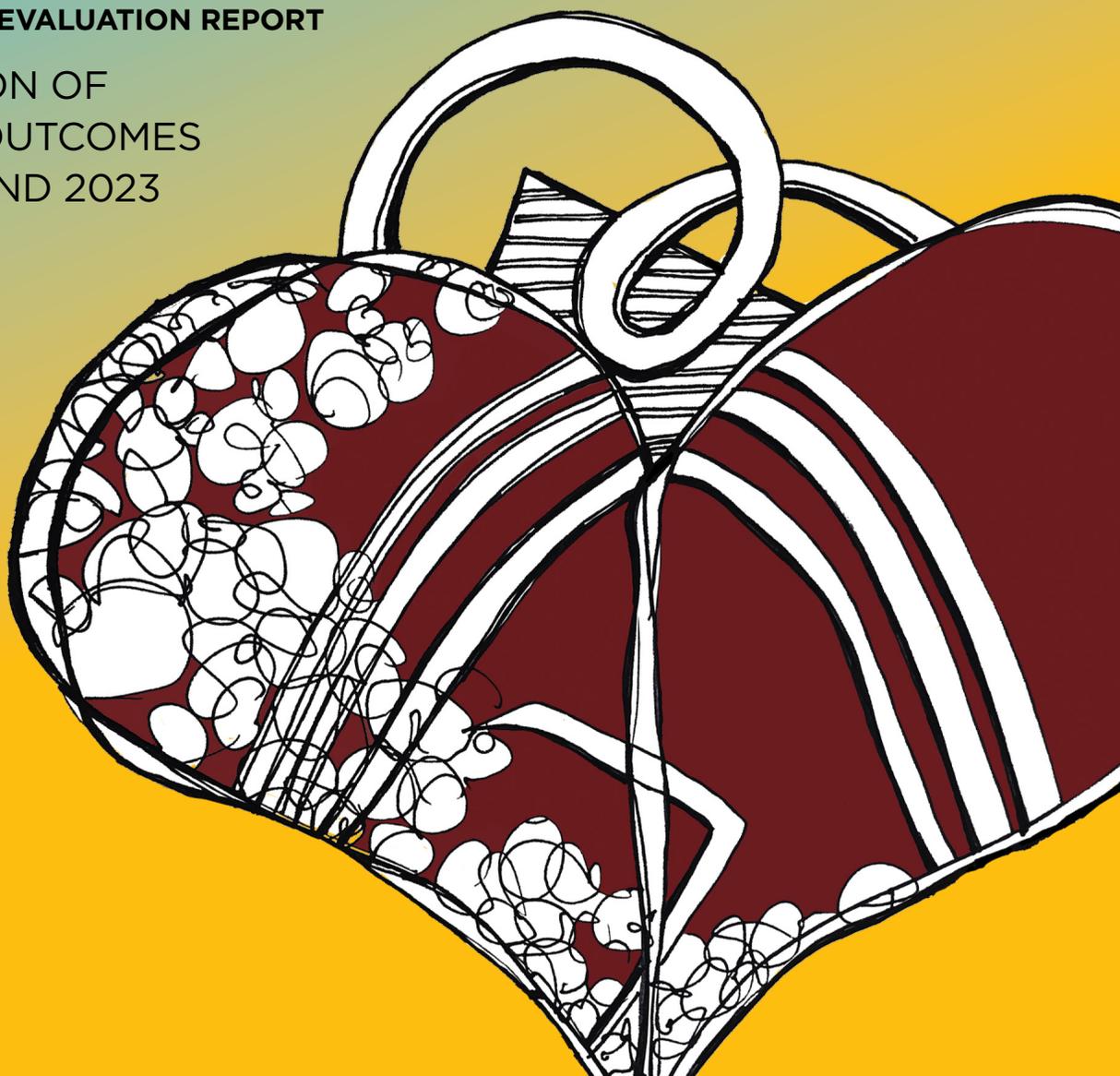




# Safer Opioid Supply Program

SEPTEMBER 2023 EVALUATION REPORT

A COMPARISON OF  
SOS CLIENT OUTCOMES  
FROM 2022 AND 2023



## Acknowledgements

The authors respectfully acknowledge that this work took place on the traditional lands of the Anishinaabek, Haudenosaunee, Lūnaapéewak and Attawandaron peoples. Histories and the persistent harms of colonialism has had devastating impacts on Indigenous communities, including in the context of the continuing drug toxicity and overdose crisis in Canada. We strive to work in partnership with Indigenous communities to disrupt and dismantle systemic racism and the ongoing war on drugs.

This evaluation was possible by all the people who generously shared their time and experiences with the project team. This includes the substantial contribution of SOS program clients and staff members from London Intercommunity Health Centre. Their contribution is gratefully acknowledged.

## LIHC Land Acknowledgement

The London InterCommunity Health Centre is located on the traditional lands of the Anishinaabek, Haudenosaunee, Lūnaapéewak and Attawandaron, on lands connected with the London Township and Sombra Treaties of 1796 and the Dish with One Spoon Covenant Wampum. We would also like to recognize the three First Nations communities neighbouring the City of London: Chippewas of the Thames First Nation, Oneida Nation of the Thames, and Munsee-Delaware Nation. With this, we respect the longstanding relationships that Indigenous Peoples have with this land, as they are the original caretakers.

Only once true sovereignty for Indigenous people and adequate resource allocation exists can we begin to work cooperatively to establish and maintain a mutually respectful framework for living together, with a view to fostering strong, healthy, and sustainable Indigenous nations within Turtle Island (North America).

We invite those who read this statement to reflect upon this Land Acknowledgment and what the Truth and Reconciliation Commission's [Calls to Action](#) mean to you, your workplace, and your community.

## Project Team

Gillian Kolla developed the survey in collaboration with the SOS community advisory group. Jessica Manzara, Sean Warren and Stephanie McCulligh administered the surveys in 2022, and Gillian Kolla and Kaitlin Fajber administered the surveys in 2023. Kaitlin Fajber and Gillian Kolla analyzed the data, drafted and edited the report. Graphic design by Ryan White R.G.D. Cover art by Pirkko Saari, used with permission.

## Funding

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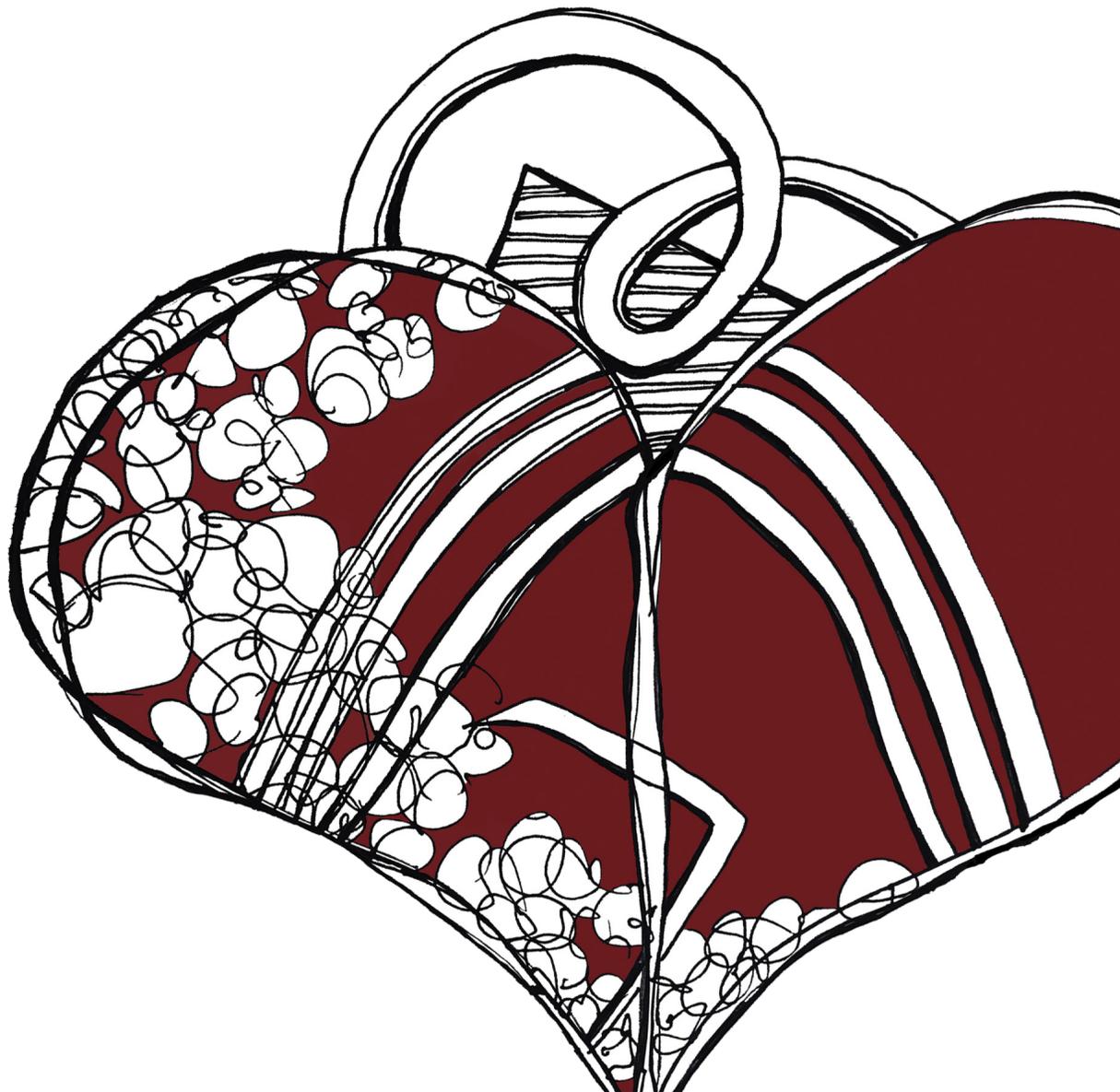
## Suggested Citation

Gillian Kolla & Kaitlin Fajber (2023). *Safer Opioid Supply Program Evaluation: A comparison of SOS client outcomes from 2022 and 2023*. London: London Intercommunity Health Center. September 2023.

**This report analyzes outcomes of clients from the Safer Opioid Supply (SOS) program at the London Intercommunity Health Center (LIHC), using self-reported client data collected in spring of 2022 and spring of 2023. It is a follow-up report to the initial [SOS program evaluation](#) conducted in 2021.<sup>1</sup>**

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## Executive Summary

### The Safer Opioid Supply (SOS) program at LIHC

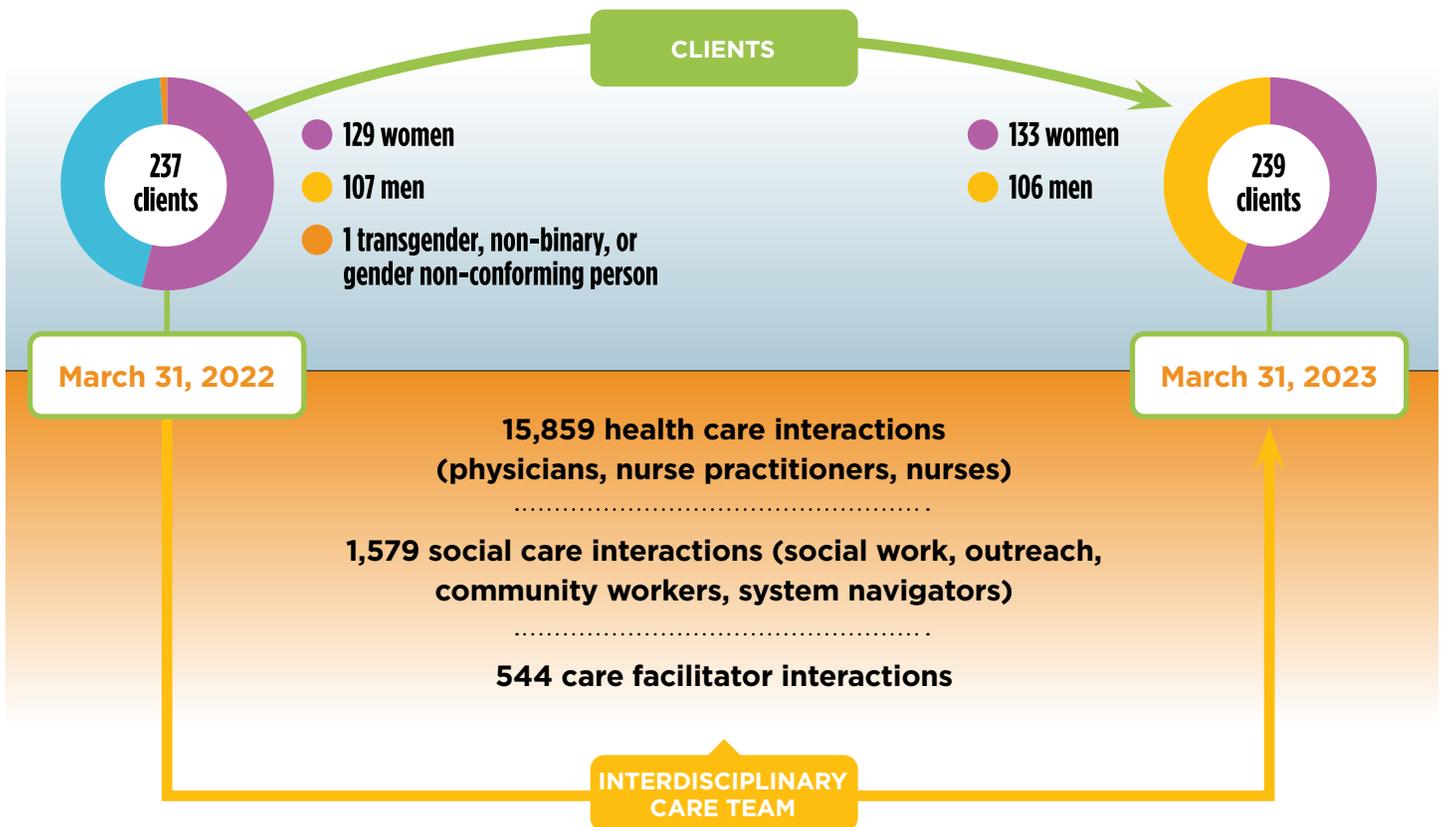
Prescribed safer opioid supply programs are part of the response to the drug toxicity overdose crisis in Canada. In London, Ontario, the Safer Opioid Supply (SOS) program at the London Intercommunity Health Center (LIHC) aims to reduce some of the health risks associated with drug use and prevent overdose-related deaths by reducing dependence on a toxic, unregulated street supply of opioids that is composed primarily of fentanyl. This is achieved through prescribing safer supply in combination with comprehensive primary healthcare and social services specific to each individual client<sup>1,2</sup>.

### SOS program numbers

On March 31st, 2022, there were 237 clients in the SOS program (129 women, 107 men, and one individual who identified as transgender, non-binary, or gender non-conforming).

As of March 31, 2023 there were 239 SOS program clients (133 women and 106 men).

From April 1, 2022 to March 31, 2023, there were a total of 15,859 health care interactions (physicians, nurse practitioners, nurses), 1,579 social care interactions (social work, outreach, community workers, system navigators) and 544 care facilitator interactions.



## This evaluation

This evaluation reports on client outcomes from the LIHC SOS program using self-reported survey data collected in spring of 2022 and again in spring of 2023 from clients of the SOS program. It is a follow-up to the first [SOS program evaluation](#) conducted in 2021.

**2022: 75 surveys collected between February 2 & April 12**  
**2023: 95 surveys collected between February 13-24**

### 2022:

- 56% of participants were women and 44% were men
- 72% of participants self-identified as white, 25% Indigenous, 5% Black, African, Afro-Caribbean or Latino

### 2023:

- 54% of participants were women, 45% were men and 1% were non-binary
- 72% of participants self-identified as white, 27% Indigenous, 2% Black, African, Afro-Caribbean or Latino

## Summary of main findings

### Reduced use of unregulated drugs and reductions in overdoses

- In both years, clients overwhelmingly indicated that since beginning prescribed safer supply, their use of fentanyl and stimulants had decreased or stopped.
  - In 2022, 49% reported their fentanyl use has decreased since starting safer supply and 25% reported their fentanyl use has stopped completely.
  - In 2023, 53% reported their fentanyl use has decreased since starting Safer Supply and 11% reported their fentanyl use has stopped completely.
  - In 2022, 59% reported their stimulant use decreased since starting safer supply and 15% reported their stimulant use stopped since starting safer supply.
  - In 2023, 63% reported their stimulant use decreased since starting safer supply and 9% reported their stimulant use stopped since starting safer supply.
- In both 2022 and 2023, approximately three times more clients reported smoking fentanyl compared to injecting fentanyl.

- In 2022, 17% of clients reported currently injecting street-acquired fentanyl and 59% reported smoking street-acquired fentanyl.
- In 2023, 26% of clients reported currently injecting street-acquired fentanyl and 73% reported smoking street-acquired fentanyl.

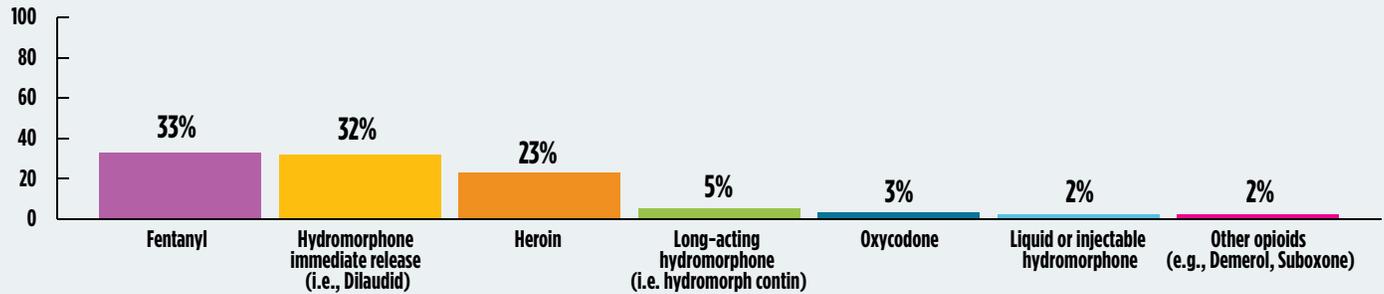
- This trend is similar for stimulants, with almost two times more clients reporting smoking, eating or snorting stimulants compared to injecting stimulants.
  - In 2022, 36% reported currently injecting stimulants and 63% reported smoking, snorting or eating stimulants.
  - In 2023, 37% reported currently injecting stimulants and 62% reported smoking, snorting or eating stimulants.
- Among clients of the SOS program, very low rates of overdose were reported.
  - In 2022, no clients reported an overdose in the past month, and 8% of clients reported having experienced an overdose in the last six months.
  - In 2023, 10% of clients reported an overdose in the past month, and 15% of clients reported having experienced an overdose in the last six months.
- These findings align with previous evaluations of safer supply programs, as well as studies showing how access to a regulated supply of medications of known dose can both reduce reliance on the unregulated street supply of drugs and associated overdose risk in both emergency shelters<sup>3,4</sup> and community-based safer supply programs<sup>1,5-7</sup>.

### Medication preferences for drug and formulation varies

- In 2023, we asked clients what their preferred opioid prescription would be in an ideal world. 33% indicated a preference for fentanyl, 32% for hydromorphone, and 23% for heroin.
- Additionally, 37% of clients indicated a preference for a medication they could inject and 35% indicated preferring an opioid medication that they could smoke, with 19% wanting a medication they could take orally.
- This data reinforces the sustained calls from people who use drugs, who have been highlighting the need for prescribed safer supply in a wide-range of medications, formulations and doses appropriate for each individual<sup>8,9</sup>.

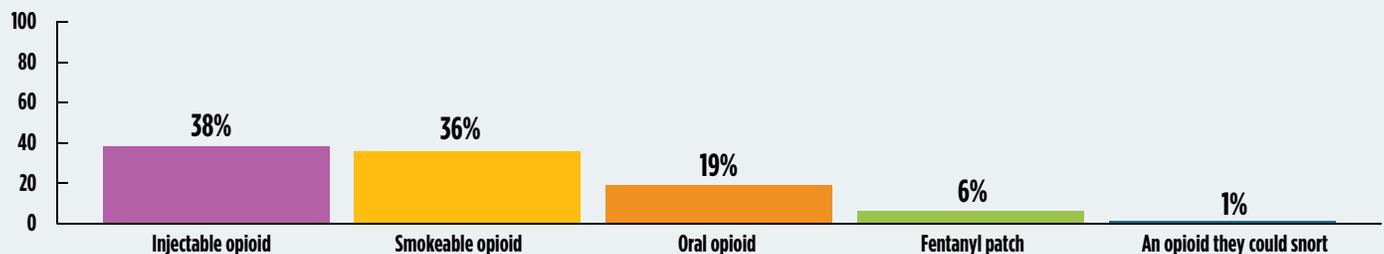
### Preferred Opioid to be Prescribed

2023 (n=95)



### Preferred Mode of Administration for SOS Medications

2023 (n=95)



### Improvements to health and access to services

- The majority of clients in both 2022 and 2023 reported improvements in their physical and mental health since starting to be prescribed safer supply.
  - In 2022, 76% of clients stated their physical health had improved since starting safer supply, and 69% stated their mental health had improved since starting safer supply.
  - In 2023, 59% of clients stated their physical health had improved since starting safer supply, and 53% stated their mental health had improved since starting safer supply.
- The low numbers of clients who reported accessing an emergency department or being admitted to the hospital overnight in the last six months in both years aligns with recently published research using health administrative data in Ontario which found significant decreases in emergency department visits, hospital admissions and admissions for infectious complications (e.g., endocarditis) in the first year after beginning the safer supply program<sup>10</sup>.

### High rates of homelessness and food insecurity among SOS clients

- Homelessness and affordable housing are at crisis levels in London and across the province; over half of the SOS clients who were surveyed reported having experienced homelessness in the last six months in both 2022 and 2023
  - In 2022, 53% reported experiencing homelessness in the last 6 months.
  - In 2023, 61% reported experiencing homelessness in the last 6 months.
- In 2023, there is a notable decrease between clients reporting experiences of homelessness in the last six months (53%) and clients who reported currently being homeless (43%). This is likely due to the opening of a new supportive housing unit where many safer supply clients reported recently moving into at the time of the 2023 survey.
- SOS clients also reported high rates of food insecurity in both years, and difficulty in paying for their basic needs
  - In 2022: 57% reported difficulty finding enough food to eat in the last 6 months, and 71% had difficulty finding enough money to pay for basic needs in the last 6 months.
  - In 2023: 48% reported difficulty finding enough food to eat in the last 6 months, and 68% had difficulty finding enough money to pay for basic needs in the last 6 months.

### High retention in the SOS program and reasons for taking a break from the program

- Approximately 80% of clients in both years indicated having been on safe supply continuously (no break of four or more weeks) since starting the program.
- Among clients who reported having ever taken a break, the most commonly cited reasons among clients were being incarcerated or hospitalized. Additionally, clients were able to re-enter the program following their period of hospitalization or incarceration. Clients also reported being asked to take a break from the program due to being disrespectful or aggressive to LIHC staff, and for sharing or selling medications.

## Recommendations

### Program-level

**Continue to provide primary care and wrap-around services within the SOS program:** The comprehensive care model used within the SOS program that combines prescribed safer supply, access to primary care, and supportive wrap-around services has led to positive changes in client health and wellness and decreased use of drugs from unregulated markets.

**Emphasize safer smoking in harm reduction services and advocate for supervised inhalation services in London:** The high proportion of clients who smoke fentanyl and/or stimulants indicates a strong need for continued expansion of smoking-specific harm reduction services such as supervised inhalation sites and safer smoking supplies (i.e., foil, glass stems, pipe screens).

### System-level

**Need for continuity of care for prescribed safer supply medications in medical and carceral settings:** Changes to institutional policy and de-stigmatization of safer supply is necessary to improve continuity of care, so that clients can continue to receive their medications regardless of setting.

**Advocate for increased pharmaceutical options for prescribed safer supply programs, including options for smokeable medications:** Given the high rates of smoking as method of use (compared to injecting and oral use), pharmaceutical options that can be smoked (e.g., powdered fentanyl and heroin) should be considered. Coverage for a larger range of medication option from the Ontario Drug Benefit is necessary to meet the broad needs within the community.

**Continue to promote affordable and accessible housing options and income security as a key component of wrap-around healthcare:** Despite the positive impacts of providing prescribed safer supply and comprehensive primary care on clients' health, the ability to improve their health will be significantly limited by the strongly negative effects of homelessness and poverty on people's health and wellbeing.

## Background

### Why is safer supply needed?

Canada faces a continuing and devastating overdose crisis, primarily driven by a volatile and toxic drug supply of fentanyl, fentanyl analogues and increasingly benzodiazepines<sup>11</sup>. Nationally, almost 35,000 opioid-related overdose toxicity deaths have been recorded between January 2016 and September 2022<sup>12</sup>. Ontario continues to be the province with the highest number of opioid toxicity deaths, with 1,853 deaths due to opioid toxicity in the first 10 months of 2022<sup>13</sup>.

The COVID-19 pandemic and associated public health measures implemented in March 2020 exacerbated pre-existing social inequities and amplified the existing crisis, contributing to increased overdose deaths<sup>14</sup>. During 2020, the first year of the COVID-19 pandemic, 2,426 people died from opioid-overdose in Ontario, representing a 60% increase from the previous year<sup>15</sup>. Fentanyl was a direct contributor to the vast majority (87%) of these deaths<sup>15</sup>.

Moreover, the overdose crisis is occurring in a political and social environment that continues to criminalize drugs and the people who use them, creating barriers to effective interventions and inflicting continuing harms on communities. The urgency of the drug toxicity overdose crisis calls for a comprehensive and expanded response to prevent overdose-related deaths; one element of this comprehensive response is prescribed safer opioid supply programs.

### What is safer supply?

The Canadian Association of People Who Use Drugs defines safe supply as the “legal and regulated supply of drugs with mind/body altering properties that traditionally have been accessible only through the illicit drug market”<sup>16</sup>. The call for safe supply comes directly from people who use drugs as a necessary and appropriate response to the current crisis, and would include buyer’s clubs, compassion clubs<sup>17</sup> and non-medicalized programs providing access to regulated substances traditionally only available through the unregulated market<sup>18</sup>. Currently, access to regulated opioids in Canada has been limited to the prescription-based programs within medical and healthcare settings, increasingly referred to as prescribed safer supply programs.

Given the contentious nature of safe supply, defining how the term is used is critical to clarifying the utility and impacts of practice and policy<sup>19</sup>. In this report, prescribed safer supply refers to the prescribing of a regulated supply

of opioids to clients by doctors and nurse practitioners, as part of a comprehensive primary care program in a community health center that provides access to a wide array of wrap-around services.

### What is the evidence for safer supply?

Evidence from scientific studies and program evaluations of prescribed safer supply programs are rapidly being published, demonstrating positive impacts for individuals, communities and the broader health system. Peer-reviewed research using health administrative data from clients of the safer opioid supply (SOS) program at London Intercommunity Health Centre (LIHC) found a rapid and significant decrease in emergency department (ED) visits, hospital admissions, and healthcare costs (excluding primary care and medication costs) following enrollment in the SOS program<sup>10</sup>. Additionally, clients in the SOS program experienced a significant decrease in ED visits, hospital admissions, admissions for incident infections, and healthcare costs (excluding primary care and medication costs) in the year following entry into the program compared to the year prior; these decreases were not seen in a matched group of London residents with opioid use disorder, suggesting that receiving a prescription for safer supply was responsible for the decreases<sup>10</sup>. Furthermore, this study found that LIHC SOS program clients had high rates of HIV and hepatitis C upon entry to the program, high rates of previous experience of opioid agonist therapy (OAT), and high rates of hospital admissions, further suggesting that the LIHC program was providing health services to group of people with very complex health needs<sup>10</sup>.

Research on prescribed safer supply programs in Canada further emphasize how access to a regulated supply reduces or even prevents individuals from relying on a toxic street supply, which in turn reduces or prevents overdoses<sup>1,3,5,6,20</sup>. Health outcomes include increased access to primary care, improvements to social well-being through re-establishing or strengthening relationships with friends and family, increasing food security, income security, and access to housing services<sup>1,5,6</sup>. Research has also found that clients of SOS programs experience improved stability in their lives, reinforced by decreased involvement in criminal activities and/or sex work to acquire drugs<sup>1,5,6,21</sup>.

The exacerbation of negative impacts for people who use drugs during the COVID-19 pandemic accelerated the establishment of SOS prescribing and demonstrated the ability to rapidly intervene in a crisis<sup>22</sup>. Sixty new prescribed

safer supply sites opened across Canada between March 1 and May 1, 2020—a 285% increase<sup>22</sup>. The most common settings for safe supply programs as of May 1, 2020 were primary care clinics and addiction treatment centers; however, 79% of safe supply programs reported being unfunded<sup>22</sup>. Current safe supply programs prioritize individuals at high risk of overdose, who are experiencing health complications due to drug use, and barriers to accessing health services<sup>1,5,7,23,24</sup>. In the context of an ongoing drug toxicity overdose crisis, the ongoing research suggests that providing access to prescribed safer supply of drugs is feasible, urgent, and lifesaving.

### What is the Safer Opioid Supply program at the London Intercommunity Health Center?

LIHC opened in 1989 and provides comprehensive primary health care, health promotion and community development in London, Ontario. The SOS program is part of the broader Health Outreach programming offered by LIHC that provides support for people experiencing homelessness or who are heavily street involved. The SOS program was started in 2016 by Dr. Andrea Sereda and is the first formally recognized safer supply program in Canada<sup>1,2</sup>.

Born out of the recognition that traditional substance use and addiction treatment services were not meeting the needs or goals of all LIHC clients - particularly those experiencing homelessness and barriers that prevent them from accessing health care services - the SOS program is grounded in a harm reduction approach. Ultimately, the program aims to reduce some of the health risks associated with drug use and prevent overdose-related deaths by reducing dependence on a toxic, unregulated street supply of opioids that is composed primarily of fentanyl. This aim is achieved through prescribing safer supply in combination with wrap-around health and social services specific to each individual client<sup>1,2</sup>.

Following the onset of the COVID-19 pandemic in March 2020, and in recognition of the need for expanded options for people who use drugs, Health Canada announced temporary funding under the Substance Use and Addictions Program (SUAP) for 25 pilot safer supply programs in Canada<sup>25</sup>. SUAP funding has enabled the expansion of the SOS program at LIHC, as seen by the doubling of program enrollment: from 112 clients as of April 1, 2020<sup>1</sup> to 239 clients as of March 31, 2023.

### How does the program work?

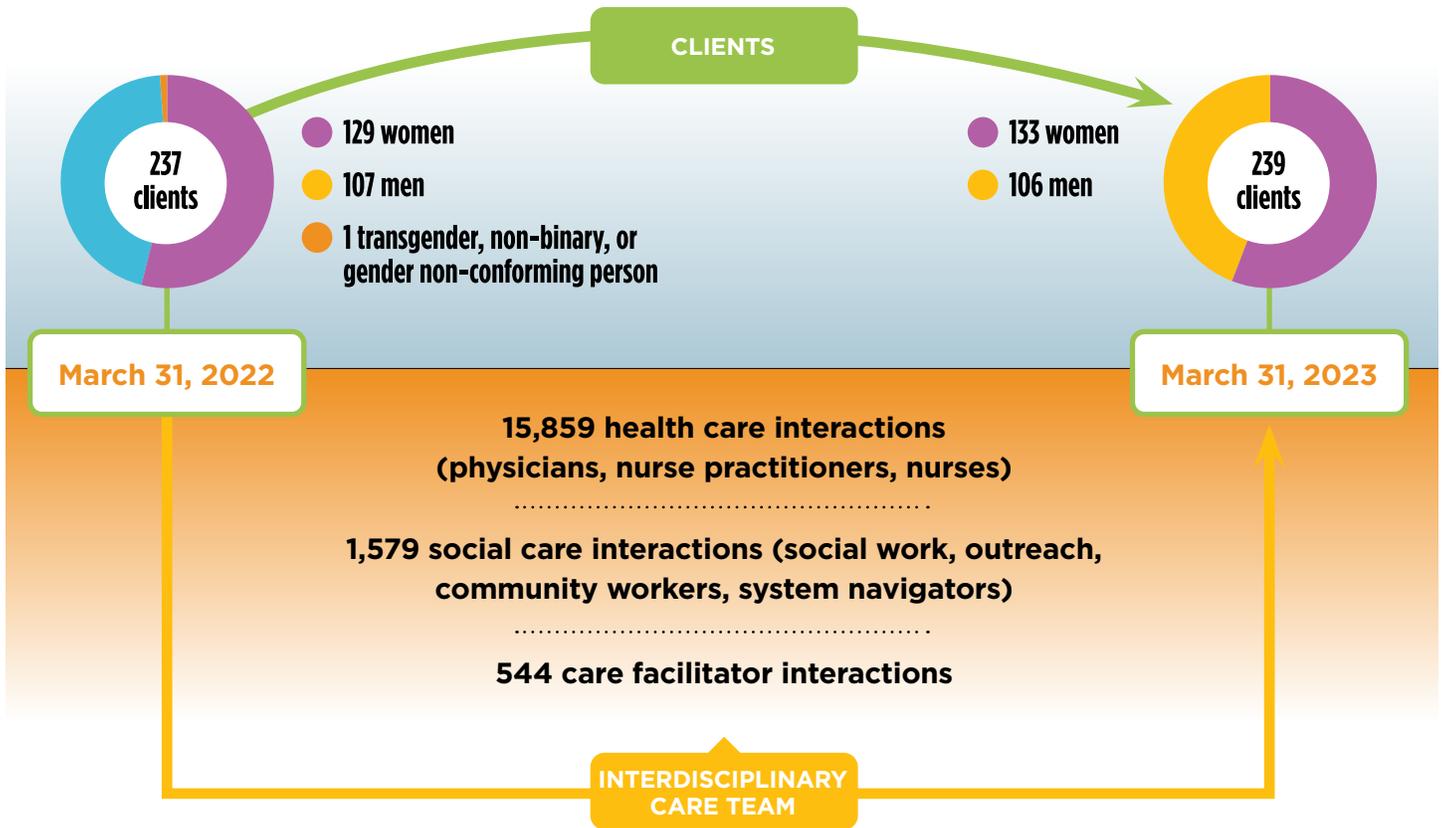
The SOS program is part of a comprehensive care model that emphasizes access to low-barrier primary care for people who use drugs and often have complex health needs. During intake, new clients work with a systems navigator to identify their specific needs and circumstances, before being accompanied to the appropriate health (e.g., HIV or hepatitis C education, diabetes education, nutrition services, harm reduction education) and social services (e.g., housing support, assistance applying for social programs, and counseling). Regarding medications, clients are prescribed safer opioid supply, typically in the form of a daily-dispensed, take-home dose of short-acting hydromorphone tablets (primarily Dilaudid-branded tablets due to their ease of dissolution for those who choose to inject their medications), with or without slow-release oral morphine as a long-acting opioid backbone. Every client in the SOS program is also a family practice patient at LIHC and ongoing care is provided by an interdisciplinary team of primary care physicians, nurse practitioners, nurses, systems navigators, outreach workers and care facilitators, who work together to address clients' needs using a social determinants of health and harm reduction lens<sup>2</sup>. In essence, the SOS program works by providing a prescription for opioid medications alongside comprehensive health and social services to stabilize clients as they move towards meeting their health needs and goals.

Providing comprehensive care is central to the operation and success of the SOS program. The previous evaluation of the SOS program demonstrated positive outcomes on clients' health and social well-being that were associated with safer supply medications as well as the person-centered, wrap-around primary care and harm reduction approach used to address complex care needs<sup>1</sup>.

## Program Description: By the Numbers

On March 31, 2022, there were 237 clients in the program, including 129 women, 107 men, and one individual who identified as transgender, non-binary, or gender non-conforming. As of March 31, 2023 there were 239 clients in the program, including 133 women and 106 men.

In the 12 month period from April 1, 2022 to March 31, 2023, there were a total of 15,859 health care interactions (physicians, nurse practitioners, nurses), 1,579 social care interactions (social work, outreach, community workers, system navigators), and 544 care facilitator interactions.



## Survey Results

As part of an ongoing program evaluation and quality improvement plan to monitor the scale-up, operations and impacts of the safer supply program, the goal of this evaluation was to examine self-reported client outcomes in spring of 2022 and spring of 2023, to explore trends and change through time among safer supply clients. Quantitative survey methods were used in this round of evaluation, and more details on methods are available in the Methods Appendix at the end of the report. The total number of responses does not always equal the total number of participants as clients could choose whether or not to answer a question.

### Sample Size

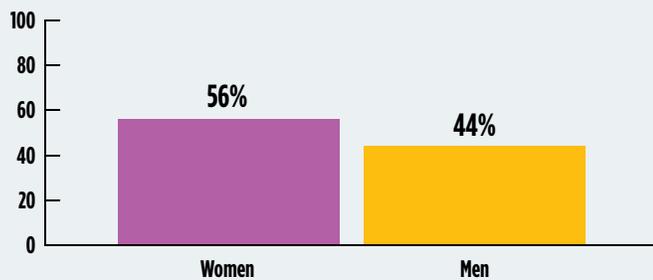
**2022:** 75 surveys collected between February 2 & April 12

**2023:** 95 surveys collected between February 13-24

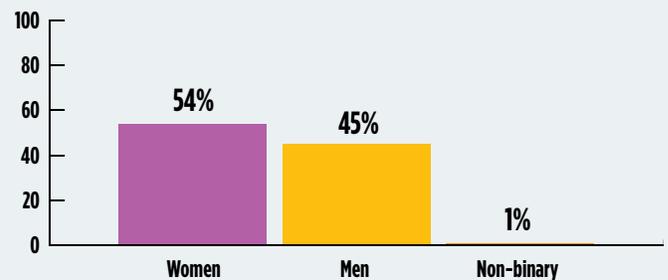
### Demographics

#### Gender of Survey Respondents

**2022 (n=75)**

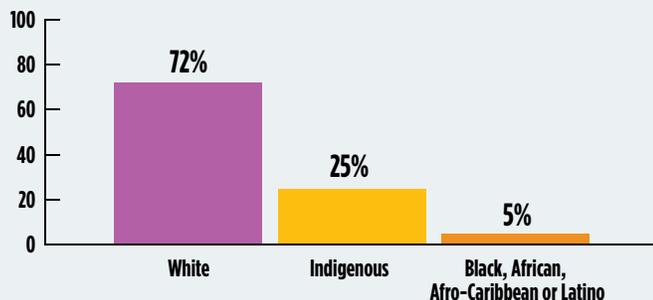


**2023 (n=95)**

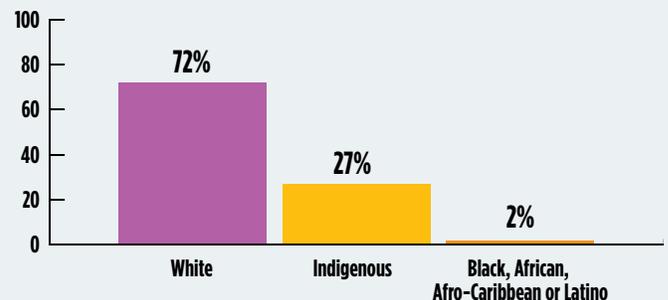


#### Racial and/or Ethnic Background of Survey Respondents

**2022 (n=75)**



**2023 (n=95)**



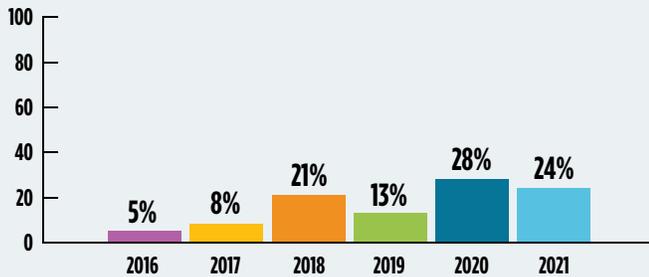
### ! KEY TAKEAWAYS

- Both samples were representative of the gender and racial/ethnic background breakdown of the overall client population of the SOS program
- In 2022, the median **age** is 44 years and a range of 22-65 years.
- In 2023, the median **age** is 45 years and a range of 29-68 years.
- All survey participants indicated English as the preferred **language** except for one participant in 2023 who preferred French.

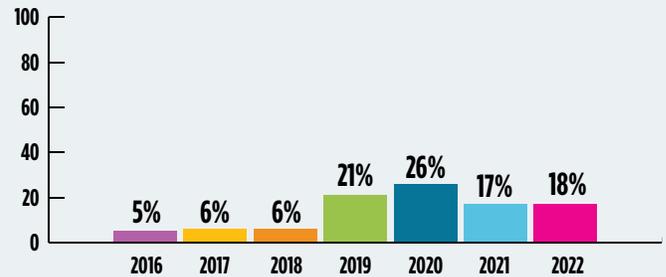
## Program Involvement

### Year when Clients Reported Starting SOS for the First Time

2022 (n=75)



2023 (n=95)



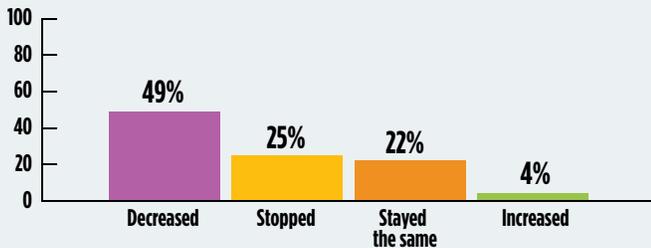
### ! KEY TAKEAWAYS

- The SOS program started in 2016 with less than 5 clients and has expanded to 239 clients as of March 31, 2023.
- Survey results capture data from clients who have been accessing safer supply since the beginning of the SOS program and every year since.
- In 2022, 52% of surveyed clients started SOS since SUAP funding began in March 2020. In 2023, 61% of surveyed clients had started SOS since SUAP funding started. The survey sample was indicative of both longer-term and newer clients.

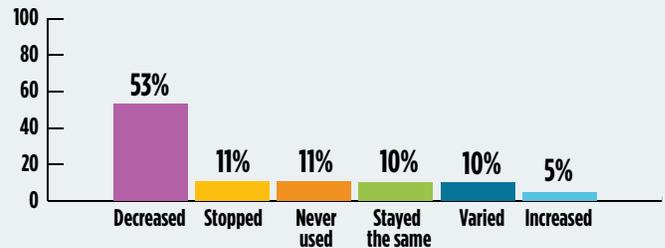
## Drug use since starting Safer Supply

### Changes in Fentanyl Use Since Starting SOS

2022 (n=72)



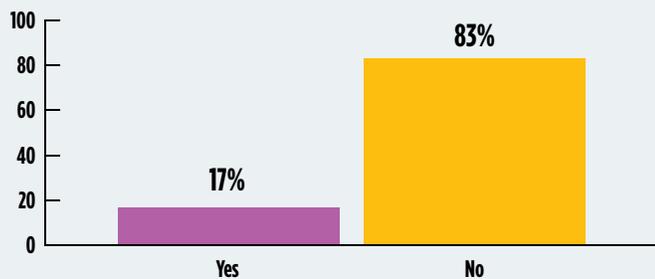
2023 (n=92)



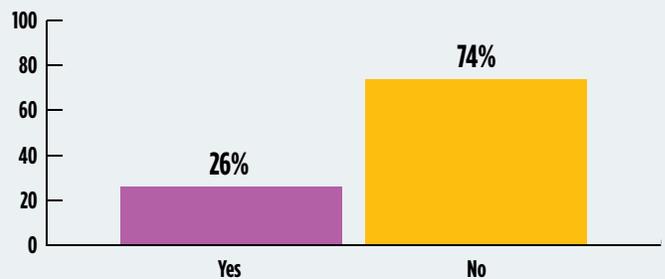
*Note about data collection:* Following feedback from our client advisory group about how patterns of fentanyl use can vary, in 2023 response options were added to capture experiences more accurately, including an option for “it varies” to capture how some people’s use might fluctuate at different moments and “not applicable” to capture clients who never used fentanyl prior to entering the safer supply program (particularly among the oldest cohort of clients who entered the safer supply program prior to fentanyl displacing other opioids in the street drug supply). Due to these changes, less nuanced results were collected in 2022.

### Currently Injecting Street-Acquired Fentanyl

2022 (n=75)



2023 (n=95)

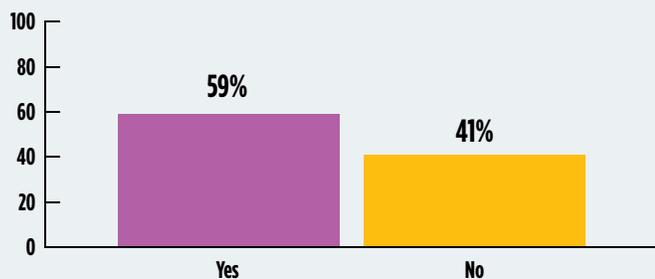


- Among clients injecting fentanyl in 2022 (n=12), 58% reported that they were currently injecting every day.

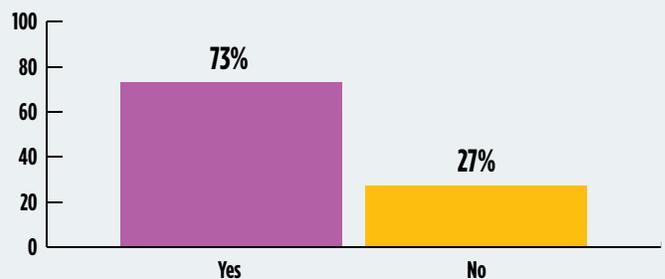
- Among clients injecting fentanyl in 2023 (n=25), 44% reported that they were currently injecting every day.

### Currently Smoking Street-Acquired Fentanyl

2022 (n=75)



2023 (n=94)

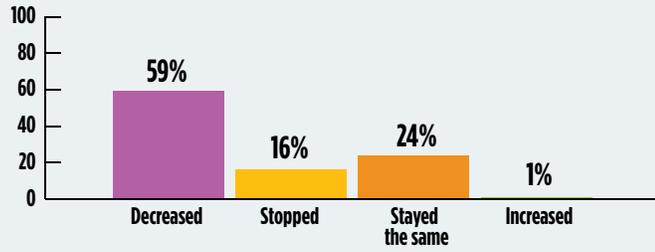


- Among clients smoking fentanyl in 2022 (n=44), 66% reported smoking fentanyl daily.

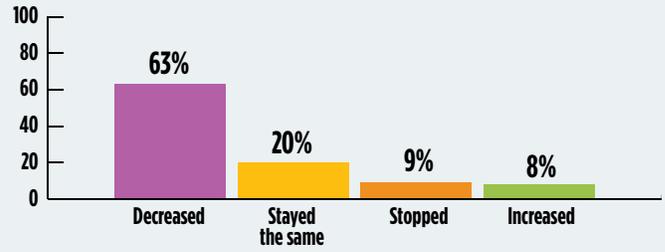
- Among clients smoking fentanyl in 2023 (n=62), 76% reported smoking fentanyl daily.

### Changes in Stimulant Use Since Starting SOS

2022 (n=71)

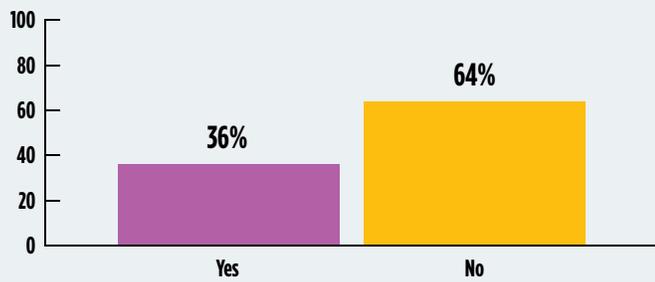


2023 (n=86)

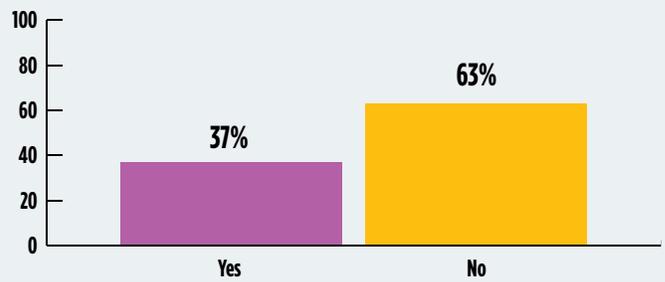


### Currently Injecting Street-Acquired Stimulants

2022 (n=75)



2023 (n=93)

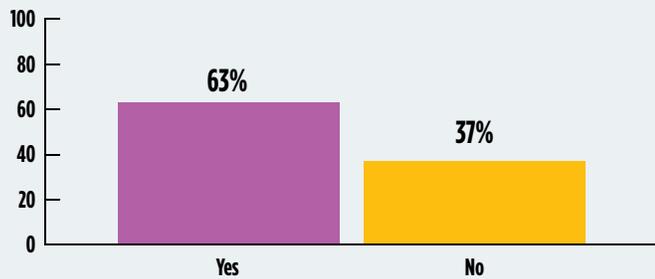


- Among clients injecting stimulants in 2022 (n=27), 30% reported injecting daily.

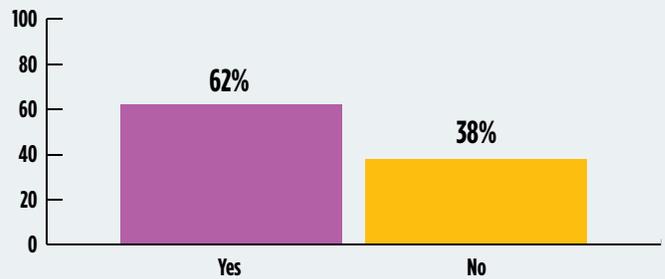
- Among clients injecting stimulants in 2023 (n=33), 36% reported injecting daily.

### Currently Smoking, Snorting, or Eating Street-Acquired Stimulants

2022 (n=75)



2023 (n=94)

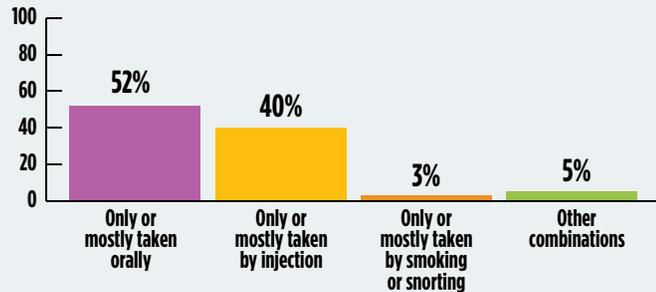


- Among clients using stimulants in 2022 (n=44), 66% reported smoking, snorting or eating stimulants daily.

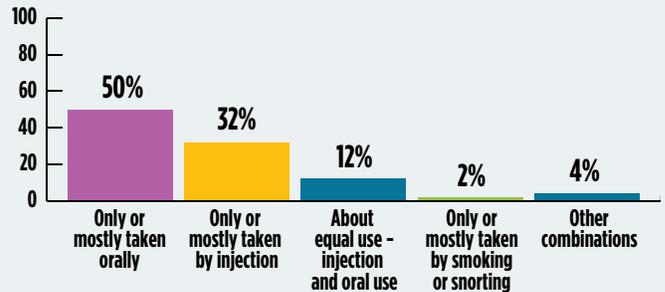
- Among clients using stimulants in 2023 (n=70), 67% reported smoking, snorting or eating stimulants daily.

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

2022 (n=75)



2023 (n=94)



*Note about data collection:* In 2023, an additional response option was added for “about equal parts using safer supply medications by injection and orally.” This option was not available in 2022.

#### KEY TAKEAWAYS

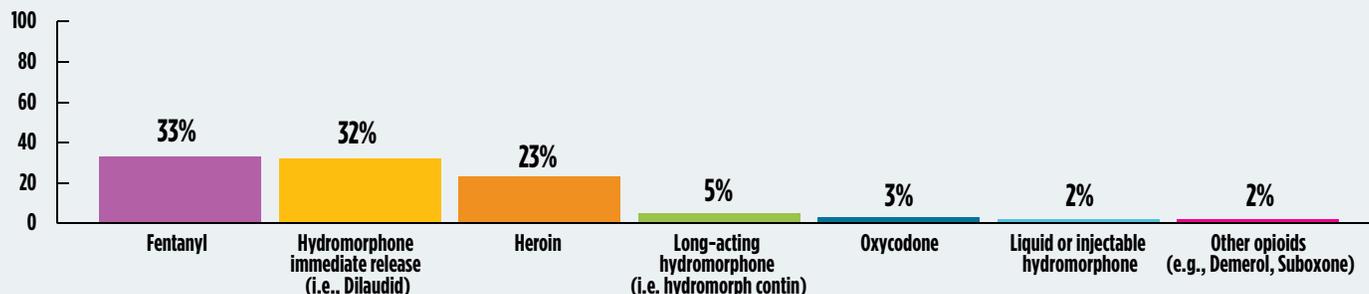
- In the 2023 data, there is an increase in the number of clients reporting that they are currently injecting and currently smoking fentanyl.
- Fentanyl smoking was more frequently reported in both years than injecting, with approximately three times more clients reporting that they are smoking fentanyl compared to injecting fentanyl.
- In both years, two times more clients reported currently smoking, snorting or eating stimulants compared to currently injecting stimulants.
- In both years, approximately 3 out of 4 clients reported decreasing or stopping stimulant use since starting safer supply.
- In both years, around 50% of clients reported that taking their medications orally was the most common way they were administering their medications.

## SOS Medication Preferences

In 2023, clients were asked about the medications – both opioid and stimulant – that they would like to be prescribed in a scenario where all medication options were available to safer supply programs. While this includes medications not currently available on the Ontario drug formulary, it was done to provide information about which medications may be most useful in program expansion and to meet the widest variety of client needs.

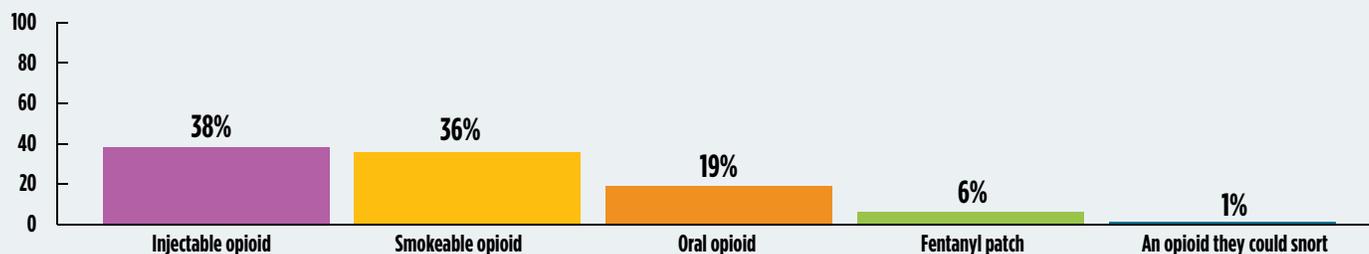
### Preferred Opioid to be Prescribed

2023 (n=95)



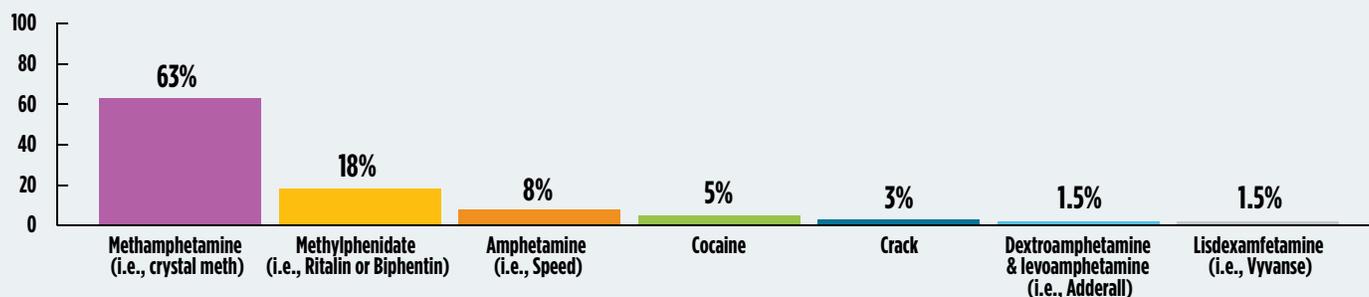
### Preferred Mode of Administration for SOS Medications

2023 (n=95)



### Preferred Stimulant Type to be Prescribed

2023 (n=62)



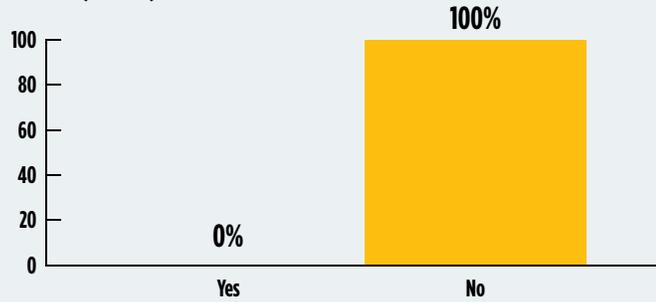
### KEY TAKEAWAYS

- Given a choice of any opioid to be prescribed, 33% indicated preference for fentanyl, 32% for hydromorphone, and 23% for heroin.
- 35% 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.

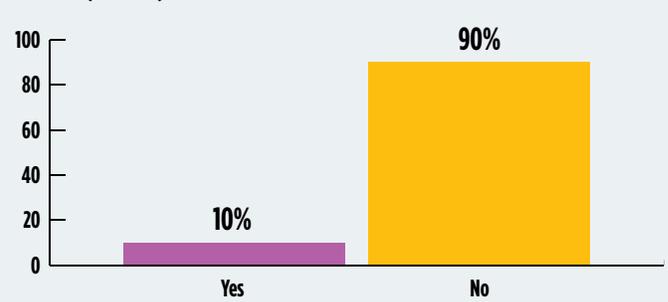
## Overdose

### Overdose in the Last Month

2022 (n=75)

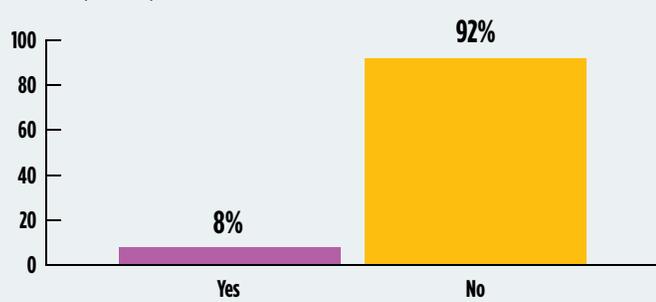


2023 (n=94)

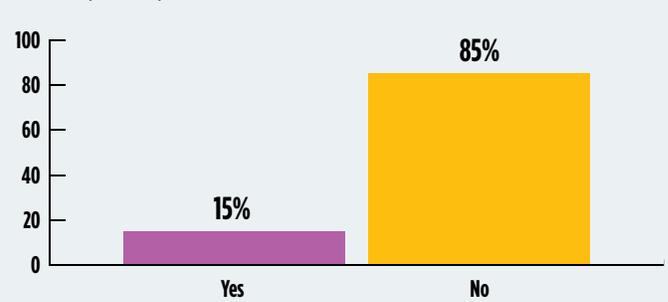


### Overdose in the Last Six Months

2022 (n=75)



2023 (n=94)



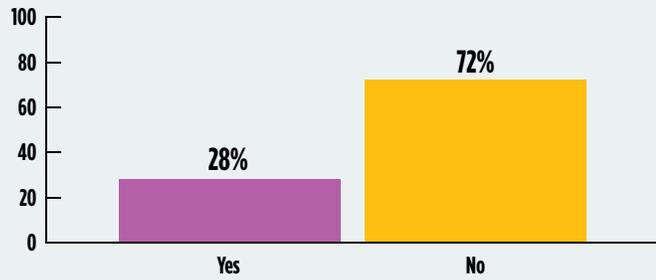
### ! KEY TAKEAWAY

- Very few clients in both years reported having experienced an overdose in either the last month or the past 6 months.

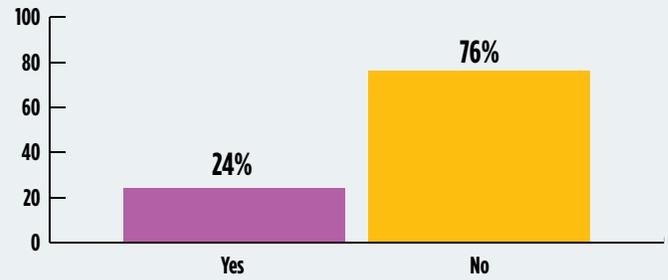
## Health System Utilization

### Visited an Emergency Department in the Last Six Months

2022 (n=75)

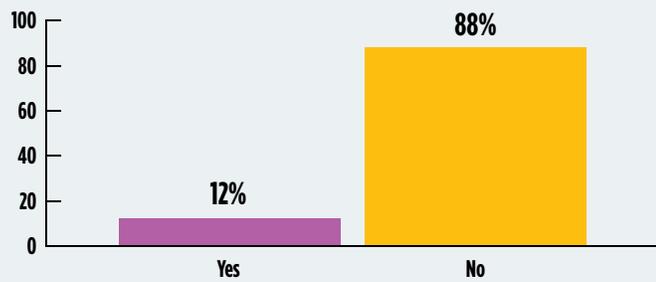


2023 (n=95)

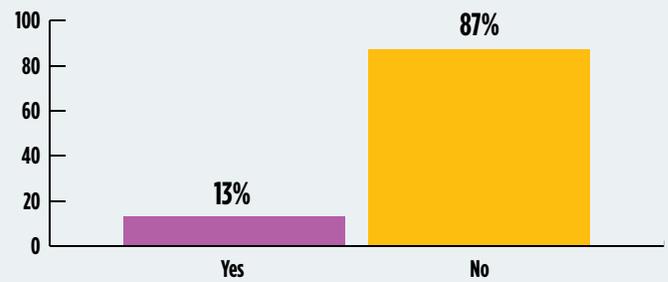


### Hospitalized Overnight in the Last Six Months

2022 (n=75)



2023 (n=95)



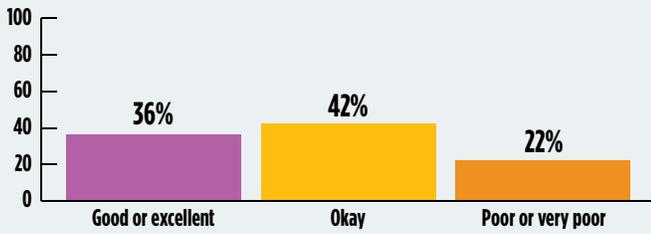
### ! KEY TAKEAWAY

- The number of reported emergency departments visits in 2022 and 2023 decreased notably from 2021, when 45% of clients reported a visit in the last six months<sup>1</sup>.

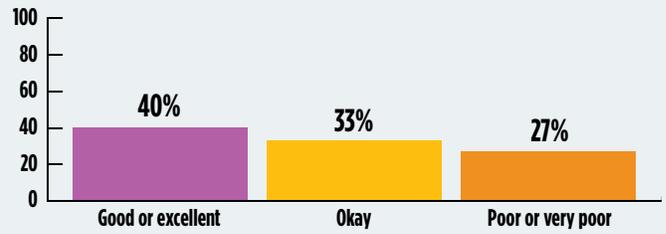
## Self-Rated Health

### Self-Rated Physical Health

2022 (n=75)

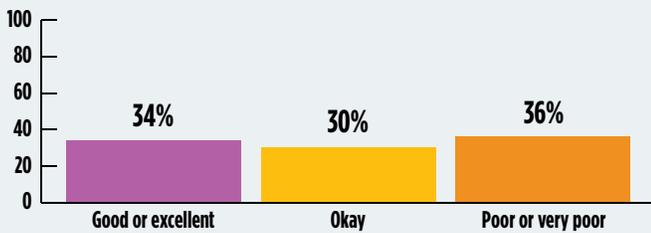


2023 (n=91)

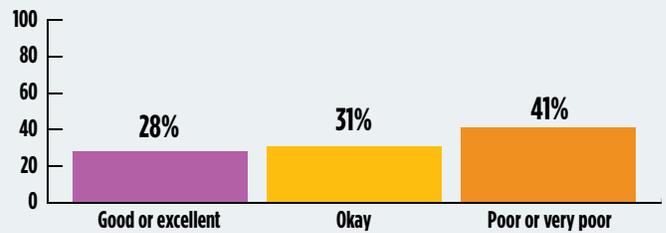


### Self-Rated Mental Health

2022 (n=75)

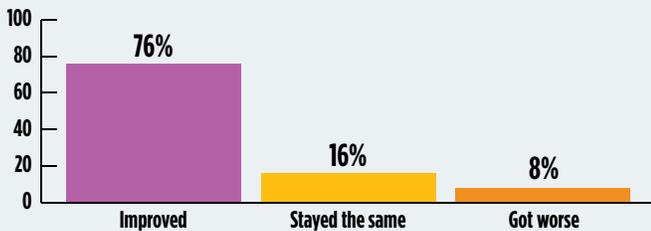


2023 (n=92)

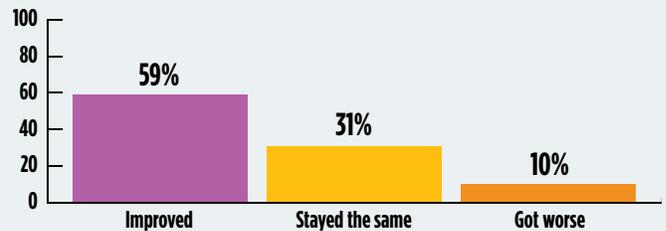


### Change in Self-Rated Physical Health Since Starting SOS

2022 (n=74)

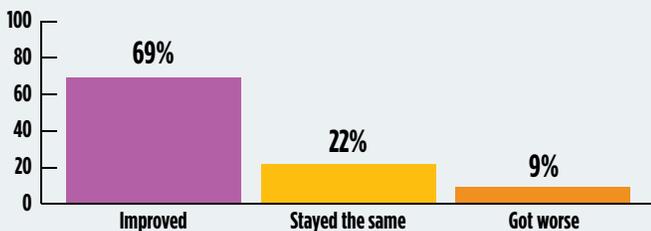


2023 (n=91)

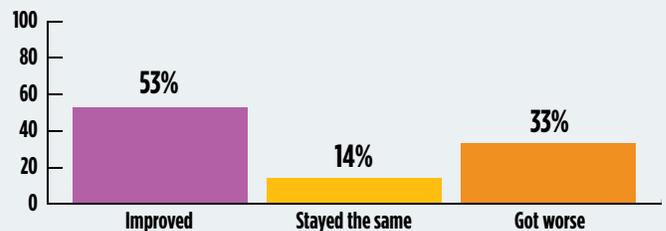


### Change in Self-Rated Mental Health Since Starting SOS

2022 (n=74)



2023 (n=87)



#### ! KEY TAKEAWAY

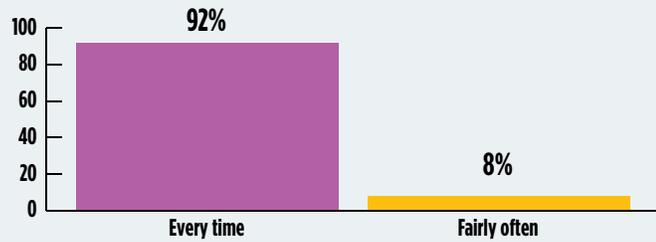
- In both years, the majority of clients reported improvements in their physical and mental health since starting safer supply.

*Note about data collection:* Self-rated health should always be interpreted with some caution as each person may use different criteria to consider and evaluate their health. When responding to questions about changes in self-rated health since starting safer supply, several clients expressed that negative changes in their health were not always related to their involvement in the SOS program, but rather, other health issues, aging, accidents and other life circumstances.

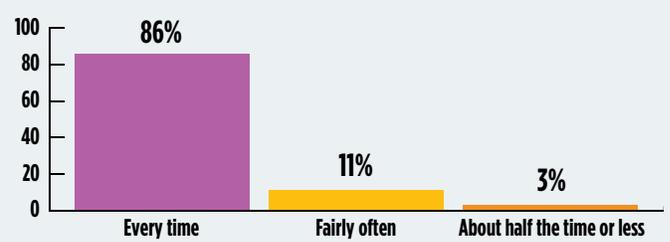
## Harm Reduction Equipment Use

### Frequency of Using New or Sterile Needles When Injecting

2022 (n=63)

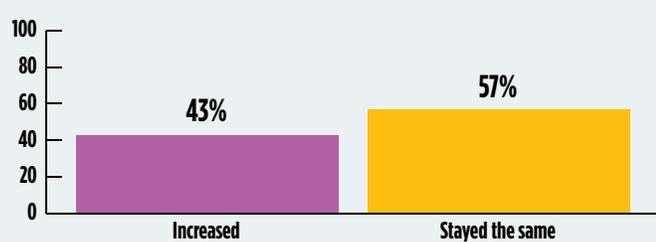


2023 (n=50)

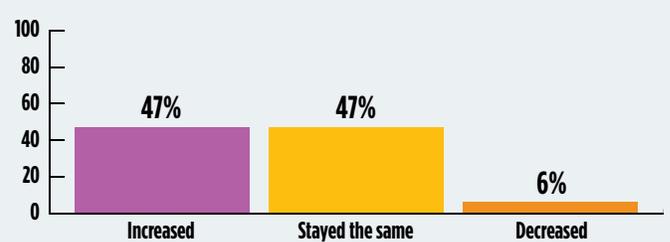


### Changes in Access to Harm Reduction Equipment Since Starting SOS

2022 (n=75)



2023 (n=94)



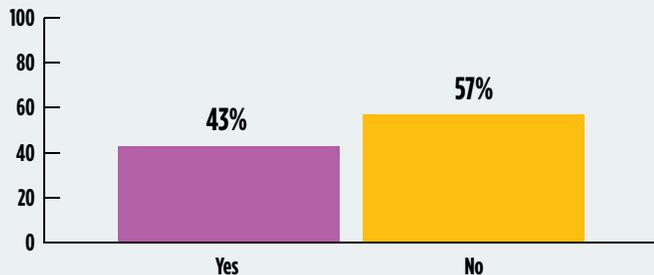
#### ! KEY TAKEAWAY

- Among people who reported current injection drug use (n=50 in 2022 and n=63 in 2023), the vast majority in both years reported using new or sterile needle every time they injected.
- In both years, 33% of clients indicated they were not injecting drugs at all.

## Homelessness, Food Insecurity, and Difficulty Paying for Basic Needs

### Currently Experiencing Homelessness

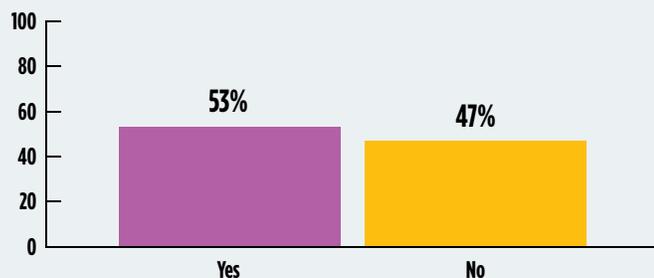
2023 (n=94)



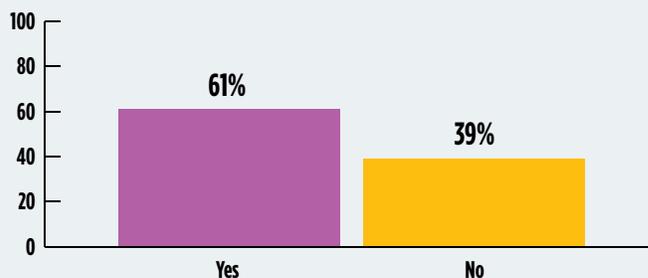
*Note about data collection:* This question was added to the 2023 survey after the project team learned that a new supportive housing unit in the area had opened in the last month and therefore many clients may have been recently housed.

### Experienced Homelessness in the Last Six Months

2022 (n=74)



2023 (n=95)



#### 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)

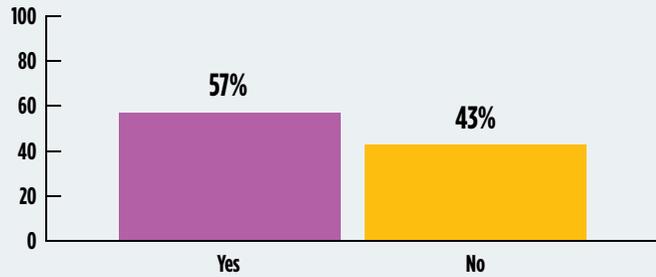
- 40% said they slept rough either outside or in a building, alcove, parking garage or doorway
- 28% said they slept at a resting space, shelter or shelter hotel
- 21% said they couch surfed with family or friends
- 3% said they rented a hotel or motel room
- 3% said they tried to stay awake through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

### KEY TAKEAWAYS

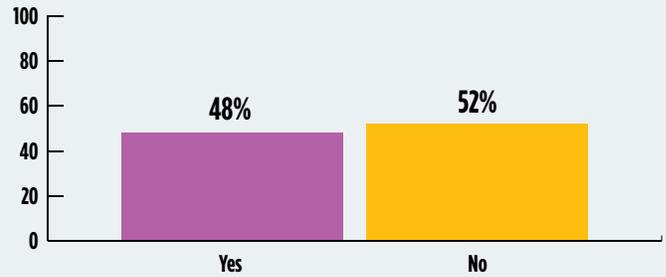
- In 2023, there is a notable decrease between clients who reported current homelessness (43%) and clients reported experiences of homelessness in the last six months (61%). This is likely due to the opening of a new supportive housing unit where many safer supply clients reported recently moving into at the time of the 2023 survey.
- Among those who had experienced homelessness in the last six months, there was wide variation in where people slept.
- 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.

### Experienced Difficulty Finding Enough Food to Eat in the Last Six Months

2022 (n=74)

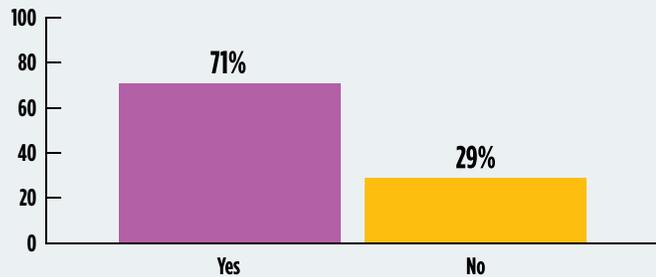


2023 (n=94)

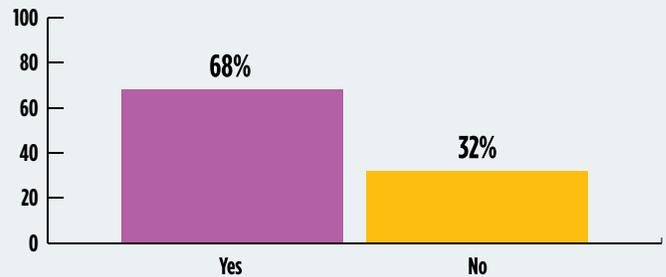


### Experienced Difficulty Finding Enough Money to Pay for Basic Needs in the Last Six Months

2022 (n=75)

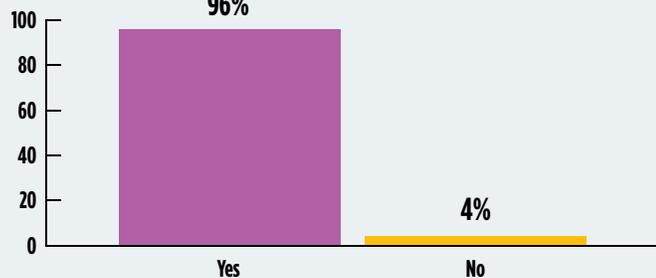


2023 (n=94)

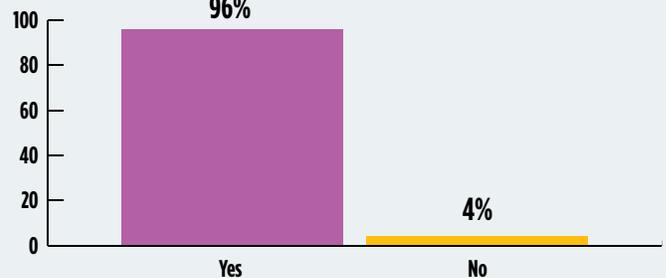


### Currently Receiving Income from a Government Income Support Program

2022 (n=75)



2023 (n=93)



#### In 2022, among those receiving government-assisted income (n=72)

- 72% reported Ontario Disability Support Program (ODSP) as their main income source
- 19% reported Ontario Works (OW) as their main income source
- 9% reported another form of assistance as their main income source

#### In 2023, among those receiving government-assisted income (n=89)

- 73% reported ODSP as their main income source
- 16% reported OW as their main income source
- 11% reported another form of assistance as their main income source

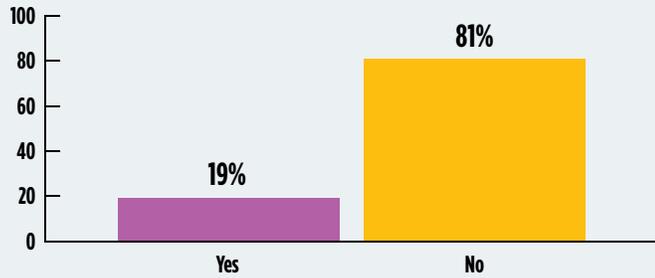
#### KEY TAKEAWAYS

- In both years, clients overwhelmingly indicated receiving a form of government income support.
- ODSP was the most commonly reported main income source, followed by OW.

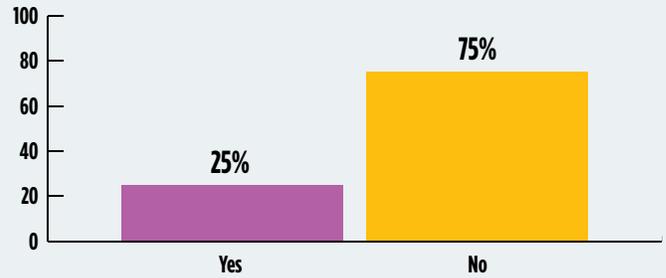
## Contact with Police and Incarceration

### Contact with Police in the Last Six Months

2022 (n=75)



2023 (n=95)



#### 2022: Among those who had been in contact with the police in the last 6 months (n=14)

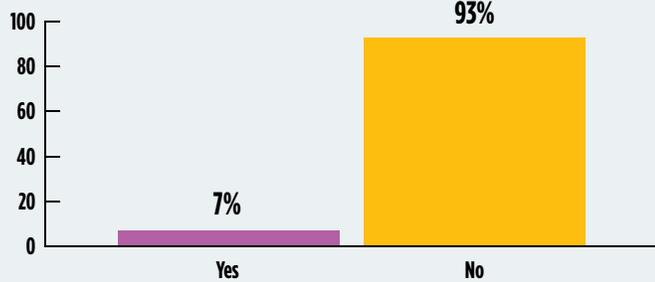
- 57% reported interacting with the police once
- 21% reported interacting with the police more than once
- 21% did not provide a response

#### 2023: Among those who had been in contact with the police in the last 6 months (n=24):

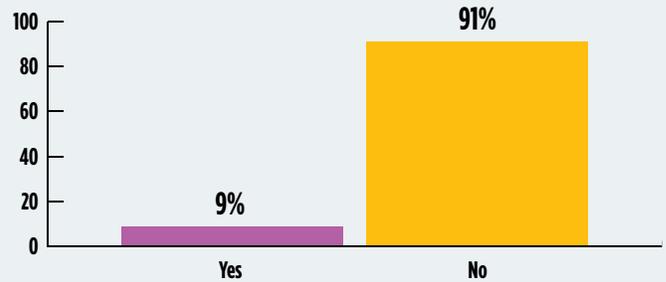
- 50% reported interacting with the police once
- 50% reported interacting with the police more than once

### Incarcerated Overnight in the Last Six Months

2022 (n=75)



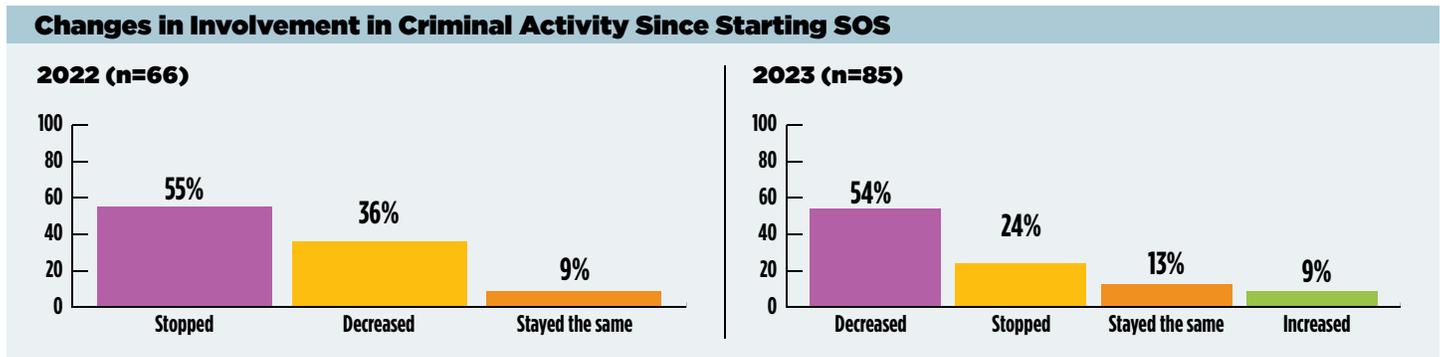
2023 (n=95)



### KEY TAKEAWAYS

- Approximately 1 out of 5 of clients in 2022 and 1 out of 4 clients in 2023 reported contact with the police in the last six months.
- The proportion of clients reporting having been incarcerated in the last 6 months was less than 10% in both years.

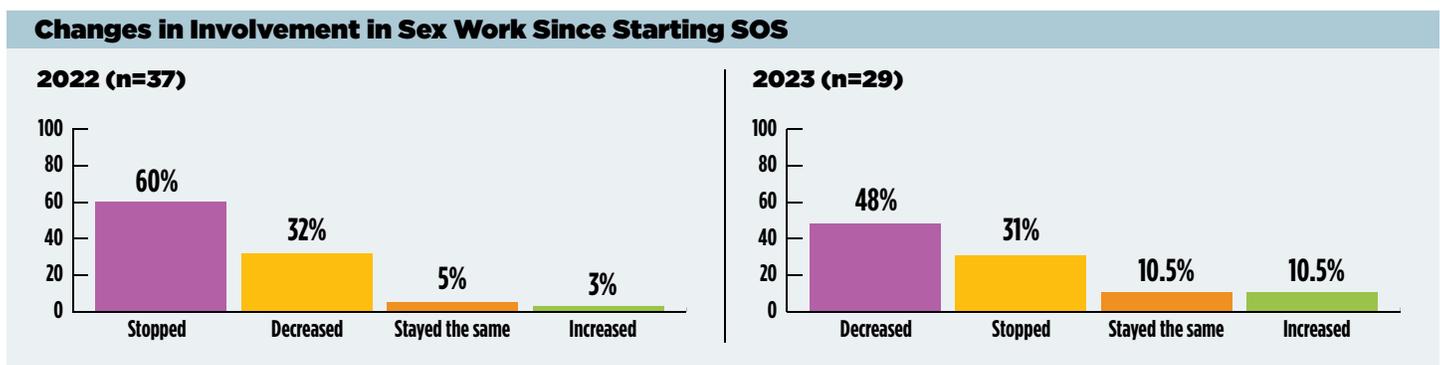
## Involvement in Criminal Activity



### KEY TAKEAWAYS

- In 2022, among clients who reported ever being involved in criminal activities to pay for or get drugs (n=66), 91% reported that their involvement in criminal activities decreased or stopped completely since starting safer supply.
- In 2023, among clients who reported ever being involved in criminal activities to pay for or get drugs (n=85), 78% reported that their involvement in criminal activities decreased or stopped completely since starting safer supply.

## Involvement in Sex Work



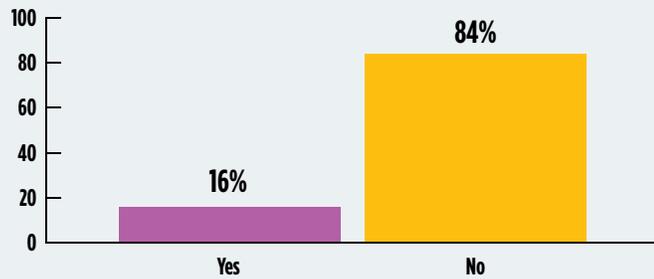
### KEY TAKEAWAYS

- In 2022, among those who had ever been involved in sex work to pay for or get drugs (n=37), 92% reported that their involvement in sex work decreased or stopped since starting safer supply.
- In 2023, among those who had ever been involved in sex work to pay for or get drugs (n=29), 79% of clients reported that their involvement in sex work decreased or stopped since starting safer supply.

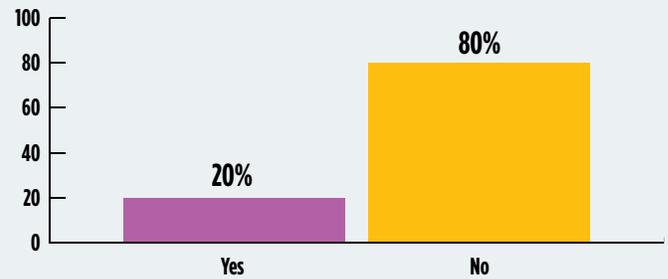
## Taking a break since starting the program

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

2022 (n=75)



2023 (n=95)



### Reasons for taking a break

#### 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

### ! KEY TAKEAWAYS

- Approximately 80% of clients in both years indicated having been on safe supply continuously (no break of four or more weeks) since starting the program.
- Among clients who reported having ever taken a break, the majority highlighted disruptions due to incarceration or being in hospital for an extended period of time.
- Among clients who were discharged or asked to take a break from the program, reasons frequently reported by clients included being disrespectful or aggressive to LIHC staff, and for sharing or selling medications.

## Key Findings and Discussion

### Reported data on safer supply is consistent across years and with the existing evidence

In this evaluation, there is much consistency between the outcomes reported by clients across 2022 and 2023. In both years, clients overwhelmingly indicated that since beginning to be prescribed safer supply, their use of fentanyl and stimulants had decreased or stopped. Additionally, very low rates of overdose were reported by clients. These findings align with previous evaluations of safer supply programs, as well as studies showing how access to a regulated supply of medications of known dose can reduce reliance on the unregulated street supply of drugs and associated overdose risk in both emergency shelters<sup>3,4</sup> and community-based safer supply programs<sup>15-7</sup>.

The majority of clients reported improvements in their physical and mental health since starting to be prescribed safer supply. The low numbers of clients who reported accessing an emergency department or being admitted to the hospital overnight in the last six months is also a positive finding, and aligns with recently published research using health administrative data in Ontario which found significant decreases in emergency department visits, hospital admissions and admissions for infectious complications (e.g., endocarditis) in the first year after beginning safer supply<sup>10</sup>. The combination of prescribed safer supply alongside access to comprehensive primary care and wrap-around social services provided to clients within the LIHC SOS program are all likely to be factors helping to support these health outcomes, as providing wrap-around care and services has been associated with improved program engagement and retention<sup>1,4,7,26,27</sup>.

### Smoking as the most common method of use of unregulated fentanyl

There was an increase in reported use of fentanyl among SOS clients from 2022 to 2023, however this should be interpreted with caution due to the small sample size and the inability to make casual inferences from our data. Moreover, in both 2022 and 2023, approximately three times more clients reported smoking fentanyl compared to injecting fentanyl. This trend is similar for stimulants, with almost two times more clients reporting smoking, eating or snorting stimulants compared to injecting stimulants. Due to this, harm reduction education and equipment distribution should ensure that the needs of people smoking their drugs are prioritized through the provision of safer smoking equipment and education.

Additionally, this data underlines the strong need for the establishment of supervised inhalation sites. Smoking is frequently perceived as a safer mode of use and protective against overdose among people use drugs<sup>9</sup>; however, smoking was the leading mode of use among people who died from an unregulated drug toxicity death in BC in 2021<sup>28</sup>. Given the trend towards increased smoking of fentanyl within the community, there is need to pivot harm reduction services, including availability of opioid medications that are smokeable and can be used as safer supply medications, which are currently unavailable in Ontario<sup>29</sup>.

## Medication preferences for drug and formulation varies

In the 2023 survey, questions were added to the survey to ask clients about what their preferred opioid and stimulants from prescribed safer supply programs would be if there were no restrictions on available medications. In response, 33% of clients indicated preference for hydromorphone immediate release (i.e., Dilaudid) and 33% indicated a preference for regulated fentanyl, with 23% choosing regulated heroin. Currently in Ontario, only hydromorphone immediate release is available within safer supply programs, as options for prescribed medications are limited by the provincial drug formulary. Presently, a handful of programs in BC provide injectable heroin<sup>30,31</sup>, and formulations of fentanyl, including injectable, sublingual and fentanyl patches<sup>24,32</sup>. A cross-sectional survey of people accessing harm reduction services in BC found that overall 58% indicated preference for heroin, demonstrating the geographical variance of medication preferences among people who use drugs<sup>33</sup>. This data reinforces the sustained calls from people who use drugs, who have been highlighting the need for prescribed safer supply in a wide-range of formulations and doses appropriate for each individual<sup>8,9</sup>.

The method of administration is also an important consideration. In the 2023 survey, 37% reported a preference for medications to be taken by injection and 35% for smokeable medications, with 19% indicating a preference for a medications to be taken orally. This data again highlights a strong need for medication options within prescribed safer supply programs that can meet a wider variety of needs, and is particularly important given the sustained trend in fentanyl smoking, including among safer supply clients. Fentanyl smoking is vastly more prevalent among people receiving prescribed safer supply than injection, and the inability of prescribed safer supply programs to be able to provide medications that can be smoked (i.e., powdered heroin or fentanyl) is a key barrier to providing appropriate options<sup>29</sup>.

Finally, among clients who indicated interest in a prescribed stimulant, 63% reported a preference for methamphetamine (i.e., crystal meth). The lack of options for safer stimulant supply among currently covered medications as well as the lack of options for smokeable stimulants (the preferred method of administration) remains a key barrier to safer stimulant supply program uptake.

## Housing as a basic human right and the affordable housing crisis

The SOS program supports individuals who are experiencing homelessness or precarious housing. Across both years of this evaluation, over half of the SOS clients who were surveyed reported having experienced homelessness in the last six months. Homelessness and affordable housing are at crisis levels in London and across the province; according to media reports, over 200 Londoners experiencing homelessness have died in the three years since January 2020, and an estimated 400 individuals are sleeping rough each night<sup>34</sup>.

In the 2023 evaluation cycle, our evaluation advisory team suggested we add a question to distinguish between current experience of homelessness and experiences of homelessness in the last six months. This was due to the opening of a new supportive housing unit in February 2023<sup>35</sup> (right before data collection for the 2023 evaluation cycle began). In fact, while 61% of clients reported having experienced homelessness in the last six months, only 43% reported currently experiencing homeless. This drop may be due to the opening of the new housing units.

Additionally, in March 2023 a new housing model for the city of London was proposed by a coalition of over 70 local agencies. It includes a proposal for as many as 15 community hubs serving 30 people per location and 100 high support housing units to be established immediately, and another 600 over three years<sup>36,37</sup>. Given the affordable housing crisis in London, implementation of this proposal would be positive as it would help clients currently experiencing homelessness to access permanent, stable housing. Over half of clients surveyed both years indicated receiving support from a specialized housing worker and almost all SOS clients reported receiving and relying on ODSP or OW as their major source of income, pointing to the uptake of wraparound social support services accessed by SOS program clients. Housing services have been associated with safer supply program engagement and retention, uptake of health services, and decreased drug use<sup>21,38</sup>, providing further evidence that expanded housing services in London would bolster the positive health impacts observed among SOS program clients.

## High retention in the SOS program and reasons for taking a break from the program

While the LIHC SOS program has a high retention rate, this evaluation also reports on reasons for having ever taken a break from the SOS program. The most commonly cited reasons among clients were being incarcerated or hospitalized. Additionally, clients were able to re-enter the program following their period of hospitalization or incarceration. Challenges getting to appointments was also a frequently cited reason for taking a break from the program. Here, clients highlighted challenges with their health, mobility issues and difficulties managing the time necessary for medical and pharmacy visits, which underscores the need for wrap-around supports to care for clients with complex needs and for flexibility in the program model to meet diverse client needs. Finally, some clients reported having been discharged or asked to take a break from the program; here, reasons reported by clients included being disrespectful or aggressive to LIHC staff, and sharing medications, selling medications or having their pill bottles found on a person not in the program. This indicates that the LIHC SOS program was taking steps to address sharing or selling of medications when it was found to be occurring.

## Recommendations

### Program-level

**Continue to provide primary care and wrap-around services within the SOS program:** The comprehensive care model used within the SOS program that combines prescribed safer supply, access to primary care, and supportive wrap-around services has led to positive changes in client health and wellness. It has also led to decreased use of drugs from unregulated markets and decreased involvement in criminalized activities. The program model developed by LIHC that combines integrated health and social services, including housing assistance, social work and support to apply for government assistance income programs, alongside comprehensive primary care and prescribed safer supply is critical to supporting complex client needs.

**Emphasize safer smoking in harm reduction services and advocate for supervised inhalation services in London:**

The high proportion of clients who smoke fentanyl and/or stimulants indicates a strong need for continued expansion of smoking-specific harm reduction services such as supervised inhalation sites and safer smoking supplies (i.e., foil, glass stems, pipe screens). Despite provincial regulations making the opening of supervised inhalation sites difficult, one recently opened in Toronto, demonstrating the possibility of opening supervised inhalation services in London as well.

### System-level

**Need for continuity of care for prescribed safer supply medications in medical and carceral settings:** Disruptions to access for safer supply prescriptions most often occurred when clients were in prison or hospitalized for long periods. Collaboration across sectors is necessary to change institutional policy and destigmatization is necessary to improve continuity of care for safer supply, so that clients can continue to receive their medications regardless of setting.

**Advocate for increased pharmaceutical options for prescribed safer supply programs, including options for smokeable medications:** Clients indicated diverse preferences for prescribed opioid of choice, with approximately one third indicating preference for either regulated heroin or regulated fentanyl. Given the high rates of smoking as method of use compared to injecting and oral use, pharmaceutical options that can be smoked (e.g., powdered fentanyl and heroin) should be considered. Coverage for a larger range of medication options from the Ontario Drug Benefit is necessary to meet the broad needs within the community. Expanding options for SOS medications can improve person-centered care and overall program effectiveness.

**Continue to promote affordable and accessible housing options and income security as a key component of wrap-around healthcare:** While the SOS program staff have successfully supported many clients to attain housing, increasing the availability and accessibility of local housing options is essential to providing all other aspects of client care and support. A significant proportion of SOS clients are attempting to survive and meet their basic needs without permanent shelter, adequate food or enough income. Despite the positive impacts of providing prescribed safer supply and comprehensive primary care on clients' health, the ability to improve their health will be significantly limited by the strongly negative effects of homelessness and poverty on people's health and wellbeing.

## Methods Appendix

### Methods

The LIHC SOS evaluation plan was developed in consultation with LIHC staff members, prescribers, and the SOS community advisory group, which includes clients of the SOS program. In 2021, an initial evaluation was conducted which included data from a survey of both new and current SOS clients, as well as focus groups with clients, individuals on the program waiting list, and frontline staff. This same survey, with some minor adjustments, was conducted again with current SOS clients in both February-April 2022, and then again in February 2023. In total, we sampled 75 people in 2022 and 95 people in 2023.

Survey data came from a convenience sample of SOS clients who were willing to complete the survey during data collection periods and had been part of the program for a minimum of four weeks. Prior to being surveyed, clients were provided with information on the purpose of the evaluation, how their data would be used, and their right to skip questions or stop the survey at any time. This is reflected in some missing responses for some questions when clients indicated they did not want to answer, or the person completing the survey skipped questions if clients had disclosed circumstances that made the person completing the survey believe certain questions could cause distress or agitation.

Survey data was analyzed using descriptive methods. Caution when interpreting the data is necessary due to lack of random sampling and modest sample sizes. The methodology used to write this report cannot be used to make causal inferences. Additionally, surveys were conducted by program staff members in 2022 and then by external evaluators in 2023, which may have led to bias in participant response; it is difficult to know if variation between years is due to this or other factors.

### Limitations

This evaluation report has several limitations. The use of quantitative methods offers limited depth to understanding the questions, instead pointing to places for future exploration. Two datasets are displayed in this report, however, given that they are convenience samples taken at two different points in time, this data cannot be used to interpret a change between results in 2022 and 2023 to be a trend over time. Additionally, small modifications to the survey between the 2022 and 2023 data collection cycles further challenges the ability to directly compare data.

There are also limits to using self-reported data. To mitigate the potential recall bias, questions were framed to ask about experiences either in the last six months or since starting the safer supply program. To mitigate social desirability bias, anonymity of responses was emphasized prior to conducting the survey. In 2022, internal staff who knew the clients personally administered surveys, whereas in 2023, external evaluators were involved. The relationships, or lack thereof, between clients and the person administering the survey may have influenced responses.

### Differences between 2022 and 2023 Survey

Type of Change	Rationale	Change Made
<p><b>Questions added in the 2023 survey:</b></p>	<p>Two questions were added to the 2023 survey for the purposes of understanding whether data collection included clients who had been on the program for varying amounts of time and whether clients had taken a break from safer supply for various reasons.</p>	<p>Two questions added:</p> <ul style="list-style-type: none"> <li>• Can you tell me when you started safer supply for the first time ever?</li> <li>• Have you ever taken a break from safer supply? (A break is going longer than one month without a prescription for safer supply). If yes, why did you stop or take a break from safer supply?</li> </ul>
<p><b>Response options added in 2023 survey:</b></p>	<p>For questions regarding changes to fentanyl and stimulant use since starting safer supply, response options were added to better capture client experiences. Due to these changes, less nuanced results were collected in 2022.</p>	<ul style="list-style-type: none"> <li>• “It varies” response option was added after several clients commented on the first day that answering this question was not straightforward and reflected intersecting factors that affected drug use (e.g., stressful/traumatic life events, health issues).</li> <li>• “Not applicable” response option was added after several clients commented on the first day that they had never used fentanyl prior to being on safe supply and still did not use fentanyl.</li> </ul>

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