

A QUALITATIVE ASSESSMENT OF MEDICATION DIVERSION IN A SAFER SUPPLY PROGRAM IN TORONTO

Authors:

Martignetti L¹, Knight R², Atkinson K³, Werb D^{1,4}, Karamouzian M^{1,5}

¹Centre on Drug Policy Evaluation, MAP Centre for Urban Health Solutions, St. Michael's Hospital,

Toronto, ON, Canada, ²École de santé publique, Université de Montréal, Montréal, QC, Canada

³Parkdale Queen West Community Health Centre, Toronto, ON, Canada, ⁴Institute for Health Policy, Management and Evaluation, University of Toronto, Toronto, ON, Canada, ⁵Dalla Lana School of Public Health, University of Toronto, Toronto, ON, Canada

Background:

Voices in the media and in health care have raised concerns about pathways of diversion of prescription opioids from safer opioid supply (SOS) pilot programs. The objective of this study is to examine the experiences and perspectives about medication diversion with clients of an SOS program in Toronto, Canada to better understand the contexts in which diversion occurs, as well as what drives and discourages it.

Methods:

From December 2022 to June 2023, we conducted in-depth, semi-structured interviews with 25 adult clients of an SOS program in Toronto that prescribes 8 mg hydromorphone tablets, usually in combination with opioid agonist therapy (OAT). We analyzed the data using deductive and inductive approaches via thematic analysis, informed by the Consolidated Framework for Implementation Research (CFIR).

Results:

Participants shared their perspectives on SOS medication diversion, 11 of whom described experiences diverting their own medication at least once. These findings were organized by the following CFIR domains: (i) Individuals (e.g., compassionate sharing with others experiencing painful withdrawal symptoms, initial needs possibly not being met with prescribed opioids); (ii) Inner setting (e.g., SOS programs being welcoming but having limited capacity); (iii) Outer setting (e.g., decreases in the street value of hydromorphone reducing the appeal of diversion for financial gains, and concerns for personal safety [e.g., potential for harassment or violence] influencing clients' disclosure of their participation in the program to others); (iv) Innovation (e.g., SOS being safer than alternatives from unregulated sources, use of prescribed medication more valued by clients than proceeds of diversionary sale).

Conclusion:

These findings highlight that the contexts in which SOS clients use all or only some of their prescribed safer supply medications are shaped by specific individual, inner, and outer factors. These factors must be understood in order to adapt the intervention to promote maximal therapeutic benefit.

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Disclosure of Interest Statement: