

PERCEIVED IMPACTS FOLLOWING THE CLOSURE OF SAFER OPIOID SUPPLY PROGRAMS IN ONTARIO, CANADA

AUTHORS:

Ali F^{1,2,3}, Sprakes A¹¹, Mende-Gibson J^{1,2}, Russell C^{1,2}, Shaw A^{1,2}, Bonn M⁷, Celinski A^{8,13}, Kaminski N^{9,10}, Karamouzian M^{3,12}, Strike C³, Rehm J^{1,2,3,4,14,15,16,17}

1. Institute for Mental Health Policy Research, Centre for Addiction and Mental Health (CAMH), Toronto, Canada, M5S 2S1
2. Ontario Node, Canadian Research Initiative in Substance Matters (CRISM), Centre for Addiction and Mental Health (CAMH), Toronto, Canada, M5S 2S1
3. Dalla Lana School of Public Health, University of Toronto, 480 University Ave, Suite 300, Toronto, ON, M5G 1V2, Canada
4. Campbell Family Mental Health Research Institute, Centre for Addiction and Mental Health, 250 College St., Toronto, Ontario, Canada, M5T 1R8
5. Department of Family and Community Medicine, University of Toronto, 500 University Avenue, 5th floor, Toronto, Canada, M5G1V7
6. Health Promotion, Chronic Disease and Injury Prevention, Public Health Ontario, Toronto, ON, Canada.
7. ChangeMark Research & Evaluation, Vancouver, British Columbia, Canada
8. Workers for Ethical Substance Use Policy (WESUP), Vancouver, British Columbia, Canada
9. Moyo Health & Community Services, 7700 Hurontario St #601, Brampton, ON L6Y 5B5, Canada.
10. Peel Drug Users Network (PDUN), Brampton, ON, Canada
11. Faculty of Health and Behavioural Sciences, School of Social Work, Lakehead University, 955 Oliver Road, Thunder Bay, ON P7B 5E1, Canada
12. Centre on Drug Policy Evaluation, MAP Centre for Urban Health Solutions, St. Michael's Hospital, Toronto, ON, Canada
13. RECLAIM Collective, Toronto, Ontario, Canada
14. Department of Psychiatry, Faculty of Medicine, University of Toronto, 250 College Street, 8th floor, Toronto, Ontario, Canada, M5T 1R8
15. Faculty of Medicine, Institute of Medical Science, University of Toronto, Medical Sciences Building, 1 King's College Circle, Room 2374, Toronto, Ontario, Canada, M5S 1A8
16. Center for Interdisciplinary Addiction Research (ZIS), Department of Psychiatry and Psychotherapy, University Medical Center Hamburg-Eppendorf (UKE), Martinistraße 52, 20246 Hamburg, Germany
17. Program on Substance Abuse & WHO European Region Collaboration Centre, Public Health Agency of Catalonia, Aragó Street 330, 08009, Barcelona, Catalonia, Spain

Background:

Canada is amid a worsening overdose crisis, driven largely by the unregulated drug supply. Safer opioid supply (SOS) programs were implemented to provide pharmaceutical-grade opioids alongside wraparound health and social services. In August 2024 Ontario's provincial government introduced restrictions on harm reduction initiatives, coinciding with the expiration of federal funding, forcing many SOS programs to close.

Methods:

We conducted 25 semi-structured qualitative interviews with people who use drugs enrolled in six SOS programs across Ontario. We conducted a thematic content analysis. Interviews were conducted

virtually and explored participants' experiences with SOS programs, anticipated impacts of program closures, and potential strategies to mitigate risks with the closure of the SOS programs.

Results:

Over two-thirds (68%) of participants indicated that their drug of choice was street opioids such as fentanyl. Majority (72%) of participants indicated that smoking was their preferred mode of consumption. We identified two overarching themes the first being The Role and Impact of SOS Programs: Current Benefits and Future Consequences with sub themes such as drug use patterns, overdose risk, and quality of life. The second overarching theme was Coping with Uncertainty and Adapting to Change in light of SOS Program Closures with sub themes such as consideration of OAT, Self VS Staff-Imposed Tapering, and Seeking Alternative Clinics or Prescribers.

Conclusion:

This study highlights participants' concerns that SOS program closures may force them back into an increasingly dangerous unregulated market, ultimately putting their lives at risk. In addition to reversing the many benefits SOS programs provided, such as connections to essential health and social services. By replacing harm reduction programs with treatment services, the government is not reducing the demand for opioid use, instead, it forces people to return to the unregulated drug market, ultimately putting individuals at risk of overdose.