

Safer Supply: Emerging Evidence

Safer supply is a **harm reduction** driven public health approach that makes a pharmaceutical-grade drug supply available to adults who use illegal drugs and are at risk of overdosing. This provides a drug of known quality and potency as an alternative to the illegal drug supply.

Safer supply has gained traction over the course of the past two years as one approach for addressing the drug poisoning crisis. Evidence is beginning to emerge from Canadian program evaluations and other research. Safer supply has gained traction over the course of the past two years as one approach for addressing the drug poisoning crisis. Evidence is beginning to emerge from program evaluations and other research. Our team has counted at least 27 studies underway in Canada, including comparative, qualitative, quantitative and mixed method studies and studies that use health administrative data and chart reviews. We share preliminary findings in this presentation.

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Safer supply: informed by the evidence on heroin-assisted treatment, opioid agonist treatment, and harm reduction

- There is a substantial body of evidence on heroin assisted treatment (HAT) and opioid agonist treatment (OAT) built over the past 30+ years based on programs in Canada, the UK, and Europe.
- Safer supply providers draw on existing clinical guidance, such as iOAT guidance developed by BCCSU and CRISM, and BCCSU's Risk Mitigation Guidance.
- Providers are developing clinical guidance for <u>daily dispensed tablet models</u>, observed tablet models, fentanyl patch and sufentanil programs.
- Programs draw on <u>best practices for harm reduction</u> to inform program operations, including non-punitive approaches and engaging people who use drugs in design, delivery and evaluation of programs.

Health and social outcomes

People who receive a safe supply experience:

- Improvements in health and social well-being
- Increased access to and engagement with health and social services
- Reductions in overdose and overdose risk
- Reductions in emergency department visits and hospitalizations
- Improved relationships with family members and friends
- Reductions in fentanyl use and other streetacquired drug use
- Reductions in contact with police
- Reductions in criminal activities
- Reductions in injection drug use

My whole lifestyle improved

Got my life back

My life has improved drastically

It saved my life Life

I function productively in society

My life is getting better

Frees time to do more constructive things

More energy and confidence to focus on my art

much better

Opened a whole new outlook and positive way of living

Positive influence on what else you do

Enabled me to move forward in my life and not be at a standstill

Life is so There's a lot less edge on my day

Allowed me to focus on more positive direction

100% more stable than I have ever been

My life has been a hardship, a mountain, but I now know happiness

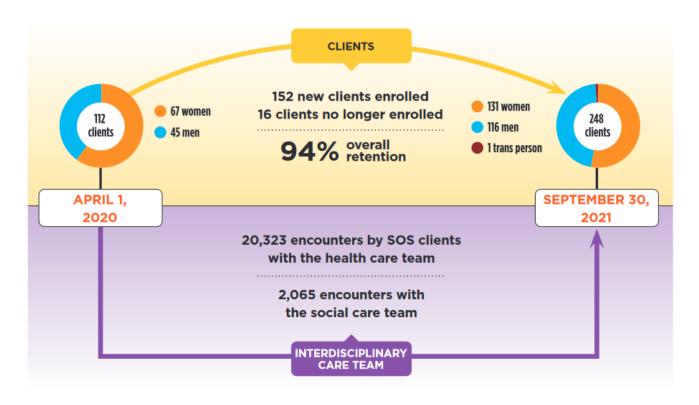
I can devote time hunting for and keeping a job, make appointments

McMurchy 2022

Sources:

Kolla et al 2022 McMurchy 2022 Ivsins et al. 2020 CACHC 2020

Engagement and retention



London InterCommunity Health Centre's <u>safer supply program</u> had 94% retention over the 18-month evaluation period.

"The staff here listen to participants, adapt accordingly, and have seen amazing results." Effective programs:

- Involve people with lived and living experience throughout
- Focus on the participant
- Offer a range of service delivery models to ensure participants feel at ease
- Develop innovative methods for appointments, such as reminder systems; drop-in and group appointments, and various entry points, such as satellite and mobile clinics, outreach, in-home and virtual services, medication delivery, vending machines

<u>Early findings from safer supply reports</u>, Dale McMurchy Consulting, 2022

Resolving contentious issues

"There is no indication that prescribed safe supply is contributing to illicit drug deaths" BC Coroners Service, 2022

Infections from injecting tablets

"Infections among opioid users are indeed increasing very significantly, especially since 2016. However, infections among people with recent history of controlled-release hydromorphone have not increased. There was a small (but statistically significant) rise in infections in people with recent history of immediate-release hydromorphone, but they make up only a small percentage of people hospitalized for infections. (A majority of people with infections had a recent history of standard OAT.) These data do not support the assertion that safer supply hydromorphone is driving the increase in infection rates."

Gomes, Tara et al (2021)

Unsupervised dosing

"...we demonstrated that it is feasible to provide iOAT outside the community clinic with no apparent negative consequences. Improving upon and making permanent these recently introduced risk mitigating guidance during COVID-19, have the potential not just to protect during the pandemic, but also to address long-overdue barriers to access evidence-based care in addiction treatment"

Oviedo-Joekes, E., et al. (2021)