SAFE SUPPLY PROJECT

A Prescription for Safety

A Study of Safer Opioid Supply Programs in Ontario

Acknowledgments

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Project Team

Ahmed Bayoumi
Anita Benoit
Laurel Challacombe
Marilou Gagnon
Adrian Guta
Jessica Hales
Kathleen Kenny
Nat Kaminski
Gillian Kolla
David Kryszajtys
Emmet O'Reilly
Melissa Perri
Nanky Rai
Katherine Rudzinski
Rose Schmidt
Andrea Sereda
Carol Strike

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Table of contents

Summary

Canada is experiencing a toxic drug poisoning crisis driven primarily by an unregulated drug supply made up mostly of fentanyl. Safer Opioid Supply (SOS) programs provides people at risk of overdose with a prescription pharmaceutical alternative to the dangerous unregulated drug supply. The goal of SOS is to prevent overdose deaths.

This report focuses on four Ontario SOS programs and presents key findings from interviews with clients, providers, and pharmacists. Our findings show that these programs save lives, improve health outcomes, and enhance client's quality of life. Based on the findings, we make recommendations to enhance SOS programs, including providing a wider range of safer supply options, exploring different delivery models, and addressing the ongoing need for stable housing.

Background

Canada is in the middle of an opioid overdose crisis—or what might be more accurately called a toxic drug poisoning crisis. In this report we use the term unregulated opioids to describe "street" or illegal drugs like heroin and more recently fentanyl.

Since 2016, the unregulated drug supply in Canada has become increasingly volatile and unpredictable, contributing to over 32,000 overdose* deaths [1]. The unregulated opioid supply now primarily consists of fentanyl, a highly potent synthetic opioid. It can also contain carfentanyl and unregulated benzodiazepines such as etizolam. In 2022, 85% of all overdose deaths involved fentanyl [2].

Safer opioid supply (SOS) programs have opened across Canada in response to the increasingly toxic unregulated drug supply that is killing so many people. SOS programs aim to provide safer options for people who want to continue using drugs while reducing the harms associated with drug use, such as the risk of overdosing and engaging in criminalized activity.

> **I was always afraid of getting up tomorrow with nothing. Every day was based on stealing, hustling, ripping people off, robbing people. [...] I feel wonderful because I don't have to do that any more.** –CLIENT

SOS programs achieve their goals by prescribing people who use drugs pharmaceutical alternatives to the toxic unregulated drug supply. SOS programs are often located in healthcare settings such as community health centres and provide wrap-around primary care services in addition to the safe supply prescription. SOS programs don't require clients to stop using other drugs to stay in the program [3].

This report presents findings from a research project designed to explore how four SOS programs in Ontario operate.

References

1. Government of Canada. *Opioid- and Stimulant-related Harms in Canada.* 2023; Available from: https://health-infobase.canada.ca/substance-related-harms/opioids-stimulants.
2. Special Advisory Committee on the Epidemic of Opioid Overdoses, *Opioid- and Stimulant-related Harms in Canada.* 2022, Public Health Agency of Canada: Ottawa.
3. Canadian Association of People who Use Drugs, *Safe Supply: Concept Document* 2019.

* Overdose refers to taking a toxic or lethal amount of a drug.

What is SOS?

Safer opioid supply (SOS) is based on harm reduction principles that aim to reduce the harms associated with drug use without asking people to stop using drugs.

In SOS programs in Ontario, physicians and nurse practitioners prescribe safer alternatives to the toxic and contaminated supply of unregulated opioids. Medications prescribed in SOS programs include short-acting hydromorphone tablets (Dilaudid) and long-acting opioids like slow-release oral morphine (Kadien) or methadone. Not all clients use the long-acting opioid, but many people on SOS feel that the maximum amount of hydromorphone they can take daily is not enough to help them completely manage opioid cravings and withdrawal symptoms. Sometimes other drugs are also prescribed.

Prescribed hydromorphone tablets are dispensed at a pharmacy of the client's choosing for them to take home and use as they like. The longer-acting opioid is also dispensed at the pharmacy every day, but it must be taken at the pharmacy and as the pharmacist watches.

Program Overview

This research project focused on one SOS program in London and three in Toronto.

In 2020, the Substance Use and Addiction Program at Health Canada provided temporary funding to these SOS programs. At the four programs we looked at in this study, family doctors and nurse practitioners prescribed SOS medication before receiving the funding. They now continue to prescribe these medications through a funded primary care approach.

In addition to the SOS medications, key components of these programs include wrap-around primary care and system navigation. This means that people who use drugs receive access to a wide range of health services and community support such as primary care, access to harm reduction supplies and help with applications for housing and other social services (e.g., help to get ID).

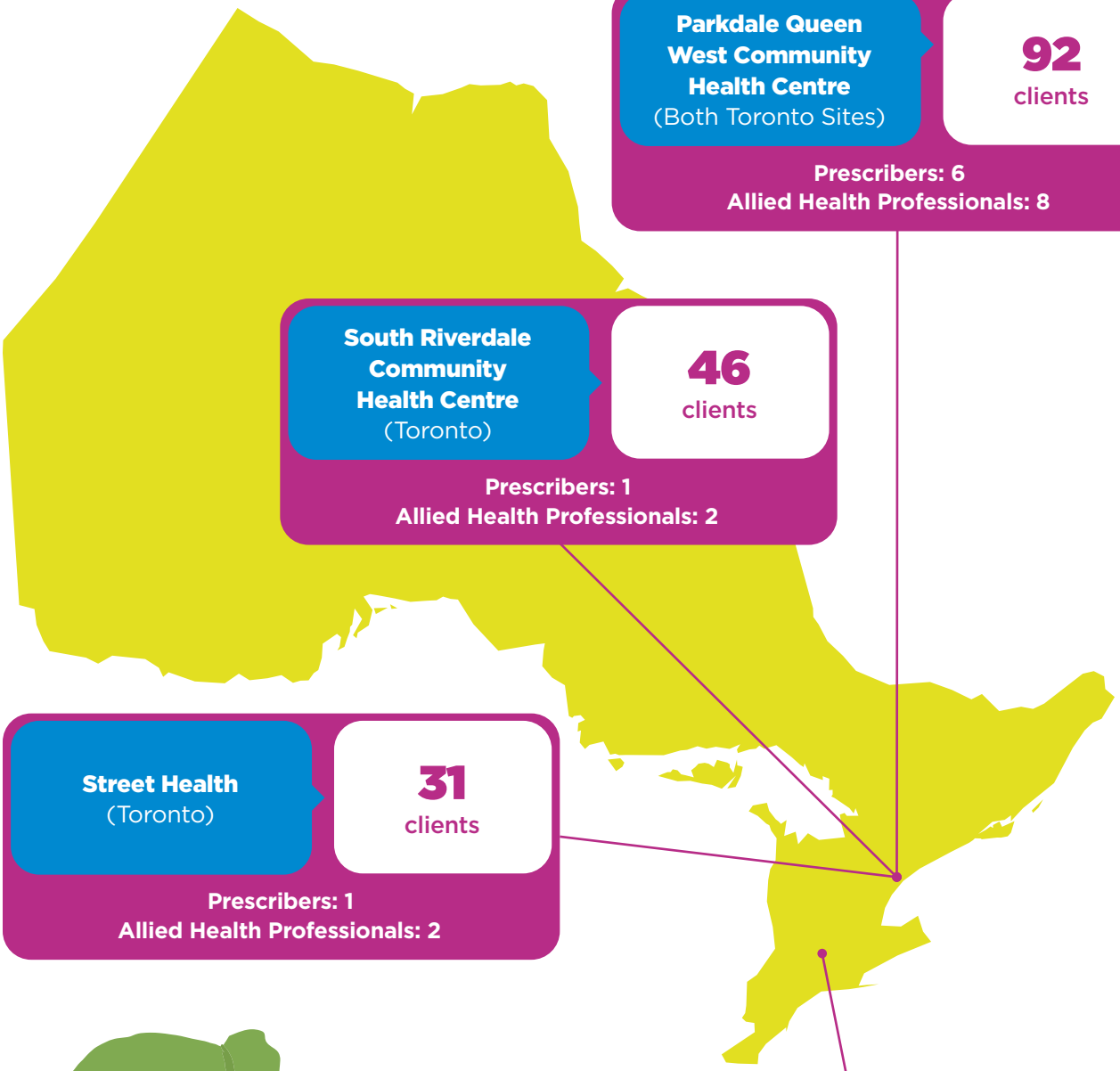
> **It's a dream. I have a normal life. I feel completely normal. It's replaced my life from being chaotic to being completely normalized** [...] **I have hope for the future. I'm thinking of going back to school** [...] **I'm returning back to who I think I should have been.** –CLIENT

Data Collection

To understand how these programs operate, we interviewed and surveyed clients, service providers (e.g., doctors, nurses, and community health workers) and pharmacists. We interviewed people in three ways: face-to-face, over the internet using Zoom, or on the phone. All interviews took place between February 2021 and October 2021.

We audio-recorded the interviews. The conversations lasted between 20 and 97 minutes, with the average being 37 minutes. Before talking to the study participants, we got their informed consent and permission to record the interviews. Clients who took part in the research were given $40 for their time. They could choose to get the money in cash or by email. Prescribers were not provided with an honorarium.

Program overview at-a-glance (in February/March 2021)



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

Snapshot of the Participants (Clients)

We interviewed 52 clients across four SOS programs in Ontario.

London InterCommunity Health Centre	PARKDALE QUEEN WEST Community Health Centre	South Riverdale COMMUNITY HEALTH CENTRE	StreetHealth
40% of total interviews	**30%** of total interviews	**20%** of total interviews	**10%** of total interviews

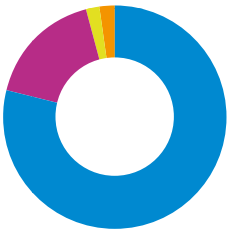
56% identified as men

44% identified as women

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

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

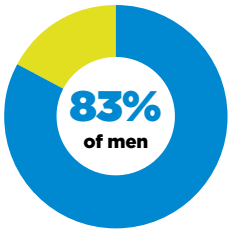
Ethnicity

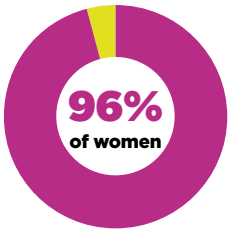


- White **79%**
- Indigenous **17%**
- Black **2%**
- Latino **2%**

Injection Behaviours by Gender

Percentage who said they had ever injected drugs for non-medical reasons

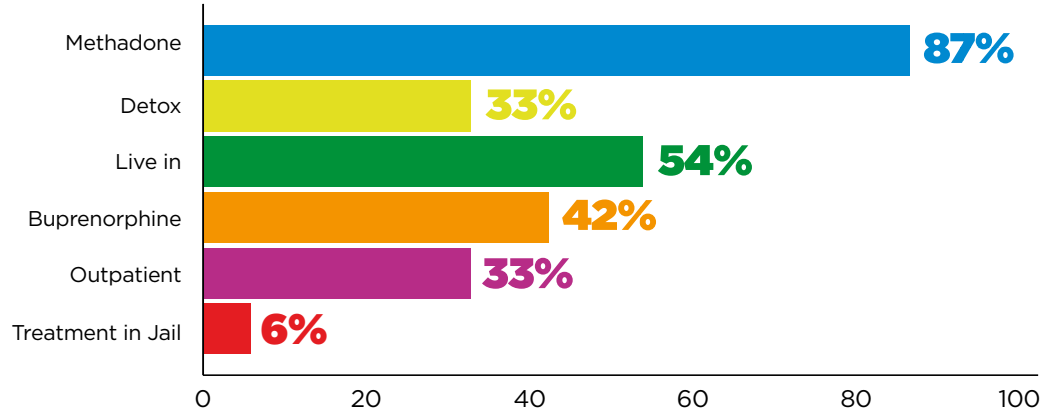




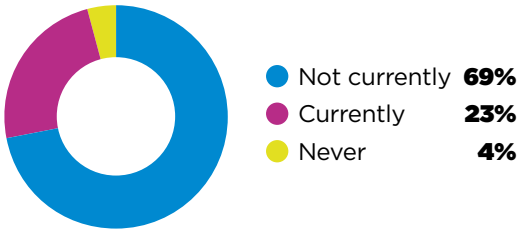
41% of men and 61% of women reported using an opioid other than their safer supply in the previous 30 days.

- There were seven clients who were HIV positive; all of whom were currently on medication and had undetectable viral loads
- 77% of clients had ever received a hepatitis C positive diagnosis
- 87% had been to jail or prison at least once; only three had been to jail or prison in the last year

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



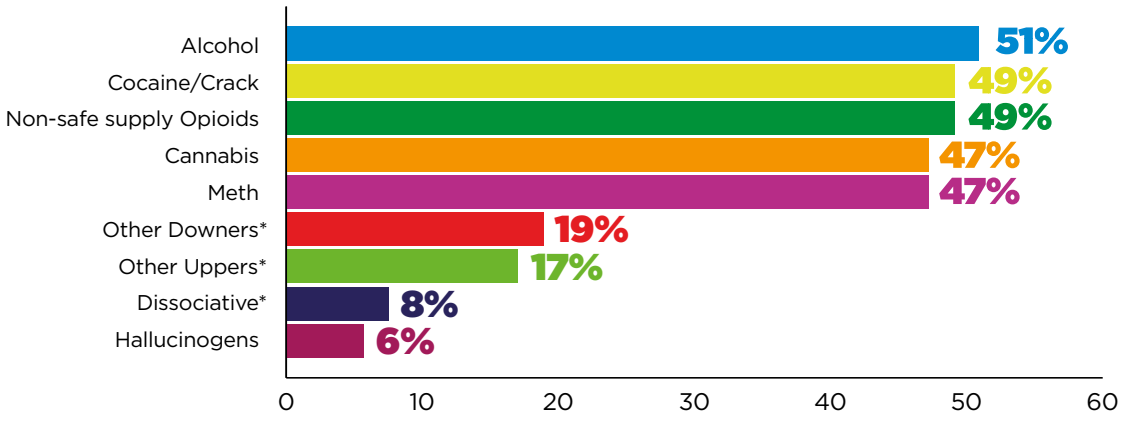
Use of Opioid Agonist Treatment*



*Such as methadone or buprenorphine

- Most clients lived in an apartment, house or condo they rented (35%), and another 25% were staying with friends and family.
- Seven clients reported using shelters, and another three said they were homeless and primarily slept outside, in an encampment, in an abandoned building or in their car.

Past 30-day drug use



*Other downers included Valium, Xanax, Ativan, Klonopin, Ambien, Sonata, phenobarbiral; other uppers included, speed, Ritalin, Dexedrine, Adderall, amphetamine; dissociative included PCP [angel dust], ketamine [K], GHB.

Snapshot of the Service Providers

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

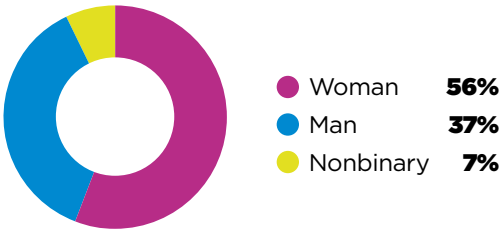
9
Prescribers*

7
Allied Health Professionals**

6
Pharmacists

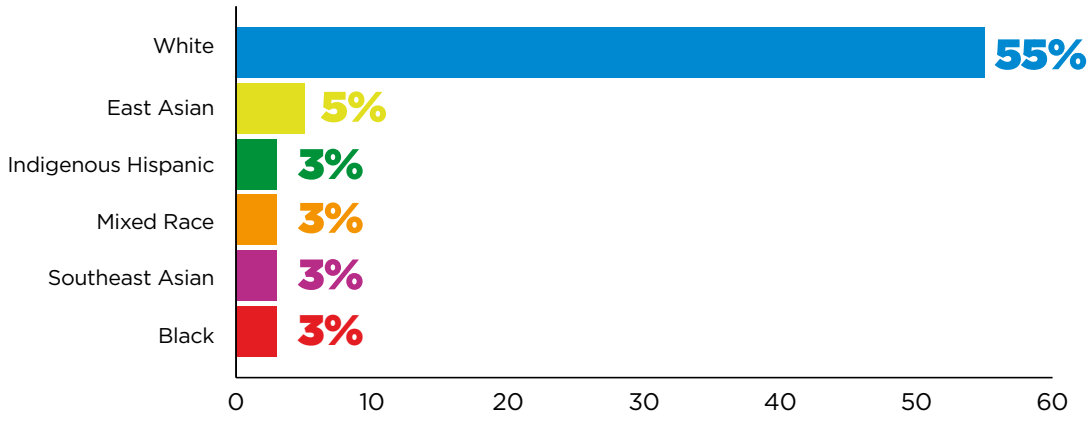
5
Registered Nurses

Over half identified as women



- 33% of service providers were between 35 and 40 years old
- 58% had 6-10 years of experience working with people who use drugs, and another 16% had more than 10 years of experience

Most service providers identified as White



* Nurse practitioners or physcians
** Community Health Worker, Systems Navigator, Outreach, Case Manager, Administrator

What we learned from the programs

We identified five takeaway messages or themes from our interviews with clients and service providers, including:

1. **SOS Programs save lives**
2. **SOS programs are adaptive and flexible**
3. **SOS programs improve health and access to healthcare**
4. **SOS programs improve client's quality of life**
5. **Delivering SOS programs comes with challenges but it is rewarding**

We explore each of these in the pages to follow and conclude with some recommendations for the operation and future of SOS.

Finding #1:

SOS Programs Save Lives

Many clients of the SOS programs reported fewer overdoses and credited the programs with saving their lives. Before joining a program, most clients had experienced multiple and frequent overdoses. However, since starting the SOS program, they either did not overdose or overdosed less frequently.

> Well, **I don't chase drugs as much anymore,** and **I'm not dead.** –CLIENT

Clients said they felt less fearful and anxious knowing the potency and quality of their prescribed opioids because it reduced their risk of overdosing. Steady access to a safer supply of opioids also helped participants manage withdrawal symptoms.

Being prescribed a safer supply of opioids also changed the way participants used opioids. Some clients switched to only or mostly swallowing their drugs instead of injecting.

> 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

> **Some people stopping doing injections completely and just taking the Dilaudid orally.** And there were some people who are just using the long-acting, so Kadian or methadone or suboxone. –RN

Some clients also reported a reduction in the frequency or quantity of unregulated drugs they used. While some participants reduced their use of unregulated drugs, others stopped using altogether.

> **I haven't touched fentanyl in a long time,** I've just been doing my script [prescription opioids]. –CLIENT

Finding #2:

SOS Programs are Adaptive and Flexible

The SOS programs included in this study focused on providing client-centred, trauma-informed, and harm reduction-oriented wrap-around care. The programs were flexible, and clients were the drivers of their own care plans. By being flexible and adaptive, the programs could better account for the complex needs in clients' lives.

Across the programs, service providers told us that prescribing opioids is important and reduces overdose. They also told us that the relationships clients built with the prescribers and staff allowed them to feel safe enough to trust in healthcare and social support again. Clients felt that caring service providers and relationships built on mutual respect were key to the program's success.

There were differences in how the programs operated. Some had larger teams and access to a wide range of services in-house, whereas others had smaller teams and relied on other organizations to provide some services for clients. However, across the programs, key approaches were used:

Client-Centred

At intake, clients' opioid, other health and psycho-social-economic needs were assessed. The program is geared toward those at the highest risk of drug-related harms, and the clients often faced other challenges in their lives beyond their risk of overdose.

The programs are designed to address the needs clients identify, and the program acts as an engagement tool to bring people into healthcare and social services.

> **They meet with our systems navigator. She sits down with folks and tries to gather medical history, medication history, hospital records, and she tries to get a full picture of where these people have been, where they're at, what their needs are, what their goals are. And we go from there.** –ALLIED HEALTH PROVIDER

Wrap-Around Care

The wrap-around care model was designed to be flexible and adaptive so that it could be tailored based on what the client identified they needed or wanted. System navigation was used to help people access other services and stay in the program. The system navigators acted as a link to resources and provided practical support, including informal counselling.

> 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

Trauma-Informed

Many clients of these programs have experienced multiple violent or traumatic events and encountered traumatizing systems in their lives. The programs work from a trauma-informed lens to understand the impacts these events can have on the client's lives. The programs actively avoid re-traumatizing clients as part of the care plan. For example, using a collaborative model mean that providers can speak to one another, so the client isn't responsible for repeating their traumatic stories with someone else to get the support they need.

> **I've been pretty discriminated against** in every health care setting I've been in [...] **but I've never been treated that way here.** –CLIENT

Harm Reduction-Oriented

These programs use a harm reduction approach, which means the goal isn't to make clients stop using drugs altogether, but to help them use drugs more safely. Programs helped clients to reduce their use if they identified that as a goal.

Using drugs to feel good and injecting drugs are allowed in these program. When urine drug screening is used in the program, it's not meant to punish clients. When a client enrols in a program, all are asked to provide a urine sample that is tested to confirm they use opioids. After enrolment, urine drug testing happens on a flexible schedule, results are shared with clients and they may be used to guide care.

> I talk about which medications we typically prescribe. I spend a lot of time talking about the Dilaudid pills and the way that they can be used [...]. We talk a lot about why it's important to take the Kadian orally. We go through some **harm reduction advice around the safest way to use the pills IV [intravenous injection] if folks are using the pills IV.** We talk a lot about their goals of care. –NURSE PRACTITIONER

Finding #3:

SOS Programs Improve Health and Access to Health Care

The SOS programs helped clients to rebuild trust with healthcare providers and encouraged them to get care for their health problems. Many people who use drugs have had negative experiences with health care and substance use treatment services. These negative experiences can be heightened for people with multiple intersecting identities including women and gender diverse people, Indigenous people, people with disabilities and members African, Caribbean and Black Community.

By meeting the needs of the clients, honouring the value of their lives and their dignity, and demonstrating care for their wellbeing by using the principles of client-centred care, trauma informed practice and harm reduction, the SOS programs helped build trust and re-engage people with the healthcare system.

> 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

Overall, many clients said they were healthier now that they were in the program. Clients' reported improvements to their physical health including:

- Better pain management
- Being better able to stick to taking medications for conditions like diabetes and HIV
- Reduced infections and injection-related complications (e.g., abscesses and endocarditis)
- Completing long-outstanding tests for health problems or risks (e.g., MRIs and mammograms)
- Better sleep, improved mobility, more energy and increased ability to do meaningful activities

> We do have a lot of folks that tend to start limiting their intravenous drug use – which is great, because **the more they use orally, the less they're shooting up, the lower the risk for HIV infections, abscess,** you **name it.** –ALLIED HEALTH PROVIDER

> **One of the pharmacies I was with was giving my daily meds for my cholesterol, my diabetes at the same time...** –CLIENT

Clients also reported a positive impact of the program on their mental health including reduced social isolation, less stress, fear and worry, and an improved mood.

> **... it's given me a better outlook on life,** not depressed all the time. –CLIENT

The programs also helped clients access other health, social, and harm-reduction services like HIV testing, dental care and safe consumption sites.

Finding #4:

SOS Programs Improve Clients' Quality of Life

The SOS programs helped improve clients' stability and lead to improvements in their social determinants of health.

> I don't have to worry so much about where [...] I'm going to get that pill. The **crime for me went down a lot** still, the **prostitution went down.** Just impacted **feeling secure and knowing that you're not going to be sick every day.** –CLIENT

Most clients described that before the SOS program, they were stuck in a cycle. They had to do survival activities that are criminalized (e.g., Sex work, stealing) to get money for drugs, look for fentanyl or other drugs, use the drugs and then go back to making money.

This cycle of drug use made it hard to work towards other goals and take part in other life activities. For some clients, being on the SOS program meant they experience less violence associated with survival activities.

Most clients said that the program helped improve their personal finances because they no longer needed to spend all their money on unregulated drugs.

> **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

Clients described that the SOS programs led to:

- Increased stability – housing, food security
- Improved relationships with friends and family
- Not having to do things for money they didn't want to do
- Having more money for other things – food, going out, computer, cell phone, making plans
- A return to work, starting to work or volunteering

Access to these program also helped to meet client's needs by providing services like meals and grocery vouchers.

> **I can buy food with my money.** And before I wasn't able to. **All my money would go on the drugs.** –CLIENT

For many clients, being on the program changed how they viewed themselves and improved their outlook on life. For example, being able to actively participate in their life made them feel more responsible.

Many clients hoped the increased financial stability from being in the SOS program and with the support of the wrap-around care they would be able to find secure and stable housing. However, many described how hard it was to find housing in Toronto and London.

Finding #5:

Delivering SOS programs comes with challenges but it is rewarding

The SOS programs faced many challenges—they are small programs trying to address big and complex problems, and a lot of people are in need of support.

The two smallest programs only had three staff: a prescriber, a nurse, and a community health worker. But even the larger programs struggled to meet the demand for services.

> **We are saying no to a lot of people who are in real danger. That's the challenge of being a limited program in a huge sea of need [...] It's causing a lot of personal and moral harm [...] It's just a trap, to have to turn people away who desperately need the program.**
> –NURSE PRACTITIONER

The small number of staff also made it difficult to handle absences like sick leave. The staff worked to compensate for these challenges, which led to burnout.

During the COVID-19 pandemic, there was increased opioid-related harms and deaths, and higher demand for these programs. **The public health strategies put in place to reduce transmission of COVID-19, caused problems for the programs including:**

- Limits on the number of people in waiting rooms
- Long wait times and limited capacity to enrol new clients
- Enrolling people who were started on SOS elsewhere, such as COVID-19 isolation hotels, and making wait times longer for other people wanting to get into the programs.

Programs tried to manage the increased demand by:

- Focusing on the highest need clients
- Removing wait lists and focusing on same-day admissions
- Not taking phone admissions and using outreach models to find new clients

> So, we intake currently just what **we prioritize to be most urgent and at-risk folks, especially women that are pregnant, have had a lot of recent O.D.s, have especially many other complex health concerns.** –ALLIED HEALTH PROVIDER

But by only focusing on the highest-need clients, it took longer to stabilize the clients' doses and address their many health needs. As a result, programs took longer to have the capacity to enrol new clients. While waiting to be enrolled in a program, there is the potential that people might overdose, become higher risk, or have higher needs if they are eventually accepted into a program.

Despite the challenges, these staff persisted and were able to stabilize clients on safer supply. Staff described the work as very rewarding. They observed how the programs really helped people who use drugs, and they were proud of their role in these changes.

> **...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

Our research showed that taking part in these programs not only saved people's lives but also made their lives more stable and gave them more opportunities to access healthcare. Together, these led to better health and well-being for people who use opioids.

Clients and service providers suggested changes or additions to the existing SOS programs, including:

1. **Providing more options for safer supply**
2. **Different ways of delivering safe supply**
3. **The ongoing need for more housing**
4. **Expanding the size and reach of the programs**
5. **Sustainability**

Recommendation #1:

Providing more options for safer supply

Currently, safer supply in Ontario consists primarily of prescription hydromorphone tablets (Dilaudid). We heard from many service providers and clients that they wanted to see more medications available to be prescribed as safer supply. The options included injectable hydromorphone,* diacetylmorphine (heroin) and fentanyl, as well as stimulants and benzodiazepines.

> **It would be great if it was expanded to what medications could be offered on safer supply.** This would be useful for people, who hydromorphone doesn't work for them. Just having access to different options would be really great. –REGISTERED NURSE

A lot of clients wanted to have access to prescription heroin. Some clients described how different the current unregulated supply of opioids is now, compared to when it was mostly heroin. They described the current supply as stronger, more unpredictable, and contaminated with other drugs like benzodiazepines and things that shouldn't be injected.

> 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

* Note: although clients were prescribed a tablet form of hydromorphone, many prepared these tablets for injection.

Recommendation #2:

Different ways of delivering safe supply

There is a need for other options to access opioids with a known dose and strength that are not medically controlled, such the decriminalization/legalization of drugs and compassion clubs. These options could further lower the risk of opioid overdoses because not everyone who is at risk or dies from a toxic drug poisoning meets the criteria for opioid use disorder or for SOS program enrollment.

Different models of SOS could also increase accessibility to safer supply. Non-medicalized options would be particularly useful for people with past trauma and distrust of medicalized institutions, and among people from communities historically harmed by medical systems including Indigenous people. Women, pregnant and parenting people may also require specific programing.

> **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

Recommendation #3:

The ongoing need for more housing

Housing is an important determinant of health. It is easier to stabilize someone when they have a safe and stable place to live. The lack of stable housing also makes it challenging to follow up with clients and for clients to remain engaged with the program.

While the programs have system navigators to assist clients in finding housing, it was recognized that there are limited options available in Toronto and London and in surrounding communities. There were even fewer housing options that are acceptable, accessible and affordable.

This shortage of housing and shelter options made it difficult to connect clients with the resources they need to stabilize their living situation, which in turn impeded their ability to participate fully in the SOS programs and access the services they require.

> **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

Recommendation #4:

Expanding the size and reach of the programs

The programs described in this report had a small number of staff. Service providers discussed multiple ways that the size and reach of the program could be expanded, including more family doctors prescribing safer supply in their practices.

Increased capacity and larger teams are also needed to expand the programs. More prescribers are needed to cover staff leaves and after-hours care and to be able to accept more clients. Administrative support is needed to answer phones and handle intake and follow-ups. There is also a need for more mental health support for clients, including trauma counselling. More peer involvement could help facilitate connections and increase service navigation.

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

In addition to staff, more space designated only for safer supply programs and more locations for SOS programs are necessary to deliver these programs and to cover a wider range of geographical regions.

Recommendation #5:
Sustainability

Programs were highly valued by those delivering and receiving services and they demonstrated positive outcomes. However, the sustainability of SOS programs remains a concern.

> **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

The clients who are accepted into these programs are in high-need and required a lot of support through follow-ups. This placed significant demands on the program's resources, especially in building and maintaining client relationships. Service providers are concerned that the current programs are not sustainable. They recommended increased funding for more staff to avoid burnout and turnover.

Expanding SOS programs requires funding as well as political and community support. More advocacy and education are needed to create an environment that supports the expansion of these programs. Peer advocacy can help amplify the knowledge and leadership of people who are on safer supply. Advocacy with prescribers and other regulatory bodies and governments at multiple levels to financially support these programs can increase their buy-in and support for safer supply programs.

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Graphic Design: Ryan White, R.G.D.