Community Action Teams (CAT): Safer Supply Overview Handout

An overview of what safer supply is, who can access it and program success factors, as well as a comprehensive guide to additional information.

Safer Supply Overview Handout
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Safer Supply Project Activities to Improve Access
Four project activity examples that consider objectives and guide implementation.

Safer Supply Talking Points for Health Providers
How to address commonly heard concerns in your engagement with health providers.

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Community Action Teams (CAT): Safer Supply Overview Handout

What is safer supply?

Safer supply refers to regulated pharmaceutical drugs of known content, quantity, quality, and potency that provide the mind and body altering properties of drugs that are currently only available through illegal markets and not available through traditional opioid agonist therapies (CAPUD, 2019). The illegal drug supply is unpredictable and toxic. As a result, over 10,000 people in BC have died from toxic drugs since the Province declared it a public health emergency in 2016.

Opioid agonist therapy (OAT) prevents withdrawal and reduces cravings as well. Safer supply can be used as an adjunct to OAT, which may improve OAT retention.

Health Canada currently funds 22 pilot programs which use medical models of safer supply. The most common settings for safer supply are health centres, primary care clinics, and onsite pharmacies (Glegg et al., 2022).

Medical models require a prescription (prescribed safer supply), with many programs using witnessed consumption and urine drug testing to manage diversion. Diversion is the unintended use of the drug by another party. To improve access, a variety of service models are possible.

"In an emergency situation, introducing measures to reduce deaths are essential, but with evaluation embedded so we can continuously make adjustments and improve outcomes."

- Dr. Reka Gustafson
Provincial Health Services Authority

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Innovative Models

Replacing illicit drug distribution with a regulated supply, while keeping the users paying for the drugs, can target the root cause of the illicit toxicity. PHS Community Services Society in Vancouver has a medical model using a fentanyl powder prescription with ongoing client payments. PHS's model could effectively manage diversion and dosing without the increased burden and barriers of ongoing witnessing and testing. Centralized prescribers may be able to cover wider and less-accessible regions in partnership with local pharmacies.

Non-medicalized models are also being explored, such as DULF and KISS (Kootenay Insurrection for Safe Supply), which do not require prescriptions and use client payment. These are based off models of compassion clubs, which can manage membership and source safer drugs.

Overall, no single safer supply model is best for all people and every context. Implementing innovation is vital, with ongoing evaluation and community engagement, to equitably spread access and reduce deaths.

Who can access safer supply?

Current safer supply programs have very limited capacity. One program estimated 6,000 people in their region would benefit from safer supply, but they are only able to serve 300 people (McMurchy & Palmer, 2022). Safer supply programs currently prioritize those who are at the highest risk of death from overdose (Young et al., 2022) and who are marginalized from health care services, including traditional opioid agonist therapies (ESCODI, 2022).

Typical safer supply inclusion criteria include DSM V defined opioid use disorder. Retention rates in safer supply programs are very high (McMurchy & Palmer, 2022; Kolla et al., 2022; Haines et al., 2022; ESCODI, 2022; Selfridge et al., 2022).

"[N]ot all people who use opioids are interested in treatment, nor is conventional treatment suitable for all people who use opioids."

- Ivsins et al., 2020a

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What does the evidence show?

Initiators of safer supply in Canada have drawn on the extensive literature of international OAT studies, European Heroin Assisted Treatment (HAT) studies and Canadian iOAT. There are many safer supply research and evaluation studies underway, with evidence emerging to show:

- No increased risk of overdose and death: Short-term deaths among people receiving safer supply were rare (Young et al., 2022; Gomes & Kolla, 2022) and they had fewer overdoses (ESCODI, 2022; Haines et al., 2022; McNeil et al., 2021; Selfridge et al., 2020).
- Improvements in physical and mental health: Improved chronic disease management, medication adherence, pain management, sleep, nutrition, and energy level (Kolla et al., 2022; Klaire et al., 2022; Ivsins et al., 2021; McMurchy & Palmer, 2022; Haines et al., 2022; Selfridge et al., 2020; Gomes & Kolla, 2022).
- Fewer hospital visits: Fewer emergency department visits, inpatient hospital admissions, and mental health and substance use disorder-related hospital visits (Gomes & Kolla, 2022).
- Reduced use of drugs from the unregulated street supply (thereby reducing overdose risk from the toxic drug supply) and, in some cases, reducing drug use overall or ceasing the use of drugs by injection (Kolla et al., 2022; McNeil et al., 2021; ESCODI, 2022; Haines et al., 2022; Selfridge et al., 2020; Ivsins et al., 2020b).
- Improved control over drug use: The flexibility and autonomy of safer supply programs, coupled with certainty about dose strength, enabled participants to avoid withdrawal symptoms and manage pain (McNeil et al., 2021; Ivsins et al., 2020b, Selfridge, 2020).
- Engagement and retention in programs and care: Increased access to health and social services, including primary care, OAT, counselling, and housing support; and improved relationships with providers (Brothers et al., 2022; Kolla et al., 2022; McMurchy & Palmer, 2022; Selfridge et al., 2020; Selfridge et al., 2022).

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What does the evidence show? (continued)

- Improvements in social well-being and stability: Economic improvements (Ivsins et al., 2020; Selfridge et al., 2020; Haines et al., 2022), reduced inequities stemming from the intersection of drug use and social inequality (Ivsins et al., 2021), better control over time leading to engagement in employment, hobbies, and interests (McMurchy & Palmer 2022; Haines et al., 2022), decreased involvement in and exposure to violence, criminal activities and legal issues (Kolla et al., 2022; McMurchy & Palmer, 2022; Haines et al., 2022; Ivsins et al., 2020b), improved general social stability (ESCODI, 2022), improved housing access (Haines et al., 2022) and improved relationships with family members and friends (Kolla et al., 2022; McMurchy & Palmer, 2022; Selfridge et al., 2020). Safer supply prescriptions have provided harm reduction to young people as well, but more robust programs are urgently needed (Giang et al.).
- Decline in health care costs: Safer supply program participants had lower costs for health care not related to primary care or outpatient medications in the year after program initiation, with no corresponding change observed in a matched group of individuals who did not access the program (Gomes & Kolla, 2022).

Success factors for safer supply programs

- Comprehensive ancillary services: Populations served by safer supply benefit from health and social supports delivered alongside safer supply (Gomes & Kolla 2022; Haines et al., 2022, 2023; Selfridge et al., 2020).
- Program flexibility (Ivsins et al., 2020b; Haines et al., 2022; McMurchy & Palmer, 2022) and adaptability (Glegg et al., 2022; McMurchy & Palmer, 2022).
- Low-barrier, client-centred design (Ivsins et al., 2020b; McMurchy & Palmer, 2022).
- Ability to provide pharmaceuticals that meet people's needs (dose, formulation, type) (Selfridge et al., 2022).
- Community-centred approach, foregrounding the leadership and engagement of people who use drugs (Ranger et al., 2021).

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"Safer supply is just one part of more equitable access to health and well-being. Providing safer supply is a harm reduction entry-point to addressing other basic needs and priorities. Secure housing, livable income, access to health care, and a caring community to feel a part of, are all necessities. . . .
The overarching approach to providing safer supply services should be grounded in the community and centred on input from people with lived experience in program co-design, planning and implementation."

- McMurchy & Palmer, 2022

For further information

National Safer Supply Community of Practice Resources:

- Reframing Diversion for Health Care Providers: Frequently Asked Questions (2022)
- Safer Supply for Health Care Providers: Frequently Asked Questions (2022)
- Safer Supply: A Review of the Literature (2022)
- Safer Supply, Opioid Agonist Treatment & Harm Reduction: National Advocacy Toolkit (2022)

Reports:

- Assessment of the Implementation of Safer Supply Pilot Projects (McMurchy & Palmer, 2022)
- London InterCommunity Health Centre's Safer Opioid Supply Program Evaluation – Full Report (Kolla et al., 2022)
- Cool Aid Community Health Centre Report on Risk Mitigation Guidance Prescriptions: Providing Safer Supply in CAMICO Sheltering Sites, Outreach and Primary Care Practice (Selfridge et al., 2020)

Protocols and Guiding Documents:

- Safer Opioid Supply Programs (SOS): A Harm Reduction Document for Primary Care Teams (Hales et al., 2020).
- Safer Opioid Supply Program Protocols. Parkdale Queen West Community Health Centre (Waraksa et al., 2022)
- Victoria SAFER Initiative: Safer Supply Protocols (AVI Health and Community Services, 2022)
- Access to Prescribed Safer Supply in BC: Policy Direction (Ministry of Mental Health and Addictions, 2021)
- BC Risk Mitigation: In the Context of Dual Public Health Emergencies - Clinical Guidance (BCCSU 2022)

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➤ Reviewed medical records of all 77 COVID-19 isolation hotel shelter residents during May 2021.

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➤ Survey of 20 prescribers and 16 pharmacists in Québec.

Giang et al. (2023) Risk mitigation guidance and safer supply prescribing among young people who use drugs. International Journal of Drug Policy.

Glegg, S. et al (2022). "COVID just kind of opened a can of whoop-ass": The rapid growth of safer supply prescribing during the pandemic. International Journal of Drug Policy 106, Article 103742. https://doi.org/10.1016/j.drugp.. ➤ Mixed methods national environmental scan at two time points.

Gomes, T., Kolla, G., McCormack, D., Sereda, A., Kitchen, S., & Antoniou, T. (2022). Clinical outcomes and health care costs among people entering a safer opioid supply program in Ontario. Canadian Medical Association Journal, 194(36), e1233-e1242. https://doi.org/10.1503/cmaj.220892
➤ Interrupted time series analysis with 82 exposed individuals demographically and clinically matched to 303 unexposed individuals.

Haines, M., Tefoglu, A., & O'Byrne, P. Safer Supply Ottawa Evaluation: Fall 2022 Report. (2022). Ottawa, Canada. https://safersupplyottawa.com/research/
➤ Chart review for all safer supply participants (n=425) plus a qualitative study including interviews (n=30) and surveys.

Haines, M., & O'Byrne, P. Safer opioid supply (2023). Ottawa, Canada. https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-023-00776-z

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➤ 42 qualitative interviews plus 100 hours of ethnographic observations.

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➤ Examined used injection drug preparation equipment (n=87).

Klaire, S., Sutherland, C., Kerr, T., & Kennedy, M. C. (2022). A low-barrier, flexible safe supply program to prevent deaths from overdose. Canadian Medical Association Journal, 194(19), e674-e676. https://doi.org/10.1503/cmaj.211515
➤ Case study.

Kolla, G., Long, C., Perri, M., Bowra, A., & Penn, R. (2022). Safer Opioid Supply Program: Summary Report. London, Ontario: London InterCommunity Health Centre. https://www.nss-aps.ca/sites/default/files/resources/2022_LIHC_SOS_Prog...
➤ Findings from a mixed-methods evaluation examining the scale up of the safer supply program at LIHC from 112 to 248 clients.

McMurchy, D., & Palmer, R. W. H. (2022). Assessment of the Implementation of Safer Supply Pilot Projects. Ottawa, Ontario: Dale McMurchy Consulting. https://www.nss-aps.ca/sites/default/files/resources/2022-03-safer_supply...
➤ Qualitative assessment of 10 time-limited safer supply pilot projects in British Columbia, Ontario, and New Brunswick.

McNeil, R., et al. (2022). Implementation of Safe Supply Alternatives During Intersecting COVID-19 and Overdose Health Emergencies in British Columbia, Canada, 2021. American Journal of Public Health 112, s151-s158. https://doi.org/10.2105/AJPH.2021.306692
➤ 40 qualitative interviews.

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➤ Chart review (n=313).

Selfridge, M., Card, K., Kandler, T., Flanagan, E., Lerhe, E., Heaslip, A., Nguyen, A., Moher, M., Pauly, B., Urbanoski, K., & Fraser, C. (2022). Factors associated with 60-day adherence to "safer supply" opioids prescribed under British Columbia's interim clinical guidance for health care providers to support people who use drugs during COVID-19 and the ongoing overdose emergency. International Journal of Drug Policy 105, Article 103709. https://doi.org/10.1016/j.drugpo.2022.103709
➤ Chart review (n=286).

Silverman, M., Slater, J., Jandoc, R., Koivu, S., Garg, A. X., & Weir M. A. (2020). Hydromorphone and the risk of infective endocarditis among people who inject drugs: a population-based, retrospective cohort study. The Lancet Infectious Diseases 20(4): 487-497. https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(19)30705-4/fulltext ➤ Retrospective cohort study (n=60 529) using linked health administrative databases.

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➤ Using provincial health data, examined 534 initiations of safer supply (447 distinct individuals) from 155 prescribers.

About this handout

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