

Safer Opioid Supply Program

THE ISSUE

The population that the Health Centre serves faces many barriers to success with traditional addiction models. There has been a rapid increase in overdose deaths related to the poisoned drug supply. Providing a safer supply to those most vulnerable in our community reduces the risk of overdose, poisoning, infectious disease transmission, incarceration, and death.

PROGRAM DEFINITION

The Safer Opioid Supply Program provides support to people who use street level drugs. It focuses on a client-centered and team-based care model within our Health Centre.

Physicians prescribe oral hydromorphone tablets to clients to replace the toxic supply they rely on. This model creates stability for clients as they start on a path to greater health and wellness. In addition, a peer advisory committee and peer mentorship are key elements of this program.

ELIGIBILITY CRITERIA

Individuals with:

- Regular opioid use over the last year,
- Long term intravenous drug use,
- Complications related to injection drug use (e.g. infections, abscess, HIV),
- High risk of death without substitution therapy,
- The capacity to consent (understand risks and benefits),
- Poor social functioning (e.g. disengaged from health care and social services, involvement in crime, sex work).



Early results suggest:

- Zero overdose deaths: Overall reduction in overdoses
- Reduced homelessness: 50% have acquired or maintained housing
- Reduced hospital admissions and emergency room visits
- Reduced criminal activity, incarceration, and sex work
- Increased community engagement
- Increased engagement in primary care, and HIV and Hep C treatment
- Reduced fentanyl exposure
- Overall improved health and wellbeing

Harm Reduction Philosophy at the Health Centre

London InterCommunity Health Centre supports harm reduction recognizing that harm reduction is a philosophy and practice which seeks to optimize safety for substance users and everyone in the community.

Harm reduction was developed by and for substance users; harm reduction tenets and practices may also be applied to other health conditions. At the Health Centre we work within the context of our core values: social justice, equity, caring, inclusion, and respect to promote health and well being.

The following definition of harm reduction has been adopted by the London InterCommunity Health Centre:

- Harm reduction is a best practice approach to minimizing the harms associated with drug and substance use to individuals, families and communities (overdoses, spread of blood born illnesses and infections, prohibition, criminalization),
- Harm reduction acknowledges that the non-medical use of drugs and substances is within the range of normal human conduct and fully accepts people's choices, absent of judgement, beliefs and perceptions,
- Harm reduction strategies may include education on safer substance use, provision of substance use equipment, supervised substance use services, and replacement therapy,
- Harm reduction practice values the lived expertise of people who use drugs and substances and requires their direct involvement in the planning and delivery of programs and services,
- Harm reduction includes advocacy for inclusiveness of substance users in their communities, to promote health and wellbeing of all, with the commitment to challenge social inequity and oppressive policies and practices.

London InterCommunity Health Centre

London InterCommunity Health Centre has been a part of your community for more than 30 years. We provide health and social services in a welcoming setting to individuals and families living across the city of London.

Our team includes doctors, nurse practitioners, nurses, social workers, dietitians, mental health specialists, health promoters and community health workers. We also offer the services of a foot care specialist, physiotherapist, diabetes educator, and respiratory therapist. Services available vary at each location.

The Health Centre also offers many programs that address the factors in our personal lives that affect our health. These include income, education, housing, food security, recreation, and social supports.

Our vision is building opportunities for healthy and inclusive communities. Our values reflect our commitment to:

Social Justice. Equity. Caring.
Respect. Inclusion.

The Safer Opioid Supply Program receives financial support from the Government of Canada's Substance Use and Addictions Program.

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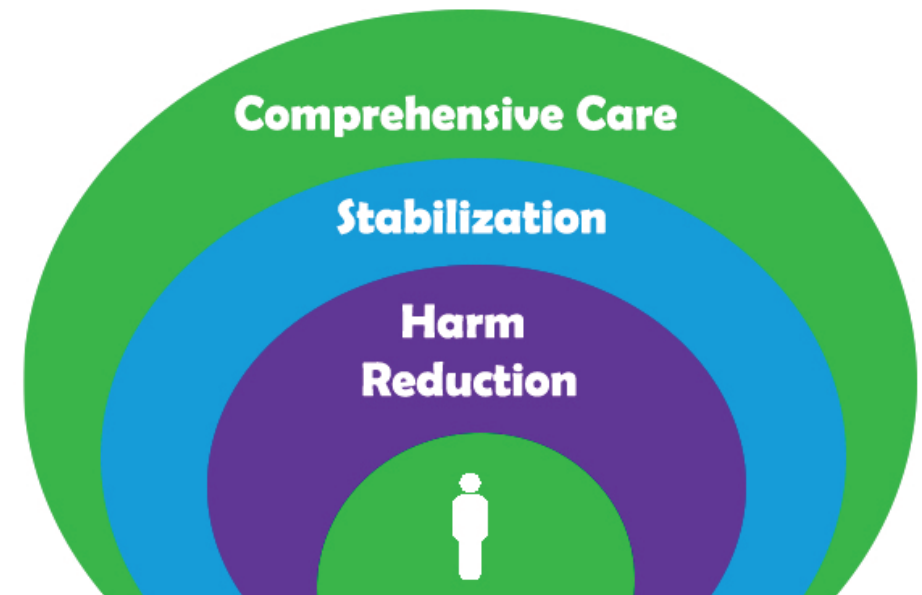
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Safer Opioid Supply Program: An approach to the overdose crisis



Frequently Asked Questions

What is the Safer Opioid Supply program?

The Safer Opioid Supply Program is an extension of the traditional harm reduction model which is offered to high risk populations who use street level substances. It focuses on a client-centered, team-based, and comprehensive approach within a community health centre model of care.

Physicians prescribe oral hydromorphone tablets to clients to replace the illicit market of toxic supply they rely on. The comprehensive harm reduction model creates stability for clients as they embark on a path to greater health and wellness. In addition, a peer advisory committee and peer mentorship are key elements of this program.

Why is the Health Centre using this approach?

The preliminary results have shown positive client health outcomes and psychosocial impacts. The population that we serve faces many barriers to success with traditional addictions models. There has been a rapid increase in overdose deaths related to the illicit drug supply. Providing a safer supply to those most vulnerable in our community reduces risk of overdose, poisoning, infectious disease transmission, incarceration, and death.

Eligibility Criteria:

Individuals with:

- Opioid use over the last year consistent with opioid-use disorder (as per DSM-V),
- Long term intravenous drug use (more than two years),
- Self-report regular toxic illegal drug use,
- Complications of injection drug use (e.g., endocarditis, abscess, HIV),
- High risk of death without substitution therapy,
- Positive urine drug screen for opioids (to confirm recent use),
- The capacity to consent (understand risks and benefits),
- Poor psychosocial functioning (disengaged from health care and social services, involvement in crime, sex work),

What are your diversion prevention processes and practices?

Diversion is one of the risks of the Safer Opioid Supply Program. The process and practice of diversion prevention consists of three main components:

1) Safer Supply Client Agreement

Prior to admission into the program, clients meet with a prescriber and the client agreement is discussed. The 6th point under “Client expectations” is as follows: “Clients will not sell or otherwise divert their Safer Supply medication. Diversion represents a reason for removal from the Safe Supply program.”

2) Urine Toxicology Screening

Clients are expected to meet with their doctor weekly and submit weekly urine samples if requested. The purpose of the samples are to detect the presence, or absence of prescribed medications, as well as other unexpected substances which may pose a risk.

3) Assertive Engagement

Should diversion be suspected, the doctor will engage in discussion with the client about the potential risks, harms, and consequences of diversion, as outlined in the client agreement. This discussion may include participation by systems navigators, social workers, outreach workers, hep C care team members, and/or MyCare team members, as appropriate, to ensure that the client is supported and an active participant in determining their own positive health outcomes.

Why are traditional opioid replacement therapy programs like methadone and suboxone ineffective for some people?

- Methadone doesn't sufficiently suppress withdrawal symptoms for some people
- Methadone does not fulfill the cravings for some people
- Methadone side effects can be intolerable
- The goal of methadone is abstinence while the goal of the Emergency Safer Supply Program is stability and harm reduction

Why should we care about this population?

Everyone has the right to health care. It is a basic human right. The individuals who participate in this program have been systematically excluded their whole lives. In addition, experiences of stigma and discrimination present significant barriers in accessing health and social services, and participating in their community. It is time to engage them in a new, innovative and positive manner.

Who else supports this approach?

- BCCDC
- BCSSU
- BC Public Health
- City of Vancouver
- BC Coroner
- MOHLTC
- Federal Budget
- London Health Sciences Centre
- Infectious Disease Care Program
- Middlesex London Health Unit
- Regional HIV/AIDS Connection
- John Gordon Home
- John Howard Society
- London Cares
- CAPUD
- VANDU
- Mom's Stop the Harm
- Toronto Overdose Prevention Society

What evidence-based practices support this work?

- NAOMI (NEJM Aug 2009) - The North American Opiate Medication Initiative (NAOMI) conducted in Montreal, Quebec, and Vancouver, British Columbia, from March 2005 through July 2008
- SALOME (JAMA Psychiatry 2016) - The Study to Assess Longer-term Opioid Medication Effectiveness (SALOME) was conducted in Vancouver, British Columbia, Canada between December 19, 2011, and December 18, 2013
- Portland Hotel Society Program (Vancouver 2019) - Safe Supply Program
- iOAT in Ottawa - Injectable Opioid Agonist Treatment - A national committee of experts in addiction medicine and opioid agonist treatment, as well as patients, will be convened to review the scientific evidence for iOAT and develop best practices and recommendations for real-world clinical settings
- Federal Actions on Opioids June 2019: Health Canada report: from January 2016 to September 2018, 10,300 lives were lost in Canada due to opioid-related deaths. In May 2019, Health Canada proposed an \$8.1 million investment through to support efforts to expand access to a safer supply of prescription opioids.

What do early results suggest?

- Increased engagement in primary care
- Increased engagement in HIV and HCV treatment
- Increased engagement in social supports
- Reduction in homelessness (50% have acquired or maintained housing)
- Reduction in sex work
- Reduction in criminal activity
- Reduction in incarceration
- Zero overdose deaths: Overall reduction in overdoses
- Reduction in fentanyl exposure
- Reduction in infections
- Reduction in hospital admissions and emergency room visits

How will the impact of the program be evaluated?

We are currently developing an evaluation framework in collaboration with the following resources:

- Perri Deacon - Internal Health Centre Contract 4th year Medical Student
- Ivey (Dr. Cipriano) - Economic modeling project research expertise
- Dr. Jen Rayner - Lead Researcher at the Alliance for Healthier Communities
- Dr. Gillian Kolla, Dr. Carol Strike, Dr. Ahmed Bayoumi - Collaborators from other CHCs

How does this affect the community?

Safer Opioid Supply participants have increased engagement in community services and supports, and decreased homelessness, public substance use/ overdose, petty crime and property damage. The Health Centre continues to collaborate with local organizations and community partners.

What is the cost benefit?

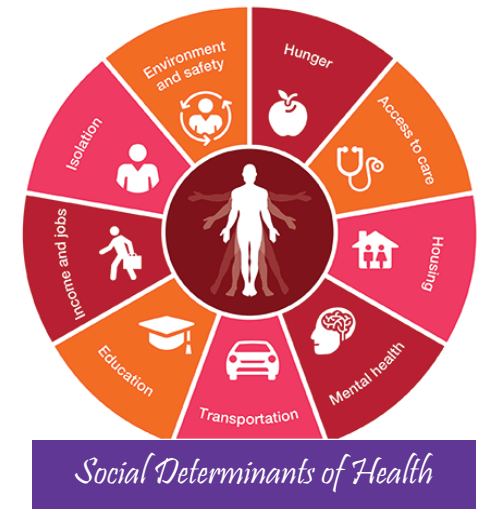
Reduction in incarceration rates, emergency visits to the hospital and visits to shelters. With a reduction in crime, clients aren't engaging with costly services like law enforcement, the criminal justice system and social services (one homeless person costs the city approximately \$200,000). We are currently developing an economic model to quantify the cost benefit of the program.

Who is paying for this?

The cost of the medication is covered by Ontario drug plan benefits. All Health Centre programs and services are funded by the Ministry of Health and Long Term Care.

What supports are available to clients?

All our clients meet with our systems navigator to assess their individual circumstances through the lens of the social determinants of health. Once their various needs are identified, they are referred to programs and services such as housing support, counseling, diabetes education, nutrition services, foot care, physiotherapy, etc.



What is expected of the clients?

Each client is required to adhere to a set of guidelines in order to participate in the program. These are outlined in the **Therapeutic Agreement** and include:

- Clients will be expected to attend weekly appointments with their doctor, submit weekly urine samples and pick up their medication as directed at the pharmacy
- Clients will be honest with their doctor regarding drug use outside of their Safer Supply prescription
- Clients will not sell or otherwise divert their Safer Supply medication. Diversion represents a reason for removal from the Emergency Safer Supply program
- Clients are expected to make positive decisions and actions for their health (HIV treatment, cancer screening, diabetes self-management, etc.)
- Clients will be expected to work with outreach workers and/or systems navigators on social goals (housing, ODSP, ID, etc.)