

A Prescription for Safety



A Study of Safer Opioid Supply Programs in Ontario

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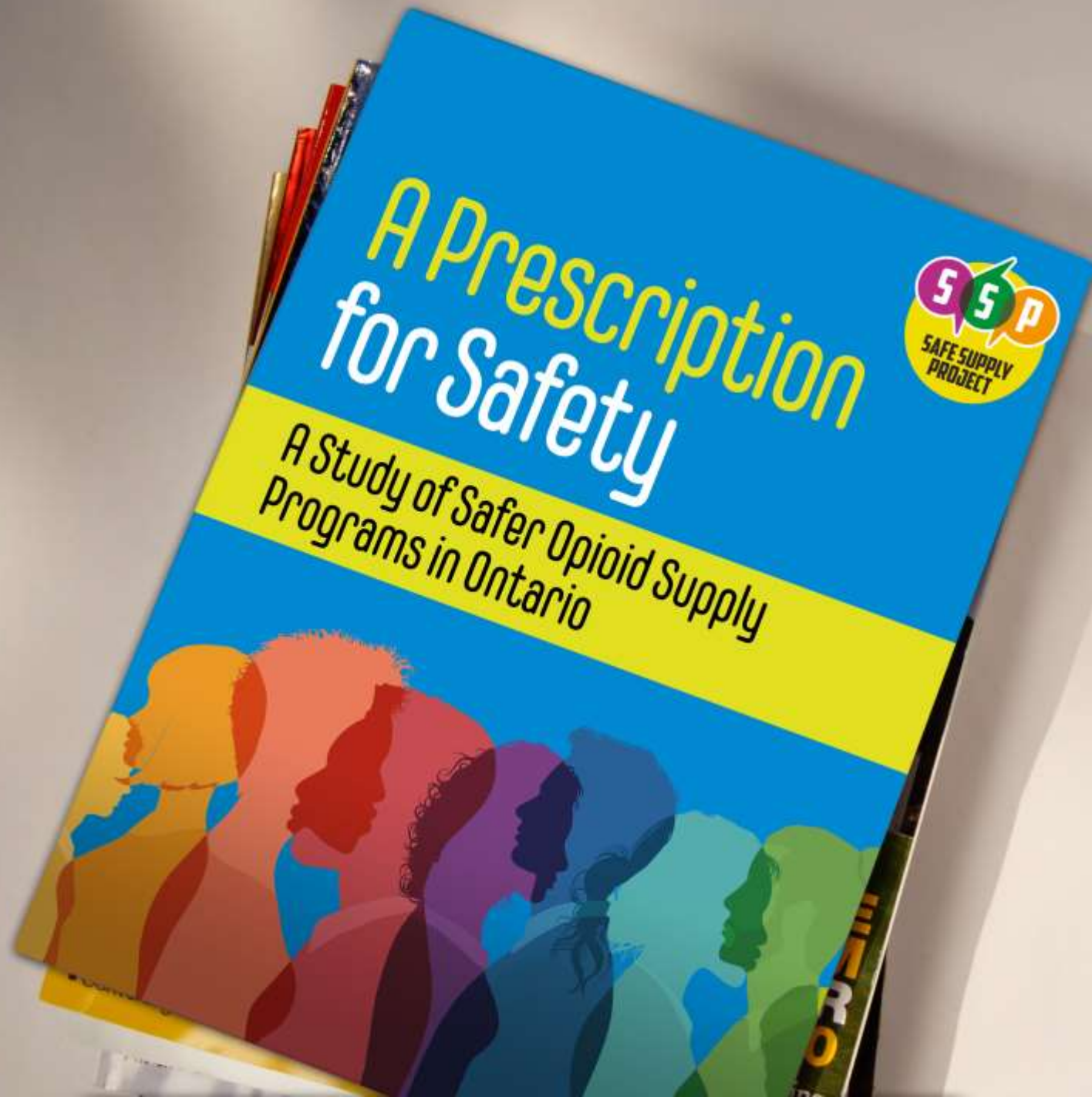
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Community Research Report

1. Project background
2. SOS programs included in the Evaluation
3. Methods
4. Key findings
5. Recommendations
6. Update on practice since our evaluation

Project Background

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

Funder:

Ontario HIV Treatment Network (OHTN)

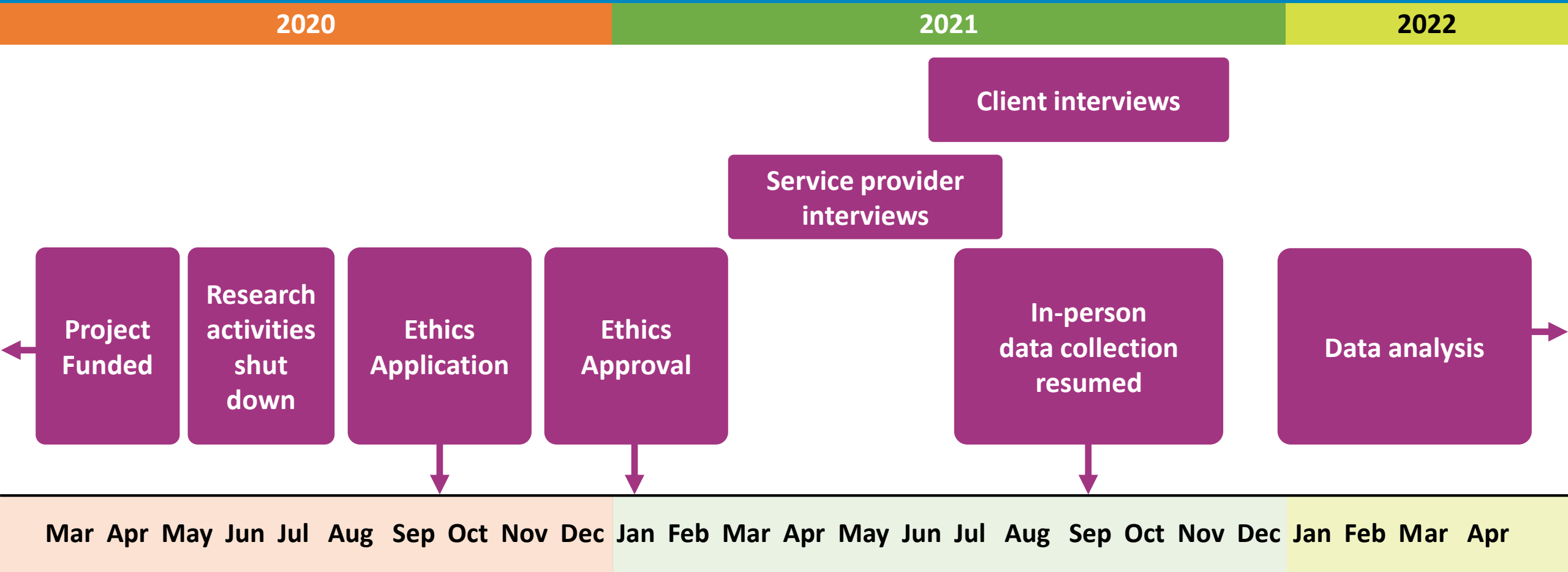
Ontario COVID-19 Restrictions: Timeline



* Note: Stay-at-home orders, or “lockdowns” were the most extreme versions of COVID restrictions which included limits on all non-essential activities and the closure of non-essential businesses

** In Ontario, the re-opening of businesses and restrictions on indoor and outdoor public gatherings occurred by health region, depending on risk/infection rate

Project Timeline



* Note: Stay-at-home orders, or “lockdowns” were the most extreme versions of COVID restrictions which included limits on all non-essential activities and the closure of non-essential businesses

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SOS programs included in the project

Tablet Hydromorphone prescribing within wrap-around primary care with system navigation.

- Intercommunity Health- London
- Parkdale Queen West Community Health Centre (both sites)- Toronto
- South Riverdale Community Health Centre- Toronto
- Street Health- Toronto

In 2020, the Substance Use and Addiction Program at Health Canada provided temporary funding to these SOS programs.

- All were prescribing SOS medication before receiving the funding.



Parkdale Queen West Community Health Centre
(Both Toronto Sites)

92
clients

Prescribers: 6
Allied Health Professionals: 8

South Riverdale Community Health Centre
(Toronto)

46
clients

Prescribers: 1
Allied Health Professionals: 2

Street Health
(Toronto)

31
clients

Prescribers: 1
Allied Health Professionals: 2

InterCommunity Health Centre
(London)

247
clients

Prescribers: 2
Allied Health Professionals: 10



Methods

Methods

Data collection methods	<ul style="list-style-type: none">• Semi-structured interviews• Demographic survey• Program characteristic survey (completed 1/site)
Participants	<ul style="list-style-type: none">• People enrolled in SSP (n= 52)• Prescribers, allied health, pharmacists (n=27)
Sampling	<ul style="list-style-type: none">• People enrolled - purposive – varied gender and race/ethnicity• Physicians/allied health – census• Pharmacists – purposive
Recruitment	<ul style="list-style-type: none">• Staff assisted, snowball• February to October, 2021 (no face-to-face research: allowed 03/20 to 09/21)
Data collection	<ul style="list-style-type: none">• In person, zoom and telephone, audio recorded interviews• Interviewers - research coordinators/assistants and two PIs (COVID restrictions)
Data analysis	<ul style="list-style-type: none">• Thematic analysis – team based• Advisory group/team provided feedback on coding structure/themes

Community Engagement

Community Advisory Board

- Met 5x over the project
- Provided input on research methods, data collection tools, data interpretation

Provided input into drafts of this report

- Both the project CAB and the London InterCommunity Health advisory board

Participants

We interviewed 52 clients across four SOS programs in Ontario.



London
InterCommunity
Health Centre

40%

of total interviews



PARKDALE
QUEEN WEST
Community
Health Centre

30%

of total interviews



South Riverdale
COMMUNITY
HEALTH CENTRE

20%

of total interviews

StreetHealth

10%

of total interviews

56%
identified
as men

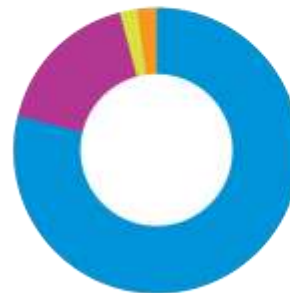


44%
identified
as women

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

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

Ethnicity

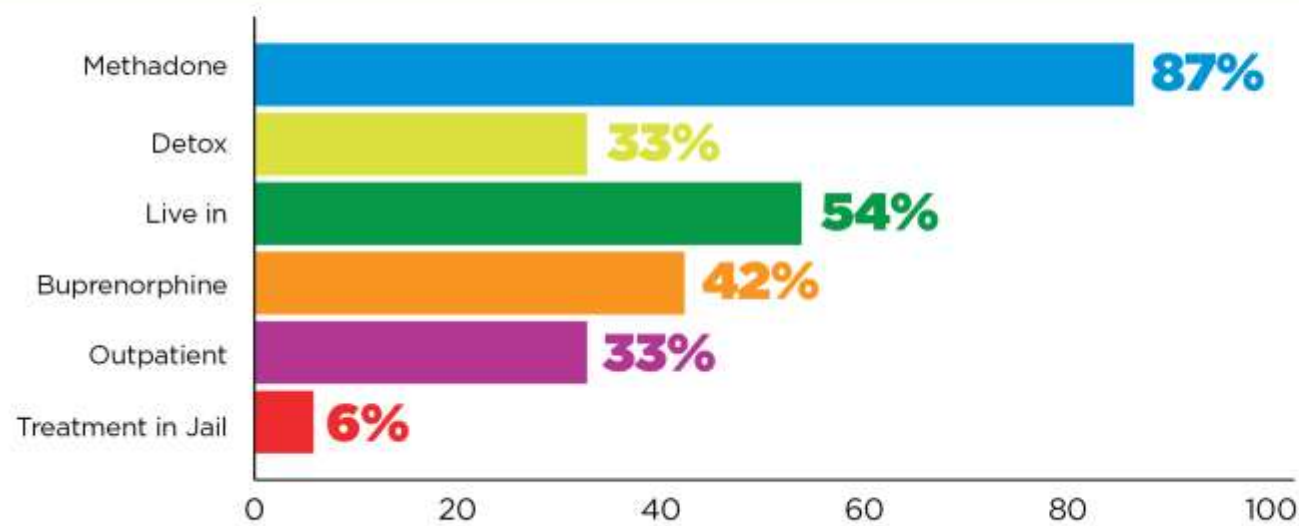


White	79%
Indigenous	17%
Black	2%
Latino	2%

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

Participant's Opioid and Treatment Use

Clients had previously used many different substance use services, with most (87%) having used methadone maintenance programs:



Use of Opioid Agonist Treatment*



*Such as methadone or buprenorphine

41% of men and 61% of women reported using an opioid other than their safer supply in the previous 30 days.



Service Providers

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



9

Prescribers*



7

Allied Health Professionals**



6

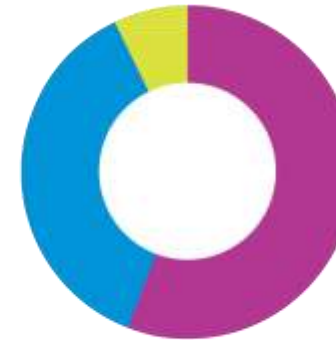
Pharmacists



5

Registered Nurses

Over half identified as women



Woman	56%
Man	37%
Nonbinary	7%

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



What we learned

1. SOS Programs save lives

- **SOS programs led to fewer overdoses and saved lives according to participants**
 - Reduced fear and anxiety, improving opioid use safety
- **Improved management of withdrawal symptoms through steady access to safer supply identified by participants**
- **Participants experienced changes in their drug use practices**
 - Switching to oral consumption instead of injection
 - Reduced unregulated drug use



I don't think I would still be here. **I think I'd be dead by now.** I do believe so [...] It saved my life and it's going to save my life still 'cause **I don't know where I'd be today without this program.**

– CLIENT

2. SOS programs are adaptive and flexible

- **SOS programs provide wrap-around, client-centred, trauma-informed, and harm reduction-oriented care**
- **Flexibility and adaptability of programs address the complex needs of clients' lives**
- **Relationships with prescribers and staff said to foster trust and a sense of safety**



We re-introduce to health care, we do full primary care, full social support. We really try to integrate ourselves into every part of our patients' lives and help with everything and anything that we can, **to really make a difference within their lives, based on their own goals and what they want.**

– ALLIED HEALTH PROVIDER

3. SOS programs improve health & access to healthcare

- **SOS programs rebuild trust with healthcare providers and encourage care-seeking**
- **Clients reported experiencing improvements in physical health, pain management, and medication adherence**
 - Reduced infections and complications related to drug use
 - Positive impact on mental health, including reduced social isolation and improved mood
- **Access to other health, social, and harm reduction services facilitated through SOS programs**



I got my eyes done, my dental's being done. I have a problem with my breathing, right, I have a peri-anal abscess, right, **problems from head to toe. Yet they work with me.**

– CLIENT

4. SOS programs improve client's quality of life

- **SOS programs improve clients' stability and social determinants of health. Participants reported:**
 - Increased stability – housing, food security – reported by participants
 - Having more money for other things – food, going out, computer, cell phone
 - A return to work, starting to work or volunteering
- **SOS programs lead to increased stability, improved relationships, and financial improvements**
 - Clients reported freedom from criminalized survival activities to obtain drugs
 - Clients spoke about positive change in self-perception and outlook on life



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

– CLIENT

5. Delivering SOS programs comes with challenges but it is rewarding

- **SOS programs face challenges with limited resources and high demand**
- **COVID-19 pandemic posed additional challenges:** limits on waiting room capacity, long wait times
- **Programs focused on highest-need clients, but it took longer to stabilize doses and address health needs**
- **Staff persist despite challenges, finding the work rewarding and impactful**



...really feeling a sense of control over their life as well as their bodies and their own health. Which I think **has been really rewarding to witness and to be able to support.**

– PHYSICIAN



Recommendations

from clients and service providers to improve SOS

1. Providing more options for safer supply

- **Demand for a wider range of medications as safe supply options**
 - Injectable hydromorphone, diacetylmorphine (heroin), fentanyl, stimulants, and benzodiazepines
- **Some clients expressed desire for access to prescription heroin**



Cause **my drug of choice would be heroin. If I could get heroin, I'd be happy.** I know it's got lots of legs and I enjoy the high. With the Dilaudids and stuff, it's a little bit different.

– CLIENT

2. Different ways of delivering safe supply

- **Alternative options for accessing opioids with known dose and strength needed**
 - Not everyone meets criteria for opioid use disorder or SOS program enrollment
 - Decriminalization/legalization of drugs and compassion clubs
- **Increasing accessibility to safer supply through different SOS program models**
 - Non-medicalized options for individuals with past trauma and distrust of medical institutions
 - Specific programming for women, pregnant, and parenting individuals



I would personally love it if we had a grassroots version of safe supply where people who use drugs were actually able to have access to legalized tested substances that they could use [...]. Like **not just decriminalization but actually talking about legalization in a nuanced way.**

– PHYSICIAN

3. The ongoing need for more housing

- **Safe housing essential for effective stabilization of individuals**
 - Lack of stable housing challenges client follow-up and engagement
- **Limited options in Toronto, London, and surrounding areas**
 - Few acceptable, accessible, and affordable housing options
- **Housing shortage hampers client connection and SOS program participation**



Within the limits of the city, we certainly have housing support workers, **we have housing finders. But we have no housing,** and the housing we have is wildly unaffordable.

– PHYSICIAN

4. Expanding the size and reach of the programs

- **Staffing expansion:**
 - More family doctors prescribing safer supply
 - Increased capacity and larger teams needed
 - Additional prescribers for leaves, after-hours care, and more clients
 - Administrative support for intake, follow-ups, and phone handling
- **Enhanced client support:**
 - Increased mental health support, including trauma counseling
 - Peer involvement for connections and navigation
- **Infrastructure and resources:**
 - Dedicated space for safer supply programs
 - More locations for wider coverage



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

– PHYSICIAN

5. Sustainability

- **Sustainability of SOS programs a concern**
 - High-need clients require extensive support and follow-ups
- **Expansion of SOS programs requires funding, political, and community support**
 - Financial support from various levels
 - Increased buy-in and support for safer supply programs
- **Advocacy and education needed for program expansion**
 - Peer advocacy amplifies knowledge and leadership of safer supply individuals
 - Advocacy with prescribers, regulatory bodies, and governments necessary

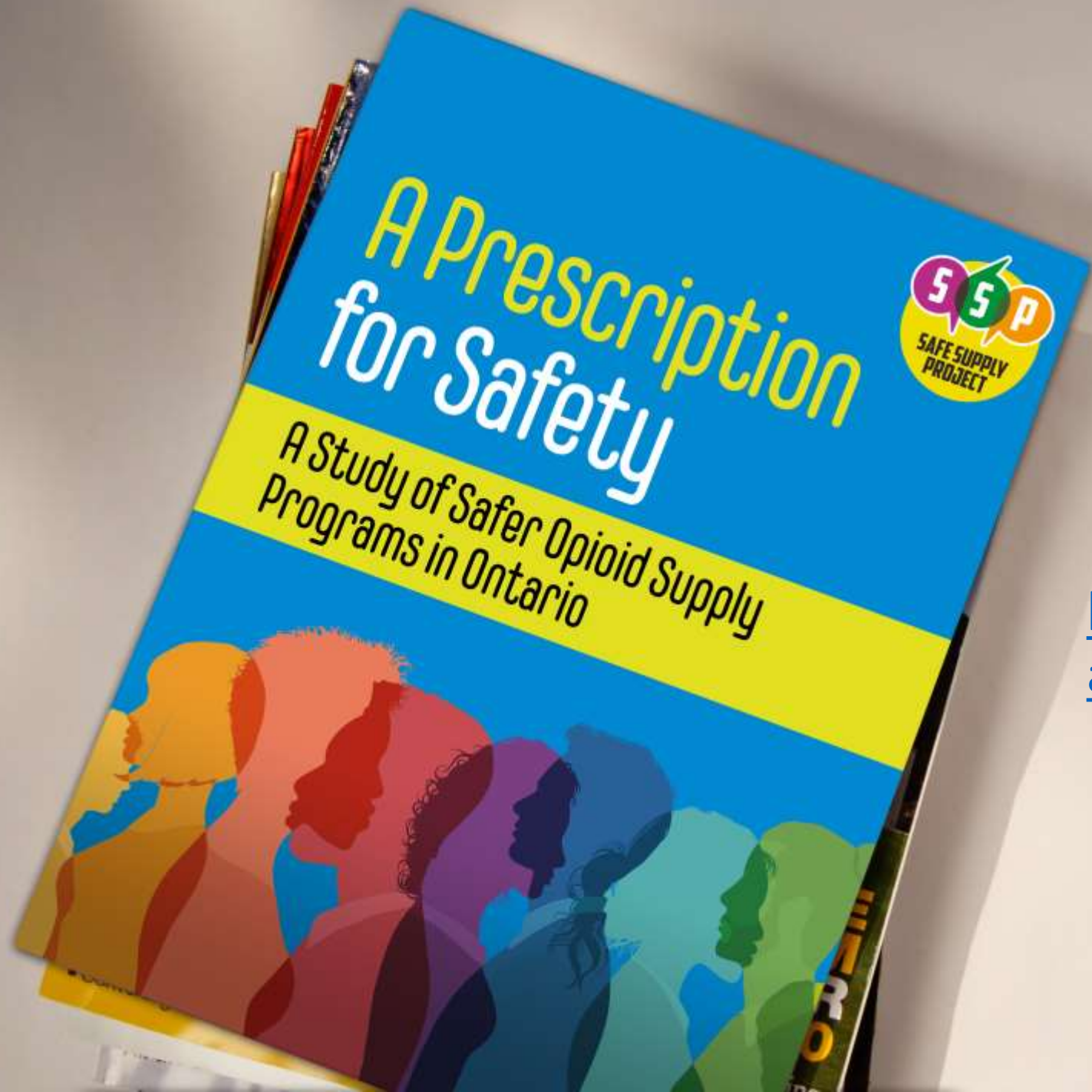


My only issue with this program is that it's not far-reaching enough. I feel so badly when I see people that aren't on the program that want to get in — that's my only concern.

– CLIENT



Additional Recommendations



Available Now!

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

Study Team

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Practice update since the study

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Questions?

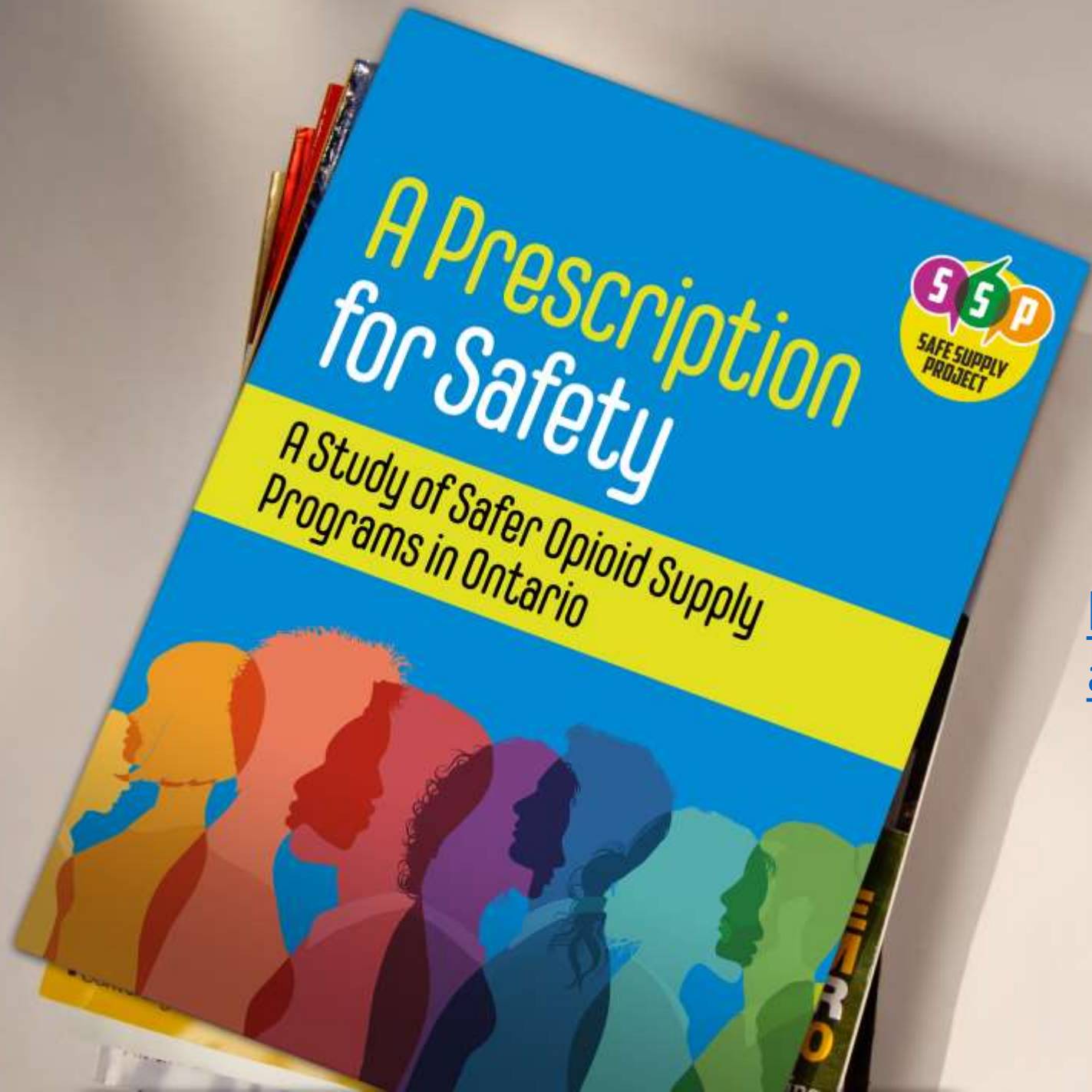


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