal
  - Cravings
  - Overdoses

Stressors

Off Safer  
Supply program



# FEELINGS WHEN STARTING THE PROGRAM

*“Oh my god, I was **so happy**... because I was getting tired of fentanyl” (P30).*

*“Honestly, it is **winning the lottery**” (P5).*

*“The day that I got on it, **I was excited**, because I knew I was going to get dilaudid, and I knew that I'd get enough to get me off the fentanyl for a while” (P25).*

# REASONS FOR STARTING SAFER SUPPLY

## Short-term goals

### Immediate needs

- Drug overdose
- Death/severe injury
- Toxic unregulated drug supply
- Dopesick
- Mental health
- Physical health

### Other needs

- Housing
- Employment/volunteering
- Safer/reduced drug use
- Reconnecting with loved ones
- Other (e.g., hygiene, normalcy, etc.)

## Long-term goals



# PROGRAM EXPERIENCE

## DRUG USE

- Reduced, stopped, or safer drug use
- Reduced overdoses
- Reduced criminalized behaviours
- Improved mental health

## QUALITY OF LIFE

- Compassion care
- Reconnecting with loved ones
- Housing

## OVERALL BENEFITS

- Normalcy
- Routine and stability
- Hope
- Safety

Reduced, stopped,  
or safer drug use

*“It's [my drug use] changed a lot. My drug use has gone from gram shots to not even doing shots really... it's pretty much changed my life for the better” (P11).*

Reduced overdoses

*“They got me on Safe Supply after a while of overdosing... now I barely overdose at all” (P14).*

Reduced criminalized  
behaviours

*“I was doing a lot of crime to get the drugs that I needed... armed robberies, drug dealing, theft... I don't have to do that anymore... the drugs [Safer Supply] are taking care of my needs” (P17).*

Improved mental health

*“I wake up, and I'm actually happy... I don't get those terrible feelings anymore” (P13).*

*“The Safer Supply Program saved my life” (P8).*

*“If I need somebody to talk to, any one of the staff will pull me aside and talk to me and make sure that I'm okay. And I never had that before... my mom left my life when I was 13” (P8).*

Compassionate care

*“I had never seen myself quitting drugs. I have children. Now, I'm going to visit them... it's been five years“ (P1).*

Reconnecting with loved ones

*That's all that I was worried about, my next hit. So when I was on Safer Supply, I didn't have that constant worry. I could focus on other things and I got housing” (P5).*

Housing

***“The staff's amazing here. They're really wonderful people. I'm going to cry... they're just really nice. They're non-judgemental. You judge yourself so much that it's like you can't beat me up any more than I beat myself up. Helps a lot” (P20).***

Normalcy

*“I smile more. I do mandala colouring, I crochet, I draw. I'm starting to draw again” (P30).*

Routine & Stability

*“Having the routine. It gets you out... makes you get up so that once you get into a routine of coming here... it helped me make little changes which end up making big changes” (P20).*

Hope

*“[Now I have] hope and faith. A new life... a new start” (P24).*

Safety

*“I felt really excited when I used the Safer Supply [medication], because I knew I wasn't going to overdose, and I would be safe around the nurses and I'd have nurses there to help me.” (P25).*

*“There's hope for me” (P19).*

Safer Supply  
program entry  
point

Program  
challenges

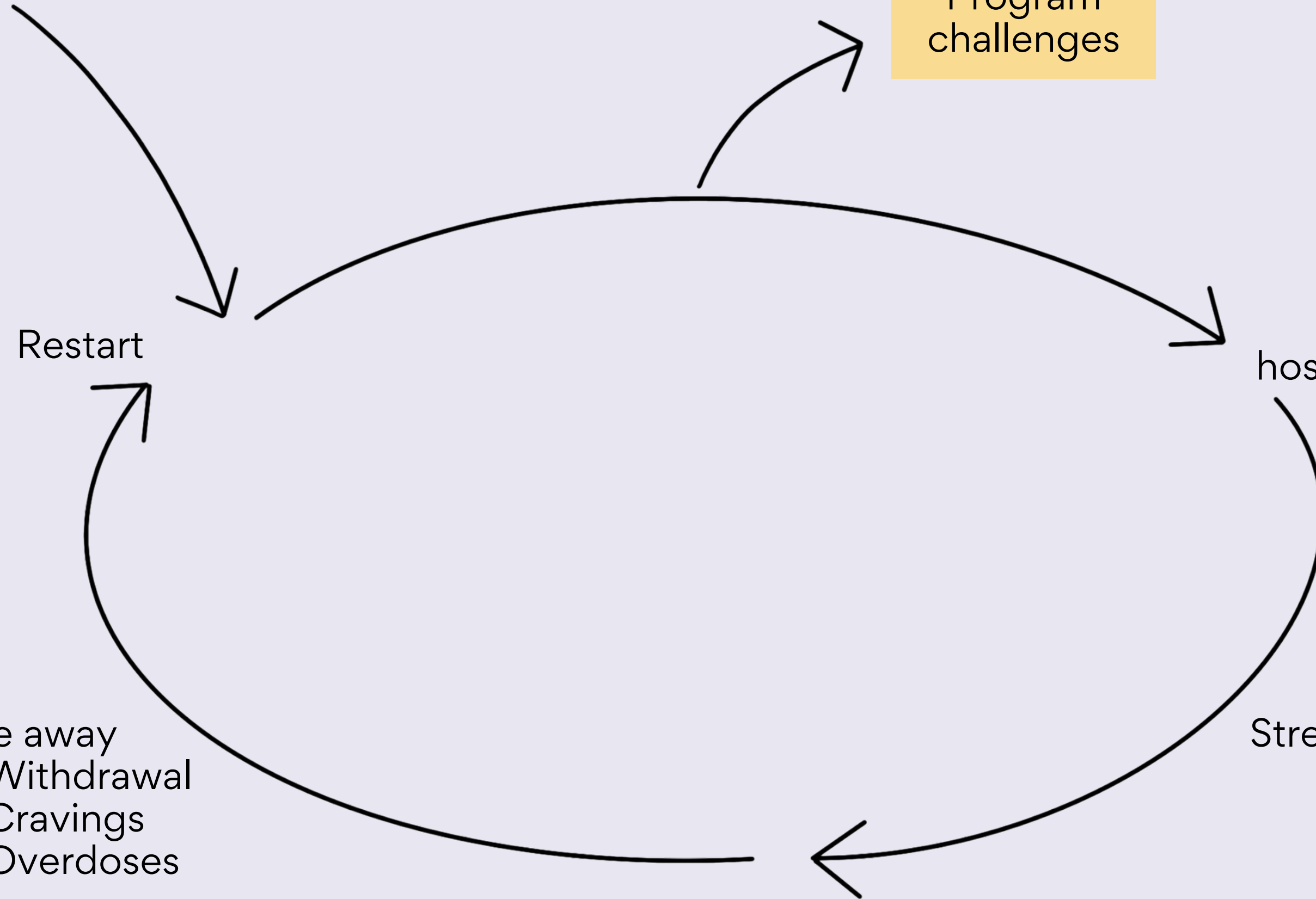
Crisis (e.g.,  
incarceration,  
hospitalization, etc.)

Restart

Time away  
• Withdrawal  
• Cravings  
• Overdoses

Stressors

Off Safer  
Supply program





## SAFETY

*“I think it [diversion] does happen, but in my eyes, the way I see it is you guys are still winning because those people that are buying the dilaudid would be the people that would have no choice but to buy fentanyl from a drug dealer” (P4).*

## COMPASSION

*“Sometimes I try to help people. Not much, I just don't like seeing people sick. Because I know how it feels like to be dope sick, when nobody wants to help you out. You're there crying or losing your mind” (P2).*

## MEETING NEEDS

*“I trade some of it for crack to get off the down [fentanyl] because I'm trying to get off the down completely” (P26).*

## SURVIVAL

*“I think it's better than people stealing, doing sex work, or whatever” (P13).*

## PRESSURE

*“It's about the people outside this building. When you're trying to get clean, and all the dealers are outside standing there, 'Give me your dillies'. Sometimes, they fight for them” (P6).*

*“[Drugs are] out there. With any type of program, whether it's through a doctor for pain, there's always people getting rid of drugs or buying drugs. It's everywhere. It's not just the Safer Supply programs”.*

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*PARTICIPANT 29*

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# YOUTH DIVERSION

**“I don't know anybody that would sell to kids.** That's just unethical for me. You have to be really messed up. So I don't think that's a problem. I've never seen anyone sell to kids and whenever they see kids, they actually hide what they're doing. They keep the drugs out of their sight. So that's bullshit, I think” (P5).

“When kids are coming around and people are using [drugs], we say, 'Kids on the block. Kids on the block'” (P10).

“Anybody I've shared with is my own age, like 35 or older. **I don't deal with anybody younger than my own age.** I only look and say, "No, go home.” (P26).

“Kids do not come to the block. And when kids do come to the block, I'm talking older kids obviously, like 19 or 18, a lot of us are like, "What the hell are you doing here? Get the hell out of here." **We try our best to get them out of here**” (P1).

“I'd tell them to get the hell out of here and go home. Go home to their parents” (P8).

“I doubt it. I highly doubt it. And I **bet you 99% of the people here see somebody doing something like that, would smash their head.** I really highly doubt that” (P7).

“[We would yell] ‘Kids up’ and everybody stopped, put everything [drug and equipment] away, and the kids walked right on through” (P11).

“When kids come here, say they're 13 years old, we say, "Get the fuck off the block. You can't be here." **So we still do have morals**” (P4).

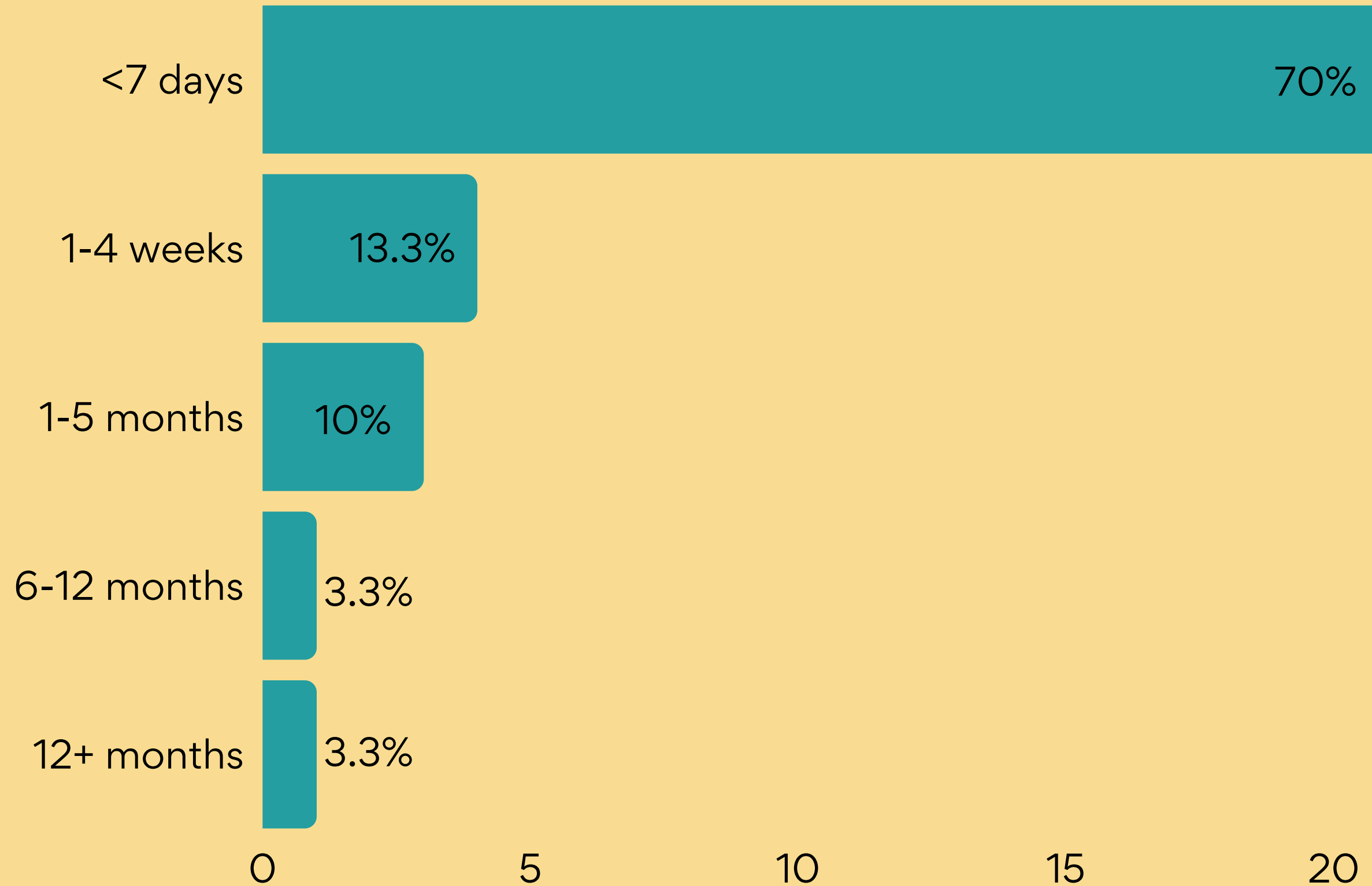
# THEME 3: PROGRAM RESTART PROCESS

Crisis

Time  
away

Restart

## Time away from program before most recent restart



Participants were restarted on their Safer Supply program a median of

**2.5**

(IQR 1-4) times in the past year.

Safer Supply  
program entry  
point

Program  
challenges

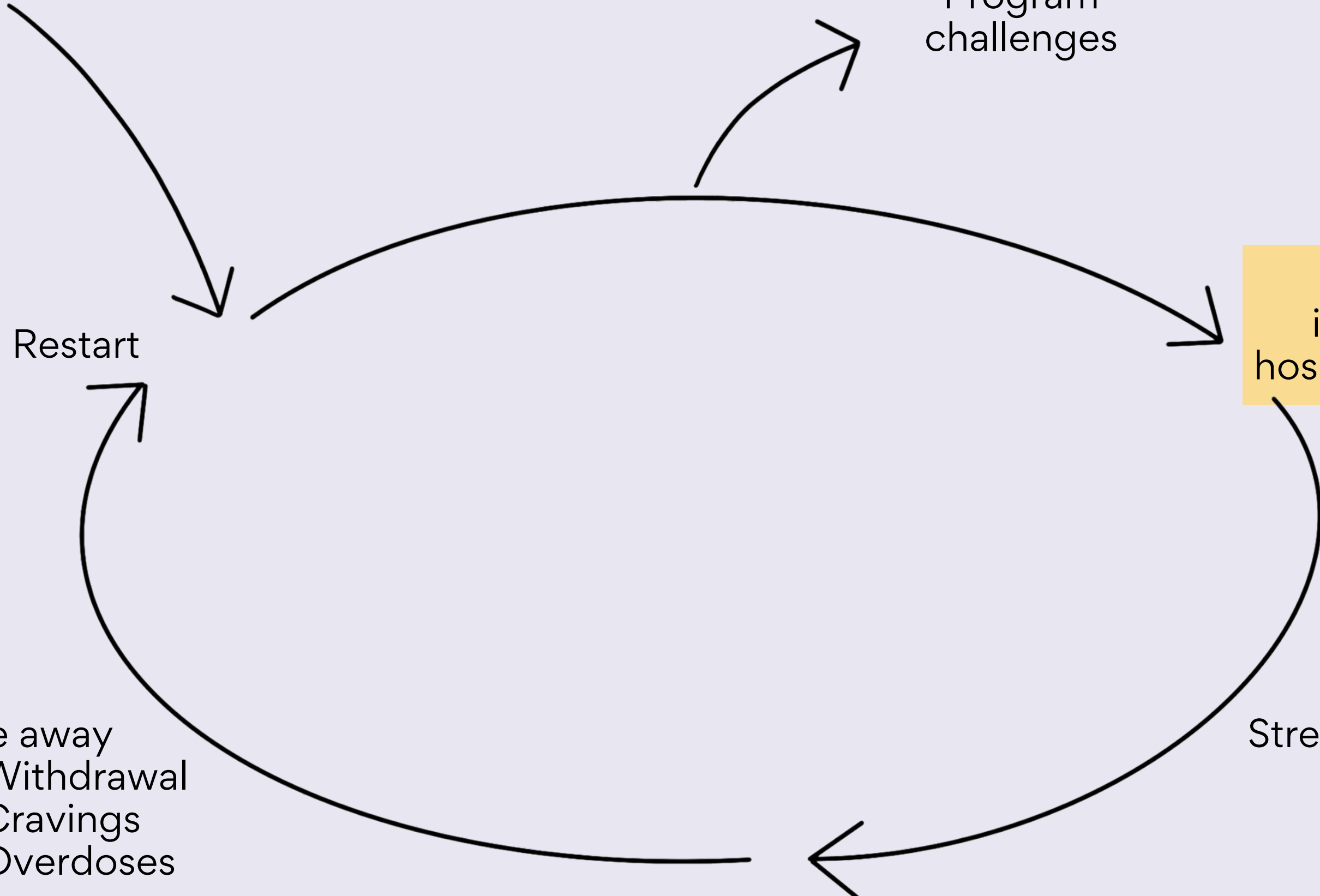
Crisis (e.g.,  
incarceration,  
hospitalization, etc.)

Restart

Time away  
• Withdrawal  
• Cravings  
• Overdoses

Stressors

Off Safer  
Supply program



# CRISIS

**Jail/prison**

**Hospital**

**Diversion**

**Dope sick**

**Travel**

**Daily pick-ups**

**Other drug use**

**Event (often described as a crisis) happens in a participant's life, resulting in them being unable to continue the program.**

# CRISIS

*“I was caught diverting” (P1).*

*“I was so dope sick I couldn't get up [to pick up my Safer Supply]” (P2).*

*“I missed my pills [Safer Supply]... because I was smoking too much crack and staying up too many days... I lost track of time” (P25).*

*“Most of the time I do come and pick them up and there's days where I just feel tired and I just don't feel like coming in. So I wish we could get, carries would be nice. Be nice to have carries” (P9).*

*“I had to go to a funeral out of town. And where I had to go, there was no pharmacies around for me to get my methadone or to get my safer supply, so I had to go three days without it” (P8).*

*“People were bringing me drugs because they [the hospital] weren't giving me what I needed” (P17).*



Safer Supply  
program entry  
point

Program  
challenges

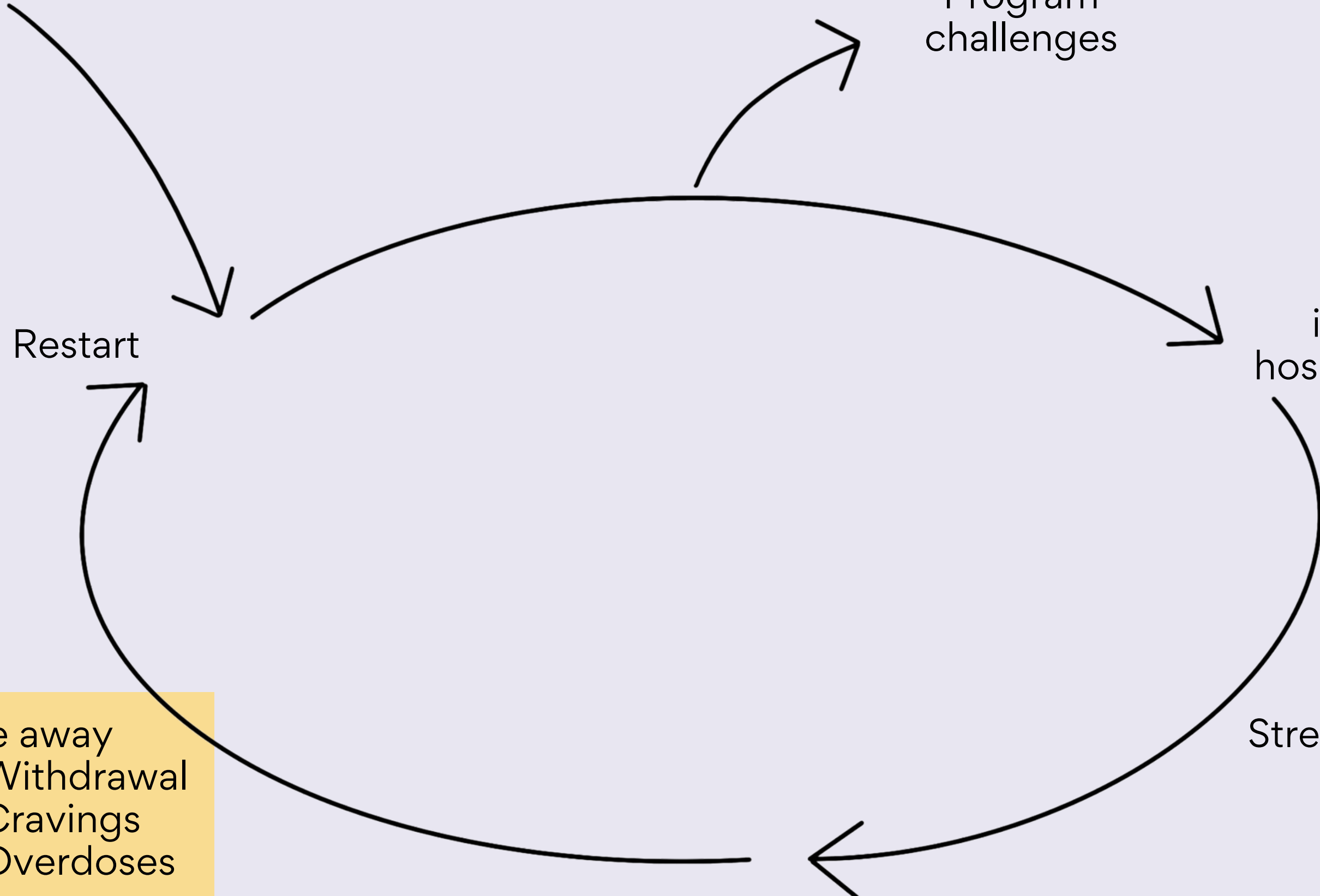
Crisis (e.g.,  
incarceration,  
hospitalization, etc.)

Restart

- Time away
- Withdrawal
  - Cravings
  - Overdoses

Stressors

Off Safer  
Supply program



# TIME AWAY

Time away from Safer Supply programs resulted in:

- Increased overdoses
- Increased unregulated drug use
- Worsened mental health
- Isolation/loss of community
- An overall increased sense of chaos in the lives of participants

*“Rough and tough... it was really tough. I was sick a lot. I was fighting with my partner. We actually started staying at the shelter” (P1).*

*“All I did was sit there and lie there for three days. I couldn't sleep, I couldn't do anything because of the lack of drugs” (P15).*

*“It was hard. I was craving my drugs” (P14).*

*“In the pen? [I received] just my methadone. It sucked... I would try to go up as much as I could in jail, but the doctors there are so slow and fucking pathetic. They raise you five mL at a time. **I'd get raised five mL once a month.** It's fucking crazy”.*

*Participant 13*

*“[In jail] I should have been continued on methadone, but I never got that at that time. Anytime I've been in jail, I never got my methadone, **so I don't know what's wrong with system there**”.*

*Participant 14*

Safer Supply  
program entry  
point

Program  
challenges

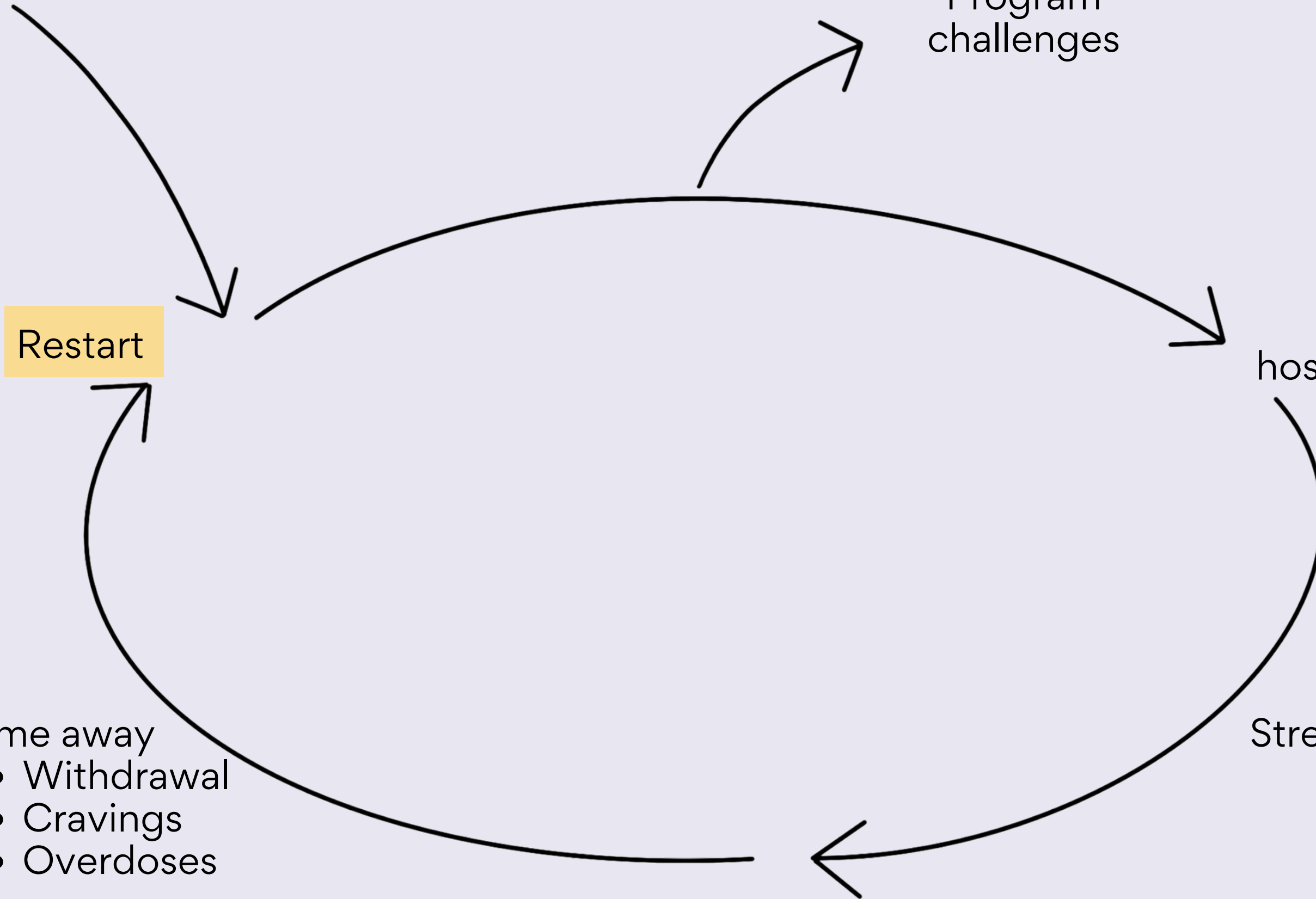
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Restart

Time away  
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Stressors

Off Safer  
Supply program



## DRUG USE

*“[Once I got out of jail] I started using fentanyl again” (P13).*

*“I was using fentanyl, and I was sick physically, and it was hard for me to do anything... I realized that I couldn't live without the program, so I came back and asked to see my doctor again” (P16).*

## OVERDOSES

*“I overdosed hard three times in one week and two times the next week, and it was bad all the time. It was like I went down immediately, and then with the fifth one I got a cut on my head, and that scared me” (P1).*

## NEED SUPPORT

*“I thought I could do it alone... But I realized quick enough that I needed the program” (P16).*

# LESSONS LEARNED

## SAFER SUPPLY RESTARTS

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- Common for participants to restart their Safer Supply program at some point
- Restarts should be considered a normal part of the program trajectory
- There is often a precipitating factor (major escalation of chaos) just before leaving the program which emphasizes the need for wrap-around care

## PROCESS OF SAFER SUPPLY

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- Changing substance use patterns is not a linear path, it is highly complex
- Moving away from previous patterns and ways of life takes time and practice
- Substance use programs often work for participants for periods of time – our needs change as our lives change
- Safer Supply helps participants to not have their lives consumed by unregulated drugs



# THEME 4

Current Implications and  
Future Directions

# PROGRAM FEEDBACK



**Check-Ins & Pick  
Ups**



**Dose Increases &  
Decreases**

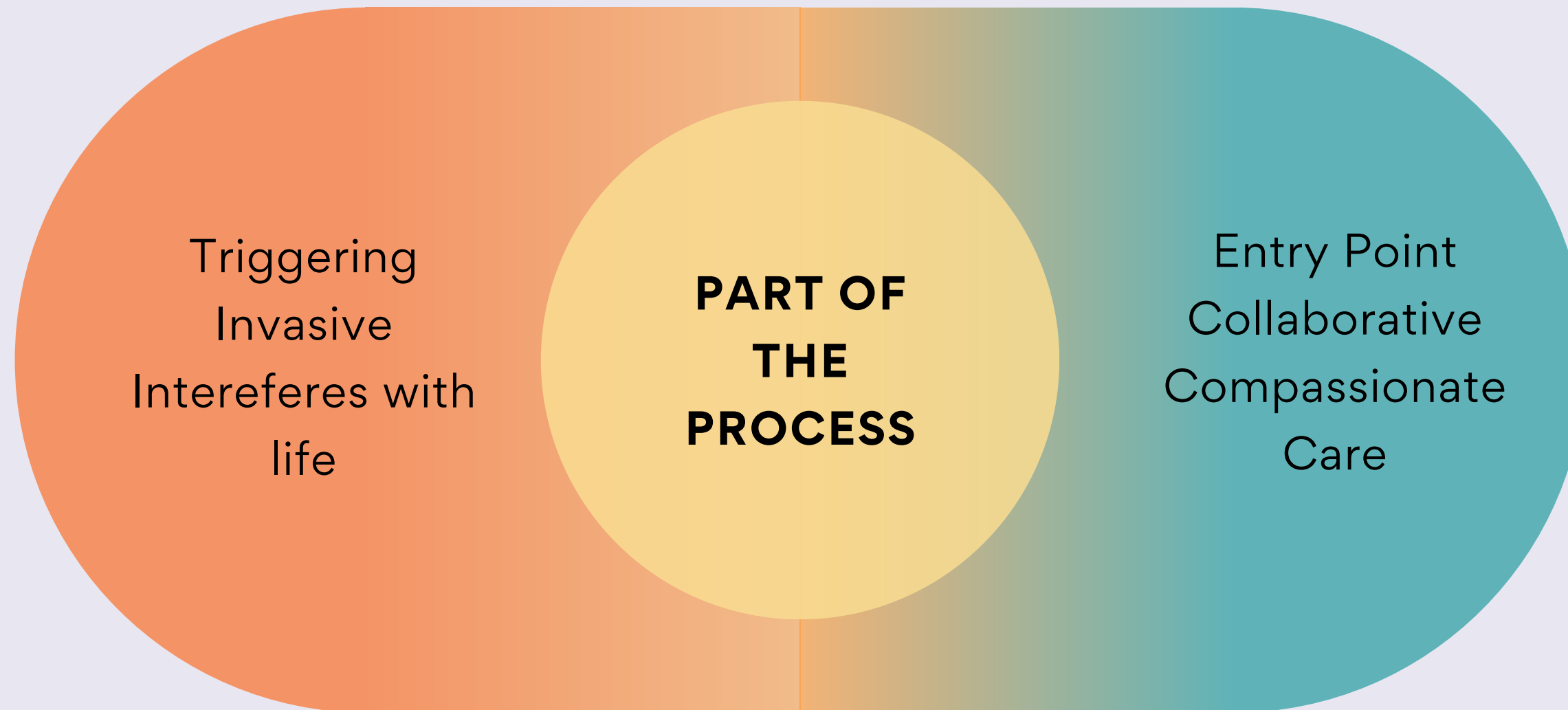


**Accessibility &  
Safety**



# CHECK-INS & PICK UPS

*A Spectrum of Reactions*



## Frustration

*“I’m **sick of going every day to the pharmacy**. Every day going to pick it up. It’s scary, I don’t like being here” (P6).*

## Indifference

*“It’s okay. It’s **brief, it’s just simple...** it’s a simple check in... Just seeing where you’re at and what they can do for you” (P29).*

## Positive

*“**I like it**, because we get to ask for an increase [in the Safer Supply medication] if we need one, and we can tell them what we changed, how we’ve changed, if we want to do schooling, if we want to get a job, what we want to do, if we have any goals” (P25).*

# DOSE ADJUSTMENTS

*“I'm disappointed because I was on 32 dilaudid tabs, now he's increasing me two [hydromorphone 8mg tabs] at a time each week. That's ridiculous, I think” (P17).*

**PACE OF  
INCREASES**

*“They [Safer Supply staff] think they have to logically raise me slowly [when I am restarting my medication], but it's not true because I'm using fentanyl anyways” (P4).*

**RESTART DOSE  
TITRATION**

*“[I'd like a better understanding of how to ask for dose increases] without feeling like you're a drug-seeking animal or whatever” (P1).*

**COMMUNICATION  
DIFFICULTIES**

# ACCESSIBILITY & SAFETY

## COMMUTE

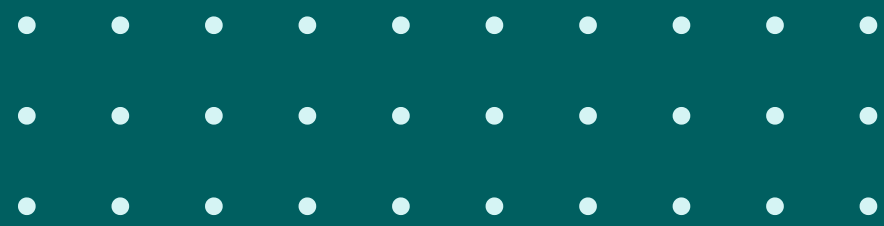
*“I can imagine for people that come from afar, that's a pain for them. I know it would definitely be a barrier for me... and then it's such a trigger to being in the area” (P10).*

## DANGER

*“I don't like downtown. It's too rough... the drugs are bad most of the time and so are the people. There's too much violence” (P17).*

## ACCESSIBILITY

*“There's no reason why somebody couldn't come to my door, give me my meds. I know it's costly, but... there's some people that really struggle out here to get out here [to the pharmacy]” (P7).*



- **Implementation of Drug Alternatives**
- **Challenges with Opioid Agonist Therapy**

*“I wish it [Safer Supply] was more like fentanyl, not because I want to die, but because I like the feeling... **I don't want it to be fentanyl where I'm going to die.** I just want the fentanyl where I'm going to have that feeling.”*

*Participant 25*



## FENTANYL IS MORE POTENT

*“I found out that the rest of the opioids don't work anymore...I can shoot that whole bottle of dilaudid, it wouldn't do anything to me” (P15).*

## HEROIN AS A SAFER ALTERNATIVE

*“I really miss heroin, because I could do just the tiniest little bit and then be good all day. Fentanyl, you have to use... Constantly. It's stupid. What a dumb drug, man” (P23).*

## FEAR OF ACCESSING THE TOXIC DRUG SUPPLY

*“I like the fentanyl, if it's the right dose, it makes my day better... I don't like the fact that I have to get it off people I don't know who made it, that it's not made professionally” (P15).*

*“People want fentanyl... that's the ultimate cure for this, to get the dirty ass shit [unregulated fentanyl] off the street... people are dying... they're [PWUD] disgusted with what's in this stuff” (P22).*



*“At first the methadone, it helped, but it came to a point where the **dope [fentanyl] was so strong**, the drink was nothing. It [methadone] would help me for maybe 10 hours, and then I'd be sick again.”*

*Participant 13*

# CHALLENGES WITH OAT

## POOR HEALTH OUTCOMES

*“Methadone, it's not good for you. It's rots your teeth. It made me very depressed” (P23).*

*“I tried suboxone, but it didn't work because I felt more dope sick and it made me even worse, the anxiety and all depression” (P14).*

## SEDATION

*“I don't even want methadone because I don't want to be tied down” (P5).*

*“I didn't like methadone, because I might nod too heavily” (P25).*

## WITHDRAWAL

*“I didn't really like the methadone. Because I got off, went through heavy withdrawals. And same with the suboxone” (P19).*



# BENEFITS OF OAT + SAFER SUPPLY

*“My dose wasn't comfortable until I was at 140mL methadone and 30 dilaudid [8mg tabs]... the methadone wears off. It's not enough. At least the Safer Supply, you can take it as needed” (P29).*

*“Methadone. It's really hard for me to come down off it. But I have it at a level where it could still sustain me. I have it set so that I could just make it here the next day without being too antsy” (P22).*

*“I've been on methadone for a while, but I had it stopped by a police officer because I was on the nod in the middle of the street, so I went to suboxone. That helped a lot. And now I'm on kadian, which is even better because I can still function. I can stay awake or I could sleep or whatever” (P26).*

# LIFE WITHOUT SAFER SUPPLY

*“I would probably feel like my world was falling apart again, and probably chances are **I'd end up in jail and go to prison again.**”*

*Participant 13*



*“I'd be doing sex trade work or I would be robbing people” (P18).*

*“I'd have to **go back to doing things I didn't want to do anymore...** I'd have to go back to selling drugs” (P29).*

**SURVIVAL**

**CRIMINALIZED  
BEHAVIOUR**

**REMORSE**

*“It would be horrible. There would be more crime, because **people have to make the money to buy the drugs**” (P4).*

*“I'd be really upset... It means I have to go back to doing what I didn't want to do in the first place. So this prevents that” (P26).*

## RETURN TO UNREGULATED TOXIC DRUG SUPPLY

*“I think I'd start doing more fentanyl, **because I would have to.** I'd be so sick” (P23).*

*“I'd probably be back downtown **doing twice as much fentanyl as I'm doing right now**” (P27).*

*“What are you going to do? Then you'd have nothing. Well, you'd have withdrawals or go buy some drugs on the street. That's what everybody would be doing. **There would probably be a lot of overdoses**” (P20).*

## MORE OVERDOSES AND LOSS OF LIFE

*“**I'd end up dead**, dead on the street. Back on the street and dead, or dead in a ditch from prostituting for my new drug, fentanyl” (P25).*

# LOSS OF PURPOSE AND ROUTINE

*“That happy feeling of coming here every day wouldn't be there anymore” (P22).*

*“It would change everything I worked for... it would change everything” (P11).*

*“I wouldn't know what to do. I probably would break down... it would change everything... mess up my routine” (P19).*

# MESSAGES TO POLICY MAKERS AND POLITICIANS

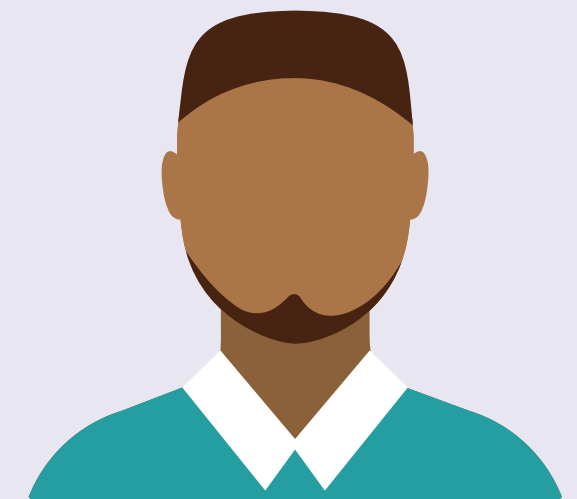
*“I just want to say thank you. You did me a lot of good, and I just hope it continues” (P17).*



*“I'd want them to know that we need the program, because it's helping us use less fentanyl at least, and it's basically keeping us alive” (P25).*



*“Well, I'm pretty sure they already know from stats, crime will go up, drug dealing will go up... I don't know what I'd be able to say to them to make them change it [if they were closing Safer Supply] except that it's going to cause a lot of problems” (P29).*



*I think of the withdrawals and people suffering and the cost of healthcare: pay now or pay later. So spend it here or spend it in the hospital when people are in there” (P20).*



*“That it [Safer Supply] does work, and that some things take time” (P23).*



*“There's more people like me out there that need this [Safer Supply]” (P19).*

*“[Fentanyl] it just ended me pretty much, I would say, took everything from underneath me, everything. I didn't have much to start when I came here, but whatever I have now, I wouldn't have any more [without Safer Supply], guaranteed. No stability at all” (P5).*



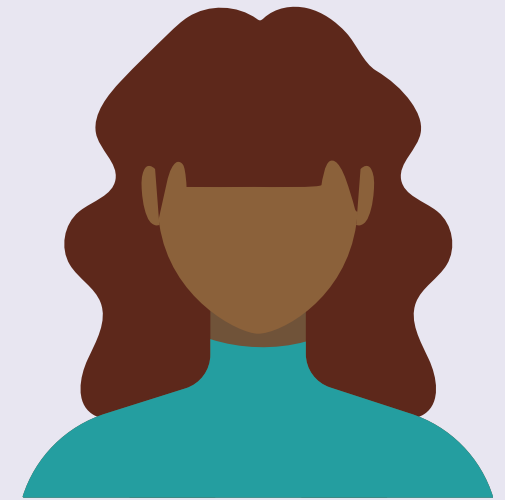


*“I would say the worst thing you could do is cut it [Safer Supply] out...It can work and it has changed and the changes are working I think. They're small, but they're working”  
(P22).*

*“I went from using six points [of fentanyl] since July to half a point, which is nothing from using almost a gram to nothing. That's a big 180 turnaround, and sitting with my mental health too. It's done a lot. If the program stopped, well, I'd be screwed”  
(P26).*



*“Not everybody's a bad person... Sometimes people's addiction takes over, and they'll do anything to get the next hit. They'll even rob their own family. That's sad, but it's the reality of it”  
(P27).*





# PROGRAM Evolution

- Flexible programming
  - Pharmacy deliveries
  - Innovative care delivery
- Individualized care
  - Program evolves with participants
- Youth programming
- Sustainability planning

- Drug alternatives
  - Safer stimulants
  - Injectable fentanyl
  - Injectable diacetylmorphine
- Review prescribing guidelines
  - Restart processes
  - Medication increases
  - Maximum doses of medication
- Address diversion
  - Reframe diversion as a group
  - Consider through the context of the culture of drug use

# PROGRAM

## Restarts

- Rapid restart protocols
  - Fast medication titration
  - On call services to quickly serve participants
- Clear communication at program intake and ongoing
  - Restarts are normal and expected (part of the process)
  - How to engage in times of crisis

- Address areas with major gaps in care
  - **Jail/prison**
  - Hospital
  - Travel/moving
- Provision of further education for certain areas
  - Jail/prison
  - Hospital
  - Pharmacies
- Implement wrap-around care that can increase or decrease in intensity as needed (e.g., in times of crisis)
- Medication carries
- Less frequent check-ins

Read our previous research reports:

[safersupplyottawa.com/research](https://safersupplyottawa.com/research)

# Safer Supply Ottawa Evaluation

*Fall 2022 Report*

Marlene Haines  
Athena Tefoglou  
Patrick O'Byrne

# Safer Supply Ottawa Evaluation

Spring 2023 Report

Marlene Haines  
Athena Tefoglou  
Patrick O'Byrne



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# THANK YOU

## Questions?

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