Building Capacity Among Prescribed Safe(r) Supply Providers

SAFER Knowledge, Translation & Exchange

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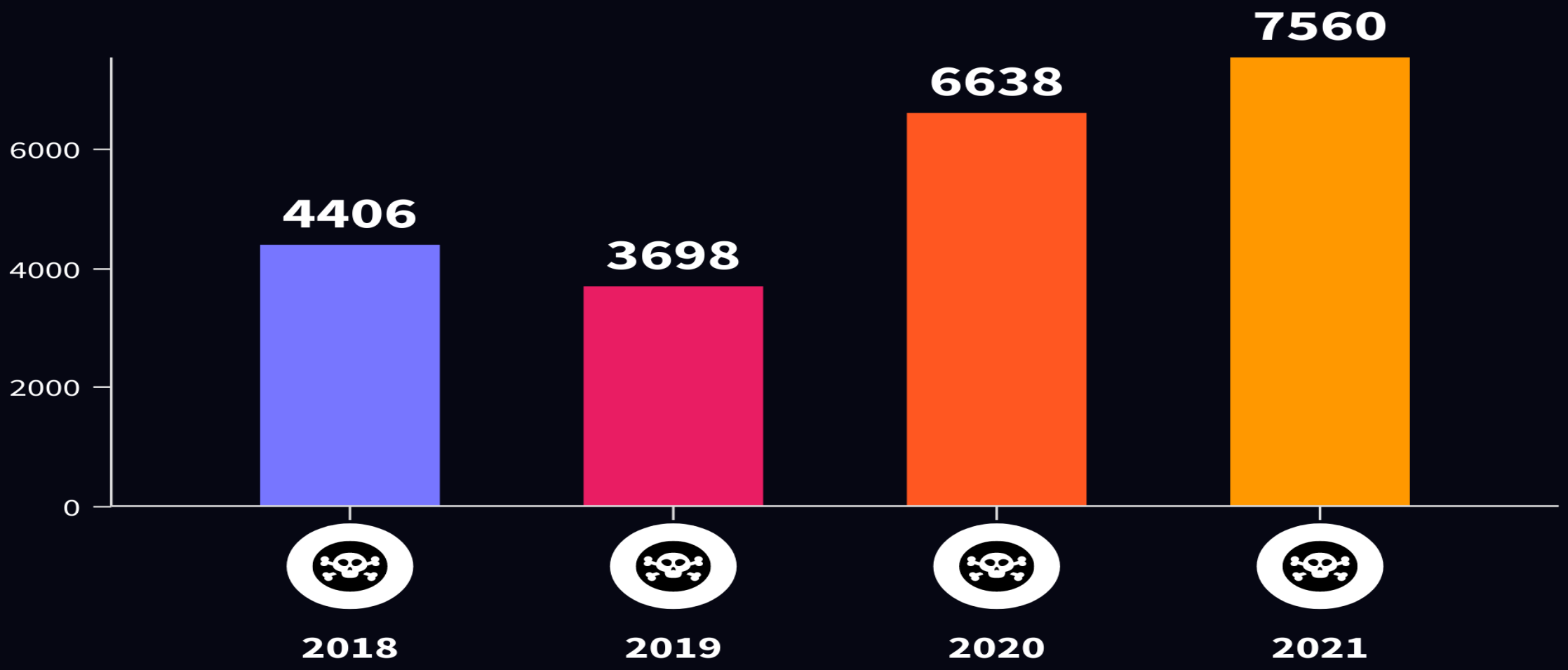
Land Acknowledgement

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.

Drug Poisonings in Canada



Outline

- **Victoria SAFER**
  - The history, team, and options at SAFER Vic
- **What we know about prescribed safe(r) supply**
  - The evidence and experience on prescribed safe(r) supply + how does that inform our work
- **SAFER KTE**
  - The star of today's show. What is SAFER KTE?
- **Q&A**
  - Discussion time!

A PRACTICE BRIEF

IMPLEMENTING THE VICTORIA SAFER INITIATIVE

Table 1-1 - Approaches to safer supply programs

	Models that can be implemented within existing legislative framework			Other models (out of scope)
	Traditional	**Enhanced**	**Flexible**	**Without prescriber oversight**
Target Population	People with substance use disorder who are seeking treatment.	People with substance use disorder, for whom traditional treatment has been unsuccessful.	People who use illegal substances, whose needs are not met by highly-structured models.	People who use opioids or stimulants.
Models	OAT; iOAT Multiple models.	Adapted iOAT/Tablet iOAT (TiOAT) for safer supply. Multiple options: 1. Comprehensive/dedicated (Crosstown) 2. Integrated/embedded (PHS, MOP); 3. Pharmacy model; Observed consumption. Lower threshold entry to iOAT model of safer supply. These may also include the prescription of regulated stimulants.	Daily dispensed; low threshold; self-titrated; observed and unobserved consumption; hub and spoke (rural areas). Already being done informally in private and primary care practices. Any proof of concept project that meets the requirements of appropriate prescriber involvement (e.g., a medical model) and permissible within the current regulatory and legislative frameworks.	Non-medicalized buyers clubs / compassion clubs.
Evidence	Adheres to current clinical guidelines.	iOAT as treatment has a strong evidence base; TiOAT as lower barrier treatment is being piloted. iOAT and TiOAT as safer supply models require further evaluation.	Requires pilot testing and evaluation to develop an evidence base.	
Characteristics	Medicalized; embedded in addiction treatment and primary care systems; uses contingency management.	Medicalized; embedded in addiction treatment and primary care systems; can require multiple visits a day for observed dosing; contingency management; wrap-around care.	Low threshold, harm reduction and public health informed approach. Embedded in primary care, SCS/OPS/CTS, or housing with pathways to health, social, and addiction treatment services.	Non-medicalized; public health approach.
Goals	Patient led goals: e.g. reduce/stabilize drug use, work towards abstinence.	Patient led goals around reducing illegal drug use or stabilizing use, if desired.	Reduce illegal drug use and related risks.	Provide safer supply of regulated drugs.
	Reduce risks of overdose and harms; Increase engagement with health, social services; provide primary care; reduce petty crime, sex work; reduce reliance on illegal market. Engage with highly marginalized/at risk people who typically do not access health and social services.			

SAFER SUPPLY CHECKLIST

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

Right dose and right drugs for me.

- [ ] A safe and non-toxic supply that is decriminalized and legal.
- [ ] Drugs that don't make you dependent or are too hard to get off.
- [ ] Drugs that are strong enough to eliminate use of street drugs.
- [ ] Options and choices of drugs are important (e.g. heroin, fentanyl, morphine, ketamine, cocaine, original methadone & cannabis).
- [ ] Drugs should be available in forms that are safe and suitable for both injecting and smoking.
- [ ] Right drugs in right dose for euphoria.

Safer supply and other services are accessible to me.

- [ ] Should be easily accessible without having to jump through a lot of hoops.
- [ ] Options that recreate the ritual.
- [ ] Shouldn't be limited to a 7-day script.
- [ ] Shouldn't require urine testing.
- [ ] Services like drug checking are available.
- [ ] Access to housing and other supports should be available.
- [ ] Police should not be present.

I can easily get my safer supply.

- [ ] Caring prescribers who understand dope.
- [ ] Medical care in a safe and therapeutic environment.
- [ ] I am trusted with a prescription.
- [ ] A personalized supply with carries (more than daily or weekly).
- [ ] Not getting cut off or having dosages dropped for missing days.
- [ ] Programs with peers who understand drugs.
- [ ] Mobile and outreach options.
- [ ] Consistent and stable medication delivery.
- [ ] Ensure care is available for opioid and stimulant users.

Safe, positive and welcoming spaces.

- [ ] Spaces should be free of stigma, judgements, and blame.
- [ ] I am not labeled as a drug user or with a disorder to get help.
- [ ] I feel welcome and nurtured.
- [ ] There are people you can talk to.
- [ ] People believe what you say.
- [ ] There are teams with peers on them.
- [ ] Physical spaces are available for smoking and injecting.
- [ ] Sites should be available 24/7.
- [ ] Access to optional mental health supports.
- [ ] Programs should not be short term.

I am treated with respect.

- [ ] I am treated with respect, trust and deserving of care.
- [ ] There are people who know me and understand what I am going through.
- [ ] People who are good at communicating and following through.
- [ ] A lot of different services are merged together.

Helps me function and improves my quality of life (as defined by me).

- [ ] Not having to do daily witnessing or pickups would improve quality of life.
- [ ] Access to more than suboxone would improve functionality.
- [ ] Something that helps deal with chronic pain.
- [ ] Something for those who use stimulants
- [ ] Alternatives that get the monkey off your back.
- [ ] Drugs that help you feel normal or allow you to function.
- [ ] Access to other treatment options and next steps.

From "Perspectives of People who use Drugs on Safer Supply: A concept mapping study." visit colabbc.ca for more info.

coLab · University of Victoria Canadian Institute for Substance Use Research · AVI.org where harm reduction works · safer · Solid Outreach Victoria BC

WHAT IS EFFECTIVE SAFER SUPPLY FROM A SERVICE-USER PERSPECTIVE?

University of Victoria Canadian Institute for Substance Use Research · AVI Health and Community Services where harm reduction works · Victoria safer initiative · Solid Outreach Victoria BC · coLab

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

The Safe Supply Continuum

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

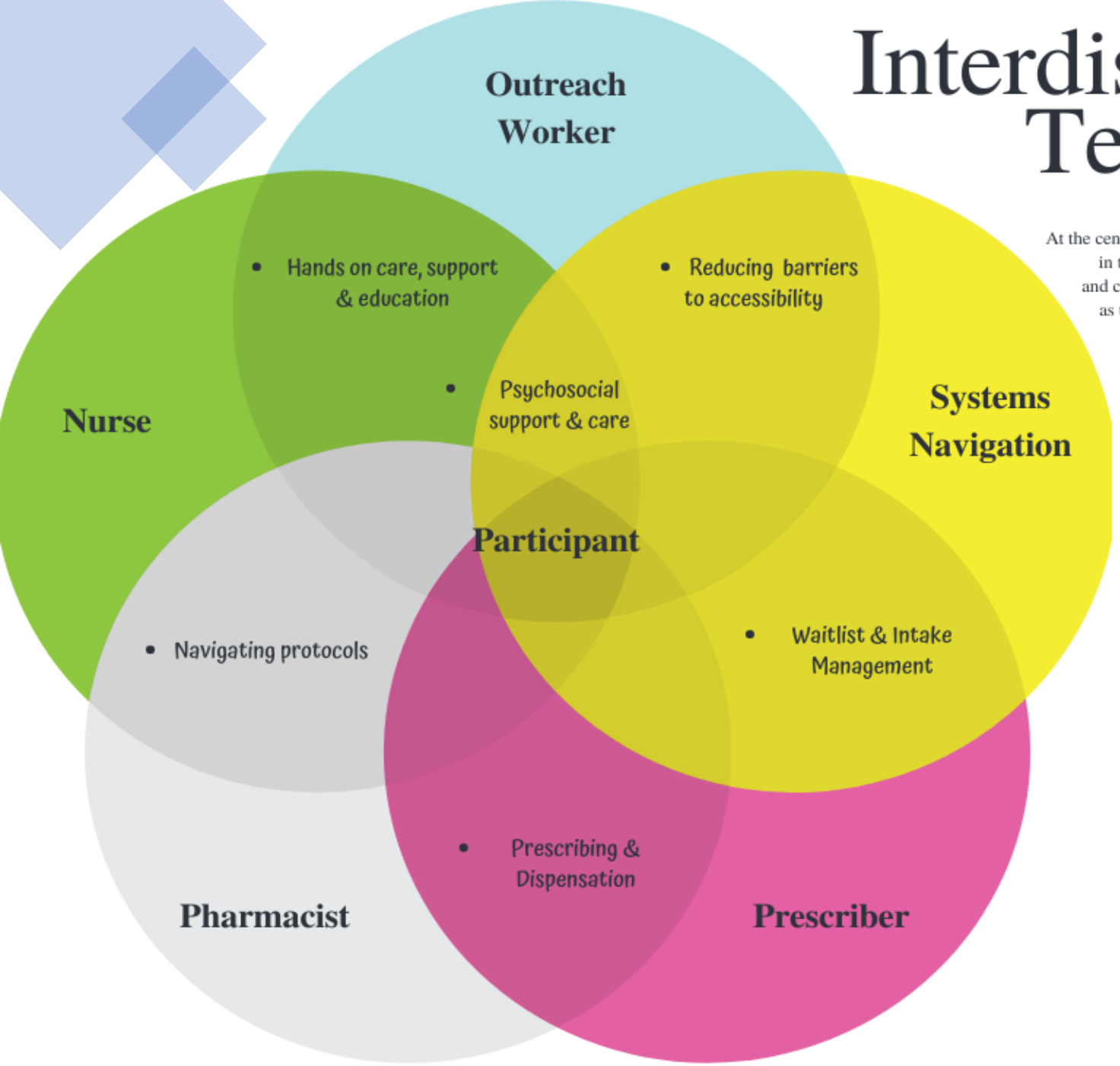
Benefits
- Targets the root cause of toxic drugs
- Lowest barrier options
- Competes with the unregulated drug supply
- Acknowledges the many reasons and ways people use drugs

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

Safe supply is only effective if it is accessible. There are many iterations and interpretations of a safe supply, ranging from medicalized settings, to regulated dispensaries. There is no single model that will supplant the toxic drug supply. Most people who need a safe supply, do not want or need medical care yet there have been zero investments in de-medicalized models for safe supply. **The answer is options that affirm and uplift the lives of people who use drugs.**

Interdisciplinary Team Roles

At the centre of a flexible model is the participant; every role in the program contributes to the assessment, support, and care planning of the participant, with the participant as the main driver of goals and priorities of their care.



Fentanyl Patch

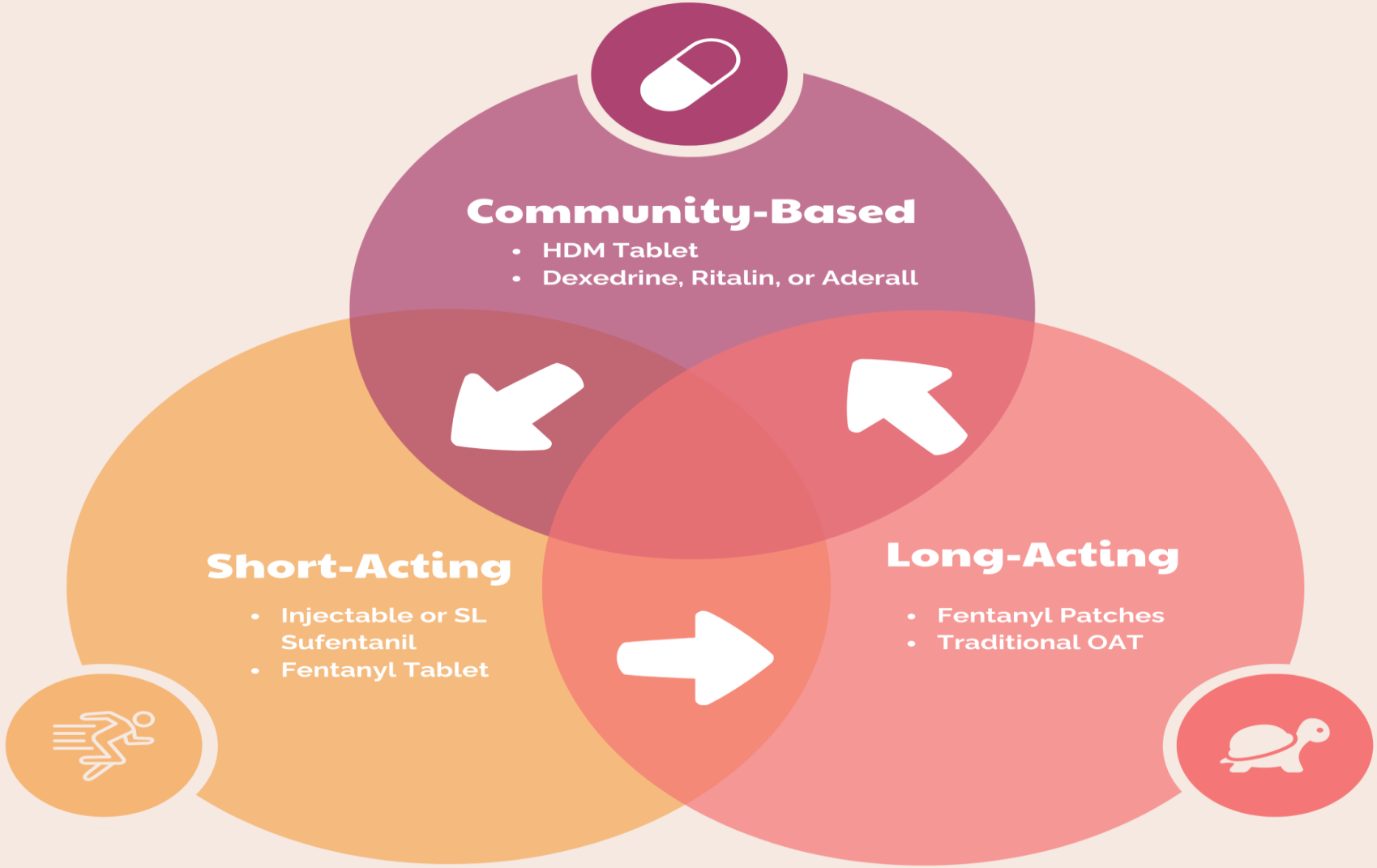
- Ideal candidates have long time opioid use and are not having needs met through OAT
- Chronic pain
- No upper limit; higher doses than traditional OAT
- Some degree of stability required; how will you determine this?
- Q48-72 hours patch change
- Skin condition, level of activity, housing
- Drug coverage and special authority before starting

Fentora

- Dissolvable effervescent tablet
- S/L or Buccal
- Contraindicated for injection
- Difficult to smoke
- Short-Intermediate Acting
- Typically BID for higher dose programming

Sufentanil

- **Short acting**
- **Hourly dosing prn**
- **Max 250mcg IV/SL QID**
- **Excellent engagement tool**
- **Weak legs**
- **Ideal intervention as prn within existing SCS/OPS**



What are the participant goals, needs, and preferences?

What do we know about Prescribed Safe(r) Supply?

- Implementing the Victoria SAFER Initiative
- A concept mapping study of service user design of safer supply as an alternative to the illicit drug market
- Clinical outcomes and health care costs among people entering a safer opioid supply program in Ontario
- Overdose Prevention and Housing: a Qualitative Study Examining Drug Use, Overdose Risk, and Access to Safer Supply in Permanent Supportive Housing in Vancouver, Canada
- Alternatives to the Toxic Drug Supply: An Ethical Analysis

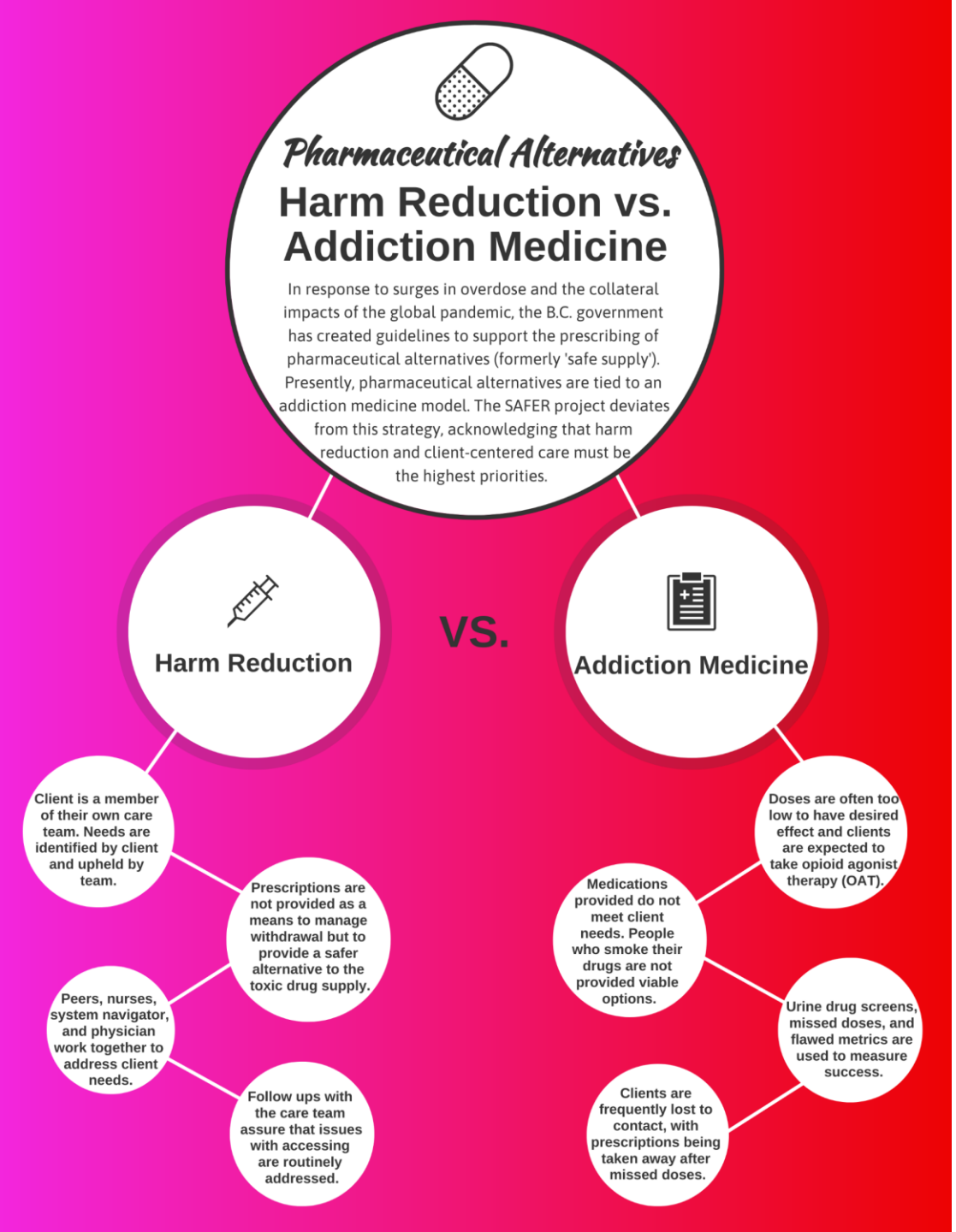
Outcomes @ SAFER Victoria – Summer 2022

75% of SAFER respondents reported that they have been able to reduce potential harms from substance use

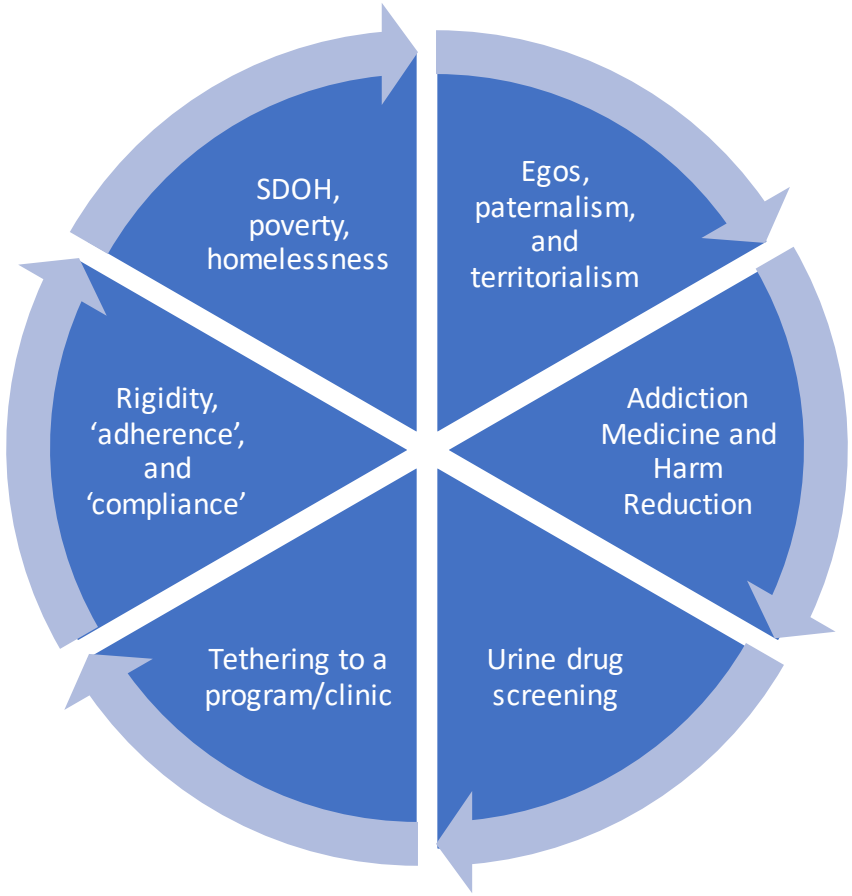
- 90% reported reduced use of unregulated supply

72% of SAFER respondents reported a positive social or health outcome enabled by SAFER support

- 86% reported improved mental health
- 83% report increased connection to healthcare
- 52% report healed wounds
- 66% report improved overall functioning
- 79% report increased connections to social supports



What are the barriers and potential harms of prescribed safe(r) supply?

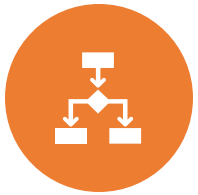


Unregulated Down vs Safe Supply

Credit: Substance (Vancouver Island Drug Checking Project), 2022
Ashley Larnder & Jarred Aasen

Features	Dilaudid 8mg	Fentanyl 3.9-14.8%	Fentanyl w/ Benzo
Average Dosing	12 tabs	5 pts	5 pts
Morphine Equivalence	384mg	1,950mg - 7,400mg	1,950mg - 7,400mg++
Onset/Peak/Duration	★★★☆☆	★☆☆☆☆	★★★★★
Route of consumption	No smoke	All routes	All routes
Self-Reported Satisfaction	★☆☆☆☆	★★★☆☆	★★☆☆☆
Overall Takeaway	The wrong drugs, at the wrong dose, in the wrong route, delivered through the wrong system is not a SAFE SUPPLY.		

Reducing the harms of medicalization



Prescribed safe(r) supply exists on a continuum that has not yet been fully realized

We must push for improved access, pharmaceutical options, and overall participant experience

We do so by reducing the harms of our own system

There are opportunities in every corner of your protocol, and in every interaction with participants

Done right, we can contribute to the rise of non-medical models

Top Learnings + Takeaways

- We are being outpaced by the unregulated supply
- Measures for success need to include self-reported benefits
- People who use(d) drugs are the experts of their own experiences and relationships with drugs
- Service delivery models that are flexible and lead with PWLLE are integral
- The provision of pharmaceutical alternatives through an addiction medicine lens is limiting reach and impact
- People who use drugs take care of each other. When drugs are shared, sold, or exchanged is often about community care
- Prescribed safe(r) supply should be coupled with equitable access to care and resources
- Participants engage better when working with other PWUD
- The secret ingredient is options

SAFER Knowledge Translation & Exchange

Meet the team

What we offer

Needs Assessment and Action Mapping

Trainings and Webinars

Resource Development

1:1 Consultation

Policy & Procedure Development/Revision

Community of Practice Drop-In

What are we doing right now?

- Formally supporting 3 other SUAP programs in the development/implementation phase in BC
- Establishing the KTE response team drop-in/collaborating with NSS-CoP to offer Q & A sessions
- Liaising 1:1 consultation requests
- Beginning support work with 2 SUAP programs in the development/implementation phase in Ontario
- Conceptualizing resource development
- Collaborative research

How do you participate?

- Email SAFERkte@gmail.com
- Complete a short needs assessment survey
- Collaborate on shared learnings + evaluation
- Follow up meeting and formalize partnership
- No cost
- As much or as little as needed
- Capacity considerations

Informed by

We would also like to thank Heather Hobbs, Meaghan Brown, the SAFER Victoria, the Portland Hotel Society, Vancouver Coastal Health, SAFER Vancouver, and Dr. Christy Sutherland for sharing their clinical guidance on safer supply prescribing and fentanyl programming.

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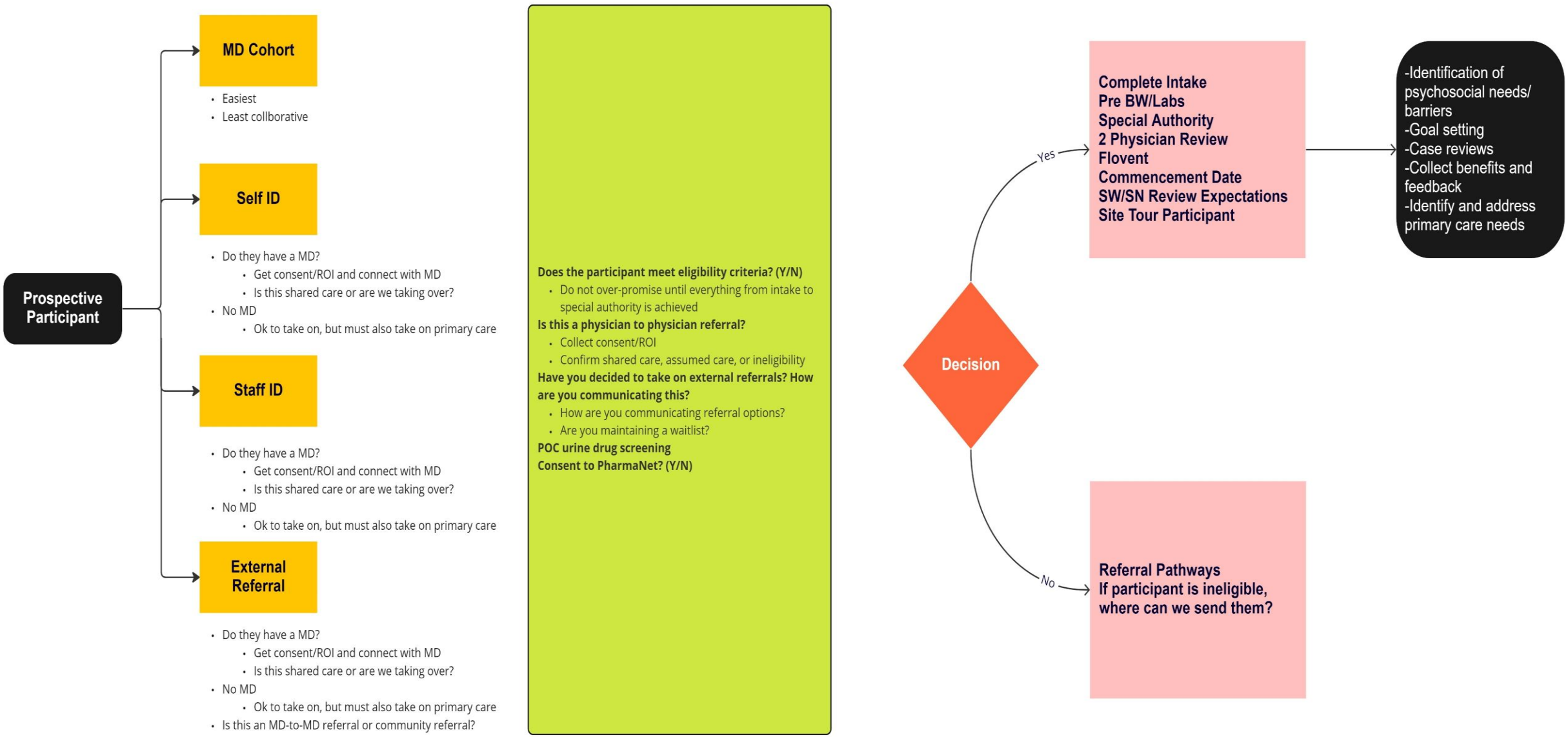
Identification Phase

Eligibility & Screening

Starting Program

Maintenace



Thank you

Reporting

Disclaimer

Contact us

Questions

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