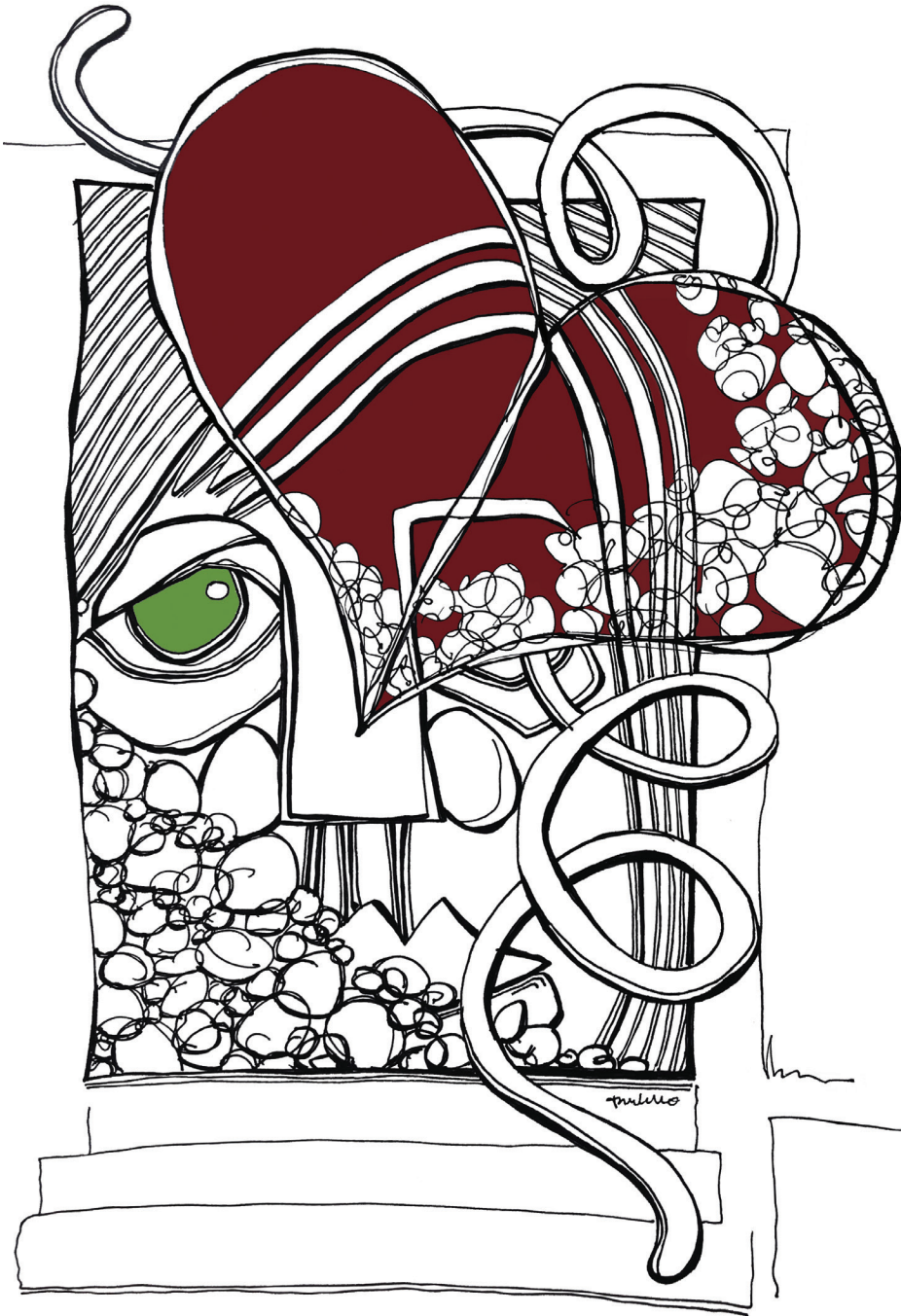


London
InterCommunity
Health Centre

Safer Opioid Supply Program



SUMMARY REPORT
JANUARY 2022

Background

The Safer Opioid Supply (SOS) Program was started in 2016 at the London Intercommunity Health Centre (LIHC). The development of this program was informed by the recognition that traditional substance use and addiction treatment programs were not meeting the needs of some LIHC clients, particularly people who use drugs who were experiencing homelessness, street-involved, or disconnected from traditional models of healthcare delivery.

The main objective of the SOS program is to use a harm reduction approach to reduce some of the health risks associated with substance use, particularly overdose deaths related to fentanyl contamination within the unregulated opioid supply. In the SOS program, clients are provided with a prescription for pharmaceutical opioids to replace street-acquired substances from the unregulated drug market. SOS medications are generally provided as a daily-dispensed prescription for take-home dosing by clients. In addition to the provision of pharmaceutical medications, all SOS program clients are also offered comprehensive health and social services by an interdisciplinary team consisting of primary care physicians, nurse practitioners, nurses, systems navigators, outreach workers, and care facilitators.

This report details the findings from a mixed methods evaluation of the Safer Opioid Supply program at London Intercommunity Health Centre from 2020 to 2021. The goal of this evaluation was to examine the scale-up of the SOS program after Substance Use and Addictions Program (SUAP) funding was received from Health Canada in March 2020, in order to identify what was working well and what could be improved as part of an ongoing quality improvement and SOS program evaluation plan.

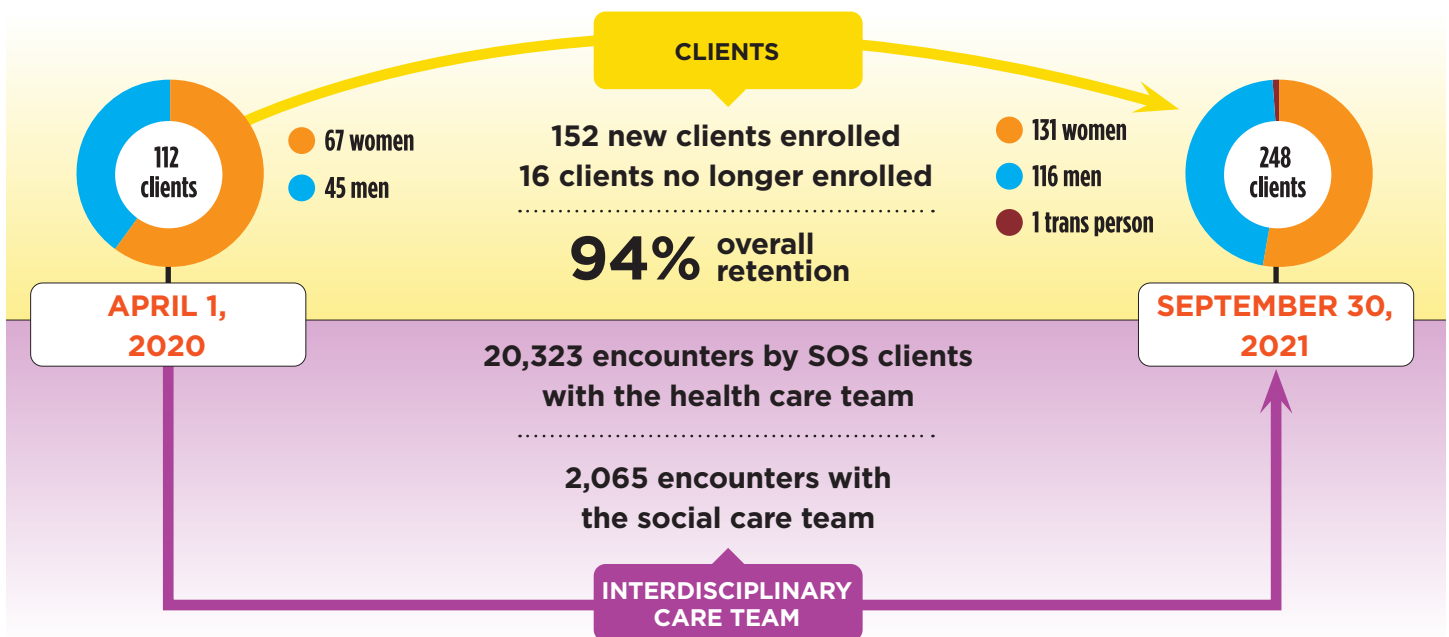
SOS Program Description: By the Numbers

In the spring of 2020, the SOS program at LIHC received funding from SUAP to expand their program operations. On April 1st, 2020, when SUAP funding began, there were a total of 112 clients enrolled in the SOS program (67 women and 45 men).

As of September 30th, 2021, there are a total of 248 active clients enrolled in the SOS program (131 women, 116 men and 1 person who is trans, non-binary or gender non-conforming).

Between April 1st, 2020 and September 30th, 2021, there have been 152 new clients enrolled in the SOS program, and 16 clients who are no longer part of the program. The overall retention for the program is 94% in this period.

Between April 1st, 2020 and September 30th, 2021, there have been a total of 20,323 health care encounters by SOS clients with health care team (LIHC physicians, nurse practitioners and nurses), and 2,065 encounters with the social care team (system navigators, outreach workers and care facilitators).



Summary of Main Findings

Clients in the SOS program overwhelmingly appreciated the program, finding that it was reducing their overdose risk by providing a known dose of a pharmaceutical medication. They also felt that it was helping them to stabilize their health, improve their social functioning and well-being. When speaking about staff members, SOS clients referred to feeling that they are treated with respect and being provided with compassionate care that meets their health needs. LIHC staff also observed positive impacts of the SOS program on clients. However, staff also addressed the continuing negative impacts of the homelessness crisis in London on SOS clients, highlighting how this creates difficulties finding appropriate sheltering options for people living on the street and contributing to negative health and social impacts.

SOS program benefits

Health and social impacts of the SOS Program: Clients reported numerous health and social benefits of being on the SOS program, including reductions in overdose risk and improvements in health and social wellbeing.

“ If it wasn’t for this program, I really don’t think I’d be here right now... and feeling as healthy as I do. ”

(FOCUS GROUP 2 WITH SOS CLIENTS)

Reductions in fentanyl and other street-acquired drug use:

SOS clients reported significant reductions in fentanyl use, as well in the use of other street-acquired drugs (like crystal methamphetamine). While some clients reported they were still using fentanyl, they reported using dramatically less since starting the SOS program.

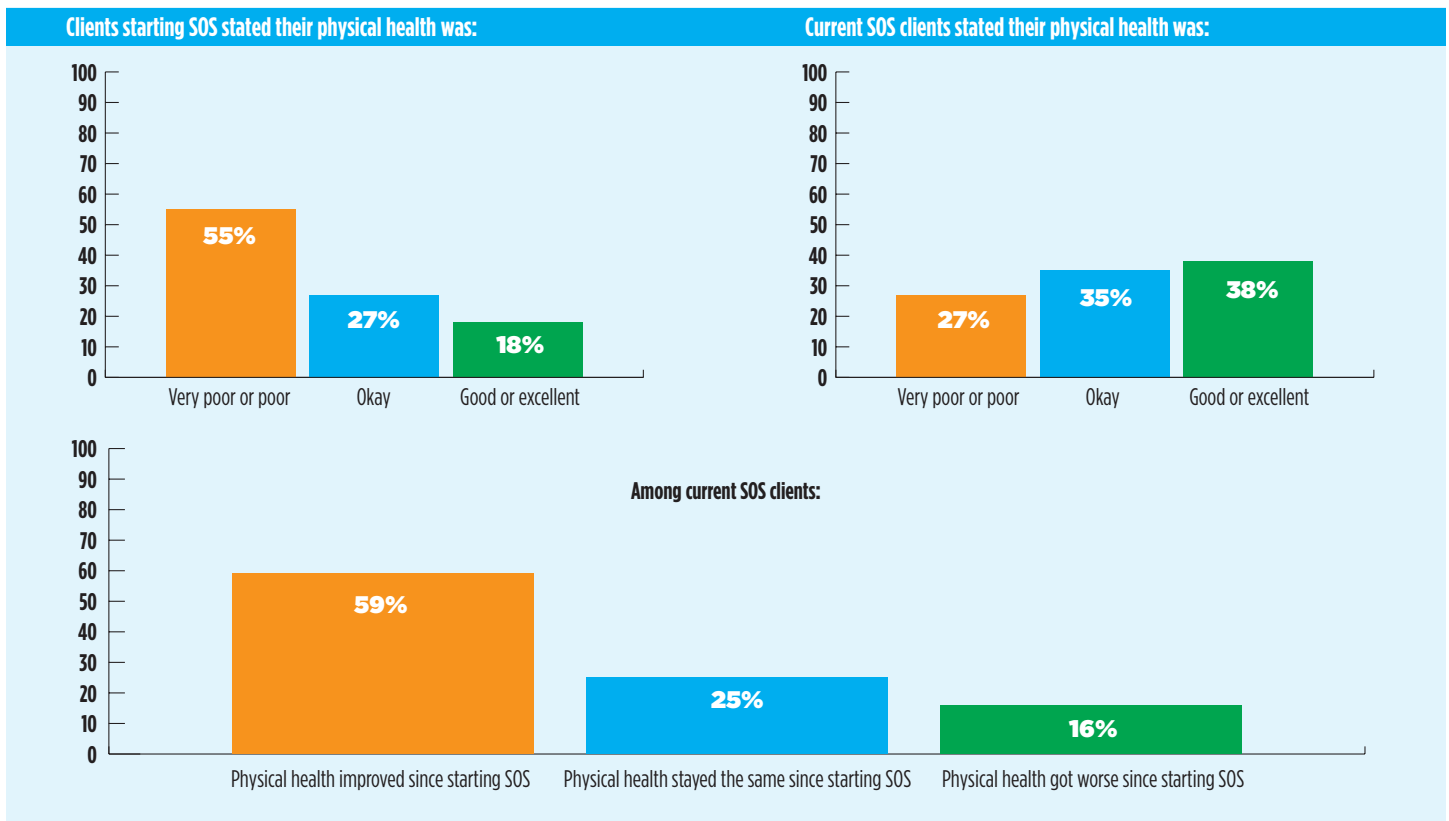
“ I was spending \$500 and \$600 dollars a day on fentanyl, but now that I’m on the D [Dilaudid] program, I can maintain with my D’s and I can get away with getting one point [of fentanyl] a day, so \$40 a day instead of \$500 to \$600 dollars. ”

(FOCUS GROUP 2 WITH SOS CLIENTS)

Even though reducing or stopping use of drugs by injection is not a goal of the SOS program, many participants reported a reduction in their use of drugs by injection.

“ I chew or snort, I haven’t banded in a long time! Cause my veins are so screwy, so if my husband’s not there to help, I’ll spend an hour trying to find this vein. ”

(FOCUS GROUP 2 WITH SOS CLIENTS)

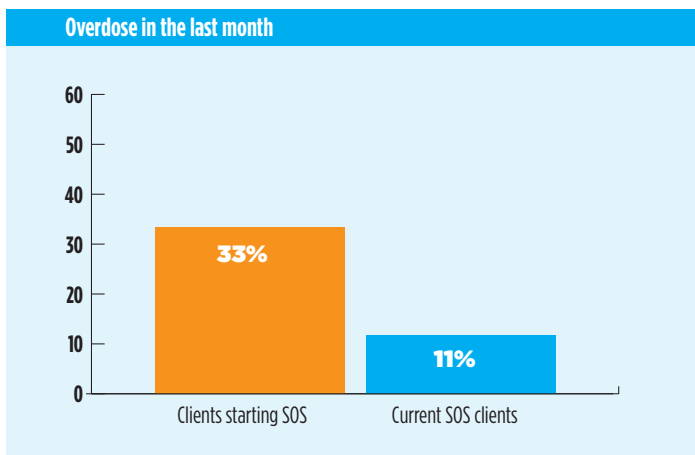
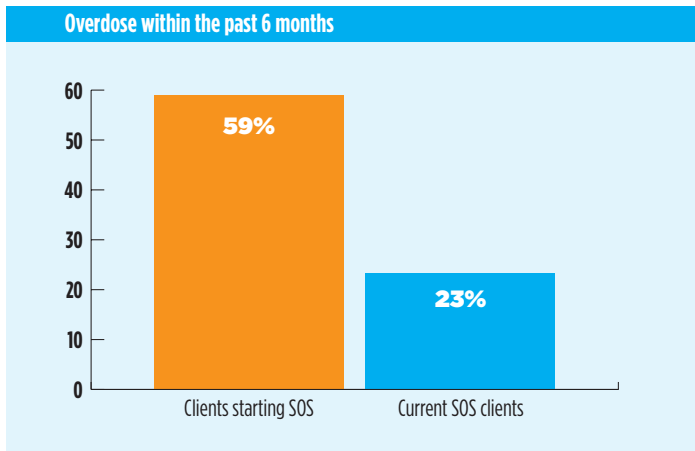


35% of current SOS clients reported they were no longer injecting drugs at all.

Reductions in overdose and overdose risk: SOS clients reported fewer overdoses in the past 6 months and in the last month compared to clients who were entering the program. One of the major motivations for wanting to be in the SOS program was that participants felt that using a pharmaceutical source of opioids of known dose put them at less risk of overdose than when they were using street-acquired fentanyl.

“ This is you putting me at a safe dose, so that I’m not gonna go and overdose on whatever. ”

(FOCUS GROUP 1 WITH SOS CLIENTS)

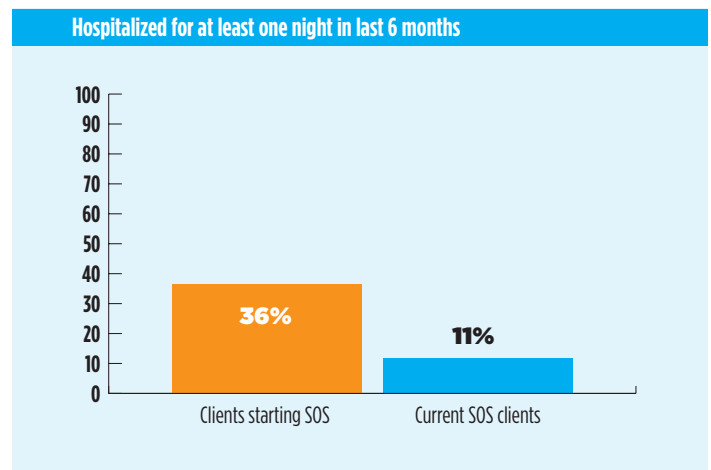
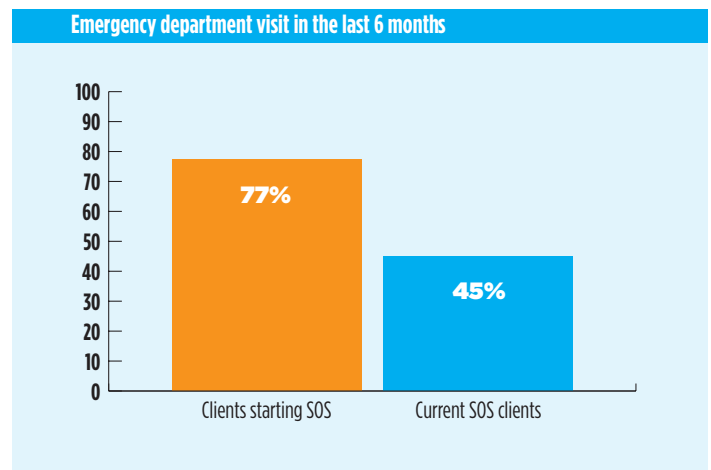


Increased access to health and social services: The SOS program allowed for increased access to health and social services, including primary care, counselling, and housing support.

“ I got my Hep C taken care of...now I can walk with my head held high. ”

(FOCUS GROUP 2 WITH SOS CLIENTS)

Reductions in emergency departments visits and hospitalization: SOS program clients reported fewer visits to the emergency department since starting SOS, and also reported fewer hospitalizations in the past 6 months when compared to people who were entering the program.

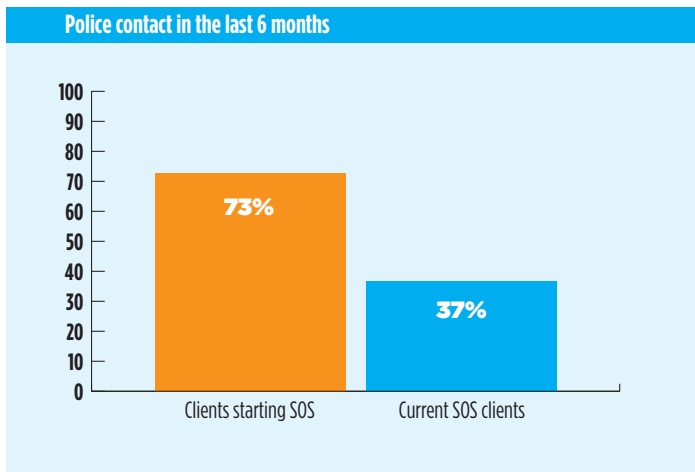


Increased feelings of safety: A majority of clients of all genders described an increased feeling of safety since starting the SOS program; however, increased feelings of safety were voiced particularly prominently by women who were on SOS.

“*And, it has kept me from the cops knocking at my door! Where’s your whereabouts, or, whatever, you know. Having this done like this has taken me out of a lot of really dangerous situations.*”

(FOCUS GROUP 2 WITH SOS CLIENTS)

Reductions in contact with the police: Clients on the SOS program also reported fewer contacts with the police in the last 6 months compared to people who were just starting the program.



Improved relationships with family members and friends: The SOS program provided clients with stability and safety which led to improved relationships with family members and friends.

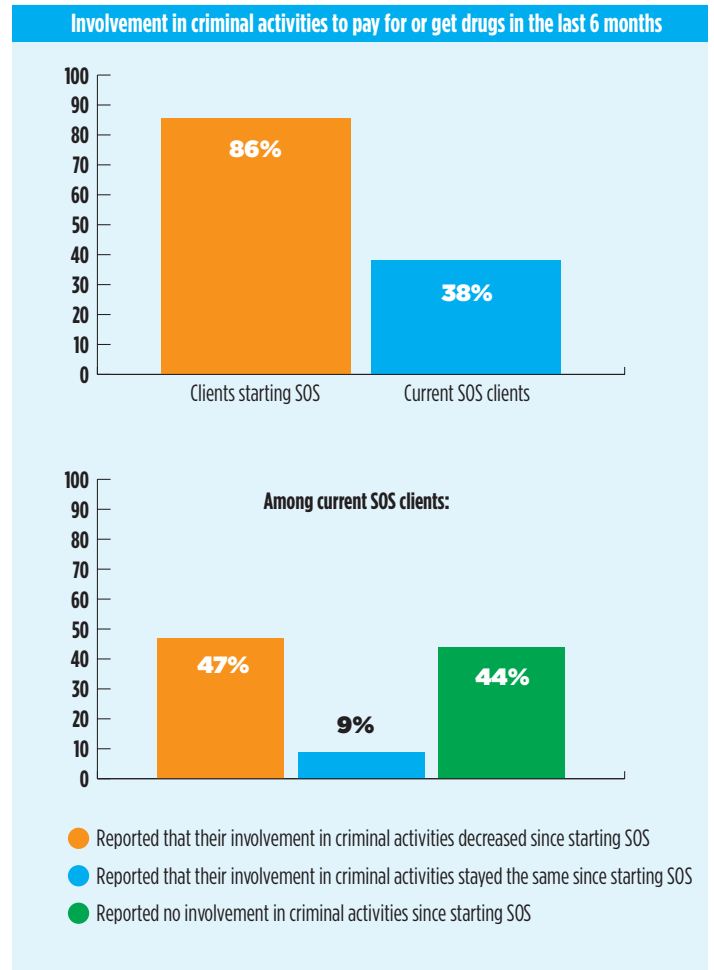
“*For myself, it’s helped my relationship with my family now. I can go take my daughter’s kids out, which she wouldn’t let me before. I’ve been on the program – almost 4 years, 3 and a half years. For me, it’s the relationships I’ve gotten with people that I haven’t had before.*”

(FOCUS GROUP 2 WITH SOS CLIENTS)

Reduction in criminal activities: Access to the SOS program helped clients reduce involvement in criminal activity and in sex work as a means to obtain substances.

“*We don’t have to go to the streets anymore to make our habit, to make money to pay for our pills. Since I’ve been on it [the SOS program], I haven’t gone to jail in three and a half years. So, that’s a good thing. I’m pretty much not working [in sex work] at all anymore, so. It saved my life.*”

(FOCUS GROUP 2 WITH SOS CLIENTS)



Clients in the SOS program overwhelmingly appreciated the program, finding that it was reducing their overdose risk by providing a known dose of a pharmaceutical medication.

Reasons for wanting to be part of the SOS program among people who use drugs on the waitlist for the SOS program

To avoid overdose: One of the prime motivations for wanting to be on the SOS program was to reduce their risk of fatal overdose.

“ I’m afraid that if I don’t get some help soon, I’m going to have to go to that fentanyl, and I don’t want to be-cause I’ve seen too many people die, and I don’t really want to die yet. ”

(FOCUS GROUP WITH PEOPLE ON THE SOS PROGRAM WAITLIST)

To improve health and stability: A desire to inject less fentanyl—or to avoid using fentanyl altogether—was a key driver for wanting to be on the program. Many of those attempting to access the SOS program (as well as those on the SOS program) had current or previous experience with opioid agonist therapies (OAT) such as methadone or buprenorphine, and it had not been effective for them.

“ I’m on methadone and I’ve been put up to 100 ml of meth, and it’s not helping anything. ”

(FOCUS GROUP WITH PEOPLE ON THE SOS PROGRAM WAITLIST)

To improve safety and reduce involvement in sex work and street hustles: Wanting to reduce reliance on sex work, street hustles and criminal activities was a key reason given for wanting to be on the program. Several women described experiencing gender-based violence; they wanted to be part of the SOS program to improve their safety and avoid having to put themselves in unsafe situations in order to generate income.

“ I’m a prostitute, and I’ve been doing it for about five years now, and I do it to fund my drug habit...if I didn’t have to go and put my body out there and had a program that could help me with my addiction, I would so appreciate it, because I don’t want to put my body out there no more. I’m tired of getting hurt and I really need a program like this to help me. ”

(FOCUS GROUP WITH PEOPLE ON THE SOS PROGRAM WAITLIST)

Challenges faced by SOS program clients

High demand for the SOS program: Clients and people wanting to be on the program reported frustration with the lack of expansion of SOS programs more broadly in other settings and the lack of prescribers given the high levels of community need.

“ I think the problem is that all the people that need the program, there’s not enough doctors that are doing it. That’s the problem. ”

(FOCUS GROUP 2 WITH SOS CLIENTS)

Lack of information about SOS program admission and eligibility criteria: Participants expressed frustration over the lengthy wait-times to access the program and unclear eligibility criteria.

“ It’s almost like, I have to literally, I’m breaking through a wall – nobody’s telling me anything. I just want to know how to I get on the damn program... ”

(FOCUS GROUP WITH PEOPLE ON THE SOS PROGRAM WAITLIST)

Lack of pharmaceutical medication options available:

Clients described the importance of having a wider variety of prescription opioids available on the provincial formulary, given the diversity of needs that exist and the high tolerance due to exposure to fentanyl from the street market.

“ If we had it, if we had heroin, people would give up the Dilaudids for the heroin. ”

(FOCUS GROUP 1 WITH SOS CLIENTS)

Negative experiences within the healthcare system:

Negative perceptions about substance use in the health system and during hospitalization resulted in patients receiving sub-optimal pain control and withdrawal management, and influenced continuity of care during hospitalization.

“ I had major surgery, and they didn’t agree with the program, so I went through withdrawals right after major surgery. ”

(FOCUS GROUP 2 WITH SOS CLIENTS)

Challenges stemming from inability of one SOS program to meet community needs:

Issues related to pharmacy pick-ups, gender-based coercion and violence, and sharing and selling of medications were other challenges identified by participants. Many of these challenges were systemic issues related to the level of demand for the SOS program in the community, and the lack of program capacity at LIHC to meet this high level of community need. Additionally, a lack of access to a range of high-dose opioids for people with high tolerance, and a desire by clients to assist community members suffering from withdrawal or at high risk of overdose were also identified as issues.

“ Like you can’t be on it and not expect to be splitting with your spouse. That’s just common sense. You’re not going to be sitting there doing your dope and watching your spouse sick. That’s not happening. ”

(FOCUS GROUP 2 WITH SOS CLIENTS)

Program features and design considerations

Need for onsite supervised consumption service: Participants noted that having an SCS located at LIHC or very close by would be useful, as this was an area where people are already gathering to use substances. They reported feeling safe using in London's SCS, but that distance made access difficult.

“*For me it's safe, it's safety. I feel comfortable there. Nothing's going to happen to me. I can do my hit and relax for a bit.*”

(FOCUS GROUP 2 WITH SOS CLIENTS)

Staffing considerations: Participants emphasized the need for more staff to increase the capacity of the SOS program. COVID-19 related restrictions continue to severely affect SOS clients, whose complex health and social needs have intensified in the last year and a half, leading to high workloads for staff.

“*We need more staff, we need more prescribing providers, and more space. Right now, we're running them off their feet.*”

(FOCUS GROUP WITH SOS STAFF)

Recommendations

Based on feedback from staff, SOS clients, and people who were on the program waitlist, there are several program and health-system level recommendations that arise from this evaluation.

Program-level recommendations

Increase the number of prescribers: Unanimously, participants felt there was a strong need to increase the capacity of the SOS program so that it would be able to meet community demand.

Provide clear information about waitlist and triage criteria: Clearer communication of program details, such as program eligibility and timelines, is needed.

Continue to expand wraparound services: Participants expressed a desire for additional wrap-around services, including integrating people with lived or living experience as staff members, to meet community need.

Offer supervised consumption services: Clients stressed a need for a supervised consumption service (including supervised smoking/inhalation services) at or near LIHC to ensure easy access.

Emphasize harm reduction strategies through education campaigns: Continued harm reduction education campaigns regarding the importance of safe substance consumption practices (e.g., heating drug solutions prior to injection) is necessary.

Provide accompaniment for pharmacy pick-up: Safety concerns raised by some clients when getting their prescriptions may be addressed by having a LIHC staff member available during busy periods at the pharmacy.

Advocate for program expansion and increased pharmaceutical options: In order to meet broader community need that may be driving sharing and selling of medications, expanding program capacity and pharmaceutical options available for clients should be pursued.

Systems-level recommendations

Expand coverage for high-dose injectable opioid formulations on the Ontario Formulary: The lack of high-dose opioid formulations covered by the Ontario formulary is a major challenge in meeting the needs of SOS program clients.

Expand access to diacetylmorphine: Clients highlighted that heroin (diacetylmorphine) would be the most useful opioid medication to have available, and an additional benefit is that diacetylmorphine holds potential as a safer supply option for people who smoke fentanyl.

Address stigma and discrimination within the health-care system: Stigma and discrimination towards people who use drugs and people on the SOS program were commonly reported, and are major barriers to care for SOS clients within the larger healthcare system.

Provide continuity of care and improve pain and withdrawal management for hospitalized SOS clients: Inadequate and often stigmatizing treatment in hospitals led to disruptions in continuity of care for SOS clients when hospitalized. Greater understanding of withdrawal management and pain control for people who use drugs in hospitals is essential.

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659 Dundas Street
London, ON
N5W 2Z1

www.lihc.on.ca