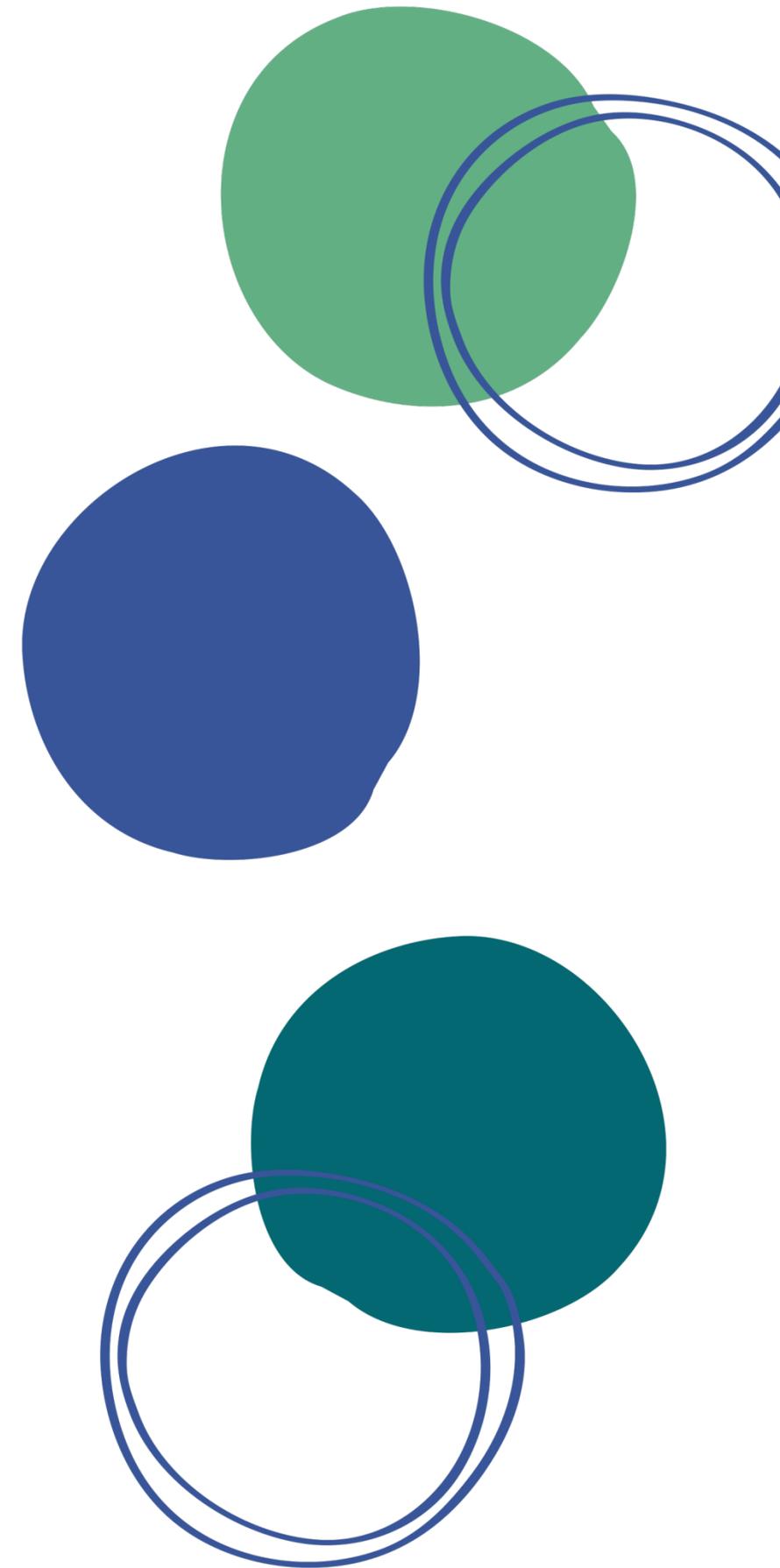


# PRESCRIBED SAFER SUPPLY PROGRAMS

Rebecca Penn, Project Manager  
London InterCommunity Health Centre  
February 13, 2024

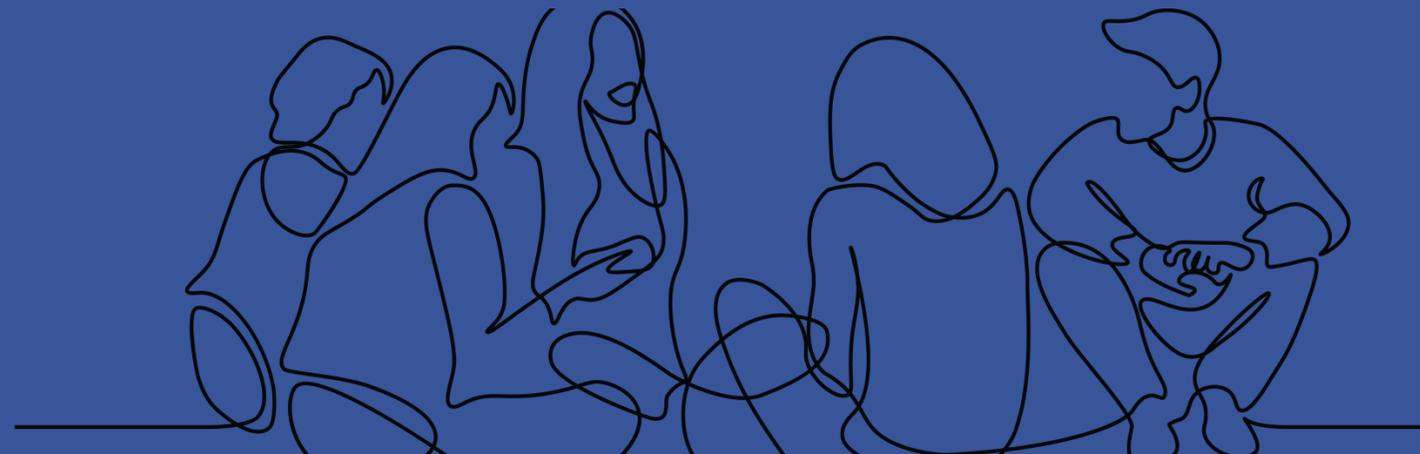


**National Safer Supply Community of Practice**  
**La communauté de pratique nationale sur**  
**l'approvisionnement plus sécuritaire**



# NATIONAL SAFER SUPPLY COMMUNITY OF PRACTICE

- **Goal:** Support the scale up of PSS programs through capacity building and knowledge exchange
- **Focus:** Medical model (e.g., provided by prescription) that is delivered from a harm reduction and public health approach – while supporting advocacy for non-medical models and decriminalization.
- **Values:** Respect, collaboration, integrity, and curiosity
- **Activities:** Prescriber consultation service, role meetings, working groups, drop-in meeting, webinars, workshops, consultations, resource development.



# What is the problem?

## Belleville declares addiction emergency after latest overdose surge

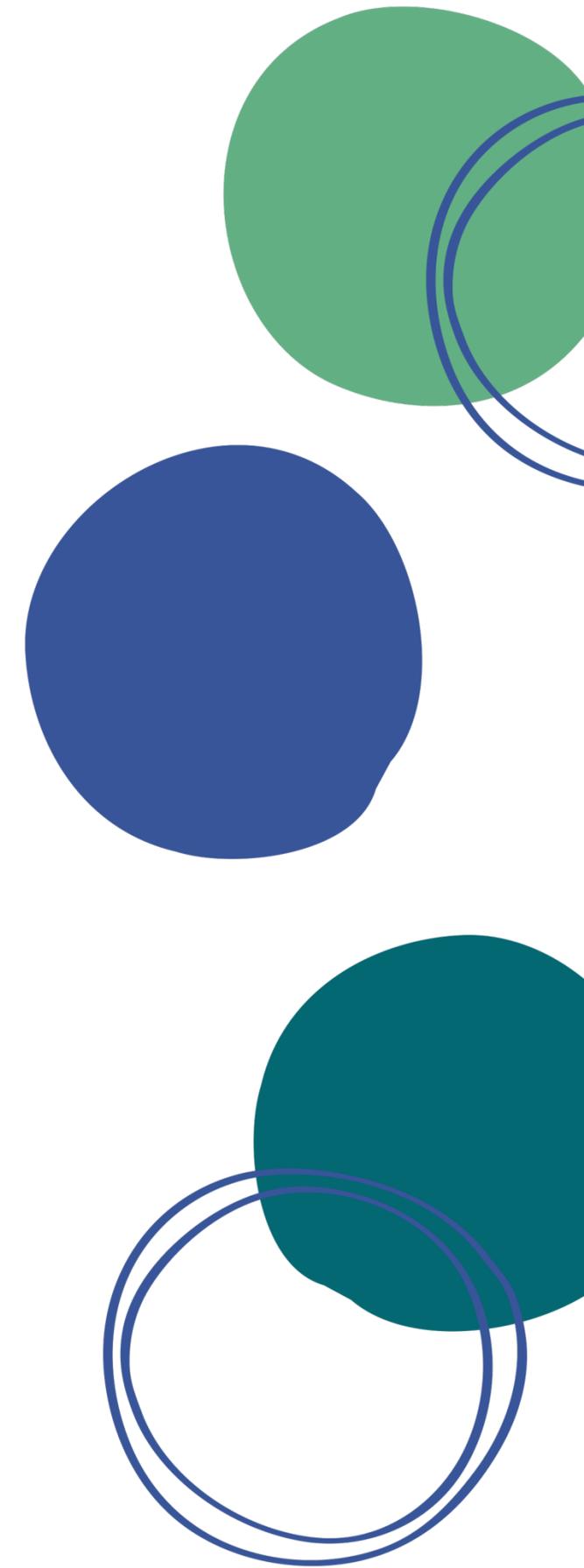
Eastern Ontario city says 23 people overdosed since Tuesday afternoon



[Dan Taekema](#) · CBC News · Posted: Feb 08, 2024 4:00 AM EST | Last Updated: February 8



Overdoses are rising — but resources to help are scarce, Belleville, Ont., mayor says





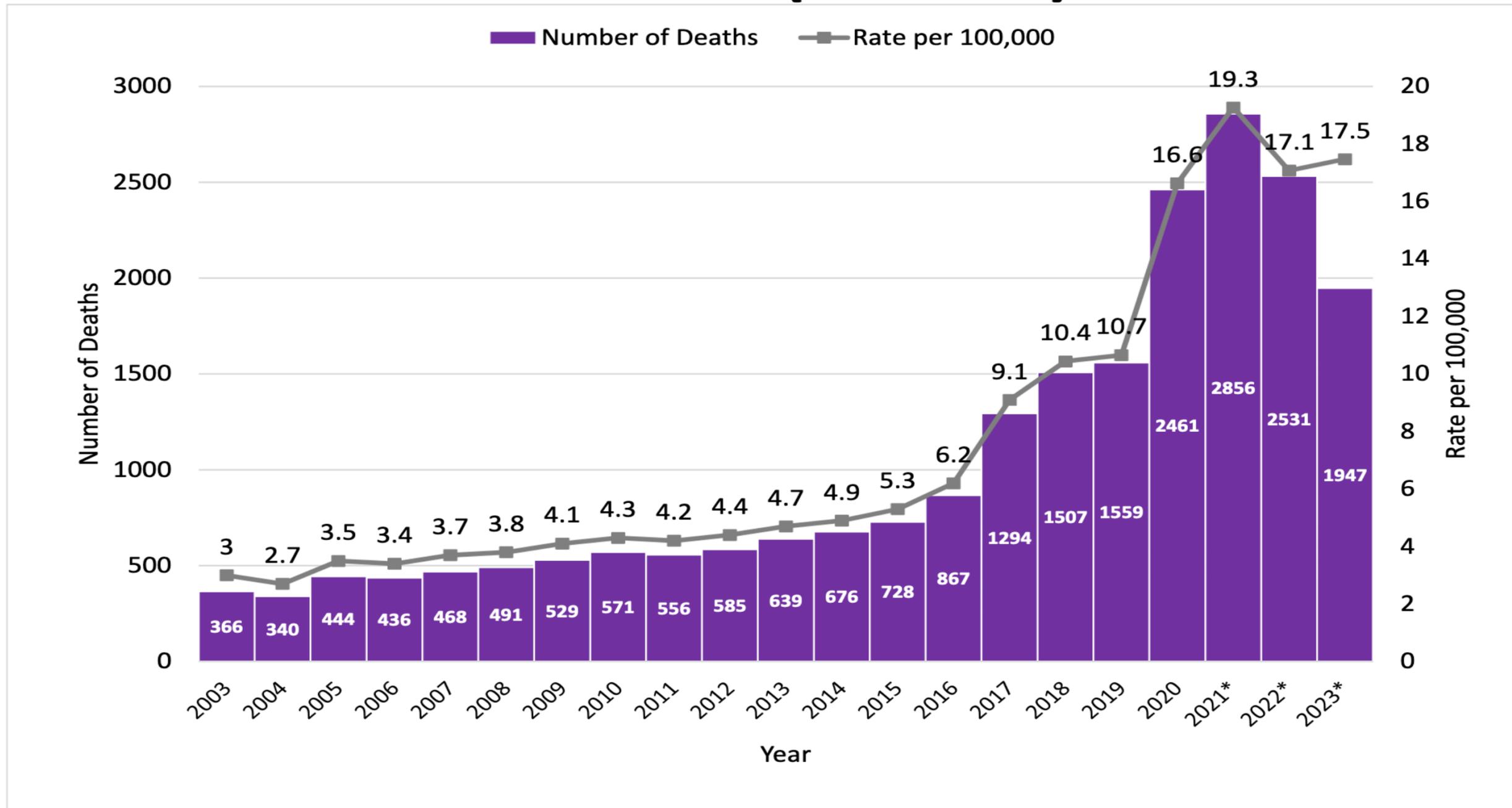
# Substances involved in opioid toxicity deaths in Ontario, 2018-2023 (Q1-Q3)

	% of Opioid Toxicity Deaths by Year					
	2018	2019	2020	2021	2022	2023 (Q1 - Q3)
<b>Non-Pharmaceutical Opioids</b>						
Total fentanyl/Fentanyl analogues	67.9	75	85.7	88.9	83.4	86.4
Fentanyl	64.4	53.4	85.5	87.9	81.7	82.5
Carfentanil	6.3	31.4	0.5	4.3	7.6	3.7
Fluorofentanyl	0	0	0	0.1	1.3	20.5
Other Fentanyl Analogues**	1.4	1.3	1.2	0.4	0.5	0.6
Nitazenes*	0	0	0	0.2	0.8	0.3
Heroin	7.2	4.1	1.7	0.8	0.3	0.7
<b>Opioids Indicated for Pain</b>						
Codeine	4.6	2.6	1.8	1.4	1.4	1.3
Oxycodone	11.1	9.1	4.9	3.8	5.7	4.4
Hydromorphone	10.8	10.1	6.1	5.9	7	7.1
Tramadol	1.1	0.6	0.4	0.2	0.4	0.4
Morphine	10.7	8	5.2	4	5.7	5.4
<b>Opioid Agonist Treatment</b>						
Methadone	12.9	12.9	10.4	10.3	9.7	8
Buprenorphine	0.1	0.3	0.3	0.1	0.1	0.3
<b>Other Substances</b>						
Total Stimulant(s)	43.4	48.2	56.9	59.3	59.8	66.5
Methamphetamine	16.3	20.5	25.8	30.3	32.1	34.6
Cocaine	32.2	34.4	41.6	40	39.4	47.4
Other Stimulants	2.4	1.4	1.7	1.2	1.4	2.1
Alcohol	13.7	12.6	12.8	10.6	12.3	11.7
Benzodiazepines	0	0	0	4.1	10.9	28.7
<i>Detection of nonpharmaceutical benzodiazepines*</i>	32.7	29.8	45.1	64.1	47.9	63.7
<i>Detection of xylazine*</i>	0	0	0.2	2.1	2.5	2.7

\*\*Includes Para-fluorobutyryl Fentanyl, Cyclopropylfentanyl, Furanylfentanyl, Despropionyl Fentanyl, Furanyl UF 17, Methylylfentanyl, and Acetylfentanyl

**Fentanyl** continues to contribute to the majority (83%) of opioid toxicity deaths. **Stimulants** are involved in nearly 7 in 10 opioid toxicity deaths.

# Opioid toxicity deaths in Ontario by year, 2003-2023 (Q1 - Q3)

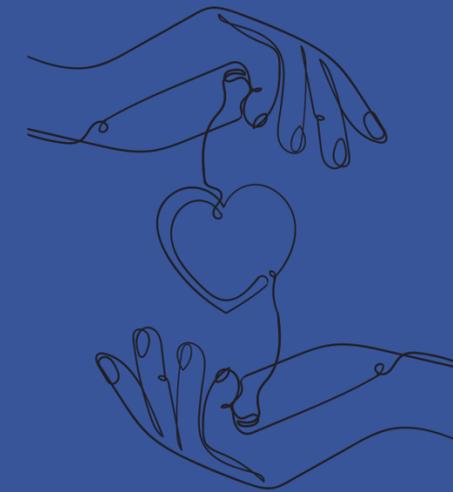


In **2021**, the mortality rate for opioid toxicity in Ontario was 19.3 per 100,000 population; **more than double** the rate in 2017 (9.1).

In **2023 (Q1-Q3)**, the mortality rate has **decreased by 9%** compared to 2021, however remains **64% higher** than in 2019.

# Safe Supply / Prescribed Safer Supply

- People who use drugs have been calling for safer supply for decades
- See CAPUD's concept document (2019)
- Different models
  - Medical models, i.e., prescribed safer supply, prescribed alternatives, risk mitigation guidance
  - Non-medical models, e.g., compassion clubs – see DULF



# Prescribed Safer Supply / Prescribed Alternatives

- 2016 – LHC daily dispensed
- 2019 – Health Canada’s Safe Supply Implementation Task Team
- 2020 – 5 projects funded; start of Risk Mitigation Prescribing in BC
- 2024 – 24 projects funded, 22 have funding expiring March 2024

## Medical models:

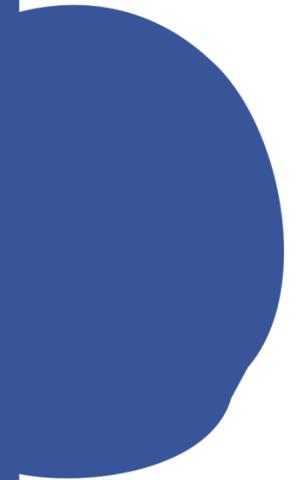
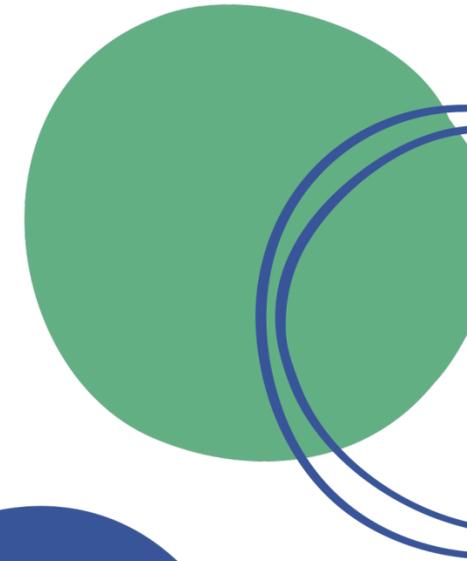
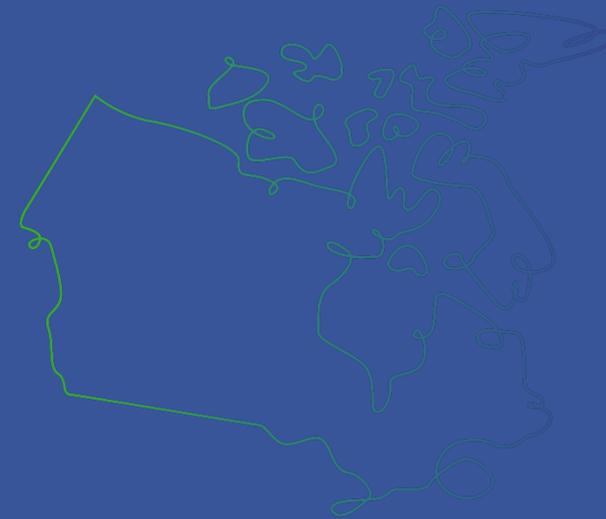
- Purpose: Risk mitigation, treatment, harm reduction
- Approach: Witnessed dosing, unobserved dosing
- Setting: Program vs non-program



# Ontario SUAP funded programs

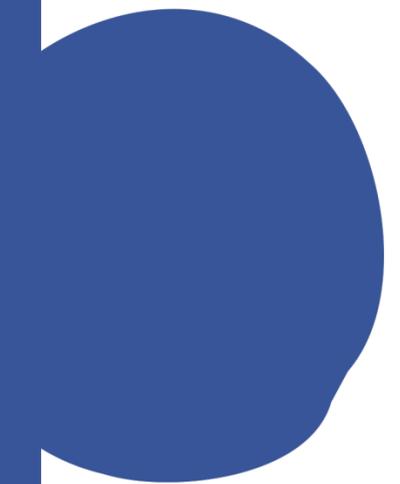
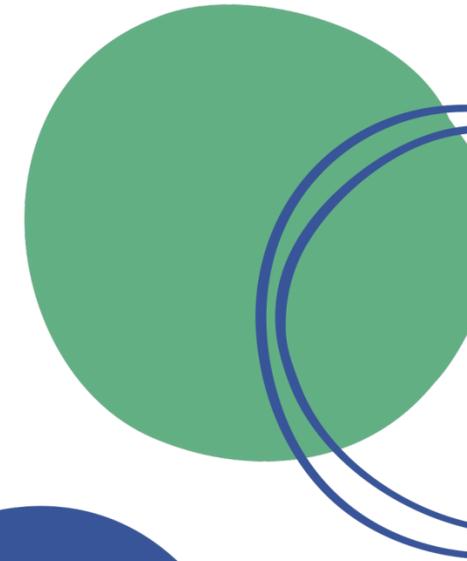
## 15 PSS Programs in Ontario – Approx. 1500 participants

- Toronto: The Works (iOAT); Parkdale Queen West CHC; South Riverdale CHC; Sherbourne Health Centre; Inner City FHT
- Brantford: Grand River CHC
- Guelph: Guelph CHC
- Hamilton: Hamilton Urban Core CHC; HAMSMaRT
- Kitchener Waterloo: K-W Working Centre-Sanguen
- London: London InterCommunity Health Centre
- Thunder Bay: NorWest Community Health Centres
- Ottawa: Pathways to Recovery
- Peterborough: 360 Degree NPLC
- Niagara: REACH



# Ontario CHC Program Characteristics

- Based in community health settings
- Provided by interdisciplinary teams, including PWLLE
- Clinical substance use health and primary care
- Wraparound supports
- Daily dispensed take-home short-acting (Dilaudid 8mg tablets) alongside daily dispensed observed long-acting (slow-release oral morphine, methadone)
- Undertake program evaluations and many participate in external research studies



# Ontario CHC PSS Client Characteristics

## Eligibility criteria

- OUD, previous OAT, regular use of unregulated supply

## Triage criteria

- High risk of harm, detached from care, BIPOC, women and gender diverse, engaged in sex work, pregnant, medically and socially complex

## Client Characteristics

- highly vulnerable group whose needs are currently unmet by existing OAT and RAAM models, Houseless/precariously housed
- Complex physical and/or mental health problems
- Previous experiences with OAT have been unsuccessful
- Involved in high-risk activities and criminalized activities
- Hx of frequent overdoses
- Income and food insecurities



# Emerging Evidence

## Highlights:

- Reduced risk of overdose
- Reduced mortality
- Decline in health care costs
- Fewer hospital visits
- Increased engagement and retention in care
- Improvements in physical and mental health
- Improvements in social well-being and stability
- Reduced use of unregulated drugs
- Improved control over drug use
- Reduced engagement in criminalized activities

See NSSCoP Evidence Brief for summary of 24 studies (peer reviewed and grey lit)



# Emerging Evidence

## Challenges

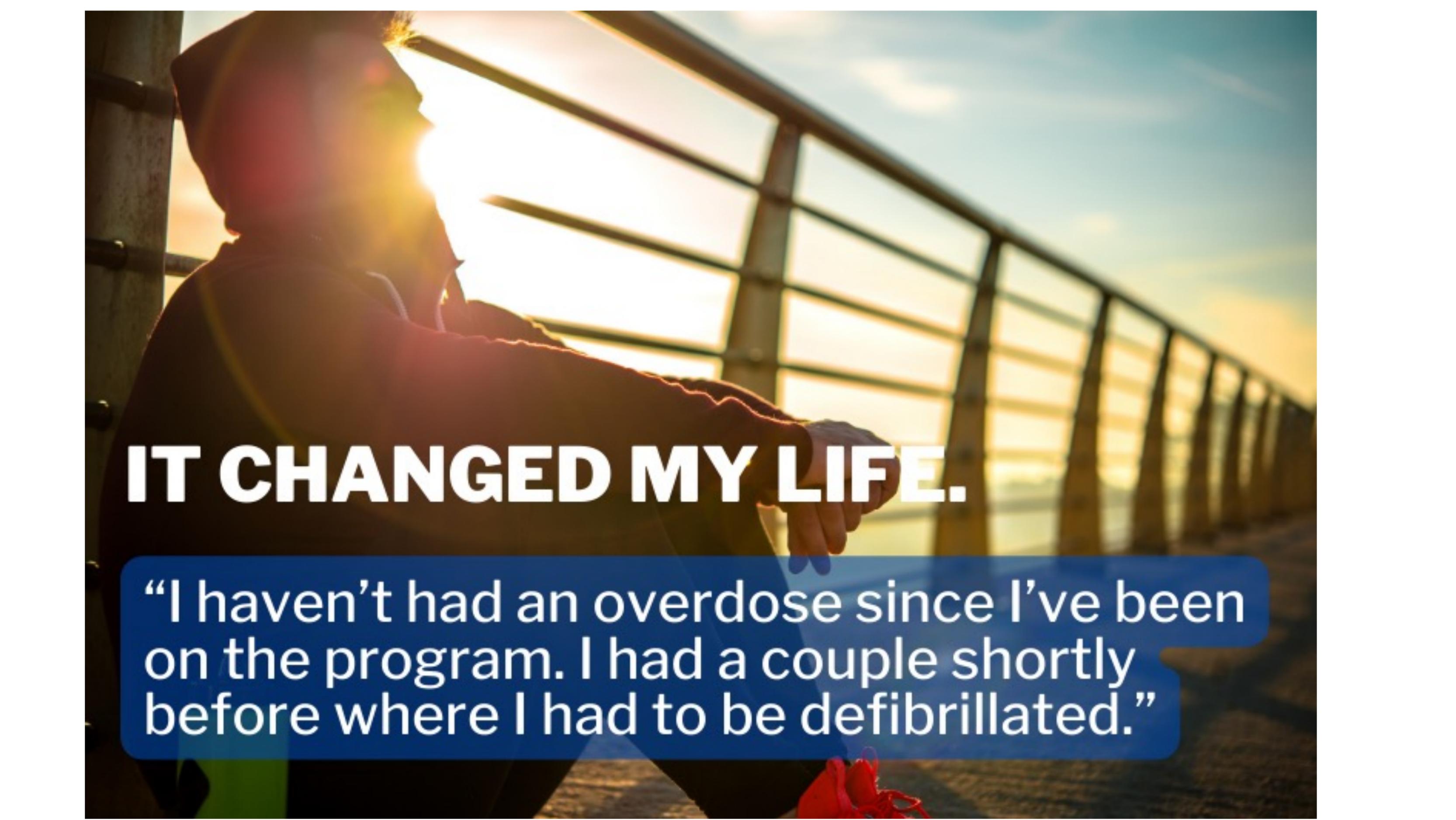
- Lack of sustainable funding
- Huge demand – few programs and limited program capacity
- Limited medication options that do not properly match clients' needs
- Politicization of safer supply and harm reduction
- Lack of affordable, appropriate housing
- Medical model is a barrier for some
- Rural and remote communities
- Continuity of care (hospitals, carceral settings)



# IT CHANGED MY LIFE.

A woman with long dark hair in a ponytail, wearing a white and black striped long-sleeved shirt and a dark backpack, is seen from behind. She is sitting on a ledge or wall, looking out over a city skyline at sunset. The sun is low on the horizon, creating a warm, golden glow over the buildings and trees. The sky is a mix of orange and light blue.

“Once I was a client of this program,  
I knew I was safe.”

A person wearing a dark hoodie is seen from the side, looking out of a large window. The sun is setting or rising, creating a bright, warm glow and lens flare. The window has a grid pattern. The person's hand is resting on the window sill. A red object, possibly a shoe, is visible at the bottom of the frame.

**IT CHANGED MY LIFE.**

“I haven’t had an overdose since I’ve been on the program. I had a couple shortly before where I had to be defibrillated.”

# IT CHANGED MY LIFE.

“I’m not in the hospital so much getting my abscesses drained, because I’m actually swallowing my medication. I find it more effective.”

A photograph of a person in a red t-shirt sitting at a desk in a classroom, writing in a notebook with a black pencil. Their left hand rests on the desk. In the background, other students are visible, including one in a pink shirt and another in a dark blue shirt with arms crossed. The scene is brightly lit, suggesting an indoor classroom environment.

**IT CHANGED MY LIFE.**

**“I got a job, got stable housing, stopped using, connected with kids again, I’m in school.”**

# IT CHANGED MY LIFE.

A person with long dark hair in a ponytail, wearing a blue and white striped long-sleeved shirt and a dark backpack, is seen from behind, looking out over a city skyline at sunset. The sun is low on the horizon, creating a warm, golden glow. The city buildings are silhouetted against the bright sky.

“I don't know about a different future. I just know that there is a future. So, that's a start right there.”

# IT CHANGED MY LIFE.



“There are people that are on this program that started off in tents and now they've actually got themselves to a position where they're renting an apartment. That doesn't happen without safer supply.”

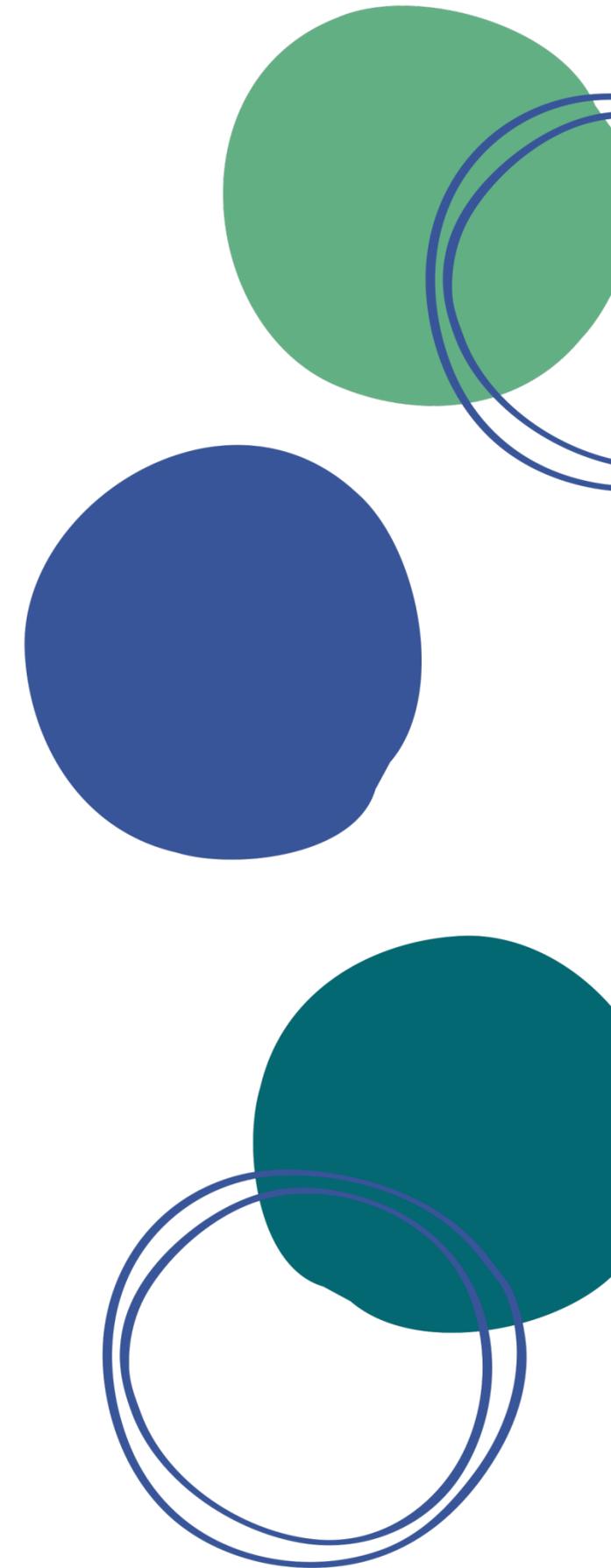


# IT CHANGED MY LIFE.

“It's been a miracle...it's made me love life.  
It's given me a reason to get out of bed.  
It's changed my whole perspective on life.”

# Check out our website

- Regularly updated [evidence brief](#)
- [Program evaluation reports](#)
- [Discussion tools](#)
- [Program policies and protocols](#)
- [Hot Topic Webinar Archive](#)
- [Research Spotlight Webinar Archive](#)
- Searchable substance use health [Resource library](#) with 1800+ items
- [Upcoming events](#)
- To access our [prescriber consultation service](#)
- To join [our Listserv and membership](#)



Research Spotlight Webinar

# Effect of Risk Mitigation Guidance on Mortality and Acute Care Visits

**February 15**  
**12pm PT | 3pm ET**  
**RSVP for Link**



**National Safer Supply**  
Community of Practice

Hot Topic Webinar

## The Ethics of Prescribed Safer Supply

**Ethics** [eth'iks] n.  
moral choices to  
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**February 29**

**12pm ET**

**RSVP for Link**



**National Safer Supply**  
Community of Practice



# COMING TOGETHER

CELEBRATING THE MAGIC OF COMMUNITY,  
KNOWLEDGE EXCHANGE & SOLIDARITY BUILDING

March 21  
12-2pm ET  
RSVP for Link



# JOIN OUR COMMUNITY

[NSS-APS.CA](https://nss-aps.ca)

Visit our website and click "Join" to register as a member!



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