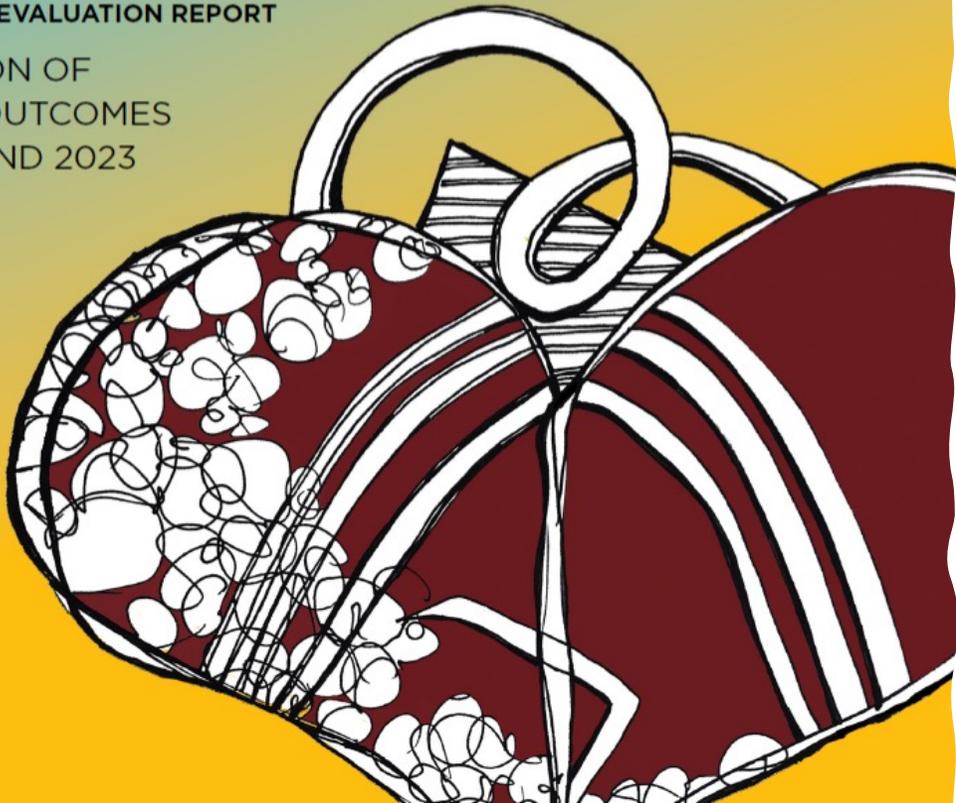


Safer Opioid Supply Program

SEPTEMBER 2023 EVALUATION REPORT

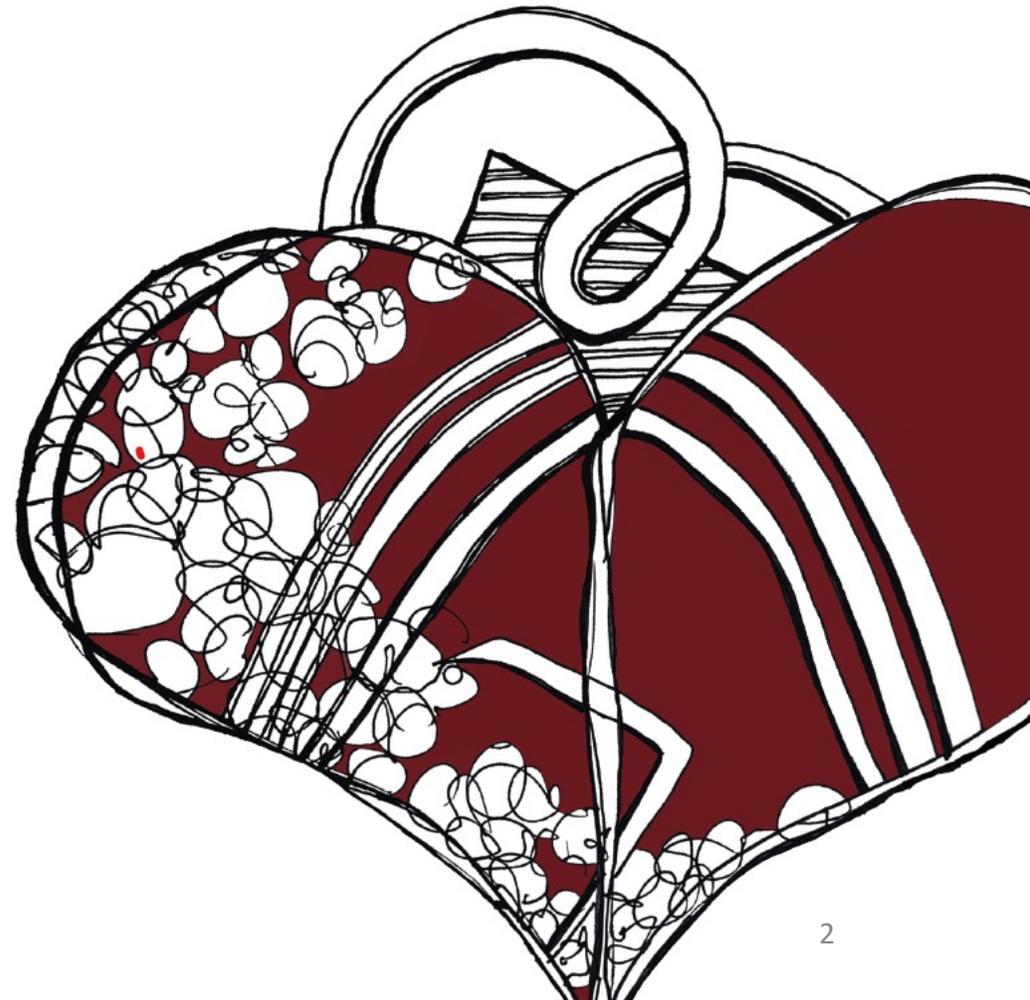
A COMPARISON OF
SOS CLIENT OUTCOMES
FROM 2022 AND 2023

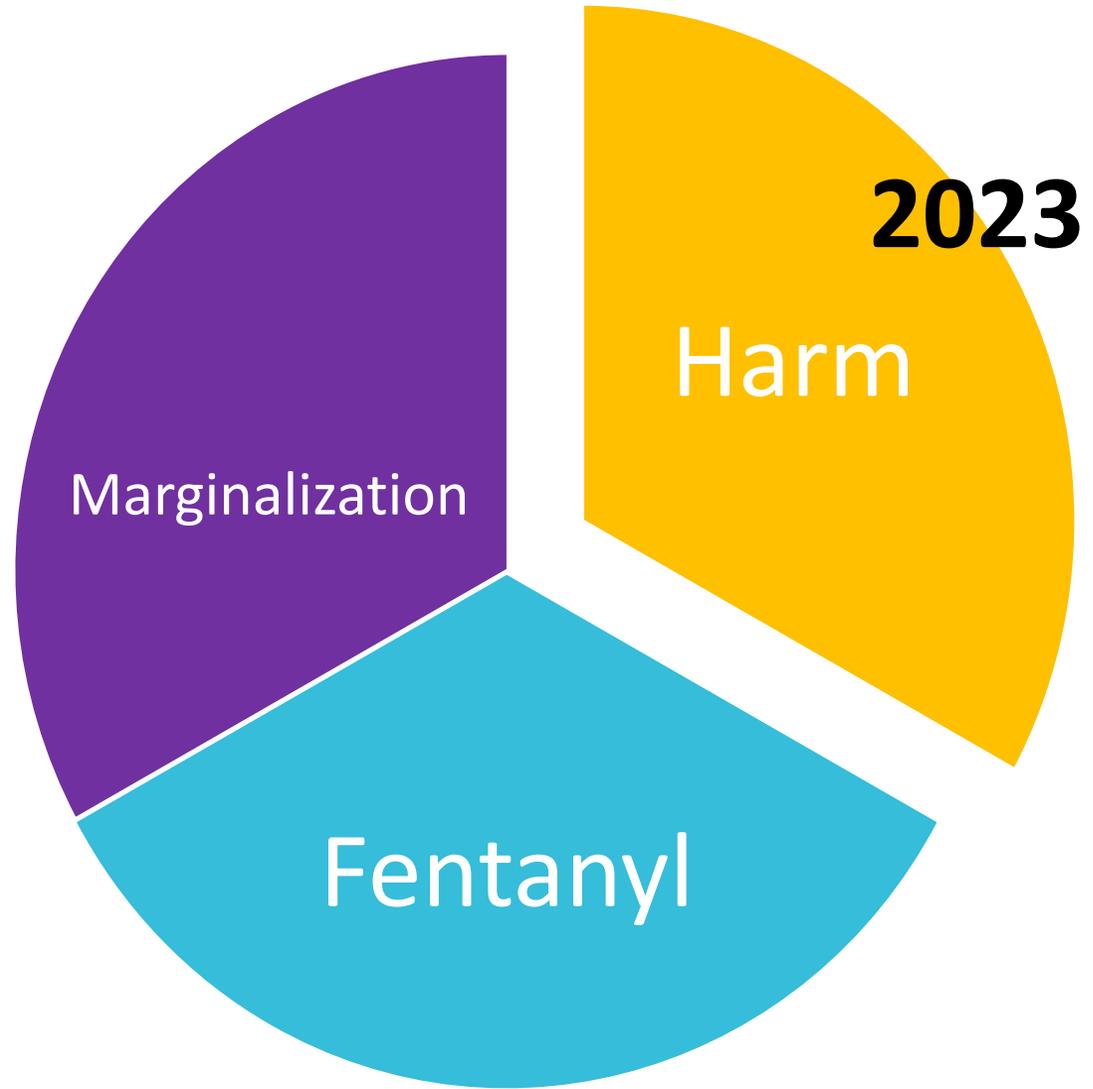


Dr. Gillian Kolla
Dr. Andrea Sereda

September 21, 2023

Acknowledgements





Canadian deaths in 7 years: 34445 +

Year	Canada	Ontario	Deaths per day
2016	3017	867	8
2017	4100	1265	11
2018	4588	1471	12.5
2019	3811	1512	10.4
2020	6214	2600	17
2021	7902	2755	21.6
2022 Jan – Sept	5360	2521	21

**> 90% due to
fentanyl**

The Largest Public Health Crisis of a Generation



CAPUD

SAFE SUPPLY

CONCEPT DOCUMENT

February 2019



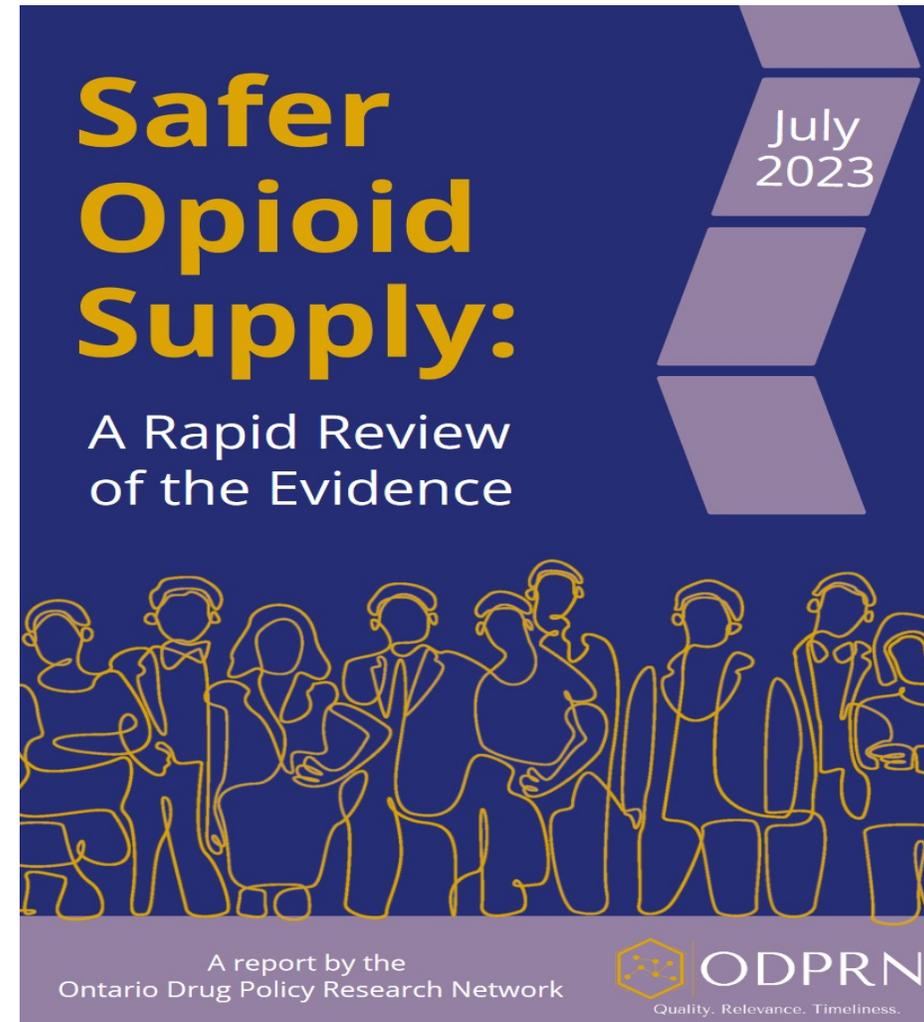
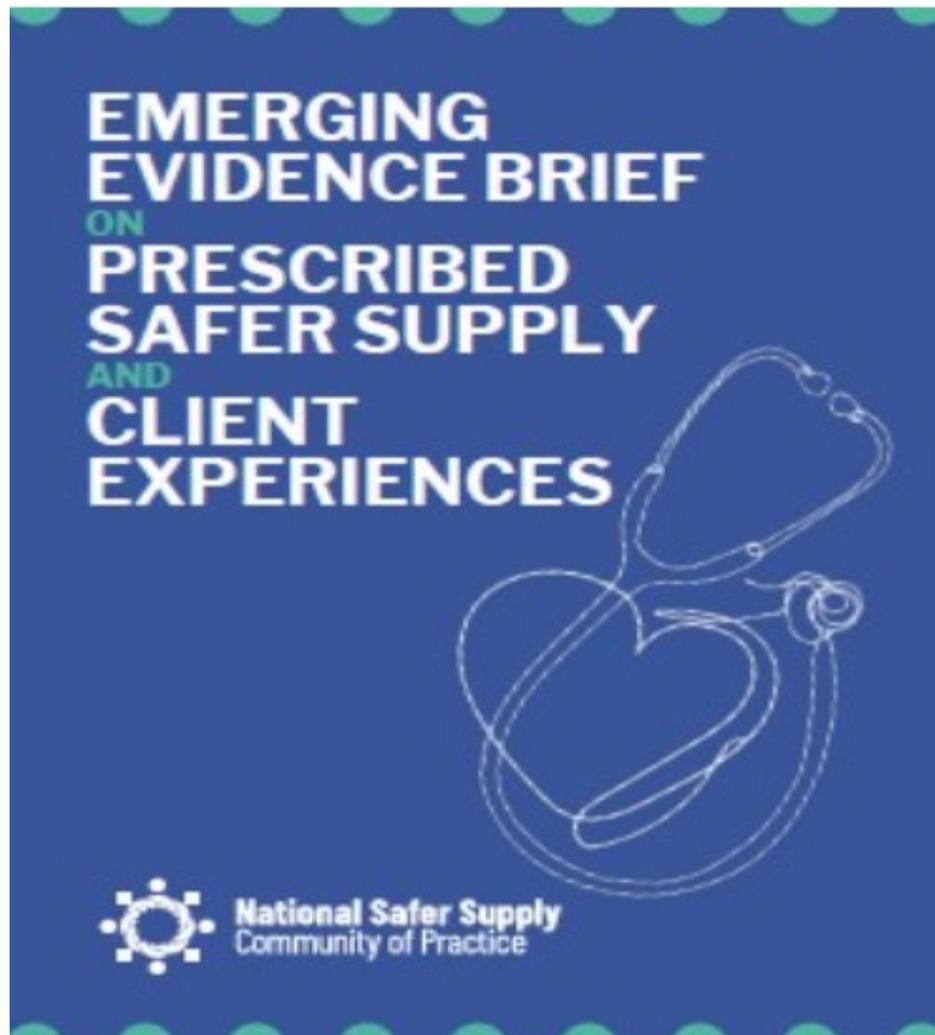
Canadian Association of People who Use Drugs®
#SAFESUPPLY CONCEPT DOCUMENT

SENDS | TAKE AS NEEDED | USE TO PREVENT OVERDOSE DEATH | MADE IN CANADA

CAPUD.CA

CAPUD

*“Safer supply refers to the legal and regulated supply of drugs with mind/body altering properties that traditionally have been accessible only through the illicit drug market”
(CAPUD, 2019)*





Drug fail: The Liberal government's 'safer supply' is fuelling a new opioid crisis

In this special report, columnist Adam Zivo details how drugs handed out for free are being sold on the black market to fund fentanyl addictions

NP Comment

Conrad Black: Free hard drugs for addicts a catastrophic Liberal failure

It is completely unacceptable to persevere like insensate zombies in enactment of a policy that could have been devised by the drug cartels

Get the latest from Conrad Black straight to your inbox

[Sign Up >](#)

Conrad Black

Published May 13, 2023 • Last updated May 13, 2023 • 5 minute read

[284 Comments](#)



Needles on the sidewalk outside of a downtown Toronto safe injection site. PHOTO BY DAVE ABEL/POSTMEDIA/FILE

Poilievre accuses government of contributing to addiction crisis with drug strategy

'A 300 per cent increase in drug overdose death Trudeau took office ... it's a complete disaster'

Bryan Passifiume

Published May 10, 2023 • Last updated May 10, 2023 • 4 minute re

282 Comments



Vancouver police officers patrol East Hastings St. on Thursday, April 13, 2023. Prime Minister Justin Trudeau's government has failed to address the addiction crisis. PHOTO BY JASON PAYNE / PNG

MPs to debate Conservative motion seeking to change course on safe-supply policy

IAN BAILEY >

OTTAWA

PUBLISHED MAY 17, 2023

UPDATED MAY 18, 2023



The government and the Conservatives have clashed repeatedly over the Liberals' harm-reduction policy.

MELISSA TAIT/THE GLOBE AND MAIL

NP Comment

Adam Zivo: Trudeau defends 'safer supply' drugs that are destroying lives

If the prime minister feels that addiction doctors should not be consulted about their own field, I'd love to hear an explanation why

Get the latest from Adam Zivo straight to your inbox

Sign Up >

Adam Zivo

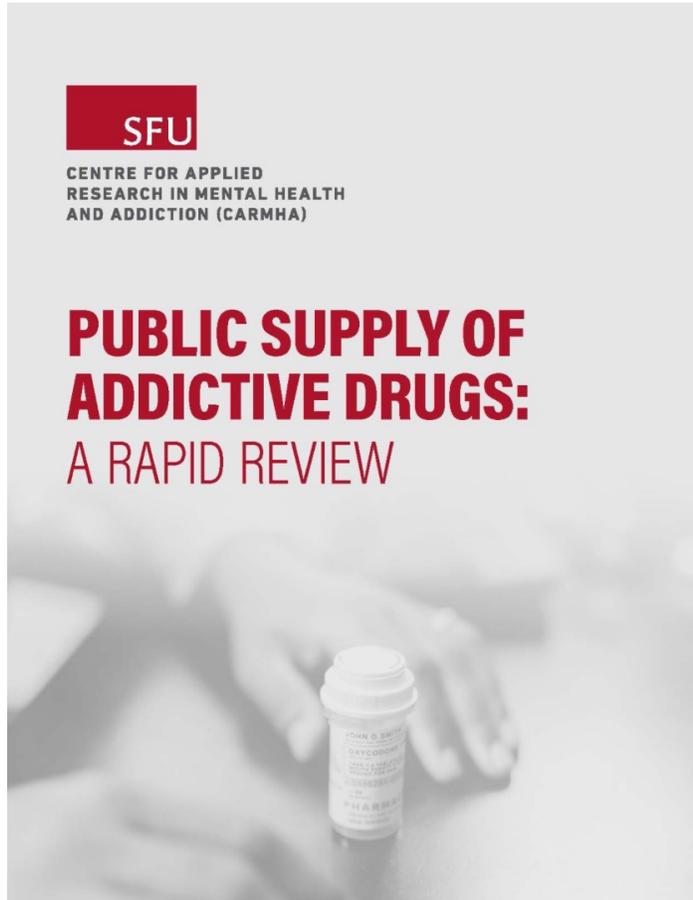
Published May 11, 2023 • Last updated May 12, 2023 • 4 minute read

192 Comments



With little incentive to switch to hydromorphone, fentanyl addicts sell their safer supply at bargain prices to buy their substance of choice. PHOTO BY DARRYL DYCK/THE CANADIAN PRESS

Public Supply of Addictive Drugs



- Rapid review commissioned by Alberta provincial government
- Problematic methodology
 - Did not examine published, peer-reviewed studies of prescribed safer supply or program evaluations
 - Inclusion criteria: “Studies advocating for safe supply”
- Attempt at reframing of safer supply:
 - “For the purposes of this report we have adopted terminology that does not presume the outcome of our review and refer to the Public Supply of Addictive Drugs (PSAD), which avoids implying safety and effectiveness while accurately describing the practice of interest.”

Experts warn against New Brunswick's proposal for forced treatment of drug users

By Hina Alam • The Canadian Press

Posted September 18, 2023 3:20 pm · Updated September 18, 2023 5:59 pm

“We write to express our opposition and condemnation of your government’s plan to pursue legislation that will infringe people’s liberty rights by involuntarily apprehending and forcibly confining people who use drugs in New Brunswick,” the experts, from fields such as health, criminology and law, write in an open letter.

CALGARY | News

UCP considering involuntary drug treatment legislation in Alberta

Resistance within addiction medicine to prescribed safer supply

OPINION

As a doctor, I was taught ‘first do no harm.’ That’s why I have concerns with the so-called ‘safe supply’ of drugs

Overprescribing opioids got us into a deadly mess, and we’ve convinced ourselves that prescribing more will get us out of it. We need better solutions before more users are hurt

VINCENT LAM

SPECIAL TO THE GLOBE AND MAIL

PUBLISHED NOVEMBER 20, 2021

UPDATED NOVEMBER 22, 2021

“ We don’t have to go to the streets anymore to make our habit, to make money to pay for our pills. Since I’ve been on it [the SOS program], I haven’t gone to jail in three and a half years. So, that’s a good thing. I’m pretty much not working [in sex work] at all anymore, so. It saved my life. ”

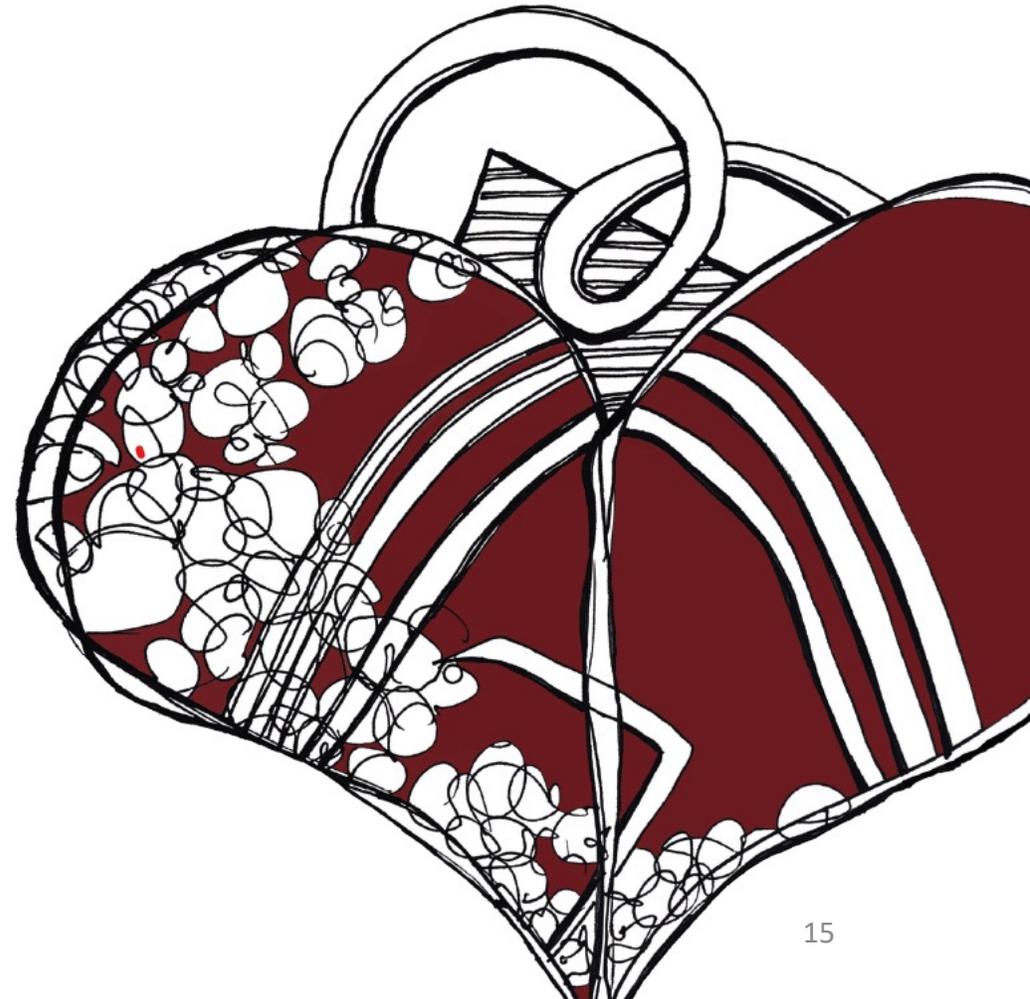
“ I have interests now. Things I used to like to do - that I didn’t know I liked to do because I never had time to do anything I liked to do. I like helping people, and walk around and I find myself doing that, and having more time to be myself, instead of this guy who hustled and robbed everybody. ”

“ If it wasn’t for this program, I really don’t think I’d be here right now... and feeling as healthy as I do. ”

“ It’s done nothing but been good for me. I’ve got my family, I’ve been housed for first time in 10 years, I’m volunteering at [organization]. I’m doing things that I just, didn’t care about, had no motivation to before. ”

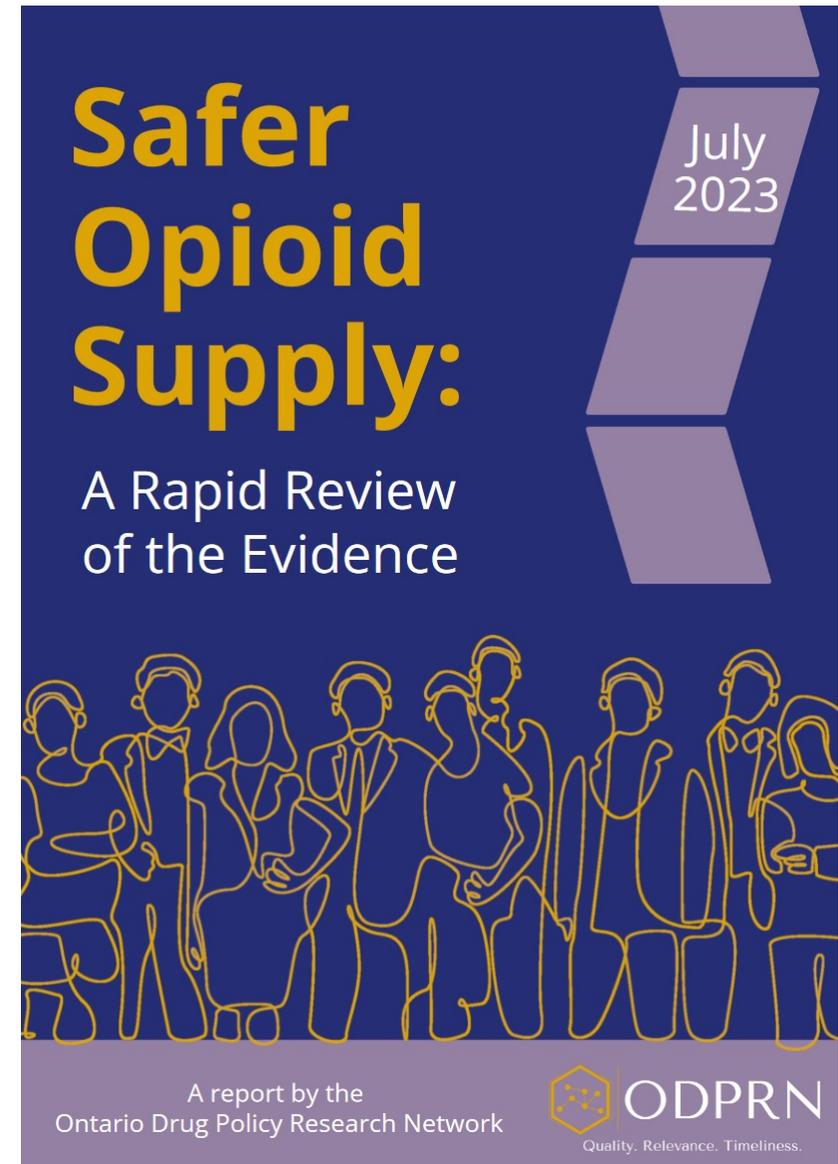
“ I got my Hep C taken care of...now I can walk with my head held high. ”

Background



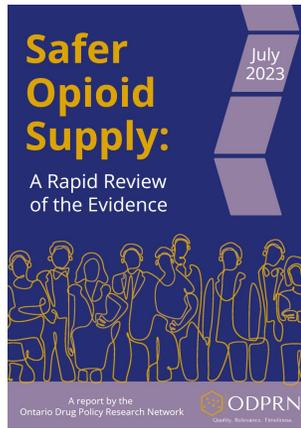
What is the evidence for safer supply?

- Safer Opioid Supply: A Rapid Review of the Evidence - July 2023
 - Synthesized evidence from 20 publications (15 peer-reviewed, 5 grey)
 - Literature that assessed outcomes, perspectives of SOS recipients, and SOS service providers



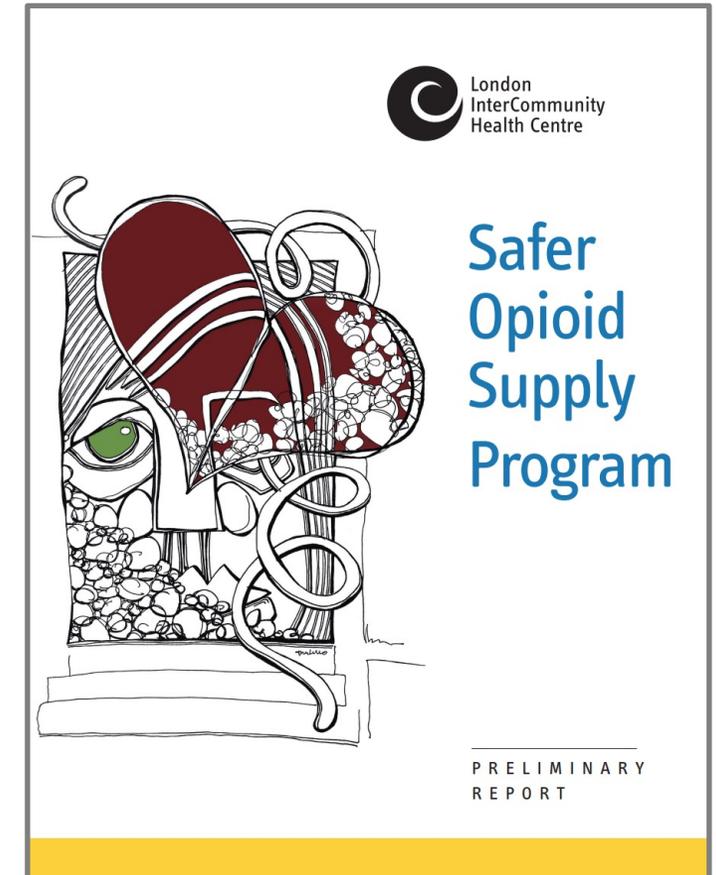
Overview of findings

- Very low rates of opioid-related toxicities
- Significant decrease in hospitalizations for serious infections
- Significant decrease in ED visits and hospitalizations
- Improved mental and physical health; better access to healthcare services
- Strong retention in SOS programs
- Significant reductions in healthcare-related costs
- Improved stability & personal autonomy, reduced stigma and increased privacy
- Improvements in improved financial stability, access to basic needs, decreased involvement in criminal activity
- Limited studies on diversion
- Barriers to accessing SOS:
 - Limited clinic hours
 - Frequent visits
 - Pharmacy issues problems with pharmacy (especially when pharmacy unfamiliar with SOS)
 - Lack of take-home doses
 - Insufficient program capacity
 - Restricted program eligibility
 - Stigmatizing experiences with healthcare outside of SOS
 - Lack of continuity of care from SOS to inpatient settings



SOS Program Evaluation

- First Evaluation report released in 2021
 - Mixed methods evaluation
- Goal of second evaluation report:
 - Continued monitoring of client outcomes
 - Year over year comparison
 - Recommendations for the program and the health system



Clinical outcomes and health care costs among people entering a safer opioid supply program in Ontario

Tara Gomes PhD, Gillian Kolla PhD, Daniel McCormack MSc, Andrea Sereda MD, Sophie Kitchen MSc, Tony Antoniou PhD

■ Cite as: *CMAJ* 2022 September 19;194:E1233-42. doi: 10.1503/cmaj.220892

Abstract

Background: London InterCommunity Health Centre (LIHC) launched a safer opioid supply (SOS) program in 2016, where clients are prescribed pharmaceutical opioids and provided with comprehensive health and social supports. We sought to evaluate the impact of this program on health services utilization and health care costs.

Methods: We conducted an interrupted time series analysis of London, Ontario, residents who received a diagnosis of opioid use disorder (OUD) and who entered the SOS program between January 2016 and March 2019, and a comparison group of individuals matched on demographic and clinical characteristics who were not exposed to the program. Primary outcomes were emergency department (ED) visits, hospital admissions, admissions

for infections and health care costs. We used autoregressive integrated moving average (ARIMA) models to evaluate the impact of SOS initiation and compared outcome rates in the year before and after cohort entry.

Results: In the time series analysis, rates of ED visits (−14 visits/100, 95% confidence interval [CI] −26 to −2; $p = 0.02$), hospital admissions (−5 admissions/100, 95% CI −9 to −2; $p = 0.005$) and health care costs not related to primary care or outpatient medications (−\$922/person, 95% CI −\$1577 to −\$268; $p = 0.008$) declined significantly after entry into the SOS program ($n = 82$), with no significant change in rates of infections (−1.6 infections/100, 95% CI −4.0 to 0.8; $p = 0.2$). In the year after cohort entry, the rate of ED visits (rate ratio [RR]) 0.69, 95% CI 0.53

to 0.90), hospital admissions (RR 0.46, 95% CI 0.29 to 0.74), admissions for incident infections (RR 0.51, 95% CI 0.27 to 0.96) and total health care costs not related to primary care or outpatient medications (\$15 635 v. \$7310/person-year; $p = 0.002$) declined significantly among SOS clients compared with the year before. We observed no significant change in any of the primary outcomes among unexposed individuals ($n = 303$).

Interpretation: Although additional research is needed, this preliminary evidence indicates that SOS programs can play an important role in the expansion of treatment and harm-reduction options available to assist people who use drugs and who are at high risk of drug poisoning.

The opioid overdose crisis is a major, continuing public health issue, with more than 29 000 opioid-related toxicity deaths occurring in Canada between January 2016 and December 2021.¹ This crisis is driven primarily by contamination of the unregulated drug supply with illicitly derived fentanyl and fentanyl analogues, which directly contributed to 87% of opioid-related deaths in Ontario in 2020.² In response, several interventions have been adapted or scaled up, including the distribution of naloxone to reverse opioid overdose,³ supervised consumption services and overdose prevention sites,^{4,5} opioid agonist therapy (OAT) and injectable OAT programs (IOAT).⁶⁻⁸ Evidence suggests that the expansion of these harm-reduction interventions across

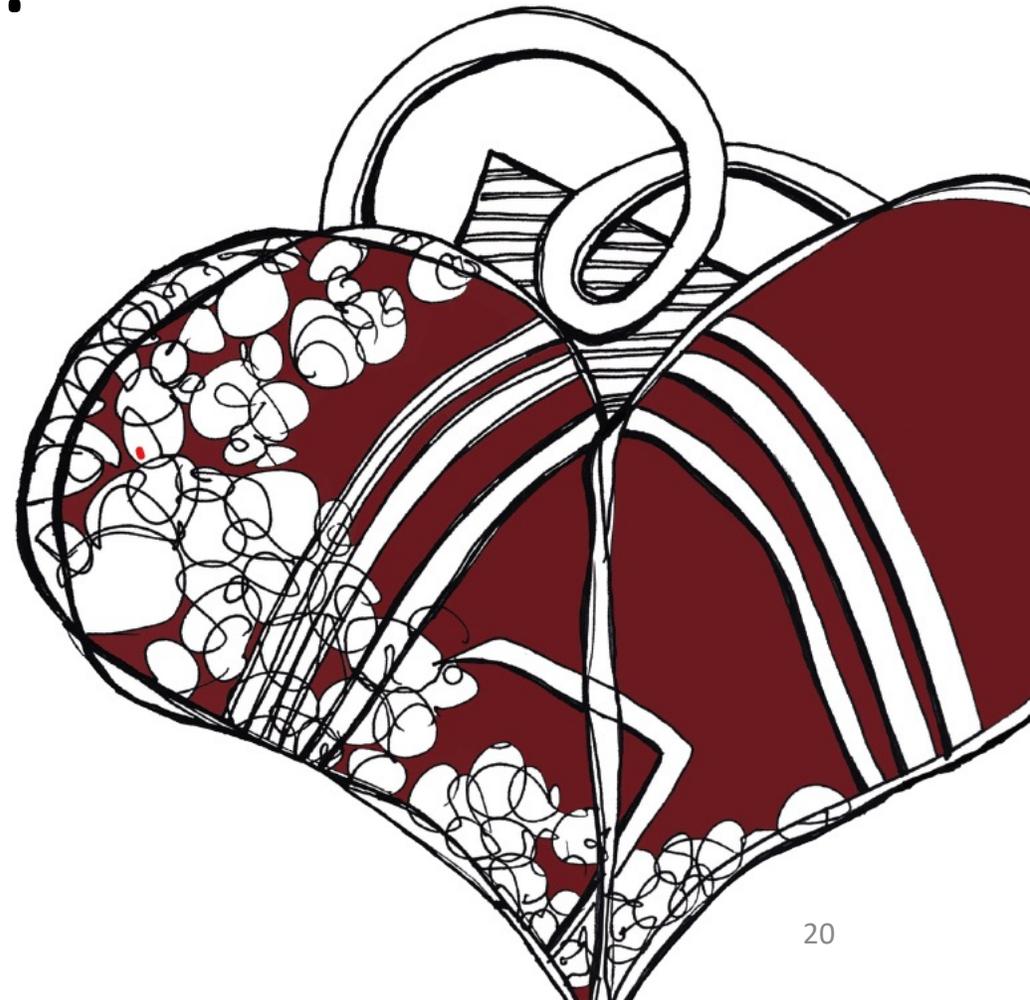
Canada since 2016 has averted some overdose-related deaths,⁹ however, slow scale-up and inequitable access to interventions across the country^{10,11} remain major impediments to a comprehensive response to the overdose crisis, which has worsened during the COVID-19 pandemic.²

Safer opioid supply (SOS) programs, in which individuals at high risk of overdose are prescribed pharmaceutical opioids as an alternative to a fentanyl-adulterated drug supply, have been integrated into the harm-reduction arsenal of several jurisdictions.¹²⁻¹⁴ In these programs, the off-label prescription of pharmaceutical opioids — generally daily-dispensed, immediate-release hydromorphone provided as take-home doses — is

What is the evidence for safer supply?

- Health administrative data in Ontario, Canada
- Significant decline in rates of ED visits, inpatient hospital admissions, infections and health care costs
- No significant change in primary outcomes among individuals not accessing SOS

2nd Program Evaluation: Comparison of client outcomes from 2022 and 2023



SOS Program Evaluation - Methods

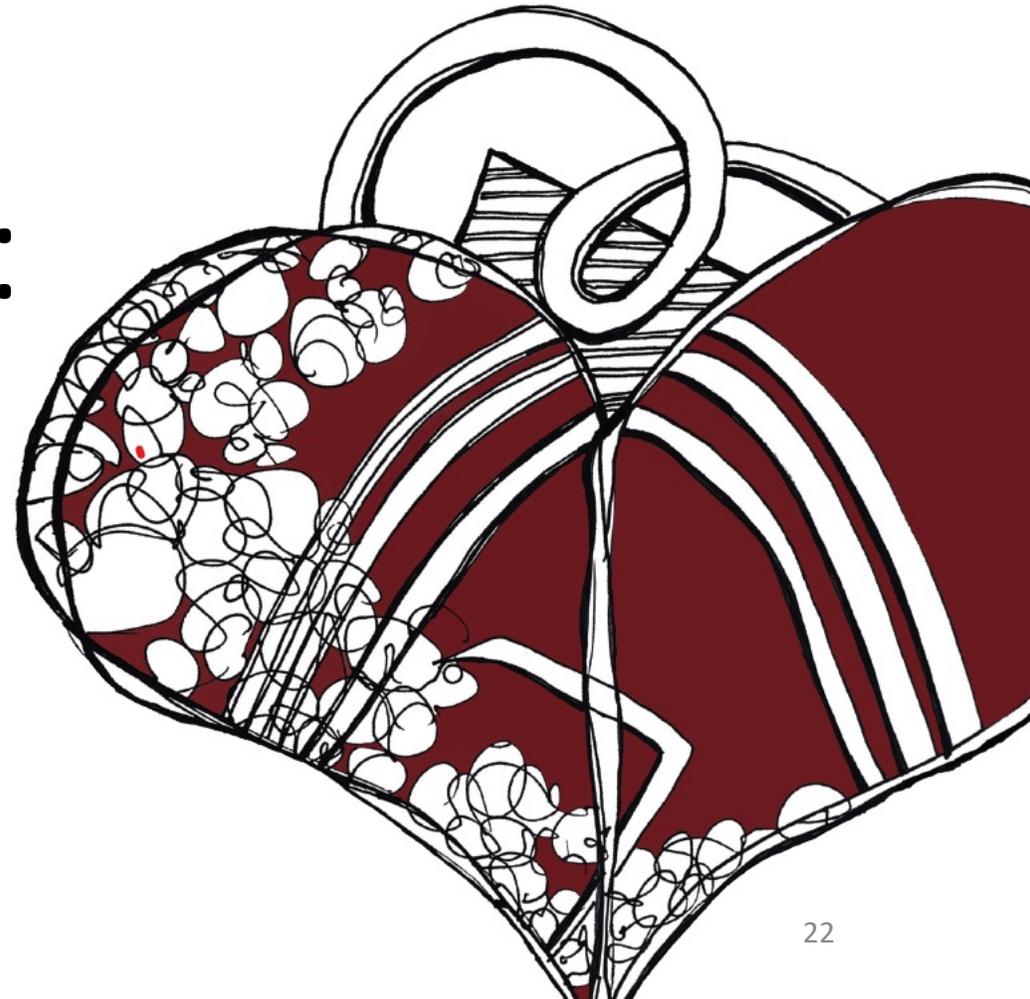
- Surveys with current SOS clients

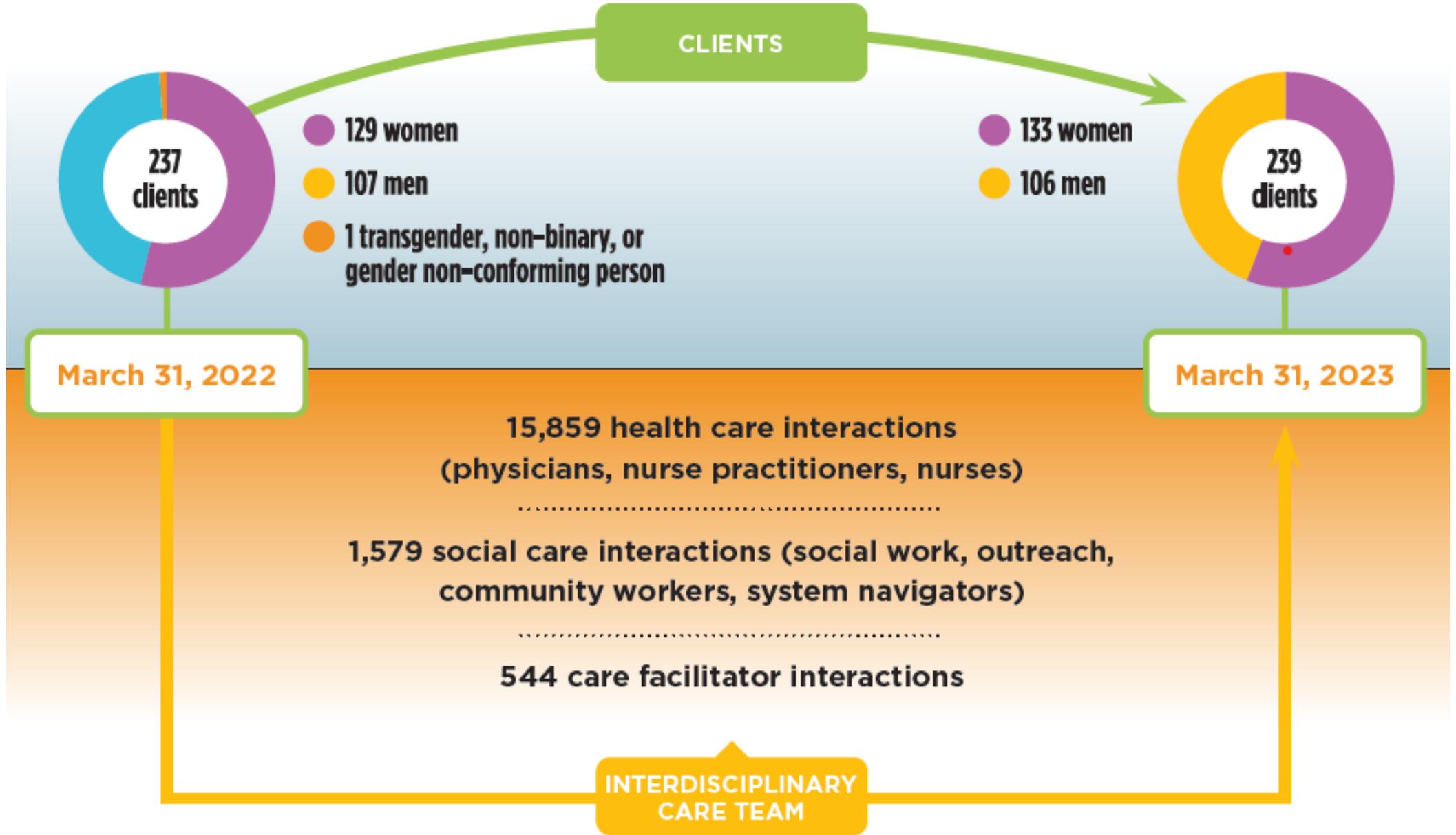
2022: 75 surveys collected
Feb 2-April 12

2023: 95 surveys collected between
Feb 13-24

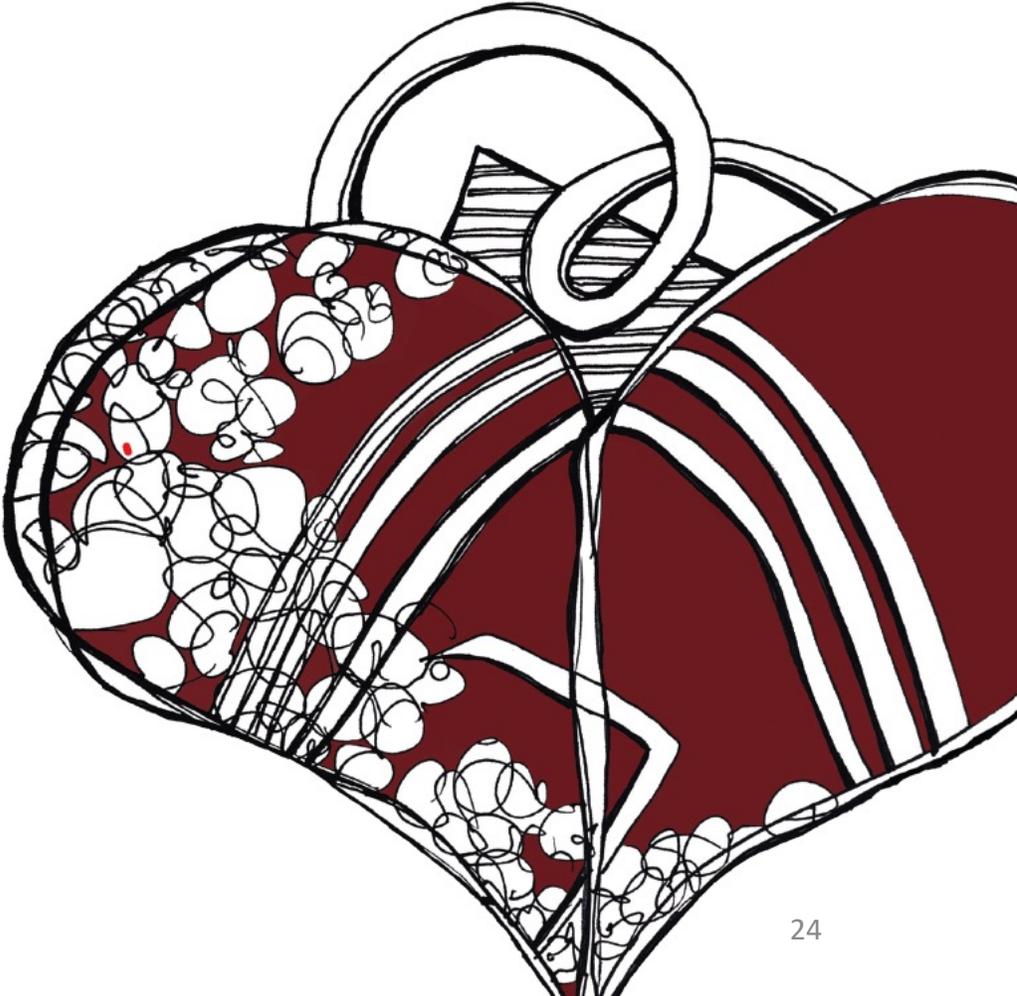
- Quantitative methods summarized with descriptive statistics

Program Description: By the Numbers





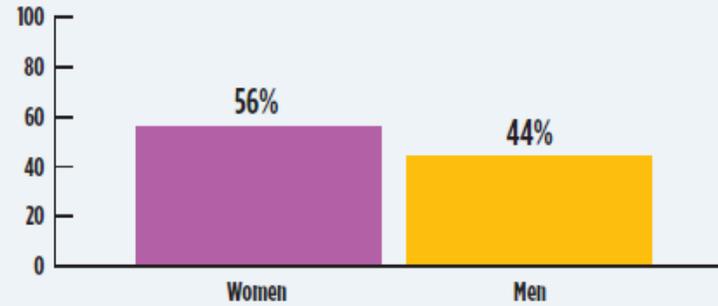
Survey Results



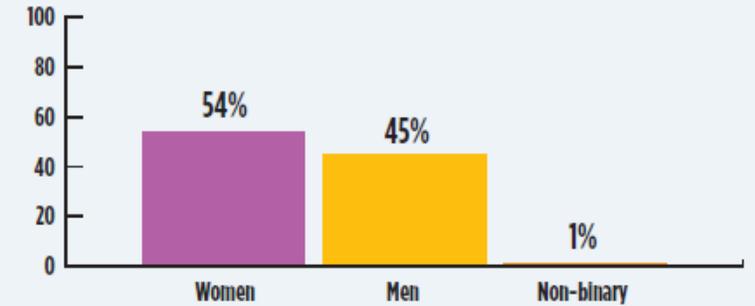
Client Demographics

Gender of Survey Respondents

2022 (n=75)

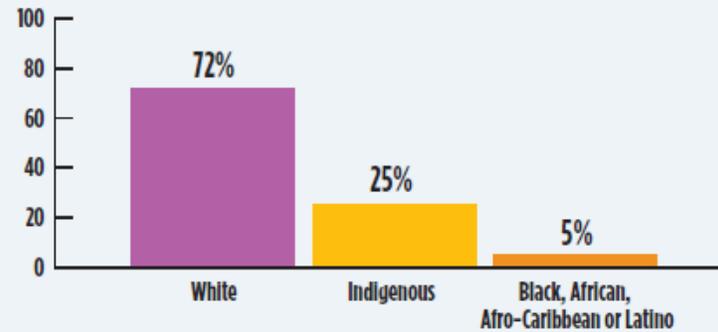


2023 (n=95)

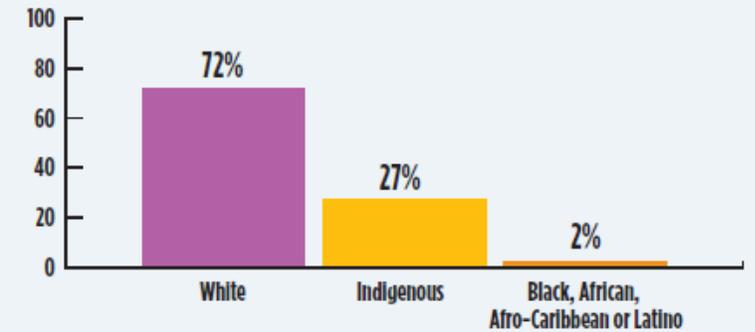


Racial and/or Ethnic Background of Survey Respondents

2022 (n=75)



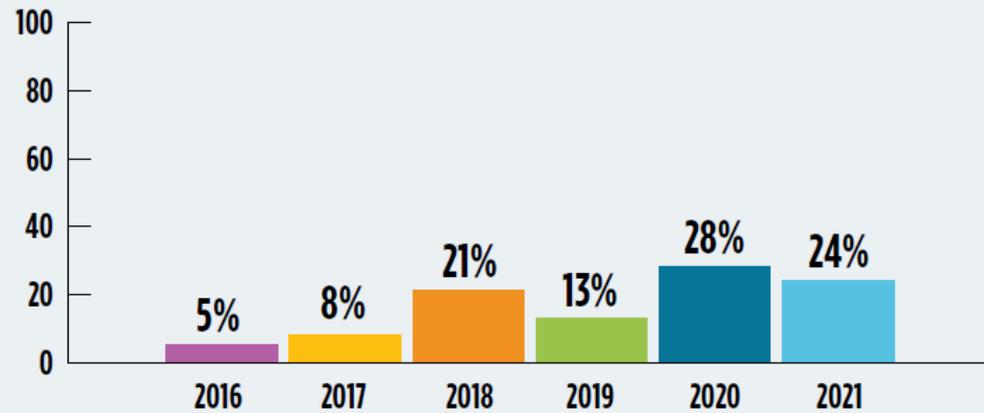
2023 (n=95)



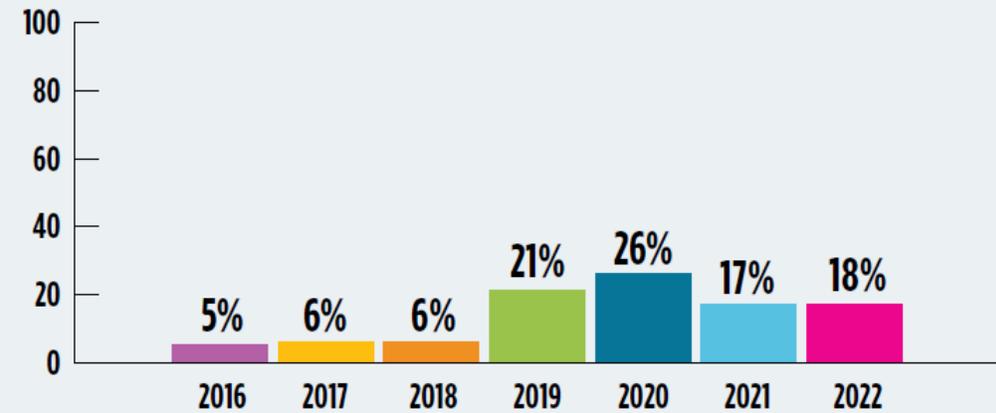
Program Involvement

Year when Clients Reported Starting SOS for the First Time

2022 (n=75)



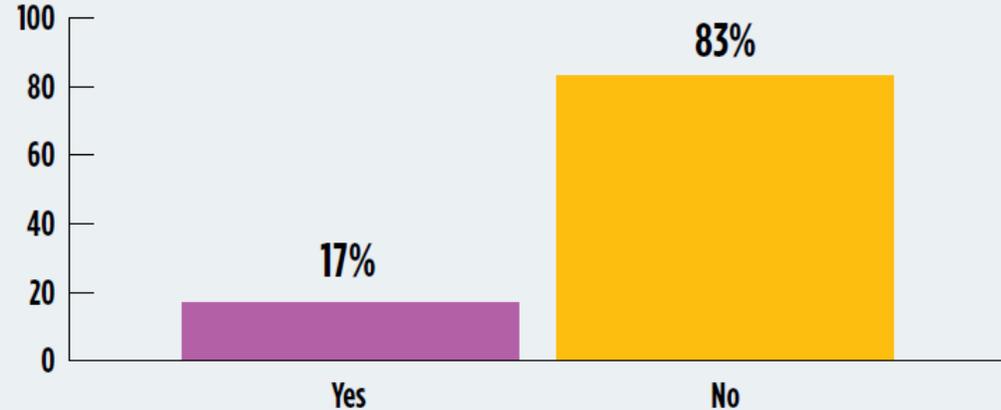
2023 (n=95)



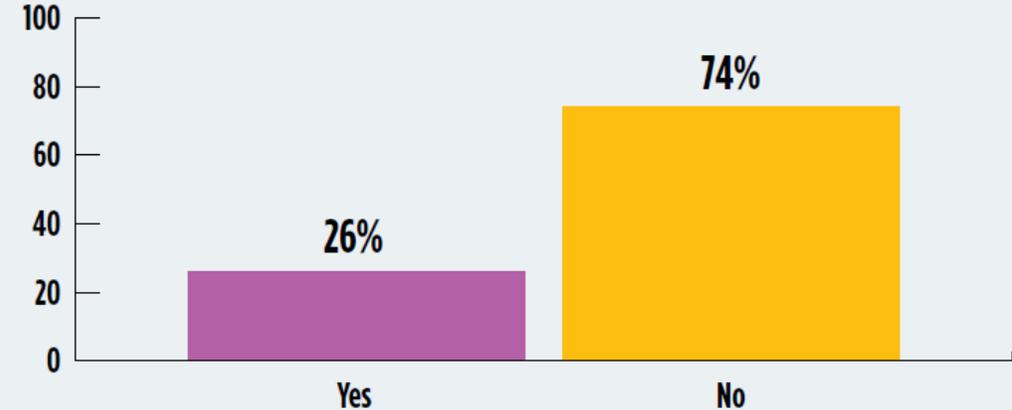
Fentanyl Use – Currently Injecting

Currently Injecting Street-Acquired Fentanyl

2022 (n=75)



2023 (n=95)



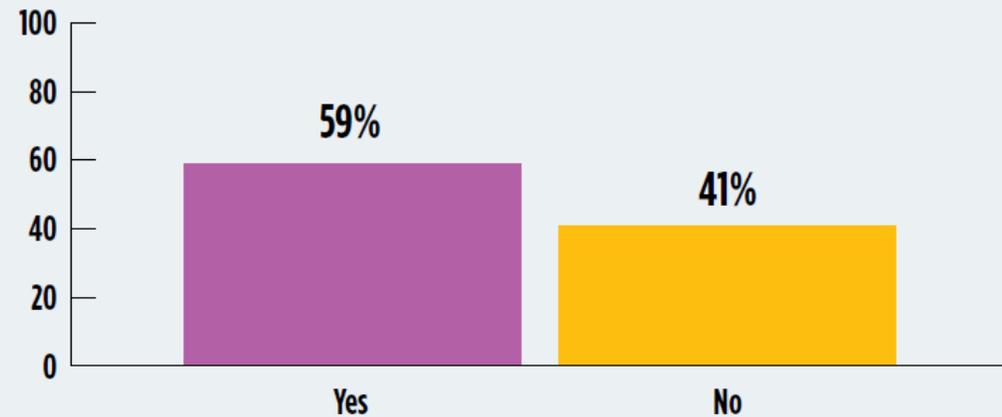
- Among clients injecting fentanyl in 2022 (n=12), 58% reported that they were currently injecting every day.

- Among clients injecting fentanyl in 2023 (n=25), 44% reported that they were currently injecting every day.

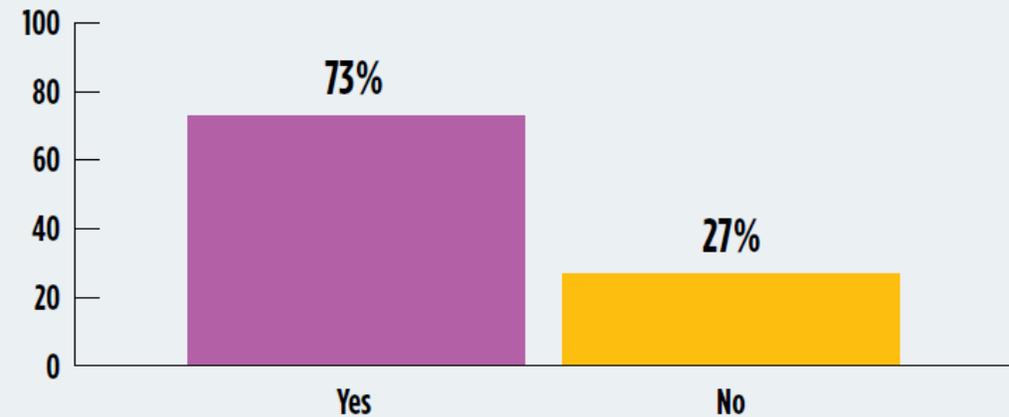
Fentanyl Use – Currently Smoking

Currently Smoking Street-Acquired Fentanyl

2022 (n=75)



2023 (n=94)



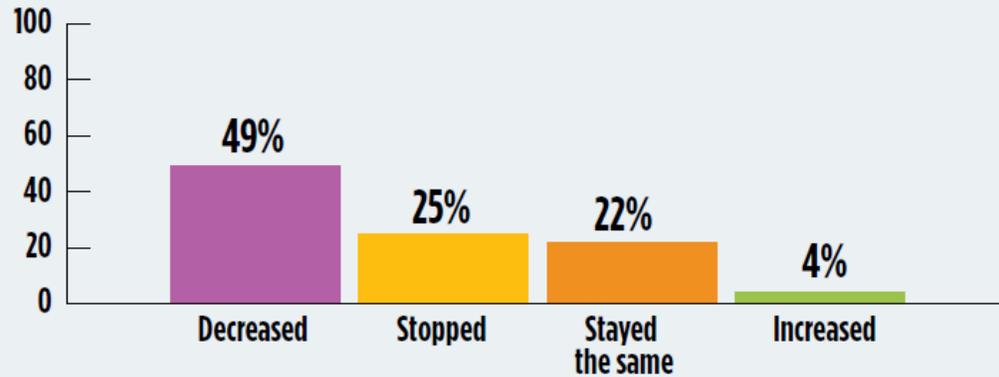
- Among clients smoking fentanyl in 2022 (n=44), 66% reported smoking fentanyl daily.

- Among clients smoking fentanyl in 2023 (n=62), 76% reported smoking fentanyl daily.

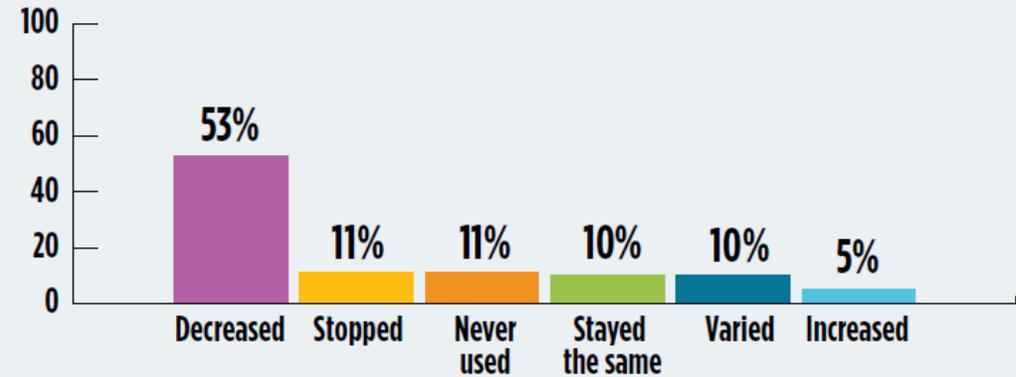
Fentanyl Use – Change in Use

Changes in Fentanyl Use Since Starting SOS

2022 (n=72)



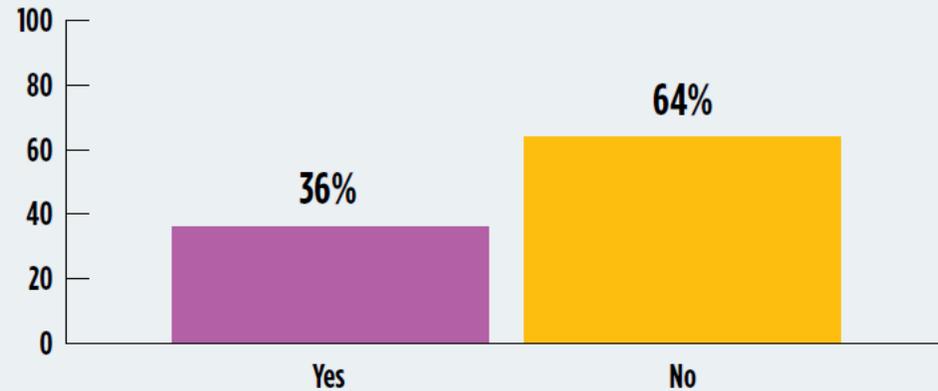
2023 (n=92)



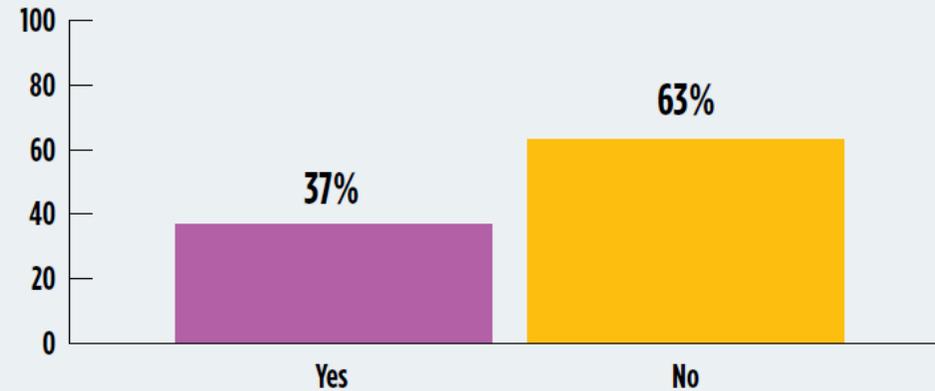
Stimulants – Currently Injecting

Currently Injecting Street-Acquired Stimulants

2022 (n=75)



2023 (n=93)



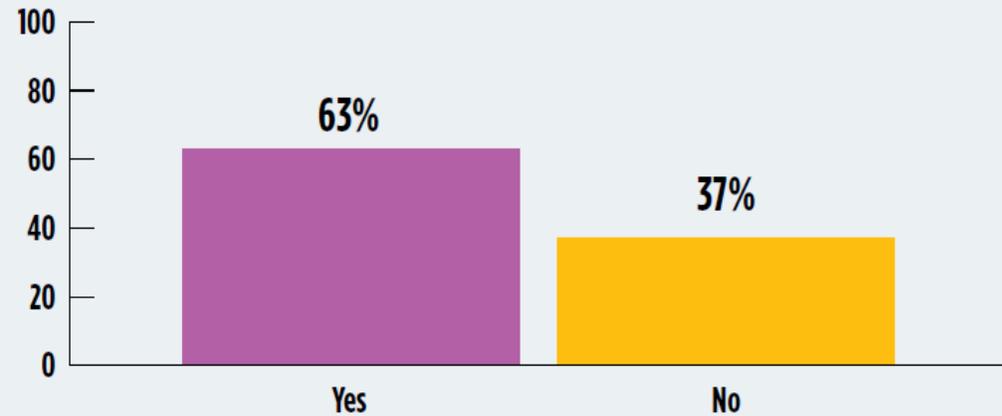
- Among clients injecting stimulants in 2022 (n=27), 30% reported injecting daily.

- Among clients injecting stimulants in 2023 (n=33), 36% reported injecting daily.

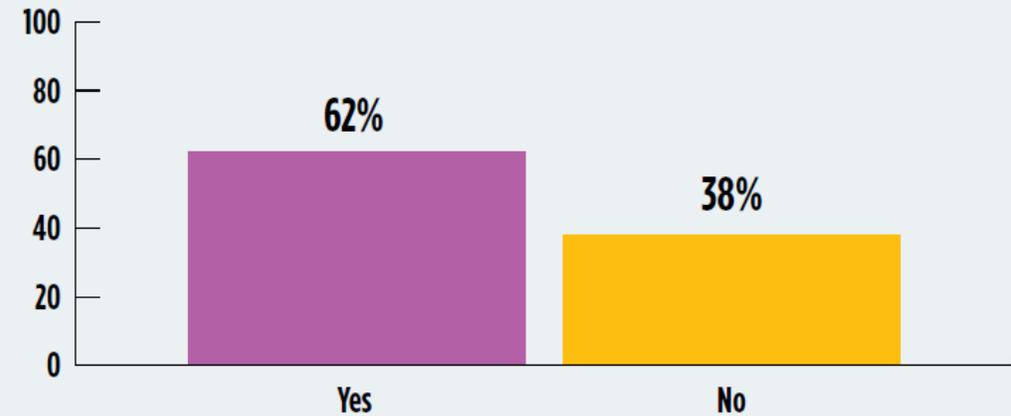
Stimulant Use – Currently Smoking

Currently Smoking, Snorting, or Eating Street-Acquired Stimulants

2022 (n=75)



2023 (n=94)



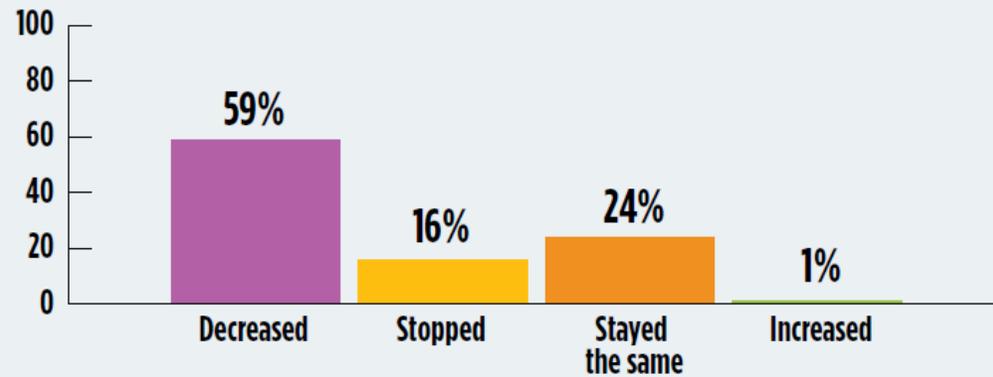
- Among clients using stimulants in 2022 (n=44), 66% reported smoking, snorting or eating stimulants daily.

- Among clients using stimulants in 2023 (n=70), 67% reported smoking, snorting or eating stimulants daily.

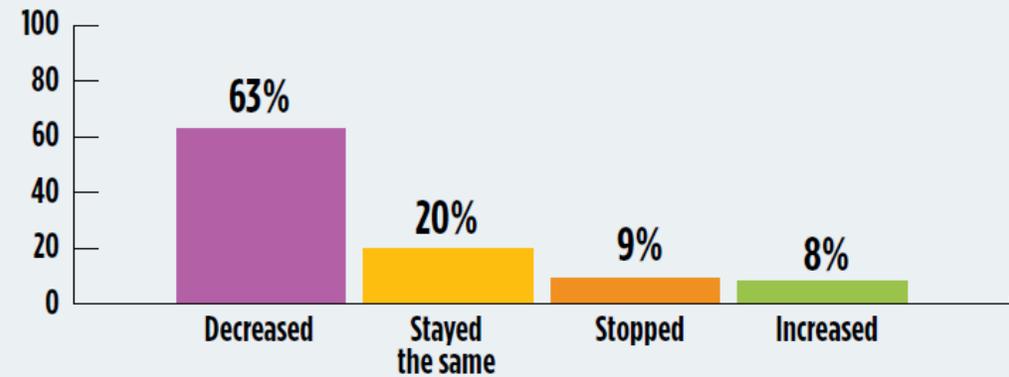
Stimulant Use – Changes in Use

Changes in Stimulant Use Since Starting SOS

2022 (n=71)



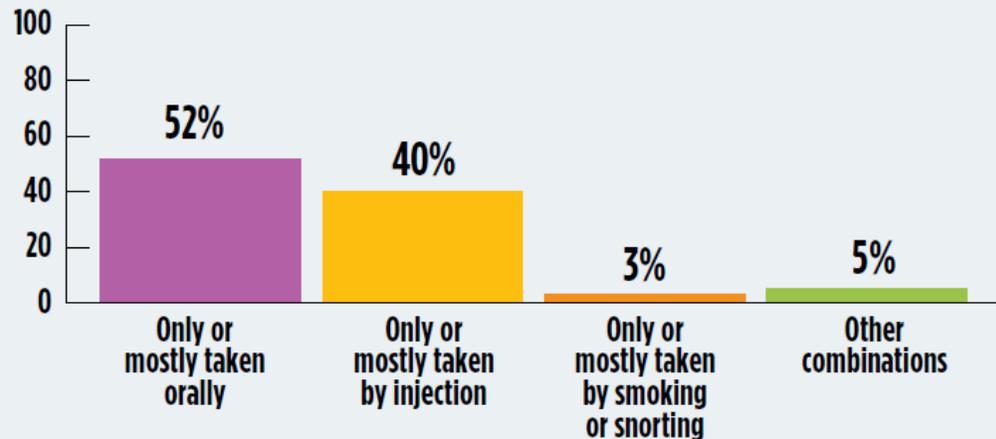
2023 (n=86)



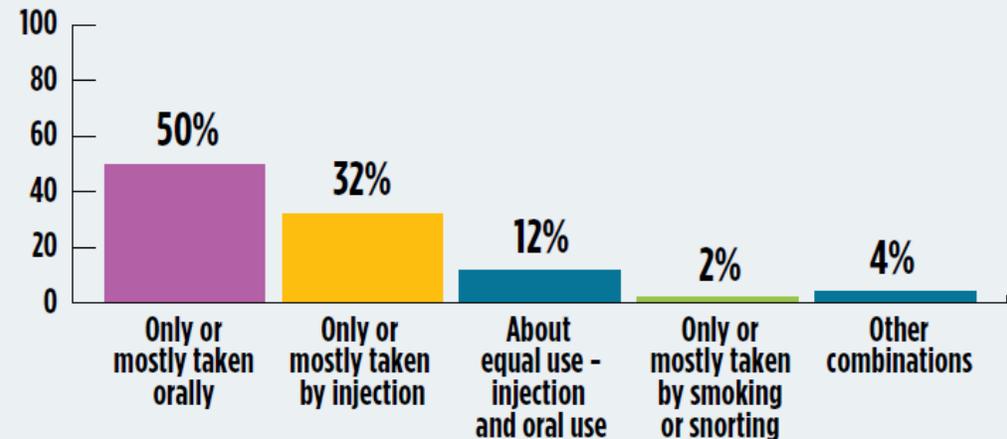
Mode of Administration – SOS Medications

Most Common Mode of Administration for SOS Medications in the Last 6 Months

2022 (n=75)



2023 (n=94)

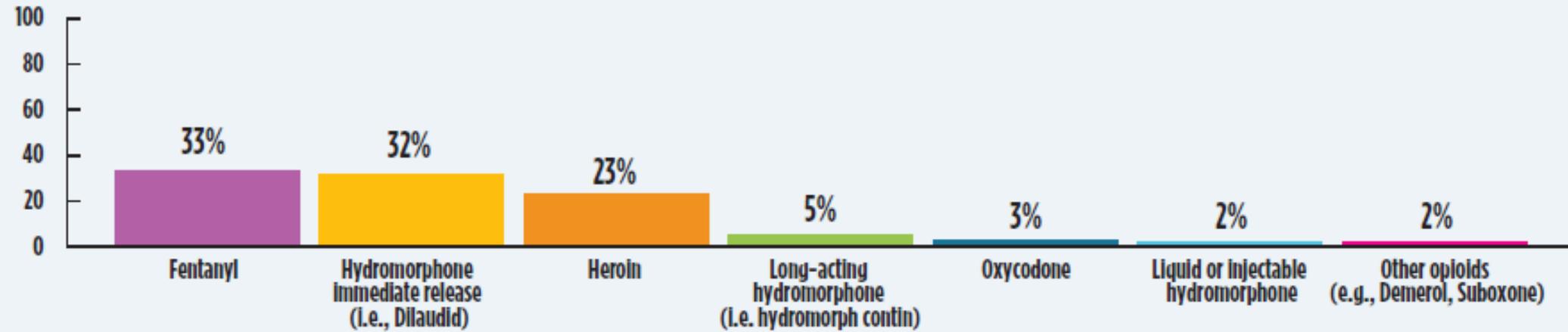


In both years, 33% of clients indicated they were not injecting drugs at all.

Medication Preferences – Opioids

Preferred Opioid to be Prescribed

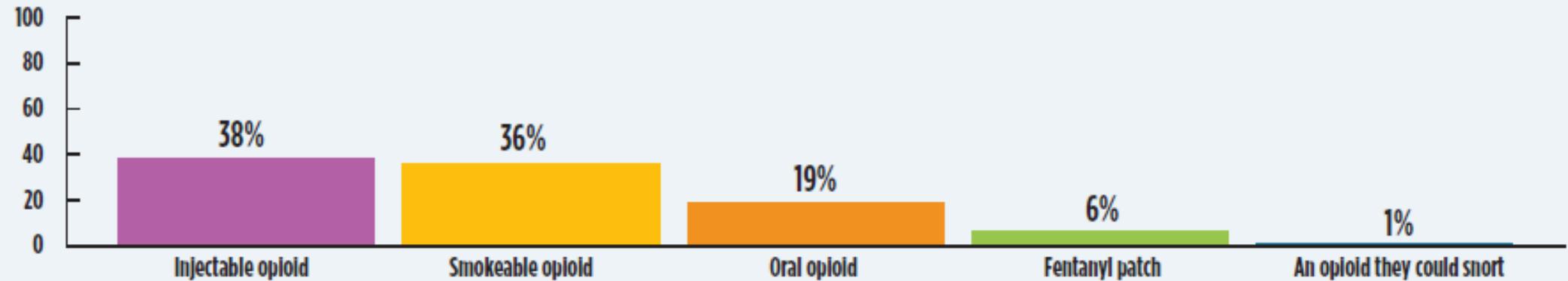
2023 (n=95)



Medication Preferences – Mode of Admin

Preferred Mode of Administration for SOS Medications

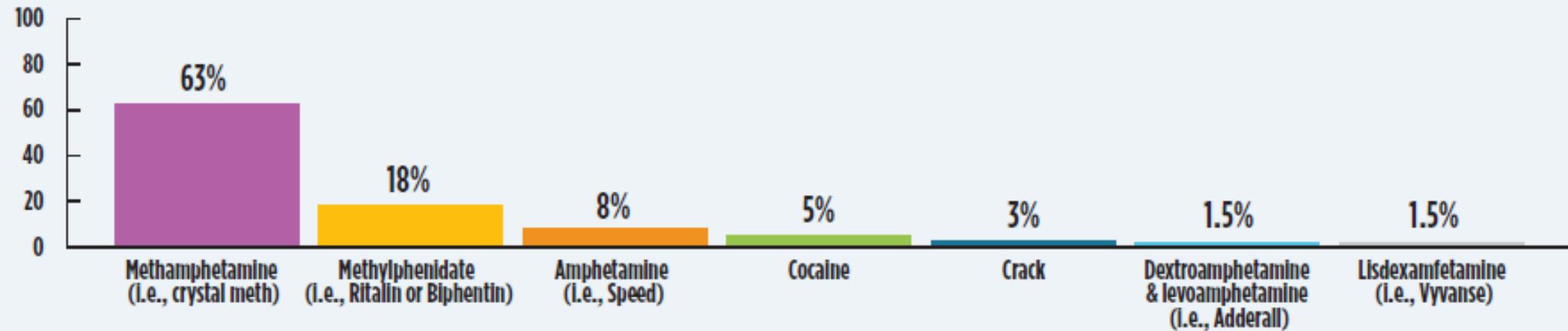
2023 (n=95)



Medication Preferences – Stimulants

Preferred Stimulant Type to be Prescribed

2023 (n=62)



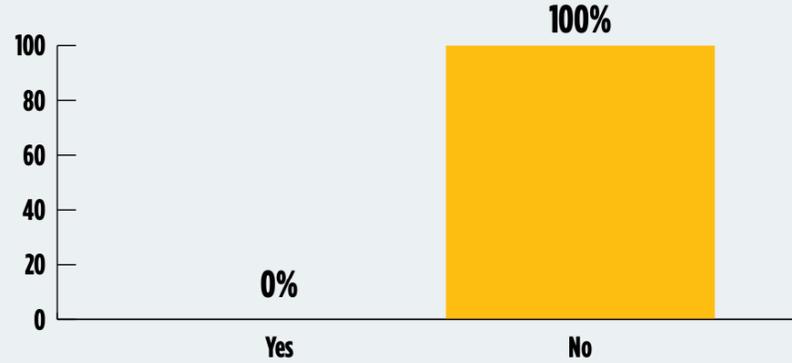
Medication Preferences – Key Takeaways

- Given a choice of any opioid to be prescribed, 33% indicated preference for fentanyl, 32% for hydromorphone, and 23% for heroin
- 36% of clients indicated preferring an opioid medication that they could smoke
- For stimulants, 28% indicated being unsure or having no preference since they did not use stimulants

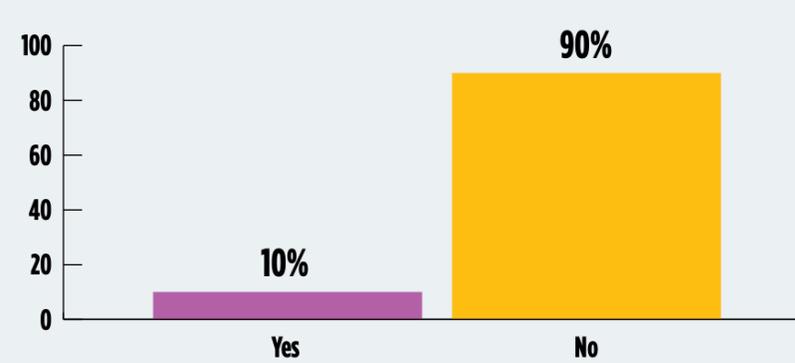
Experience of Overdose

Overdose in the Last Month

2022 (n=75)

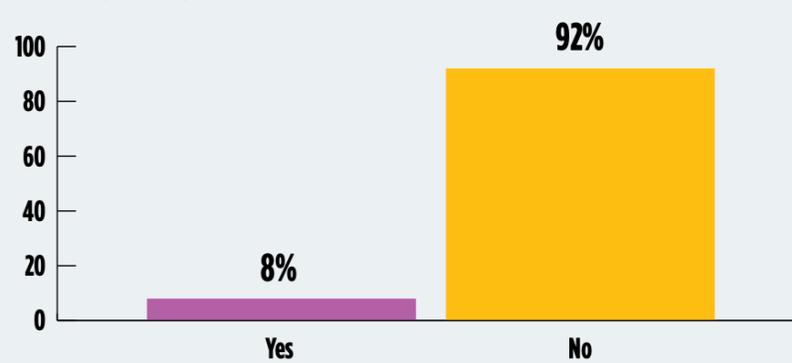


2023 (n=94)

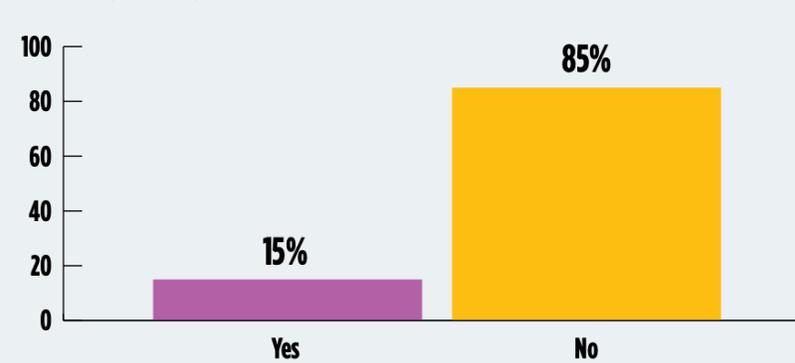


Overdose in the Last Six Months

2022 (n=75)



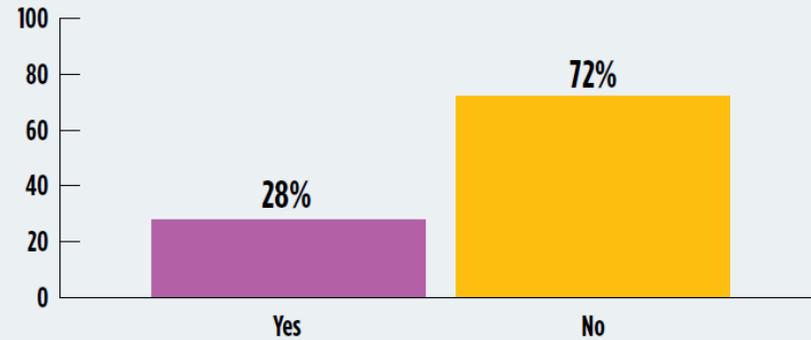
2023 (n=94)



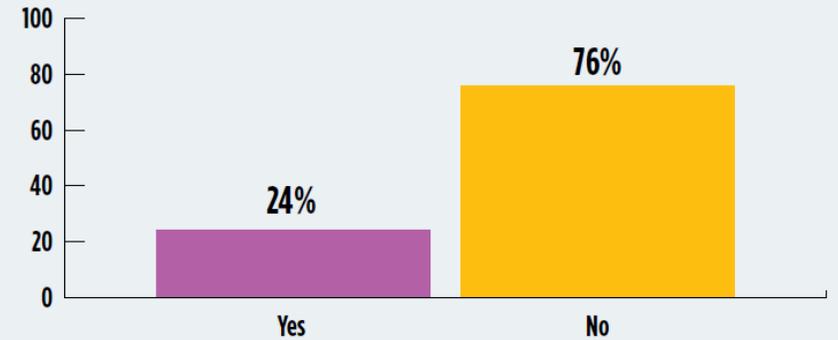
Health System Utilization

Visited an Emergency Department in the Last Six Months

2022 (n=75)

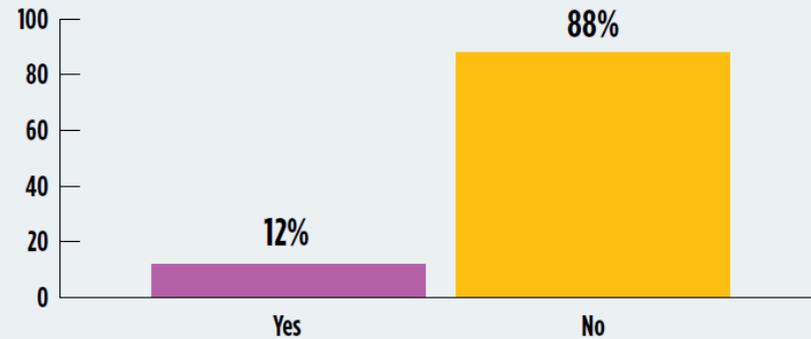


2023 (n=95)

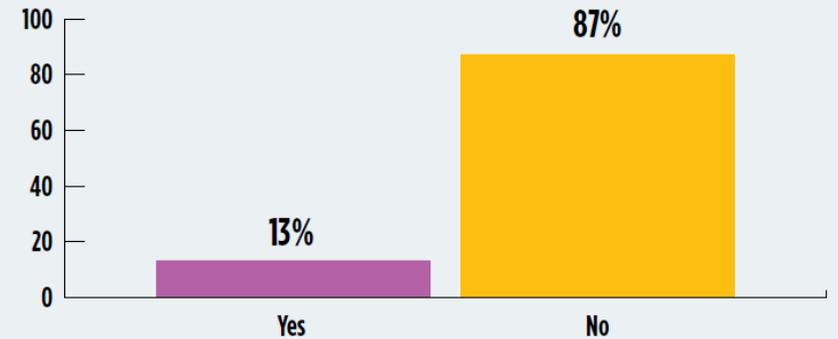


Hospitalized Overnight in the Last Six Months

2022 (n=75)



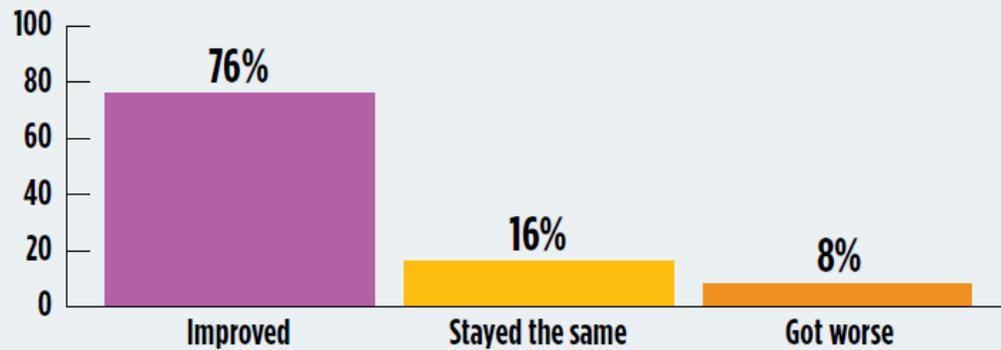
2023 (n=95)



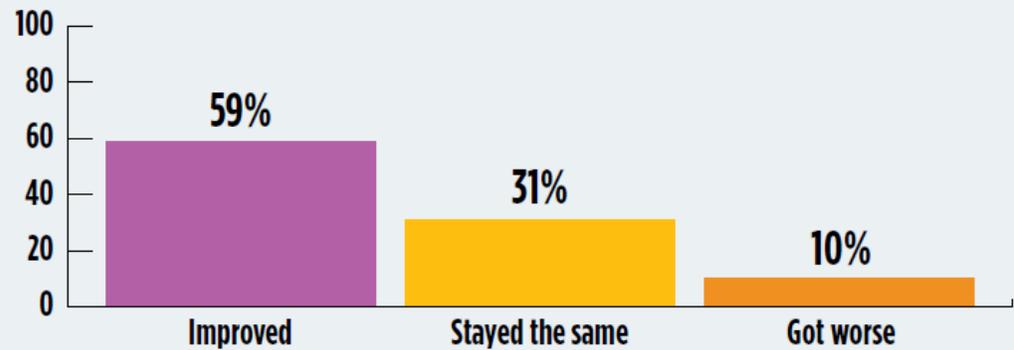
Self-Rated Health – Changes in Physical Health

Change in Self-Rated Physical Health Since Starting SOS

2022 (n=74)



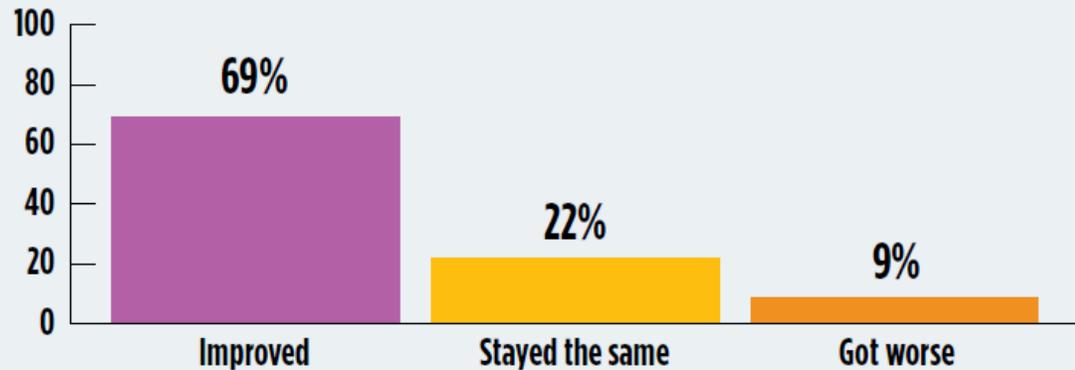
2023 (n=91)



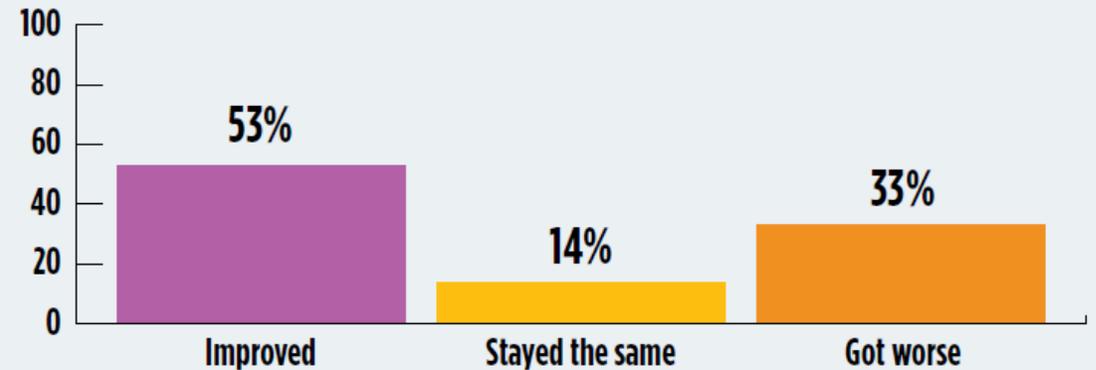
Self-Rated Health – Changes in Mental Health

Change in Self-Rated Mental Health Since Starting SOS

2022 (n=74)



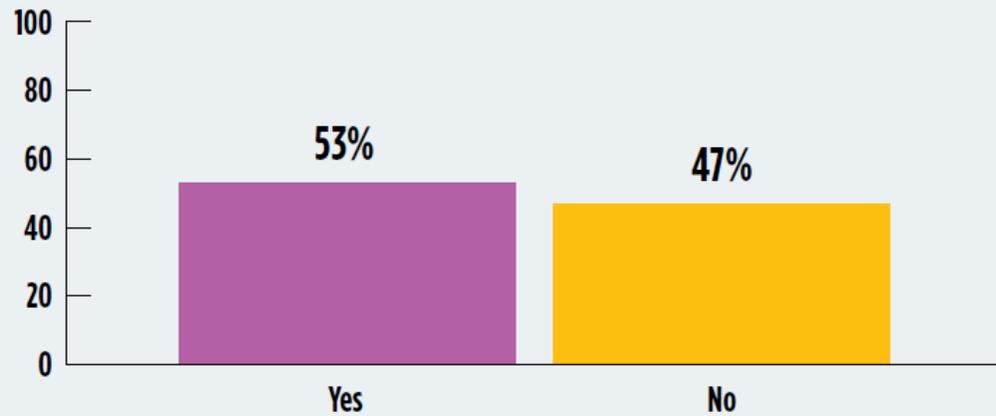
2023 (n=87)



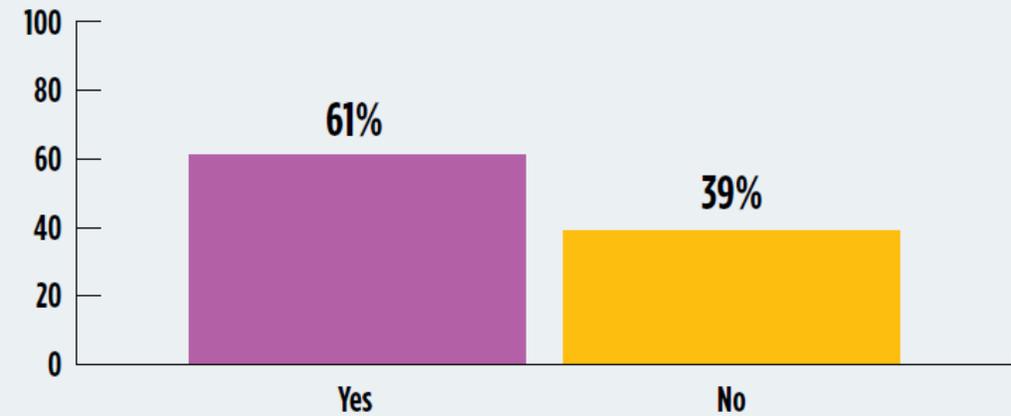
Experiences of Homelessness

Experienced Homelessness in the Last Six Months

2022 (n=74)



2023 (n=95)



2023: 43% reported currently experiencing homelessness

Experiences of Homelessness

In 2022, among those who had experienced homelessness in the last 6 months (n=40)

- 32.5% said they couch surfed with family or friends
- 27.5% said they slept at a resting space, shelter or shelter hotel
- 25% said they slept rough either outside or in a building, alcove, parking garage or doorway
- 10% said they rented a hotel or motel room
- 5% did not provide a response

In 2023, among those who had experienced homelessness in the last 6 months (n=55)

- 40% said they slept rough either outside or in a building, alcove, parking garage or doorway
- 28% said they slept at a resting space, shelter or shelter hotel
- 21% said they couch surfed with family or friends
- 3% said they rented a hotel or motel room
- 3% said they tried to stay awake through the night
- 5% said it varies

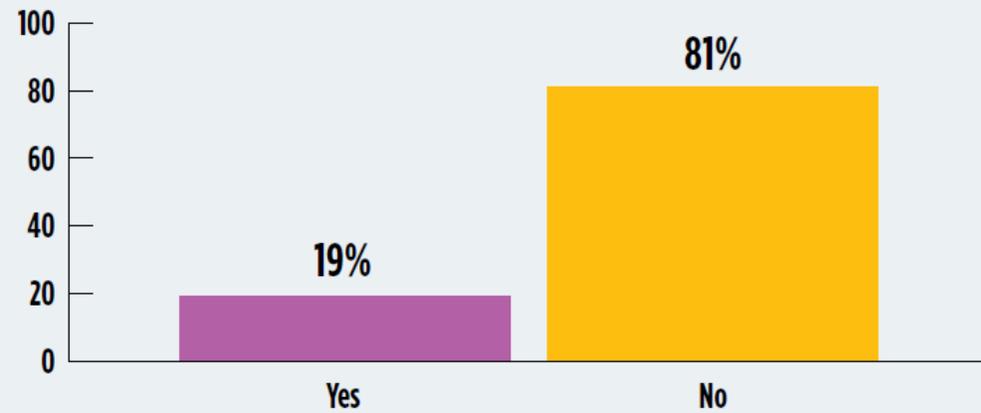
Experiences of Homelessness – Key Takeaways

- In 2023, there is a notable decrease between clients who reported current homelessness (43%) and clients reported experiences of homelessness in the last six months (61%)
- Among those who had experienced homelessness in the last six months, increase from 2022 to 2023 in people sleeping rough or outside (from 25% to 40%)
- Among those who had experienced homelessness in the last six months, 55% in 2022 and 62% in 2023 indicated having received support from a specialized housing worker

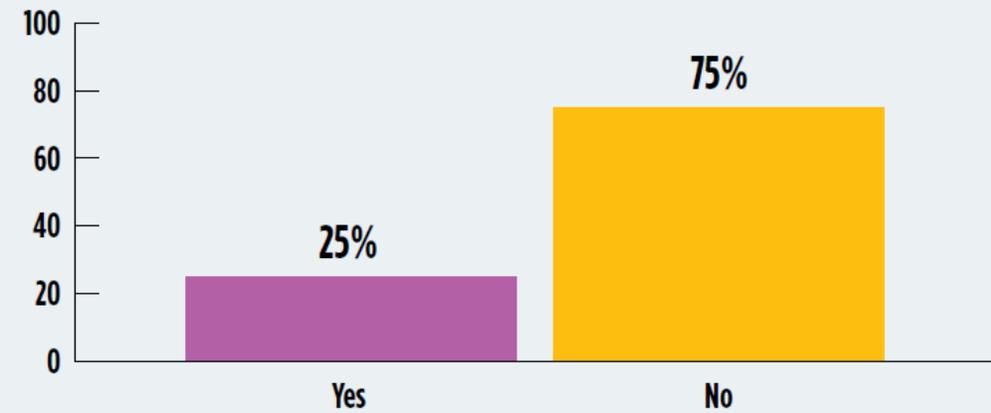
Contact with Police

Contact with Police in the Last Six Months

2022 (n=75)



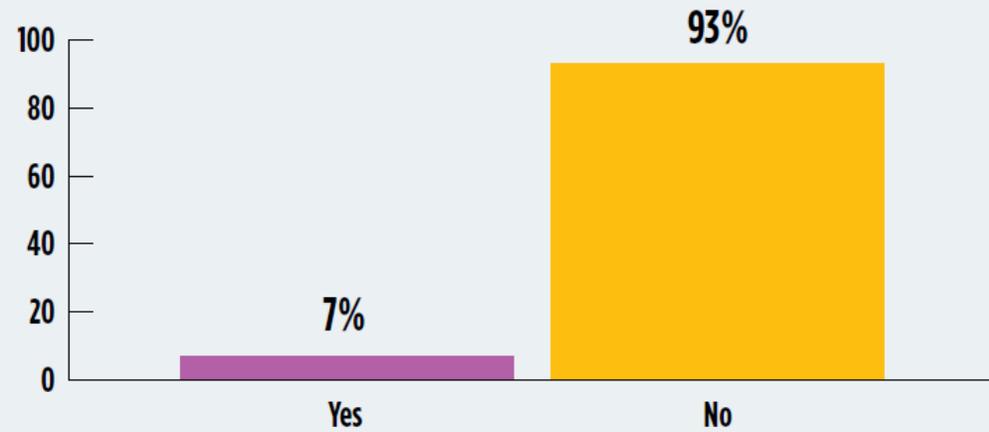
2023 (n=95)



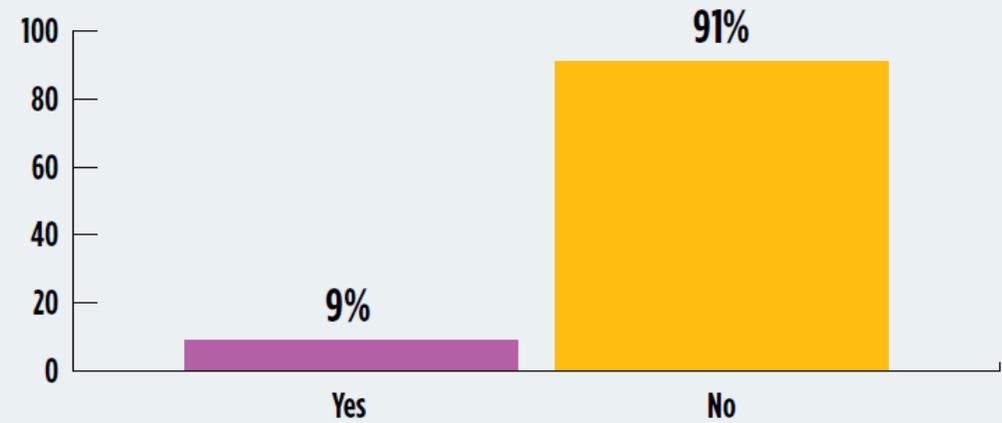
Experiences being Incarcerated

Incarcerated Overnight in the Last Six Months

2022 (n=75)



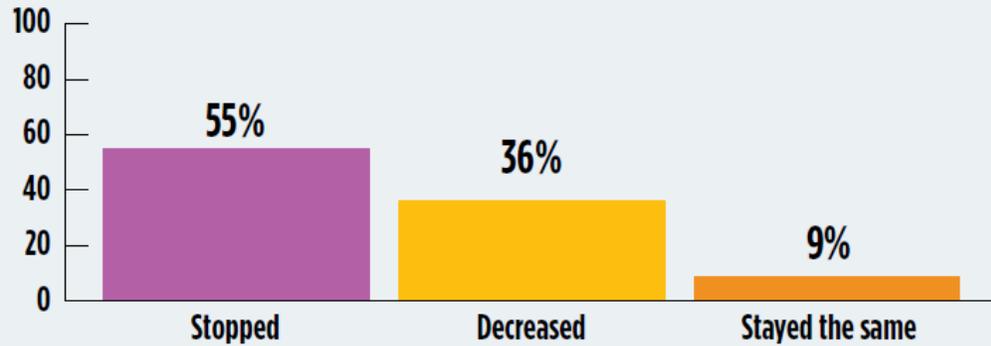
2023 (n=95)



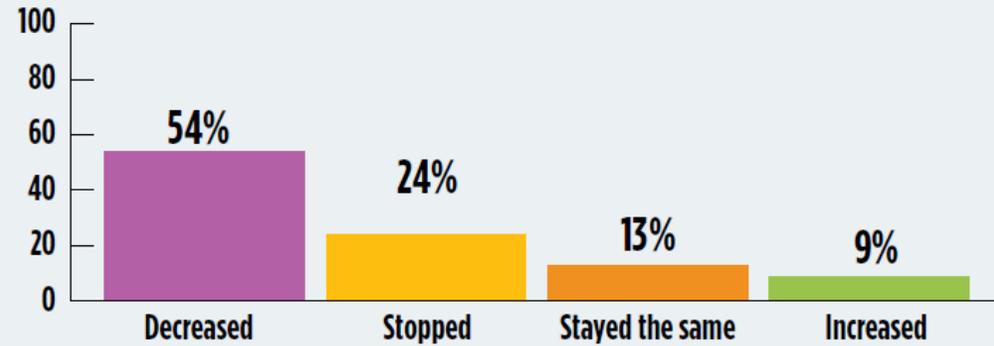
Involvement in Criminal Activity

Changes in Involvement in Criminal Activity Since Starting SOS

2022 (n=66)



2023 (n=85)



Involvement in Criminal Activity – Key Takeaways

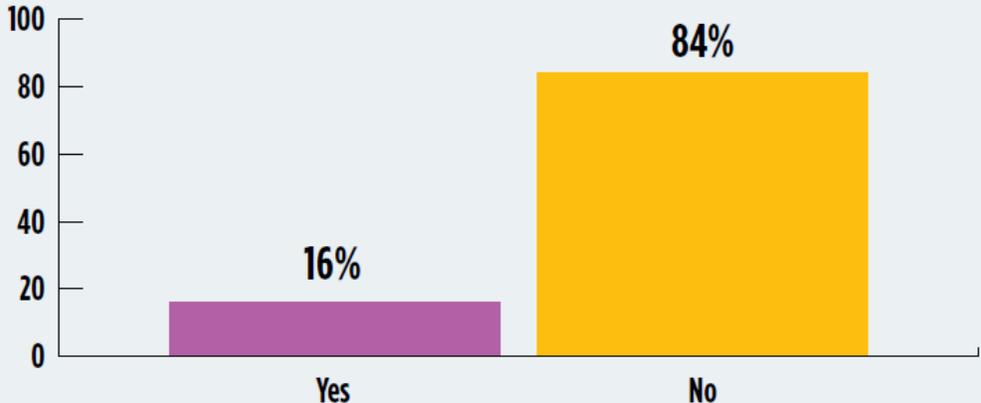
Among clients who reported ever being involved in criminal activities to pay for or get drugs

- 2022 (n=66): 91% reported that their involvement in criminal activities decreased or stopped completely since starting safer supply
- 2023 (n=85): 78% reported that their involvement in criminal activities decreased or stopped completely since starting safer supply

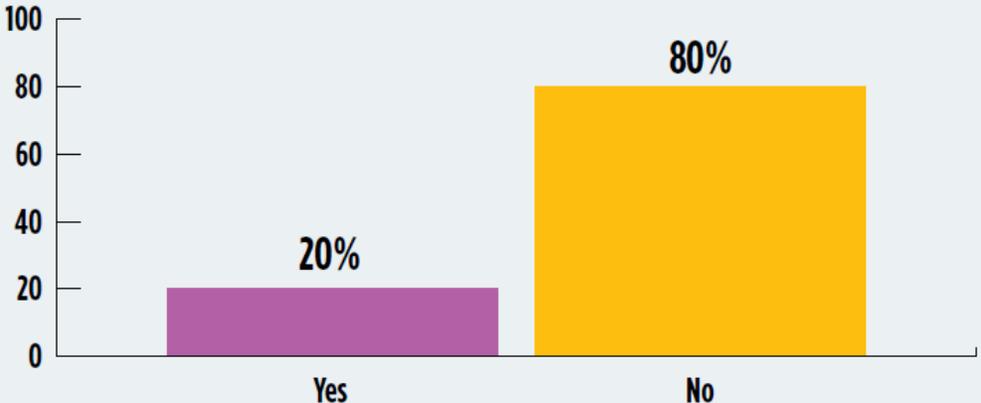
Taking a Break Since Starting the Program

Taking a Break of More Than a Month Since First Starting SOS

2022 (n=75)



2023 (n=95)



Taking a Break – Reasons Reported

2022, among people who reported taking a break (n=12):

- 33% took a break due to being in prison
- 17% took a break due to being in a hospital
- 17% took a break due to challenges getting to appointments
- 8% stated they were discharged or asked to take a break from the program
- 25% said other or did not report a reason

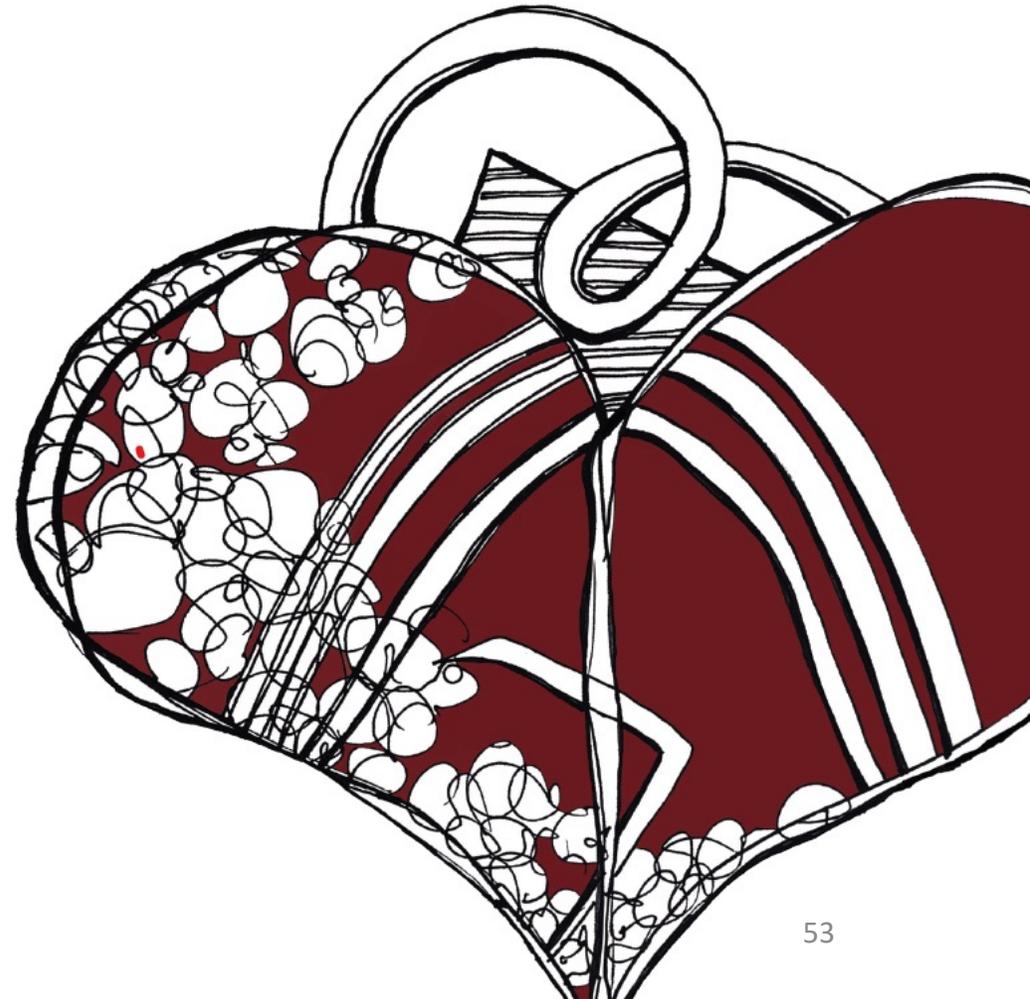
2023, among people who reported taking a break (n=19):

- 33% stated they were discharged or asked to take a break from the program
- 28% took a break due to being in prison
- 24% took a break due to challenges getting to appointments
- 10% said other or did not report a reason
- 5% took a break due to being in a hospital

Taking a Break – Key Takeaways

- ~ 80% of clients in both years have been on safe supply continuously (no break of four or more weeks) since starting the program
- Among clients who reported ever taking a break, incarceration or being in hospital for an extended period were frequently cited
- Among clients discharged or asked to take a break from the program, reasons included:
 - Being disrespectful or aggressive to LIHC staff
 - Selling medications

Discussion & Recommendations



Discussion

- **Data is consistent** across years
 - Stability among clients
 - Consistency with published research on safer supply outcomes
- **Smoking fentanyl was most common** method of use
- Medication **preferences** for drug and formulation varies
 - Fentanyl and hydromorphone equally popular
- **Impacts of housing crisis**
 - Increase in people reporting sleeping rough – potential impacts on health and drug use patterns?

Recommendations – Program Level

- Continue to provide **primary care and wrap-around** services within the SOS program
- Emphasize **safer smoking** in harm reduction services and advocate for supervised inhalation services in London

Recommendations – System Level

- Need for **continuity of care** for prescribed safer supply medications in medical and carceral settings
- Need for **increased pharmaceutical options** for prescribed safer supply programs, including options for smokeable medications
- Continue to **promote affordable and accessible housing options** and income security as a key component of wrap-around healthcare

Feedback? Questions?

More questions?

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Thank you!!