

# Safer Supply Ottawa Evaluation

Spring 2023 Report

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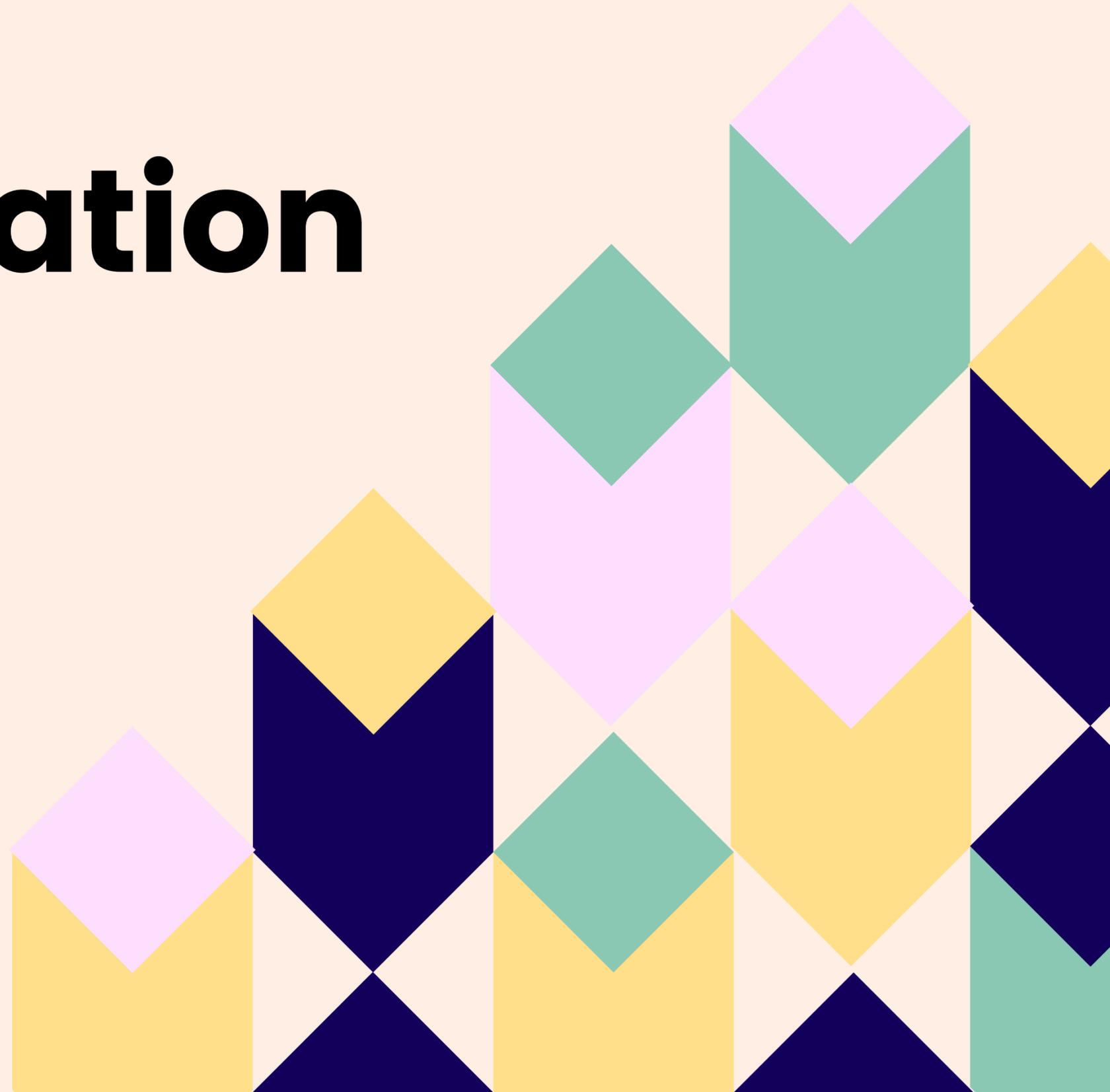
University of Ottawa

Faculty of Health Sciences

School of Nursing



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# Presentation Overview

Background

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Safer Stimulant Program  
Information

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Safer Stimulant Chart  
Reviews

# Background

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- Drug overdose/poisoning crisis in Canada continues to worsen
- 20 deaths each day in 2022<sup>1</sup>
- Over 80% of opioid toxicity deaths involving fentanyl in 2022<sup>1</sup>
- Drug checking results give insight into the worsening state of the toxic illicit drug supply<sup>2</sup>
- People who use drugs (PWUD) continue to be extremely marginalized and stigmatized
- Safer Supply programs seek to reduce harms related to the toxic illicit drug supply by providing PWUD with pharmaceutical-grade prescription medication<sup>3</sup>

# Drug Use Trends

- Polysubstance use has become increasingly common<sup>1</sup>
- In Ontario, stimulants played a direct role in nearly 60% of opioid-related deaths during the COVID-19 pandemic<sup>4</sup>
- Individuals who use stimulants have very few evidence-based resources available to them<sup>5</sup>

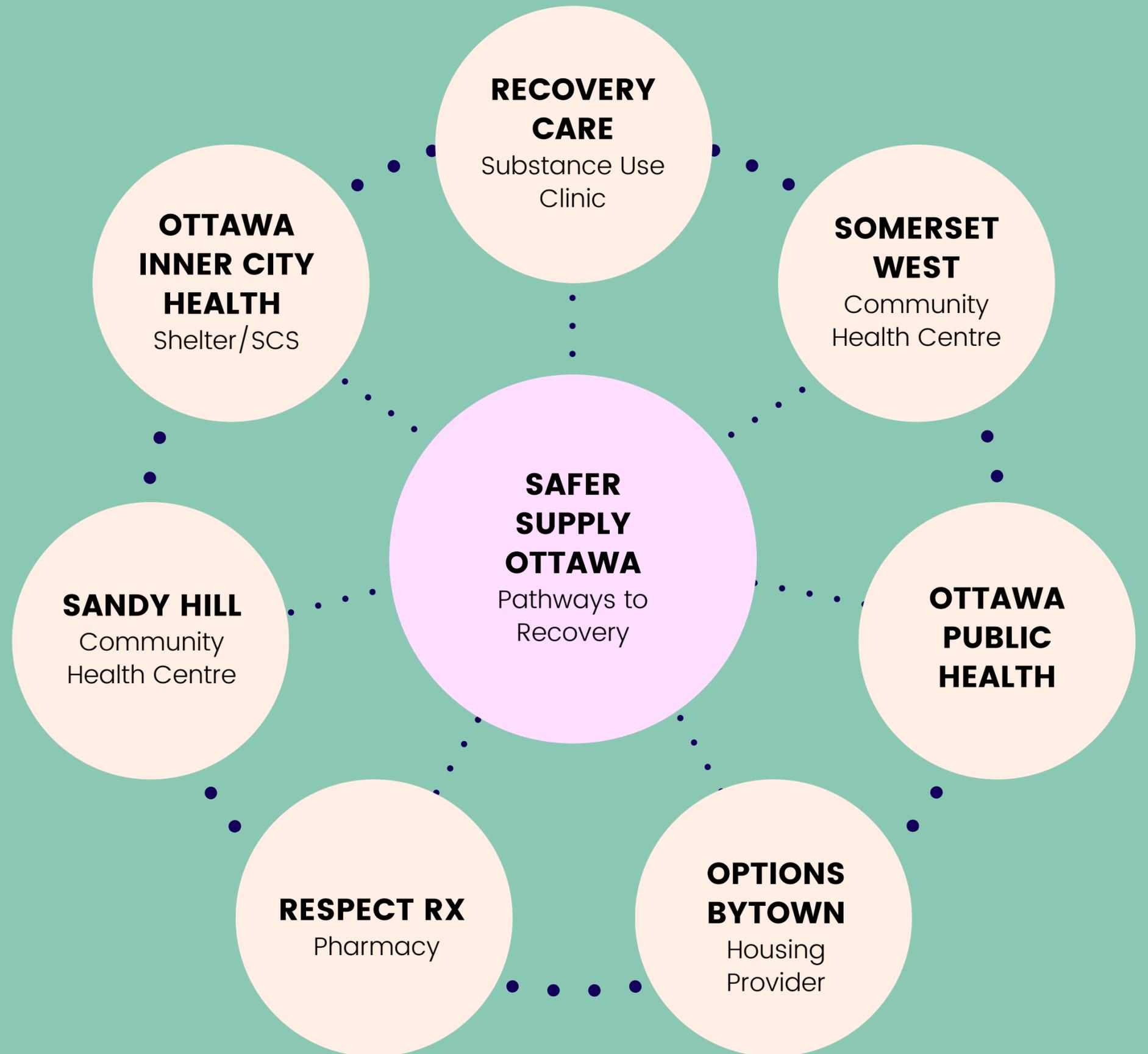
**53%**

of opioid-related deaths also involved a stimulant drug.

**78%**

of stimulant-related deaths also involved an opioid drug.

# Program Overview



# PHILOSOPHY of care

- Developing program objectives dependent on individual participant goals
- Considering PWUD as partners in their care and recognizing their expertise
- Seeking to provide a trauma-informed approach to care
- Programs will always be evolving and are committed to lifelong learning
- Working towards de-medicalization of Safer Supply

- Advocating for drug decriminalization and legalization
- Believing that everyone has a right to safety and impactful care
- Basing services and programs in a harm reduction approach
- Recognizing that PWUD are harmed by structural violence within healthcare systems
- Demonstrating a willingness to being wrong and correcting our mistakes
- Providing low barrier access to substance use care
- Developing care plans from a non-punitive, collaborative approach

# Safer Stimulant Supply

## Clinical Program Information

- A small number of Safer Stimulant Supply pilot programs have been implemented in communities, including Ottawa<sup>6</sup>
- Safer Stimulant Supply programs are based in harm reduction
  - Not a form of treatment – instead, programs seek to provide a replacement for the toxic illicit stimulant supply (e.g., crystal meth, crack cocaine, etc.)
- Short- and/or long-acting prescription stimulant medication is used
  - Most commonly, methylphenidate immediate-release (IR) 10mg tablets and methylphenidate long-acting (LA) capsules
- LA capsules witnessed at pharmacy, IR tablets dispensed daily
  - Methylphenidate IR 10mg tablets taken via their preferred route of administration (e.g., oral, injection, etc.) for harm reduction

# Program Intake

- Detailed clinical intake completed with the participant and their care team
- Medications being prescribed are explained to the participant (e.g., medication use, dosage, side effects, adverse reactions, etc.)
- Baseline vital signs, an ECG, and blood work are completed

Goals for Safer Stimulant Supply programs are created and implemented by the participant and their care team. However, some common goals include:

- Decreased or discontinued illicit stimulant use
- Decreased risk of drug-induced psychosis
- Decreased risk of cardiovascular morbidity due to illicit stimulant use
- Decreased risk of infectious disease transmission
- Decreased participation in criminalized behaviours
- Improved mental and physical health

**Decisions regarding stimulant medication prescriptions are tailored to the individual needs of each participant by their prescriber. Below are commonly utilized prescription guidelines within the Ottawa Safer Stimulant Safer Supply programs.**

Long-acting medication

Methylphenidate LA:

- Initial dose 20-40mg PO daily
- Maximum dose 100mg PO daily
- Witnessed dosing

Dextroamphetamine sustained-release:

- Initial dose 10-20mg PO BID
- Maximum dose 40mg PO BID
- Witnessed dosing

Short-acting medication

Methylphenidate IR:

- 10mg tablets are most commonly used
- Initial dose 20-40mg (2-4 tablets)
- Titration: may increase by 20-40mg (2-4 tablets) each visit based on clinical assessments
- Maximum dose: 200mg daily
- Tablets are dispensed daily as a carry

\*Maximum overall (LA and IR) dose per day of Methylphenidate = 200mg/day\*

**INTAKE  
CRITERIA**

**Inclusion  
Criteria**

**Exclusion  
Criteria**

**Absolute  
Contraindications**

**Relative  
Contraindications**

## Inclusion Criteria

- Diagnosis of stimulant use disorder (DSM-5)
- Attempted and were not successful in contingency-based management, or have social and/or medical barriers to accessing traditionally recommended management

## Exclusion Criteria

# INTAKE CRITERIA

## Absolute Contraindications

## Relative Contraindications

## Inclusion Criteria

# INTAKE CRITERIA

## Exclusion Criteria

- Do not meet the criteria for stimulant use disorder and/or deemed not high risk
- Cannot consent for harm reduction approach
- Cannot consent to behavioural policies
- Unable to attend regular appointments

## Absolute Contraindications

## Relative Contraindications

# INTAKE CRITERIA

**Inclusion  
Criteria**

**Exclusion  
Criteria**

## **Absolute Contraindications**

- History of cardiac issues (e.g., MI, arrhythmia, etc.)
- History of thyrotoxicosis or pheochromocytoma
- Concurrent use of monoamine oxidase inhibitors
- Personal or family history of Tourette Syndrome
- Sensitivity to methylphenidate or any substance in the formulation

**Relative  
Contraindications**

**INTAKE  
CRITERIA**

**Inclusion  
Criteria**

**Exclusion  
Criteria**

**Absolute  
Contraindications**

**Relative  
Contraindications**

- History or development of aggression
- History or development of psychosis
- Weight loss

# Safer Stimulant Supply Chart Reviews

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## DATA COLLECTION

- Medical chart reviews of participants were completed
- Data extracted from program intake and check-in forms
- Data collection occurred in mid-February 2023
- In total, 28 participant profiles were included in this evaluation
  - Only participants actively engaged in a Safer Stimulant Supply program at the time of data collection were included

Of note, self-reported gender of women\* and men\* include both cis and transgender individuals. Given the small number of individuals who were transgender within these programs, gender was grouped this way to protect their privacy and confidentiality.

## DATA ANALYSIS

- Data are reported using descriptive statistics
  - Means and standard deviations for normally distributed variables
  - Medians and interquartile ranges for skewed variables
  - Proportions and percentages for categorical variables

A total of 28  
Safer Stimulant  
Supply  
participant  
medical charts  
were reviewed in  
mid-February  
2023.

## Participant Demographics (n= 28)

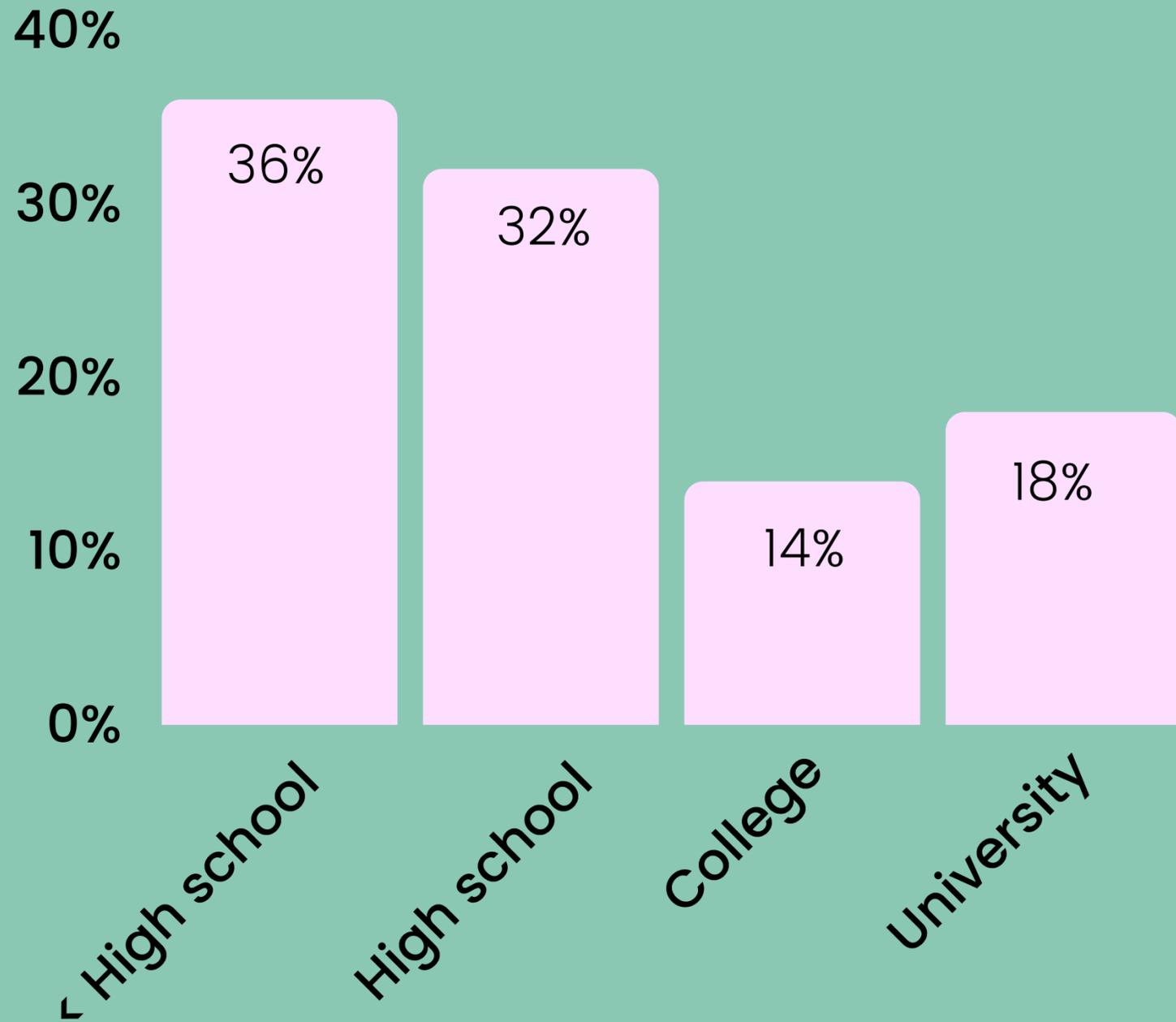
**37**

median  
participant age  
(years)

**9.5**

median # of  
months on  
program

# EDUCATION



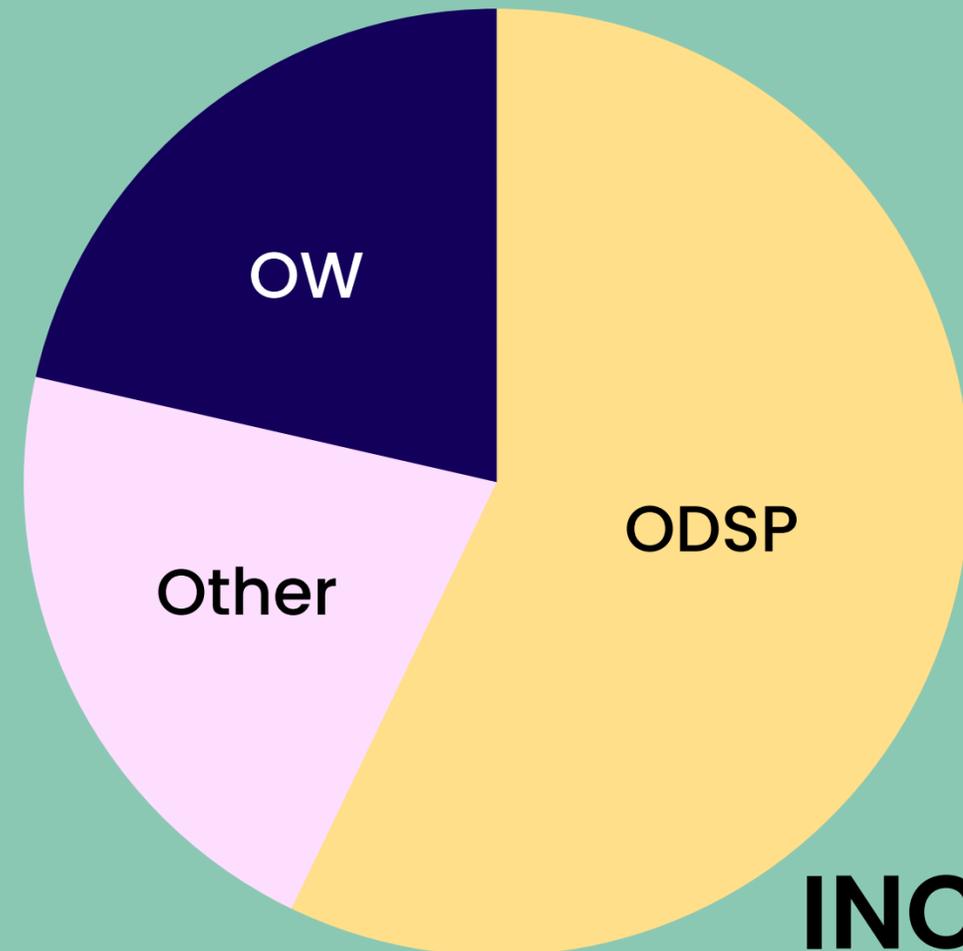
# GENDER



Men\*

Women\*

\*cis and transgender



# INCOME

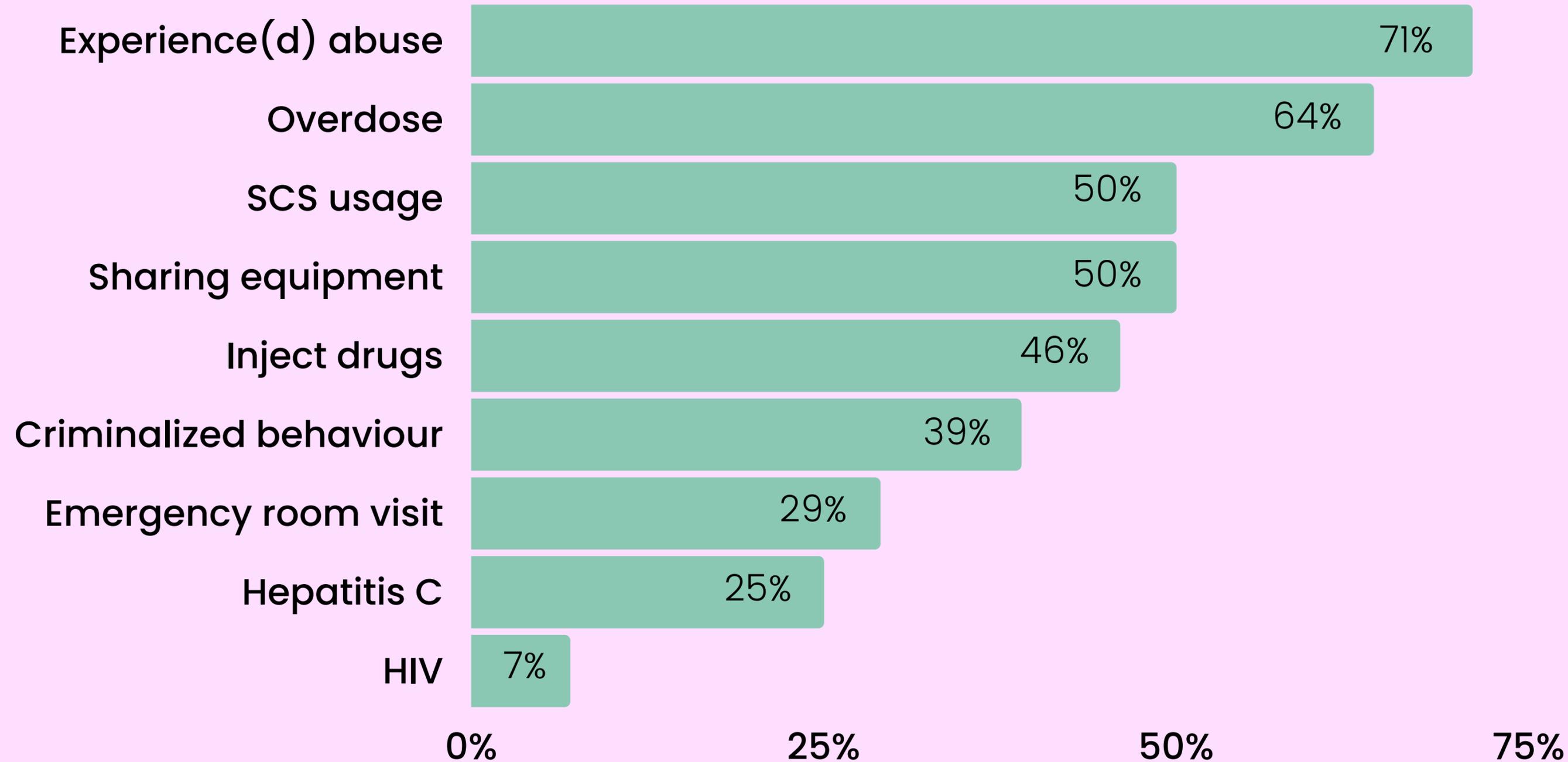
# Intake Assessments

**14**

median age  
when  
participants  
started using  
drugs

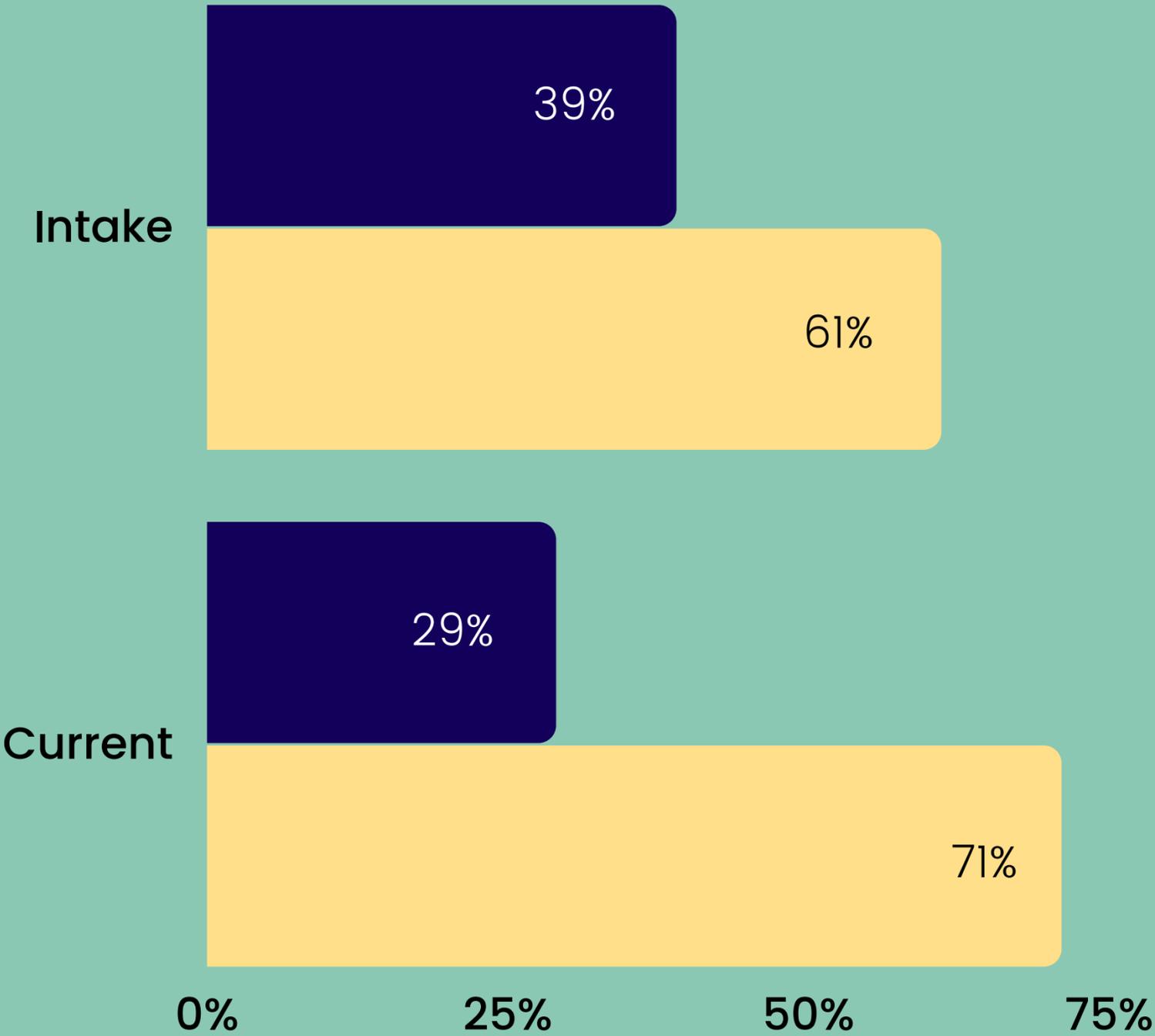
**21**

median age  
when  
participants  
started injecting  
drugs



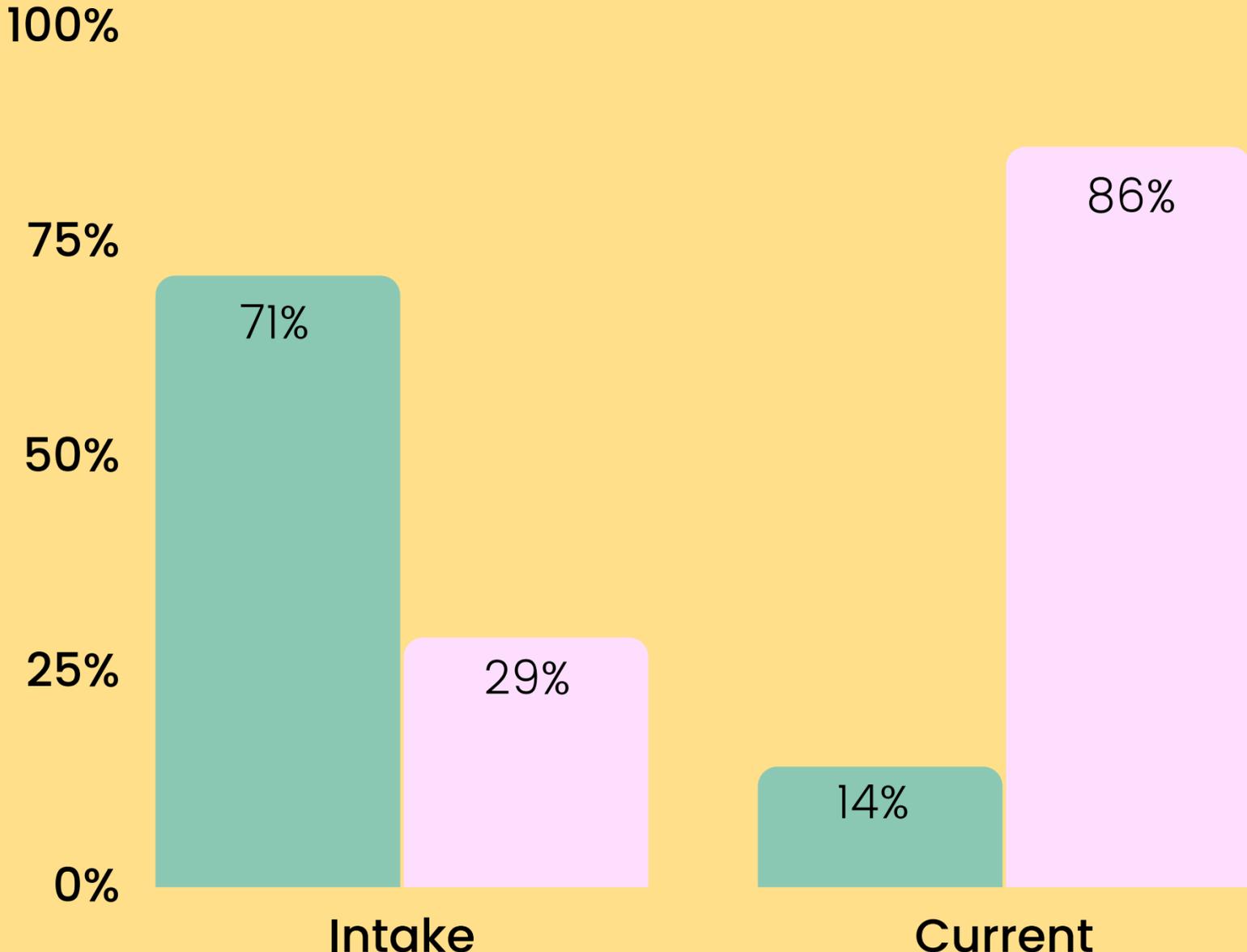
# HOUSING STATUS

■ Shelter ■ Housed

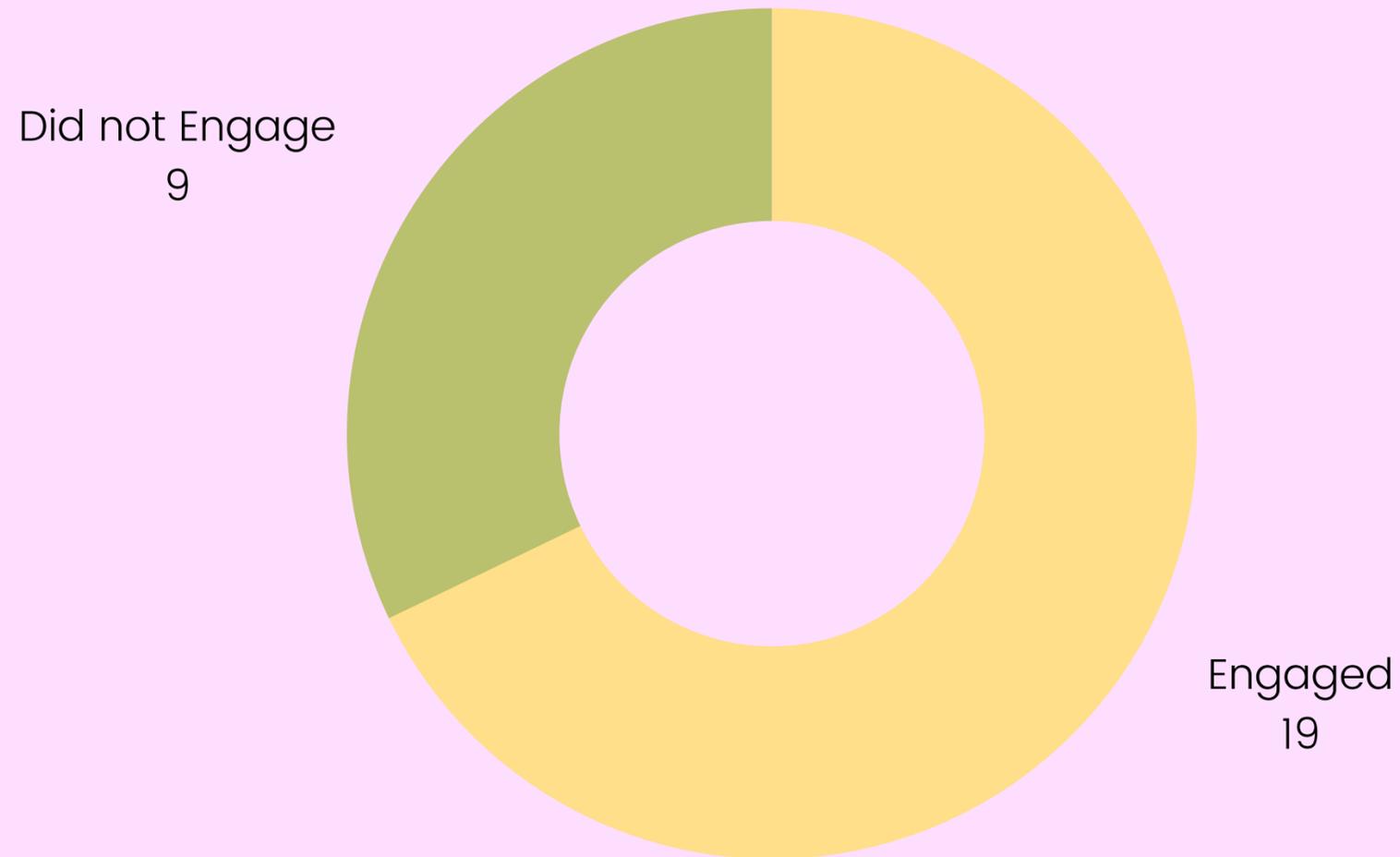


# PRIMARY CARE ACCESS

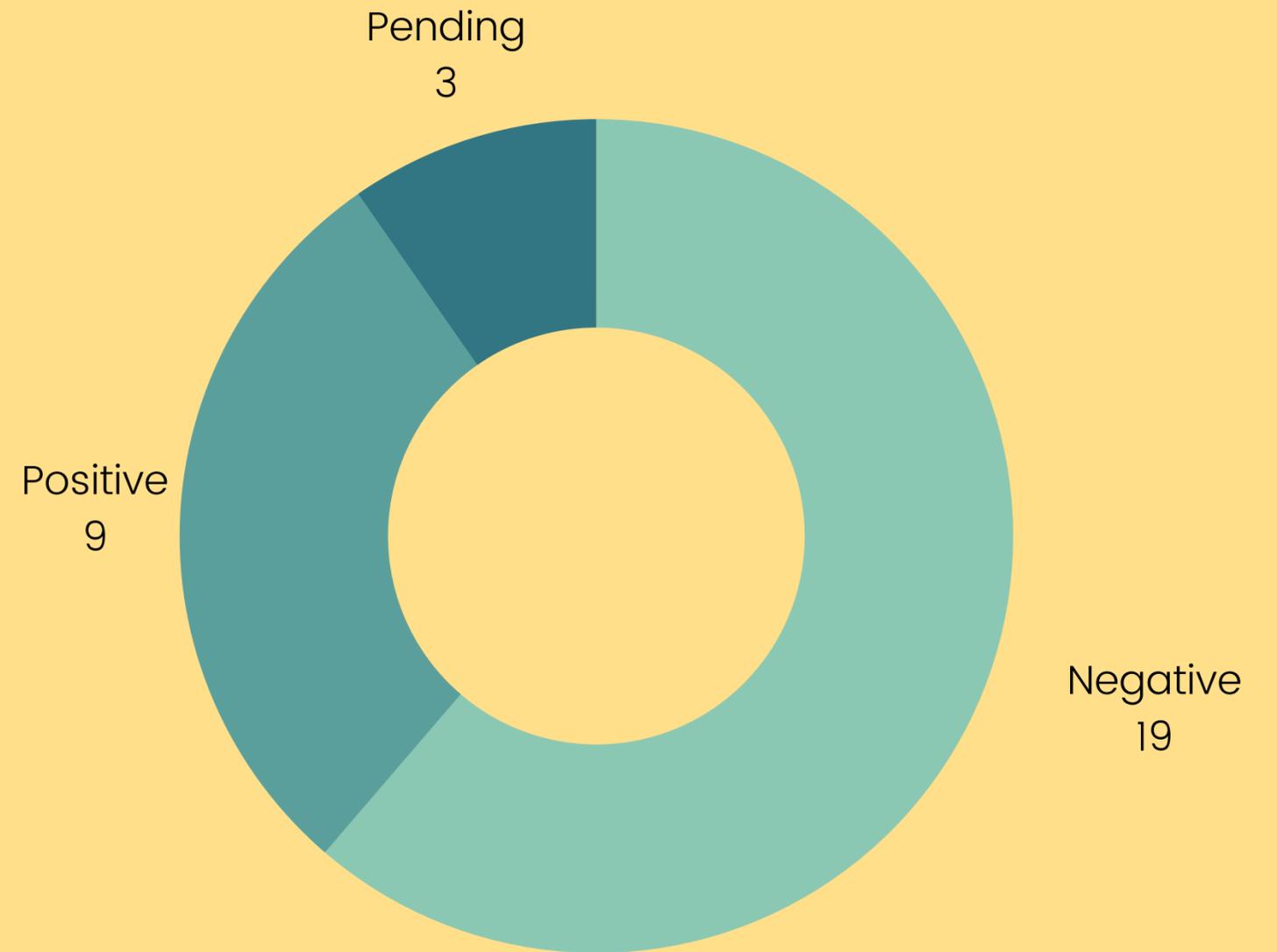
■ No Primary Care Access ■ Primary Care Access



# HEPATITIS C PROGRAM ENGAGEMENT



# HEPATITIS C TESTING RESULTS



**INTAKE**

## Cocaine Use

10 points/day  
(IQR 0-20)

## Crystal Meth Use

1.5 points/day  
(IQR 0-10)

**CURRENT**

0 points/day  
(IQR 0-1)

## Cocaine Use

0 points/day  
(IQR 0-0)

## Crystal Meth Use

# Stimulant Prescription Practices

	Intake	Current
Long-acting medication Median daily dose	<p>Methylphenidate LA: 40mg PO daily</p> <p>Lisdexamfetamine: 30mg PO daily</p> <p>Dextroamphetamine sustained-release: 50mg PO daily</p> <p>Dextroamphetamine and amphetamine: N/A (no participants prescribed)</p> <p>Methylphenidate hydrochloride extended-release: 27mg PO daily</p>	<p>Methylphenidate LA: 60mg PO daily</p> <p>Lisdexamfetamine: 60mg PO daily</p> <p>Dextroamphetamine sustained-release: 60mg PO daily</p> <p>Dextroamphetamine and amphetamine: 40mg PO daily</p> <p>Methylphenidate hydrochloride extended-release: 45mg PO daily</p>
Short-acting medication Median daily dose	<p>Methylphenidate IR 10mg tablets: 60mg (6 tablets) daily</p>	<p>Methylphenidate IR 10mg tablets: 200mg (20 tablets) daily</p>

# Safer Stimulant Supply Ottawa Program Data

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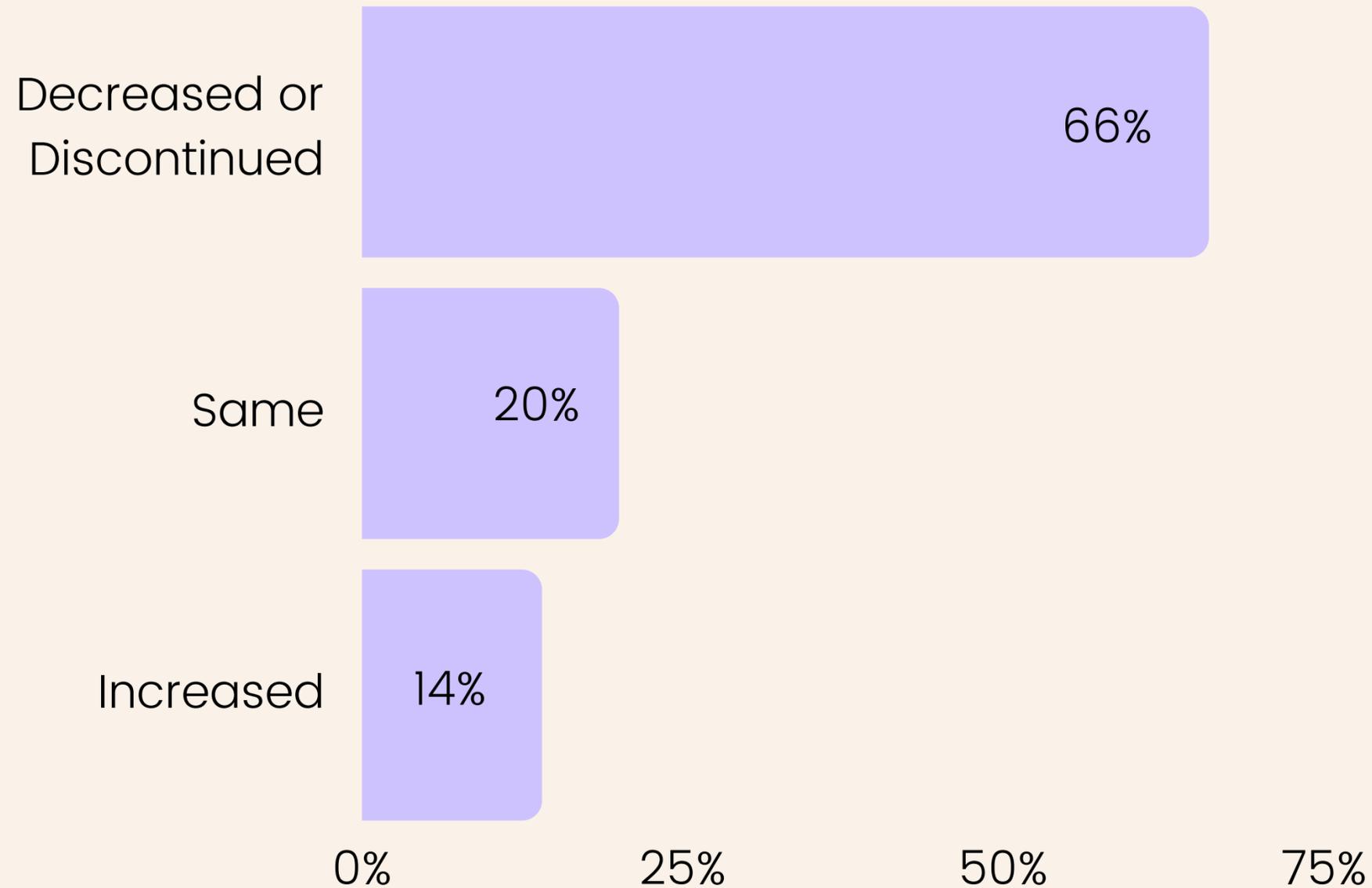
Data presented today  
collected from:

APRIL 1 – JULY 31, 2023

Participants on Safer Supply programs in Ottawa must complete program intakes followed by regular check-ins with their individual teams. Although these processes vary slightly between the 3 prescribing programs, there are many similar data points collected across the Ottawa sites. This information is gathered from participant medical charts every 4 months to track Safer Supply program progress overall.

# ILLICIT STIMULANT USE TRENDS

## SAFER STIMULANT SUPPLY (%)



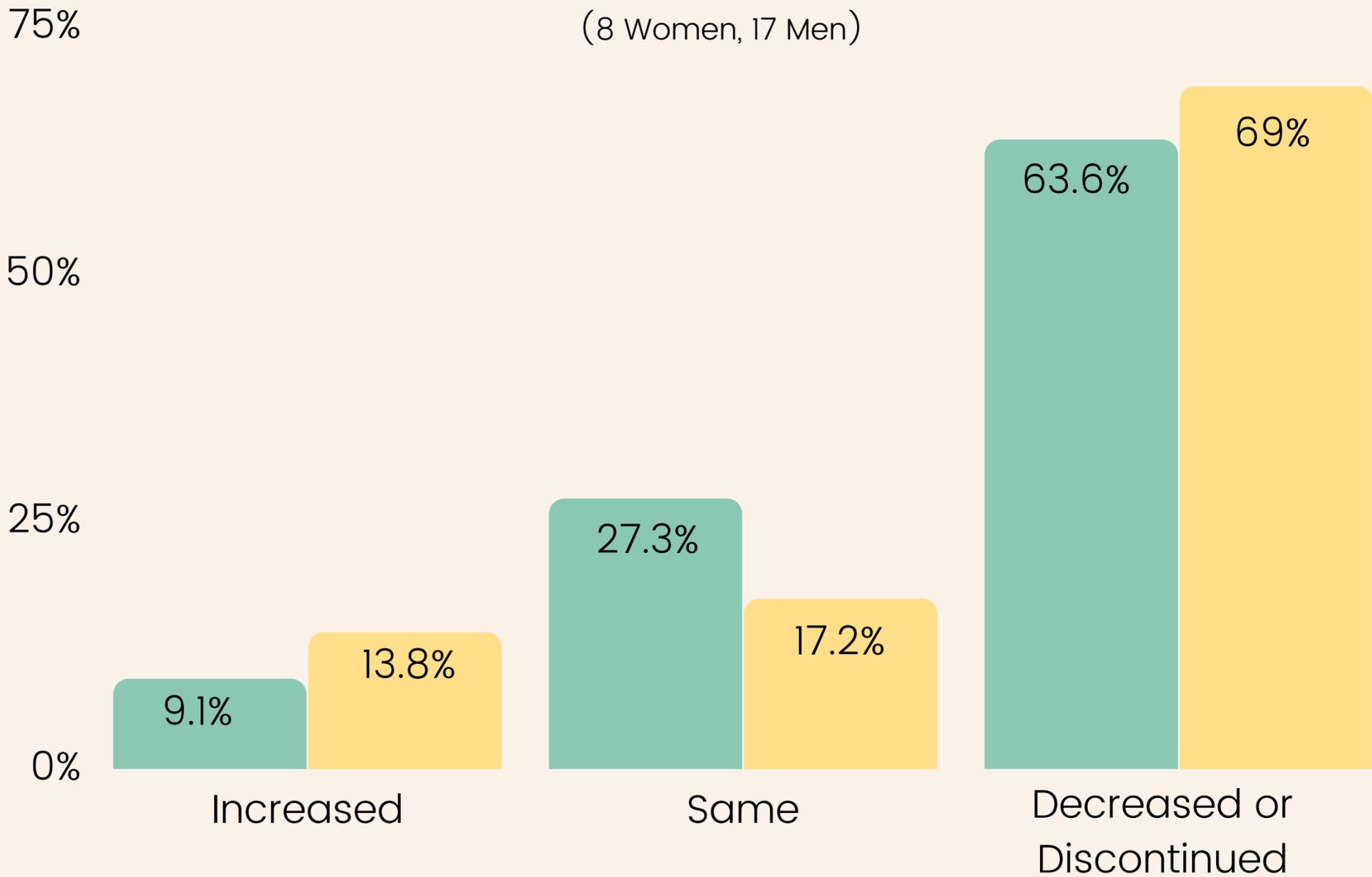
Illicit Stimulant Use Trend: April 2023–July 2023

- The data shown on the following three slides represent participant data from the Safer Stimulant Supply program.
- 9% (n = 48) of all Safer Supply participants in Ottawa are part of a Safer Stimulant Supply program.
- The majority of participants reported a decrease in their illicit stimulant use this period (n = 23).
- Of note, the Safer Stimulant Supply program nearly doubled from 25 participants to 48 participants since the previous quarter.

# ILLICIT STIMULANT USE TRENDS BY GENDER

SAFER STIMULANT SUPPLY (%)

■ Women ■ Men  
(8 Women, 17 Men)

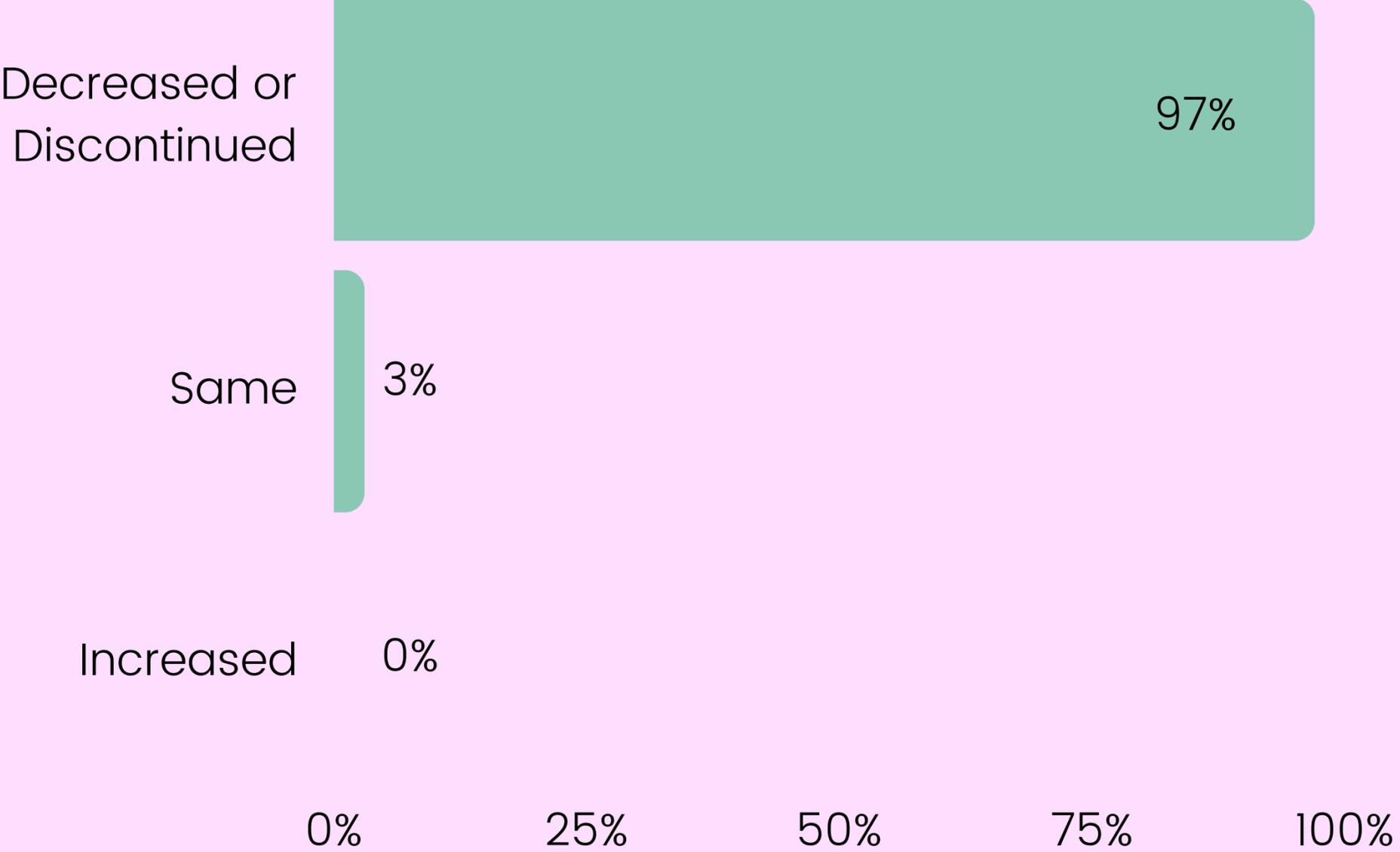


Illicit Stimulant Use Trend: April 2023–July 2023

- In both groups, the majority of participants report decreasing or discontinuing their illicit stimulant use over the 4-month period.
- There are 3x as many men on the Stimulant program (n=37) compared to women (n=11).
- A slightly higher percentage of women report using the same amount of illicit stimulants across the reporting period, compared to the cohort of men.

# STIMULANT USE TRENDS

## SAFER STIMULANT SUPPLY (%)



Illicit Stimulant Use Trend: From Program Intake to Present

- This slide represents participant data from the Safer Stimulant Supply program. A direct comparison was made from reported illicit stimulant use at program intake to reported illicit stimulant use at their most recent check-in.
- The majority of participants reported a decrease in their illicit stimulant use this period (n = 30).
- Of note, no participants have increased their illicit stimulant use since starting the Safer Supply Stimulants program.

# References

1. Special Advisory Committee on the Epidemic of Opioid Overdoses. (2023, September). Opioid- and stimulant-related harms in Canada. <https://health-infobase.canada.ca/substance-related-harms/opioids-stimulants/>
2. Centre on Drug Policy Evaluation. (2022). What's in Toronto Drug Supply? <https://drugchecking.cdpe.org>
3. Haines, Tefoglou, & O'Byrne. (2022). Safer Supply Ottawa evaluation: Fall 2022 report. <https://safersupplyottawa.com/research/>
4. Gomes, T., Murray, R., Kolla, G., Leece, P., Kitchen, S., Campbell, T., et al. (2022). Patterns of medication and healthcare use among people who died of an opioid-related toxicity during the COVID-19 pandemic in Ontario. <https://odprn.ca/research/publications/opioid-related-deaths-and-healthcare-use/>
5. Kampman, K. (2022). Approach to treatment of stimulant use disorder in adults. In UpToDate. <https://www.uptodate.com/>
6. Recovery Care. (2022). Policy: Safer supply stimulant. Unpublished internal organization document.

**Read the full report here:**  
**[safersupplyottawa.com/research/](https://safersupplyottawa.com/research/)**

# **Safer Supply Ottawa Evaluation**

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**Questions?  
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