



Outcomes from the

Safer Supply Program

in Kitchener-Waterloo

Report 1 • September 2023

Evaluation Team

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Introduction

The Overdose Crisis in Canada and Ontario

Canada continues to face a devastating overdose crisis driven by an unregulated and highly toxic drug supply composed primarily of fentanyl, fentanyl analogues, and increasingly, unregulated benzodiazepines. Between January 2016 and December 2022, there were over 36,442 recorded deaths due to opioid-related toxicity in Canada, with 2,907 deaths in Ontario in 2021, the highest number ever recorded [1]. The intersection of the COVID-19 pandemic with the continuing overdose crisis has exacerbated existing social inequities for people who use drugs and contributed to a sharp increase in the rate of overdose deaths. In Ontario, there was a 79% increase in the number of overdose related-deaths in the early pandemic period in the general population (March-December 2020), and a 129% increase in overdose deaths among people experiencing homelessness [2]. An increasing proportion of these deaths involved non-pharmaceutical fentanyl and fentanyl analogues, rising from 79% in the pre-pandemic period to 89% in the early pandemic period [3]. The complexity and increasing intensity of the overdose crisis requires a spectrum of responses including: overdose education and naloxone distribution, opioid agonist treatment, and broad access to an array of harm reduction services, including safer supply prescribing [4].

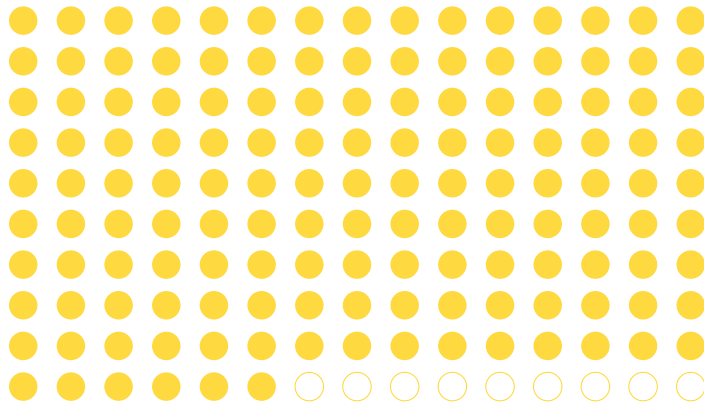
According to the Canadian Association of People who Use Drugs (CAPUD), safe supply refers to the “legal and regulated supply of drugs with mind/body altering properties that traditionally have been accessible only through the illicit drug market”[5]. Health Canada defines safer supply as “providing prescribed medications [e.g., opioids, stimulants, and benzodiazepines] as a safer alternative to the toxic illegal drug supply to people who are at high risk of overdose...[to]... help prevent overdoses, save lives, and connect people who use drugs to other health and social services” [6]. Since 2020, Health Canada’s Substance Use and Addiction Program (SUAP) has funded over 25 time-limited pilot programs that offer different modalities of prescribed safer supply to address the drug toxicity overdose crisis in Canada [7]. The Kitchener-Waterloo Safer Supply Program (SSP), operating in Kitchener-Waterloo, Ontario, is a partnership between the Sanguen Health Centre, The Working Centre, and other Inner City Health Alliance (ICHA) partners, and is funded through a SUAP grant.

The first safer supply program in Ontario began in 2016, and medications most commonly prescribed include immediate-release hydromorphone tablets, along with a long acting opioid such as slow-release oral morphine (SROM) or methadone [8]. Alongside the prescription of opioid medications, safer supply programs frequently include the provision of comprehensive health and social services based on individual needs, including primary care [9]. Program evaluations and published research on safer supply programs have shown multiple positive outcomes for clients, including: decreased use of unregulated fentanyl and related overdose risk; reduced frequency of injection; increased uptake of health services and subsequently improved physical and mental health outcomes; improvements to financial and housing stability; and increased stability and agency over drug use patterns [9–15]. Additionally, an analysis of provincial health administrative data in Ontario found a significant reduction in emergency department visits, hospital admissions, admissions for infectious complications, and health care costs among people in a safer supply program in the year after beginning safer supply [15].



The Safer Supply Program in Kitchener-Waterloo

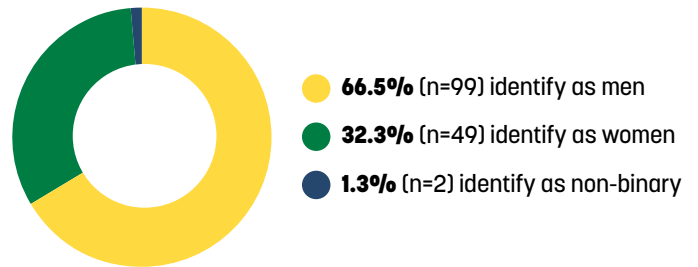
The Kitchener-Waterloo SSP opened in 2021 when the program received SUAP funding from Health Canada. The SSP is an extension of the traditional harm reduction supports and services offered through the Sanguen Health Centre and is being implemented in partnership with The Working Centre. Individuals living in Kitchener-Waterloo who are at high risk of overdose from using unregulated, street-level opioids — primarily fentanyl — are eligible for the SSP. Within the SSP, physicians and nurse practitioners prescribe pharmaceutical opioids in the form of immediate release hydromorphone tablets (brand name Dilaudid) and slow-release oral morphine capsules (brand name Kadian). In addition to providing prescriptions for safer supply medications, the SSP team offers comprehensive person-centered medical and social supports to clients within a community-based model of care. The SSP is delivered by an interdisciplinary team comprised of prescribers (including medical doctors and nurse practitioners), nurses, system navigators, care facilitators, harm reduction and outreach workers who work to support participants with a wide-range of social- and health-related goals.



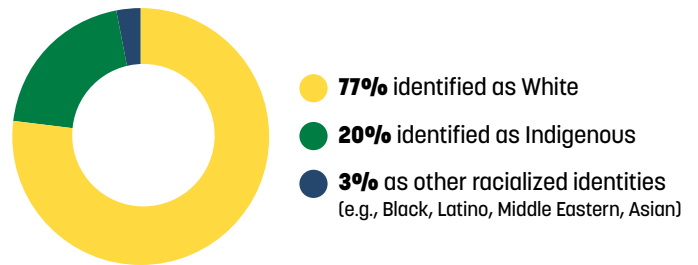
Using a harm reduction approach, the SSP provided access to pharmaceutical prescription opioids to 150 people as of December 2022. Among the 150 clients who enrolled in the program between July 2021 and December 2022, 9 people are no longer in the program resulting in a retention rate of 94%¹.

Demographics of the 150 clients engaged with the program

Gender:



Race and Ethnic Identity:



¹ Reasons for clients no longer participating in the program include: discharge from the program; death; leaving the region; returning to another form of treatment. Due to the small n, numbers for each category are suppressed to prevent inadvertent residual disclosure.

Organizations involved in the Kitchener-Waterloo Safer Supply Program

The SSP pilot project emerged from partnerships between several organizations working together in the Kitchener-Waterloo area. More information on the collaborative model of care in the Kitchener-Waterloo Safer Supply Program is available in a second report [16].

Inner City Health Alliance

The SSP is embedded within a wider regional partnership called the Inner City Health Alliance (ICHA). The ICHA is a responsive local village of health and social supports serving those living in vulnerable conditions, specifically people experiencing homelessness and those at risk of homelessness, and refugees in the Kitchener-Waterloo area. The ICHA is made up of several community agencies including: The Working Centre, House of Friendship, Ray of Hope, Kitchener Downtown Community Health Center including Sanctuary Refugee Health Center, Centre for Family Medicine Family Health Team, and the Sanguen Health Center. Several ICHA partner organizations form the core of the SSP, and work collaboratively to deliver services to SSP clients.

The Working Centre

Established in 1982, The Working Centre is a community-based organization focused on creating access to tools for those without work, those without housing, and those most vulnerable – a web of community building. Programming includes: St. John’s Kitchen, which provides a daily meal, showers, laundry, and washrooms for people who experience homelessness/are at risk; Street Outreach workers support people in problem-solving issues related to health care, income, housing, and legal matters; Specialized Outreach Services (SOS), which provides dynamic mental health and addiction outreach supports for those who are homeless/at risk. Employment programs include The Job Search Resource Centre, Money Matters, and Job Café, which also support a wider determinants of health approach. Work in the housing sector has been expanding, including: Hospitality House for those who are acutely ill; Water Street House; 80 units of affordable housing; 80 units of dormitory-style interim housing; emergency motels; and two emergency shelters. The Community Tools projects support affordable cafes, a bike shop, computer recycling, used clothing, housewares, and furniture shops. Each project supports a similar philosophy of welcomeness and respect, helping to improve access to services and supports, while fostering community connections and collaborative partnerships.

Sanguen Health Centre

The Sanguen Health Centre is a not-for-profit community-based health care centre that was established in 2007 by Dr. Chris Steingart to address the need for hepatitis C services in the Kitchener-Waterloo community. Using a harm reduction approach, the Sanguen Health Centre has expanded to become a health-focused outreach organization that meets people where they are, to provide primary care, harm reduction, and wrap-around supports through the provision of education, outreach, support, and comprehensive medical care. The team at the Sanguen Health Centre includes physicians, nurse practitioners, nurses, social support workers, outreach workers, harm reduction workers, and peer support workers, working in clinics and in mobile vans/buses to bring services where they are needed.



Evaluation Methods

As part of its SUAP reporting obligations, the SSP program leadership team commissioned an evaluation of the Kitchener-Waterloo SSP that focused on implementation successes, challenges, and opportunities for improvement from the perspectives of clients, and both internal and external service providers. This report is the first of two reports that presents findings from a preliminary evaluation of the program. The first report focuses on client outcomes from participation in the SSP, while the second report focuses on the Collaborative Model of Care that guides service delivery [16].

This report presents survey data collected from clients of the SSP and interview data collected from clients, internal and external services providers working with the SSP.

Surveys: To monitor the outcomes of the SSP on clients' health and well-being, a survey tool was designed and implemented. Program staff asked clients to complete a survey upon entry into the program and again after 6-months in the program to assess program impacts and support quality improvement. Clients were asked questions about their substance use, health, and social well-being. Survey data were collected internally by SSP program staff and de-identified. Baseline surveys were completed with 143 clients (within one month of entry into the program) and follow-up surveys were completed with 58 clients (after clients had been in the program for at least 6 months) between July 2021 to December 2022. Aggregated data was provided to program evaluators for reporting purposes. Data were analysed using descriptive statistics.

This report includes data from:

- 143 baseline surveys with clients
- 58 follow-up surveys with clients
- 22 interviews with clients
- 22 interviews with service providers

Qualitative Interviews: To gather rich data on the program operations, implementation, and scale-up, qualitative interviews were conducted. Interview questions focused on core processes of the SSP (e.g., enrollment and referral protocols), program outcomes, and strengths, limitations, and recommendations for program improvement. Participants were also asked to complete a short demographic survey. Both internal and external service providers were sent an email with information on the evaluation and asked to contact the team directly to schedule an interview if they were interested in participating. For clients, notices about the project were posted at the SSP partner sites, and interested clients were also invited to participate in interviews on days when the interviewers were onsite. Qualitative interviews were conducted in the summer and fall of 2022.

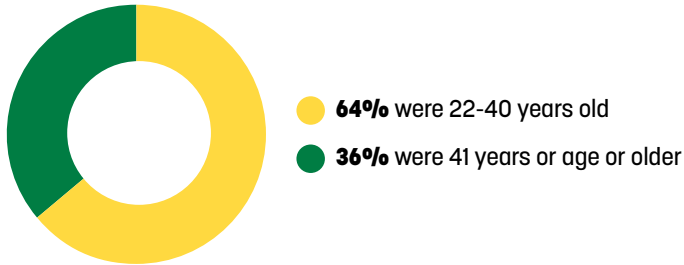
We interviewed 22 clients of the SSP and 22 internal and external service providers (e.g., nurse practitioners, physicians, nurses, care facilitators, systems navigators, outreach and harm reduction workers, social workers, and people in management positions). Service providers comprised two groups: 13 internal service providers who were Sanguen Health Centre staff members whose direct role related to the provision of the SSP (referred to as internal service providers in this report) and 9 external service providers who were staff members employed by partner organizations that worked in collaboration with the SSP, but provision of safer supply was not their direct role (referred to as external service providers in this report).

Interviews with clients were conducted in-person, while the interviews with internal and external providers were conducted by phone or virtual platform (Zoom). Interviews were conducted by MP, CS, GK, and AG. Interviews lasted between 20 and 90 minutes, were audio-recorded, and stored on an encrypted drive. Qualitative data were managed using NVivo and demographic data using Qualtrics and Excel. Thematic analysis was conducted to identify and analyze themes and patterns in the data. The coding framework was developed iteratively, starting with the evaluation objectives, and refined during the analytic process.

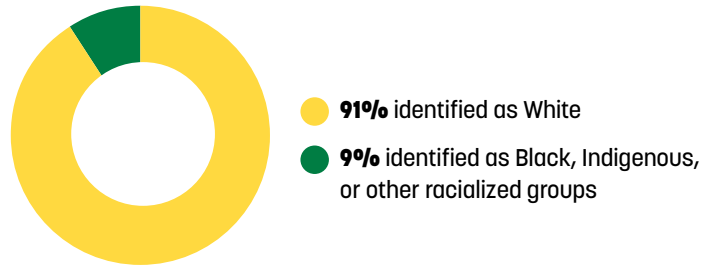
Who we spoke to in the qualitative interviews for this evaluation

We interviewed 22 clients:

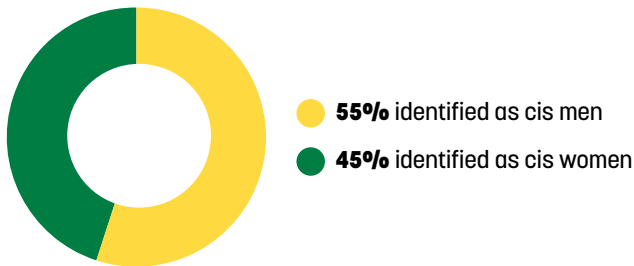
Client Age



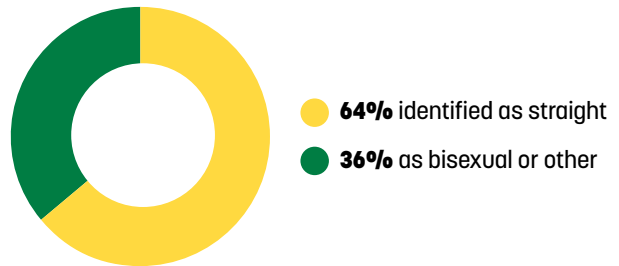
Client Race or Ethnic Identity



Client Gender

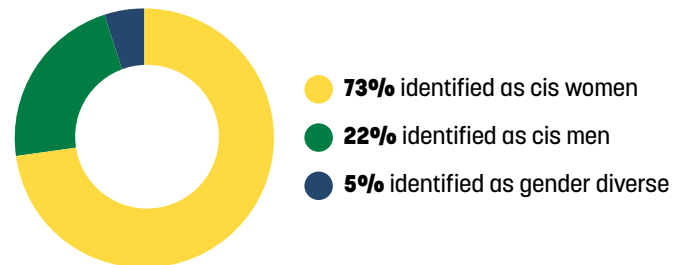


Client Sexual Orientation



We interviewed 22 service providers*:

Service Provider Gender



*All service providers identified as White.

Findings: Outcomes of the Safer Supply Program

Clients and service providers identified a broad range of outcomes from the provision of a safer supply prescription of regulated opioid medications alongside the range of health and social services within the SSP. The major outcomes discussed by both clients and service providers includes:

Safer Supply Program Influence on Overdose Risk and Unregulated Drug Use

- Access to safer supply reduced overdose risk and has kept clients alive
- Access to safer supply has reduced use of fentanyl from the street supply, as well as use of other unregulated substances (e.g., stimulants)
- Access to safer supply reduced consumption of drugs by injection and increased oral consumption of medications

Physical and Mental Health, and Access to Health and Social Services Outcomes

- Access to safer supply reduced the experience of withdrawal and pain
- Access to safer supply improved access to healthcare and social services
- Access to safer supply improved clients' physical and mental health
- Access to safer supply improved access to harm reduction (e.g., sterile needles, syringes, and injection equipment; safer smoking equipment) and sexual health (e.g., condoms and lubricant) supplies
- Access to safer supply improved access to screening and treatment for HIV, hepatitis C, and sexually transmitted infections

Social Determinants of Health Outcomes

- Access to safer supply improved income security
- Access to safer supply improved food security
- Access to safer supply improved clients' ability to find and maintain housing

Stability Outcomes

- Access to safer supply increased sense of stability
- Access to safer supply allowed clients to engage more fully in their personal projects, daily activities, with their families, and in their communities



Safer Supply Program Influence on Overdose Risk and Unregulated Drug Use

Access to Safer Supply Reduced Overdose Risk and Kept Clients Alive

Clients overwhelmingly shared that they believed they were “still alive” because of the SSP. Many explained that without access to safer supply, their use of fentanyl and other substances from the unregulated market would have led to a fatal overdose. As one client shared:

“ [Prescriber] saved my life. This saved my life. I was overdosing quite a bit.” (Safer Supply Client)

Another said:

“ I don’t know what I’d do without them. I really don’t. It saved my life.” (Safer Supply Client)

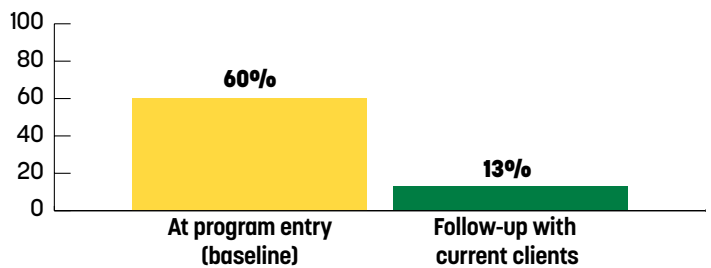
Almost every client interviewed for this evaluation highlighted a substantial change in their overdose risk after starting the SSP, with one client sharing that their overdose risk was eliminated “almost immediately” after joining the SSP (Safer Supply Client). Among clients who reported having experienced an overdose since beginning the program, they described the frequency of these events as having substantially decreased or having stopped altogether.

“ Yeah, I overdosed quite a bit. I haven’t overdosed since I’ve been on it [safer supply] actually.” (Safer Supply Client)

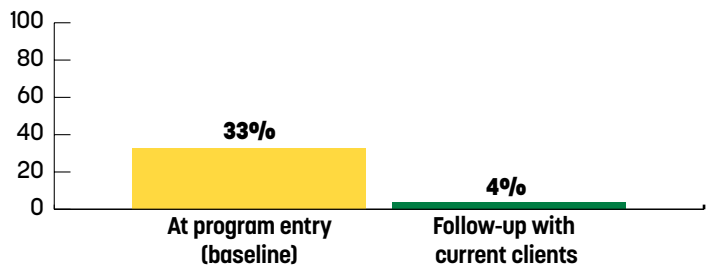
Similar perceptions were shared by internal and external providers. Providers overwhelmingly reflected on the high number of overdoses which were occurring in the Kitchener-Waterloo community prior to the implementation of the SSP. Although overdose events continue to occur, providers agreed that there was a substantial reduction across the community in the overall number of overdoses. Some providers believe that the SSP has had a direct impact on reducing overdose rates within the community:

“ It really seems like it [safer supply] decreases overdose risks so quickly and by so much. We do those baseline evals and six-month evals. And just noticing the difference between people just starting our program, who have like 10 plus overdoses in the last six months to reporting none six months later, which is great.” (Internal Provider)

Overdose in the past six months



Overdose in the past month



Survey results revealed a similar finding. When clients enrolled in the program (e.g., at baseline), 60% reported an overdose in the 6 months prior to program entry, with 33% having experienced an overdose in the month prior to program entry. In comparison, among clients who had been in the program at least 6 months, only 13% had experienced an overdose in the past 6 months and 4% in the past month, representing a substantial reduction in overdoses after starting the SSP.

Access to Safer Supply Reduced Use of Fentanyl and other Unregulated Substances

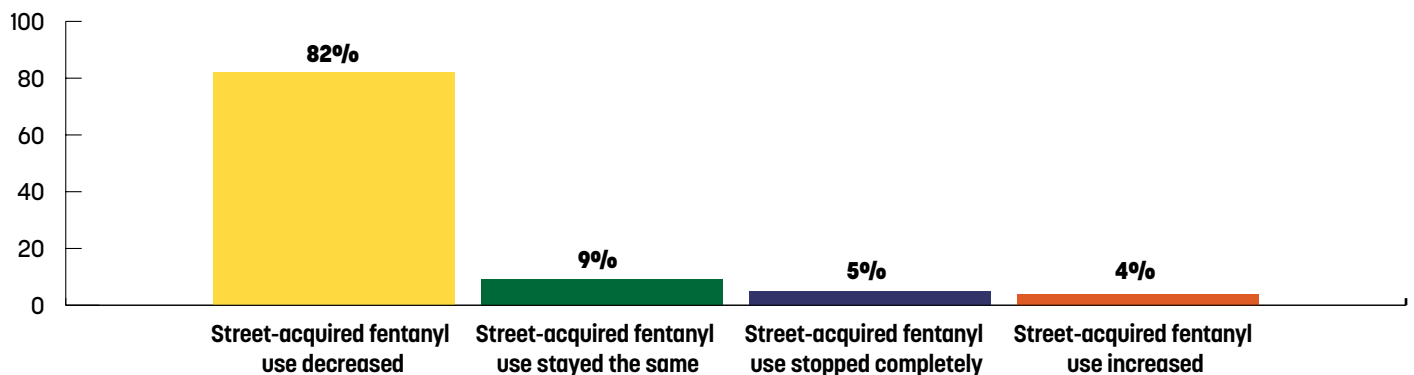
Both service providers and clients shared that access to safer supply led to a reduction of fentanyl use as well as the use of other unregulated substances such as crystal methamphetamine. Clients reported significant drops in fentanyl use, with almost half explaining that they had stopped using fentanyl altogether or reduced their use. The reduction in fentanyl use was cited as a direct contributor to decreased overdose events:

“The program saved my life. I used to do probably a ball a day of fentanyl and I’m down to maybe a half a gram a day. So, it’s huge, right, and I don’t do needles half as much as I used to. I don’t shoot my medication, at all.”
(Safer Supply Client)

Many clients who continued to use fentanyl shared how they were now using much more recreationally, because their primary needs (e.g., pain management and preventing withdrawal) were met. Service providers also reflected on the success of the SSP in reducing clients’ fentanyl use and the impacts this has on them:

“The folks that get to a point where they are able to stop using fentanyl, obviously that’s a point of success for anybody, because then that risk is gone. It’s a big difference between someone who wakes up in the morning knowing they have no other choice but to get up and use and survive fentanyl, it’s a big difference between that and someone waking up knowing that they’ve got medication and maybe they’re going to have a toke or two because someone brings it by. That’s different. And I think that’s a success.” (Internal Provider)

Reduction in street-acquired fentanyl use



Client responses in the program-led survey also found a reduction in fentanyl use. Among clients who had been in the SSP for at least 6 months, 82% reported decreased use of street-acquired fentanyl, 5% stopped using street-acquired fentanyl altogether, 9% reported that their street-acquired fentanyl use stayed the same, and 4% reported their street-acquired fentanyl use increased.

Access to Safer Supply Reduced Consumption of Drugs by Injection and Increased Oral Consumption of Medications

Some clients reported a shift in how they were using substances following enrolment in the SSP. Although cessation of injection is not a goal of the program, it was a personal goal for some clients. Many clients who reported that they had been injecting drugs for years described that they had stopped injecting completely after starting the SSP, and were taking their safer supply medications orally.

“So that’s the part that I like. And I don’t want to, I have no desire to inject them. I used to use pills and inject them, but I haven’t since I’ve been on the program. I’m just taking them orally.” (Safer Supply Client)

These changes helped clients feel secure in their use and minimized risks associated with injection drug use such as endocarditis, or the potential for transmission of HIV or hepatitis C:

“Just constantly doing them [substances] every day you know what I mean. I got endocarditis and stuff like that. You know what I mean? It’s not really safe for me to be injecting them period, right?” (Safer Supply Client)

Clients shared how this shift in use from injecting to oral consumption was because of both the prescription meeting their needs and the support and education from SSP staff and prescribers. The change in route of consumption allowed clients to reflect on their broader goals and the complexities of their substance use:

“I slowly started to change it from injecting them to...about ¾ of them I take orally, and ¼ of them I [inject]...because you do get addicted to the shooting up. If you start using them orally, it helps you get away from that and learn that I don’t have to do it that way.” (Safer Supply Client)

Service providers described this client-driven shift in patterns of consumption as something that provided clients with a sense of accomplishment and control, in addition to minimizing risk of infections and related complications:

“You know they started off injecting the Dilaudid and now they’re eating them, and just the self-efficacy that introduces for them. I just notice this growth of them having an accomplishment like that and not having shame associated with substance use, period. And being able to celebrate a win like ‘Hey, you chose on your own to stop injecting the Dilaudid and you’re proud of that, that’s a win.’ And recognizing that with them. And that seed that plants of like, what else can I do?” (Internal Provider)

Physical and Mental Health, and Access to Health and Social Services Outcomes

Access to Safer Supply Reduced Experience of Withdrawal and Pain

Clients described drastic improvements in their pain management and reductions in experiences of withdrawal once enrolled in the SSP. Several clients described that prior to being a client of the SSP, they would wake up every morning in fear of experiencing immense fentanyl withdrawal, and that this changed following their participation in the SSP:

“I find it very beneficial the program, for me anyways. Like I’m not sick every day chasing it. I do get withdrawals but I’m not like the way it was before, right? Waking up scared and you know what I mean. Having to go do whatever you’ve got to do, right?” (Safer Supply Client)

Access to the Safer Supply Program Improved Access to Healthcare and Social Services

Many clients described how the SSP allowed them to address health concerns they had sometimes left untreated for many years (e.g., arthritis, infections, vaccines). Because of their participation in the SSP, clients were able to access referrals to medical specialists such as orthopedic surgeons, dentists, and psychiatrists, as well as having coordinated care among multiple health and social care providers. As one client reflected:

“She [prescriber] helped me out with seeing a psychiatrist. And she works with all my community supports. I’ve never had – prior to being on this program – as many community supports as I have now. I’ve got the nurse practitioner. I’ve got a social worker. And it’s more like a team management type thing. And they set me up with a psychiatrist. She’s going to help me get on ODSP [Ontario Disability Support Program], stuff like that.” (Safer Supply Client)

Prior to beginning safer supply, many clients reported difficulties in accessing healthcare or in receiving treatment for their medical needs, which had a negative influence on their health and well-being. Clients also described challenges accessing healthcare from medical providers who often did not understand or stigmatized their drug use. Accessing care at the SSP was a very different experience:

“Yeah, for me it’s just getting to know that somebody actually cares. Sometimes you don’t really get that from the medical community. Especially when you’re a drug user and what not. They kind of just sweep you under the rug sometimes. So, it’s kind of nice to know that there are people that care and actually want to help you get better. And the fact that they’ve got so many, they know so many resources that can help you get back in, back out into the community as a regular class person I guess is the best thing about it.” (Safer Supply Client)



The integrated nature of the SSP allowed clients to navigate the healthcare system while also accessing external services in a way that was not possible prior to starting safer supply. Service providers noted that integrating safer supply prescriptions with other medical care and social services was deliberately done to meet clients' broader needs:

“Right from the start, we wanted to be clear that our safer supply program was not primarily a medical service. Obviously, that's an important part, writing a prescription and providing medications, but building a relationship with an individual and being able to respond to their high priority needs in real time in a way that works within the context of what we're trying to do medically was the approach that we want to take. And that involves being very coordinated with our ability to have our folks access other services that are available.” (Internal Provider)

Finally, service providers also described that some clients were able to regain a sense of trust in the health care system. Providers explained how the person-centred and trauma-informed approach practiced by the SSP allowed clients to build trust with health and social service providers in ways which were not possible in the past. This trust not only improved the effectiveness of the program but allowed for a sense of connectivity between providers and clients, improving social isolation, mental health, and overall well-being of clients:

“And we've created this space where people just come and hang out. And sometimes they will come back multiple times a day and just really genuinely enjoy being in the space or being around us. I think that being able to talk when people come in for appointments and you can just like shoot the shit. You know like, 'How are you? What's new? What's going on? Are you still with this girl?' Or like you know whatever, as opposed to going through these checklist boxes of all of these things. It's just this really great thing that you can do your assessments but from a very social place, right? And just really get a sense of where people are at. So, I think that engagement from them and that trust - I think especially for people who I have never known to connect with any type of services who have come through our program who are so connected and actually trust - like I have never seen that from some people. So that's really special.” (Internal Provider)

Access to Safer Supply Program Improved Clients' Physical and Mental Health

Physical health benefits described by clients included gaining weight and feeling more energetic, which allowed them to undertake more activities:

“When you're on fentanyl, you don't move around as much, you're just tired. And the other one [safer supply] is more like, I'm not sick. I'm able to get out, a little bit more energy, more activities, I'm able to get up and do stuff.” (Safer Supply Client)

Clients also shared that their mental health and wellbeing improved following engagement in the SSP, particularly in terms of experiences of anxiety and depression and having less fear regarding the possibility of withdrawal or pain:

“Mentally, just, you know what I mean. I don't have to wrack my brain. Like I don't need, I know I'm not going to be sick, right? So that's a blessing.” (Safer Supply Client)

The benefits of the SSP program on the overall health and well-being of clients was also described by providers, including improvements in energy and strength in clients due to their pain being appropriately managed:

“Initially I saw some really great outcomes with patients. You know, ones that could barely walk and things like that. Went on the safe supply and was actually able to like run down the stairs.” (External Provider)

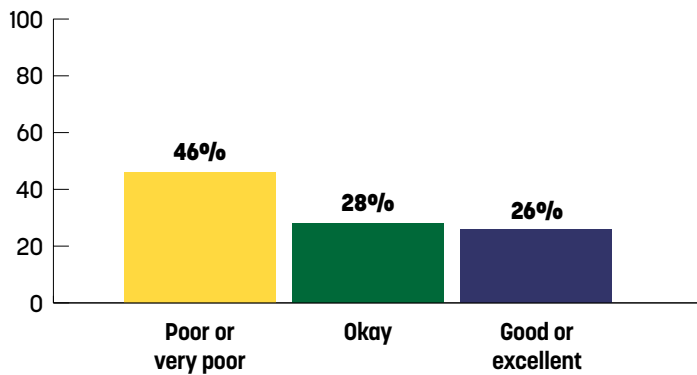
Service providers also described an improved general sense of well-being amongst clients once a stable dose of medications was reached. For example, one provider reflected on the physical changes observed among SSP clients compared to other treatment programs such as methadone:

“So, before safe supply, the kinds of things you look for if a person has been on methadone and they've put on weight. You see that, you know. Their skin changes colour. Right? It's brighter, it's not as gray, it's not as ashy. And then with safe supply, you don't see that weird winking thing that happens. It's more subtle. It's like a person is able to talk. Their demeanor changes. They're - firstly they gush about it.” (External Provider)

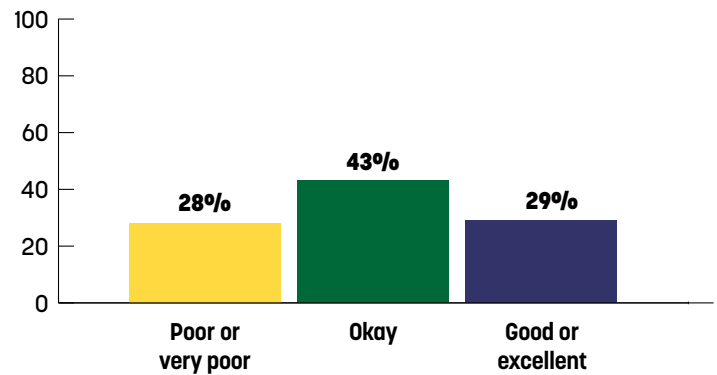
In the client responses to the program-led survey, improvements in self-reported physical and mental health were reported by clients.

Self-reported physical health

Among clients entering the program (baseline):

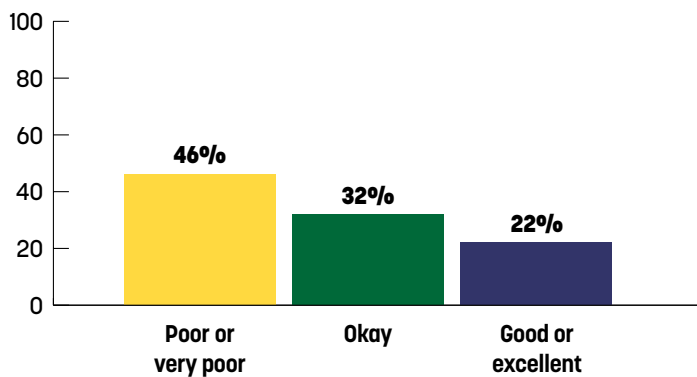


Among clients who had been in the SSP at least 6 months:

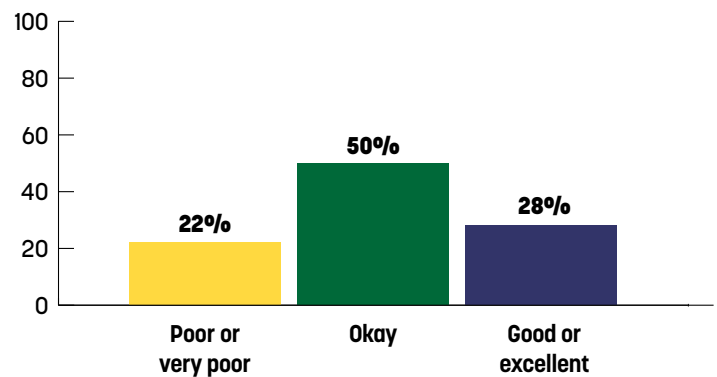


Self-reported mental health

Among clients entering the program (baseline):



Among clients who had been in the SSP at least 6 months:



Access to Safer Supply improved Access to Harm Reduction Supplies, Safer Sex Materials, and Sterile Equipment for Substance Use

Internal service providers shared that they saw increased use of sterile drug use equipment and harm reduction programming (e.g., use of supervised/safe consumption site) among clients of the SSP. This was due both to the SSP outreach team providing harm reduction equipment (or ‘gear’) directly to clients in the community, as well as the availability of harm reduction equipment in spaces run by ICHA partners:

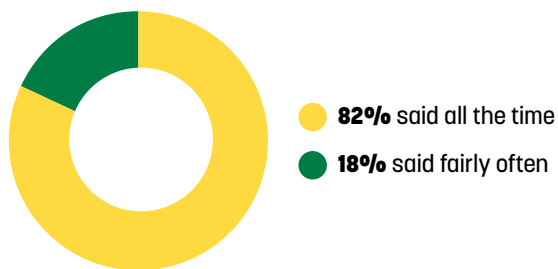
“We always have harm reduction gear available in the drop in space, so people don’t even need to come in to see a medical professional to be able to get access to these things. Also bringing stuff out into the community where people are at, giving them options of whatever gear, they might need that day and letting them know of upcoming drop-offs of gear. Hearing a lot from clients now at six-month evaluations, a lot of reduction of overdose, a lot more accessing the safe consumption site, getting gear at the safe consumption site or the drop in space, they’re always using new gear, as opposed to at first maybe reusing a filter or a cooker and things like that, which has been really cool.” (Internal Provider)

There was a consensus among service providers that there was an increased awareness of harm reduction services and equipment distribution (including naloxone distribution) among SSP clients:

“I would say overdose has definitely become less common, especially in terms of harm reduction supplies, if we offer that in house, we provide outreach to bring people supplies, so I think there’s definitely been an increase. And in terms of the nature of my relationship with the community, now that I’m on the safer supply team, that’s very harm reduction focused, people are very open about asking me for harm reduction supplies, whereas in prior roles or maybe in a shelter setting, they wouldn’t have asked me in the past.” (Internal Provider)

Client responses in the program-led survey also showed strong harm reduction equipment use among clients who had been in the program for at least 6 months and still injected:

Use of sterile needles and syringes when injecting



Access to the Safer Supply Program Improved Access to Screening and Treatment for HIV, Hepatitis C, and Sexually Transmitted Infections

Clients highlighted how the SSP provided them with opportunities to address concerns relating to HIV and hepatitis C. Some clients were able to begin treatment for hepatitis C, including undertaking testing such as a Fibroscan of their liver (which measures thickening or scarring of tissues):

“I just started care with Dr. [name of prescriber]. I went and got the fibroscan today, and then he’s going to call me with an appointment and let me know, and I’ll start my meds [to treat hepatitis C]. I’ve been waiting for a few years to start, so I’ll be glad to get it done.” (Safer Supply Client)

Providers noted an improvement in screening and treatment of both HIV and hepatitis C among safer supply clients, along with an ease in diagnosis and providing treatment for these conditions due to the expertise at Sanguen Health Centre:

“Typically, we’ll ask people pretty up front, ‘When was the last time you were tested? Is that something you’re interested in doing now that you’ll be seeing us regularly?’ Again, with Sanguen it’s interesting because we’re a Hep C and HIV historically based program, that’s where things started, so treatment for us is all in house, it’s pretty easy to provide. People in this space are really open or curious or looking to find their diagnosis if they don’t already know. The treatment is literally in house, it’s pretty straightforward...I think sometimes there are benefits to having things in house, so when it comes to HIV and Hep C this is a big one for us for sure.” (Internal Provider)

Providers also noted an increase in uptake in reproductive healthcare access for people receiving safer supply, along with an ability to follow through with screening tests and treatment for sexually transmitted infections (STI):

“I have women on the program who are pregnant, I’ve had women on the program looking for access to contraception. I’ve had quite a few women who’ve come to me and said, ‘I’ve had an IUD in for I don’t know how long, how do I get that changed? I don’t know how long it’s been, I want it taken out, I want a different method of birth control’. That’s a pretty big one. Pap tests are also pretty common to get people connected to or support with. And I would say, prostate issues that come up for people, a lot of STI treatment.” (Internal Provider)

The increased access to screening and treatment for hepatitis C and sexually transmitted or bloodborne infections was also reflected in the survey results, with 18 clients reporting having completed hepatitis C treatment, 18 clients ready to begin Hepatitis C treatment, and 78 clients having completed sexually transmitted and blood borne infection screening.

Social Determinants of Health Outcomes

Access to Safer Supply Improved Income Security

Clients also highlighted improved financial security as a benefit of participating in the SSP. Clients who had previously been buying fentanyl and opioid pills from the unregulated market were able to better manage their monthly income since they no longer had to “go out and buy these pills” (Safer Supply Client). Many clients reported spending large amounts of money each month to purchase opioids from the unregulated street market prior to entering the SSP, impairing their ability to pay for basic needs such as groceries:

“You know, I get to go grocery shopping. And I know that sounds stupid but instead of burning my whole cheque in 30 seconds, you know what I mean. I still have money in my bag, to go grocery shopping.” (Safer Supply Client)

Providers echoed this, highlighting the decreased participation in illegal and criminalized activities among clients due to participation in the SSP:

“A point of fentanyl is about 15 to 20 dollars, right? Some folks average up to 1/2 ball or a ball a day which is 1.75 to 3.5 grams, so that’s hundreds of dollars a day. A lot of illegal activity goes into securing those funds. So, when the use goes down, the requirement for money goes down, the behavior to get money goes down...” (Internal Provider)

Access to safer supply enabled clients to save money and break cycles of ‘hustling’:

“Before safe supply we’d run out of money, maybe halfway through the month we’d be broke. Then it was just, family throwing a few dollars, hustling, and making a few bucks, whatever you could do. Now, if we run out of money, it’s usually the last week of the month, which is pretty nice, having money in your pocket all the way through for smokes and everything. It’s definitely, that is a huge impact – not every day is consumed with the hustle and the grind of finding money, getting money, finding drugs, doing drugs, start over again.” (Safer Supply Client)

Another client reflected on how their improved financial security creates opportunities to pay for rent and other financial obligations they may have:

“It’s definitely opened up more revenue for rent. Because I’m not going to be wasting the money on the drug habit anymore. I always make sure that my bills are paid first. Bills come first and then if there’s anything extra then that’s what it will be used for.” (Safer Supply Client)

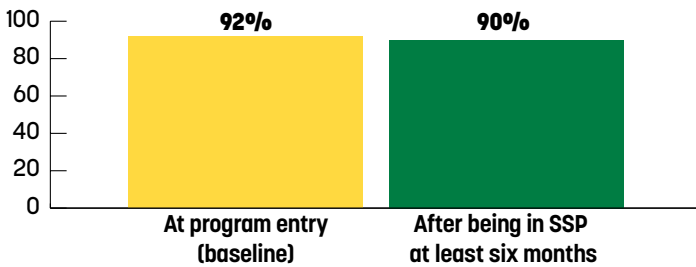
Internal service providers also reflected on how the program supported clients to apply for government-provided income support programs such as the Ontario Disability Support Program (ODSP), which provides more financial support for people than Ontario Works (OW):

“So, a lot of our folks are on OW and we do support them in getting ODSP. So that’s very cool to watch and to be able to support people through that because it is a bit of a process...” (Internal Provider)



However, rates of enrollment in either OW or ODSP remain low and both programs leave recipients substantially below the poverty line. In the client responses to the program-led survey, there was only a small, reported increase in income security since starting on the SSP. Most clients reported experiencing difficulty finding enough money to pay for basic needs like food, clothing, shelter, and medications in the past 6 months.

Difficulty finding enough money to pay for basic needs in the past 6 months



Access to Safer Supply Improved Food Security

Similarly, clients also highlighted that improvement in their financial situation due to having access to a stable supply of pharmaceutical medications meant that they now had improved food security:

“So, I get a street allowance right, my basic needs right? I’m doing better with it, you know what I mean. Most of the time right I’m buying food and stocking my fridge and stuff like that right.” (Safer Supply Client)

Improvements in access to food was also attributed to the wrap-around supports provided to clients through the program. Many were connected to food banks or soup kitchens because of their participation in the SSP and some received food directly from their program workers:

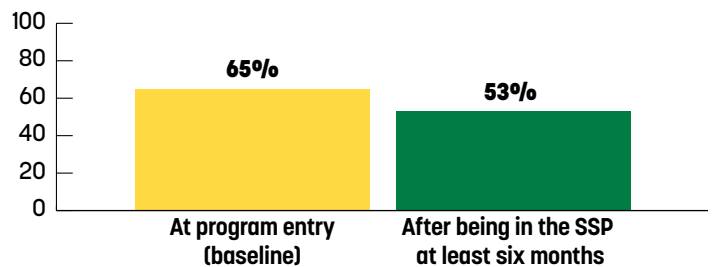
“If I don’t have food at home, one of my workers will come bring me food, and that’s this place.” (Safer Supply Client)

Both the support offered by workers in the SSP, and the stability offered by the prescription itself allowed clients to prioritize getting healthy, which was often associated with eating again:

“I’ve gained weight - I was skinny, skinny, skinny, skinny when I first started. Now I’m starting to be healthy again. I’m eating regularly. I’m trying to take care of myself better, and I’m filling back out my clothes again, so that’s great.” (Safer Supply Client)

Client responses in the program-led survey also reported an increase in food security since starting on the SSP.

Difficulty finding enough food in the past 6 months



Access to the Safer Supply Program Improved Clients' Ability to Find and Maintain Housing

For some, being on the SSP provided an opportunity to access housing. Clients shared the important role service providers from the SSP played in helping facilitate appointments, connections, and paperwork relating to accessing housing.

“I mean I think it [safer supply] helped me; I think that’s one of the reasons I got into the place [housing]. I think they look at me as a whole, ‘Yeah, he’s on this program now. You know he’s now living this way’. I think that’s what they did. I’m not too sure but I think that’s probably part of the reason I got the place, right? I think that’s probably one of the reasons I got in.” (Safer Supply Client)

Many described a connection between finding housing and a sense of health and well-being. The stability and sense of normalcy provided by both safer supply and housing allowed clients to reconnect to previous ‘versions’ of themselves, improving emotional and mental health. As shared by this client:

“I’m more stable now because I’ve got an apartment. I’m just starting to feel better. [...] Now that I’ve got my apartment, I feel kind of whole again. You feel like a real loser when you’re homeless. It’s not fun, no.” (Safer Supply Client)

Many clients discussed how they were connected to housing programs through the initiative of their support workers:

“I got the housing with them. They came to the meetings with me to get my housing, they have helped me on every aspect of my life, to get my life better.” (Safer Supply Client)

Several service providers also reported that engagement with the SSP allowed clients to gain a sense of stability and seek housing again. Because of the provision of safer supply in association with wrap-around services, clients were able to move across the housing continuum:

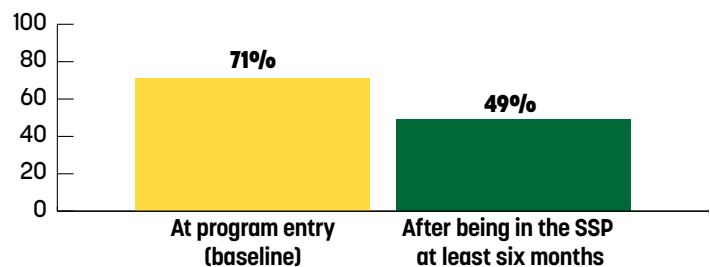
“I’ve seen people who are completely homeless, living in a tent, be able to access sheltered locations for housing. And then after that, it’s like such a difference. They just are living with four safe walls, a lock on the door, attending their appointments regularly. It’s just obvious that housing is health care once you see it actually happen in front of you.” (Internal Provider)

However, the housing affordability crisis reported across Canada was a general impediment for most to finding housing in the community:

“Right now, our community is in such a housing crisis, and we have far more individuals who are in need of shelter beds than there are beds available.” (External Provider)

Client responses in the program-led survey also found a reduction in homelessness since starting on the SSP.

Experienced homelessness in the past 6 months



Stability Outcomes

Access to the Safer Supply Program Increased Sense of Stability

All interviewed clients shared how the SSP provided a greater sense of stability in their lives, and that this increased stability led to changes in clients' self-identity. These changes were multi-faceted and were brought about due to:

- 1) the opportunities to disengage from daily hustles and criminalized activities;
- 2) reduced pain and withdrawal symptoms due to stable access to medications; and
- 3) the development of a sense of routine.

“Before safer supply, I was a mess. I was a mess. I was always on the hustle looking for dope, doing whatever I had to do to get it. I was out on the streets, had to do dates, whatever. I don't have to do that anymore. I just don't have to do that. People trust me a lot more now. That's huge. Yeah... and I get to spend more time at home.”
(Safer Supply Client)

Service providers also noted the role the SSP played in allowing clients to disengage from 'street hustles' driven by their fentanyl use and focus on different dimensions of their life including their health, housing, personal relationships, and goals for the future. Service providers described this as transitioning from surviving to living:

“I think when people are in a place where they're able to start thinking about other areas of their life, rather than just surviving, I think when people have a little bit more stability, they're able to start thinking a little bit further down the road, forward-thinking planning and conversations, and being able to explore other areas of their lives.” (External Provider)

Access to Safer Supply allowed Clients to Engage more Fully in their Personal Projects, Daily Activities and in their Communities

Clients expressed how their lives were increasingly stable and organized since starting the SSP. Activities like picking up their daily prescription medications and attending weekly or bi-weekly appointments built and reinforced positive routines.

“I find I have more of a routine because I get up and I go and get my pills. When I wake up, and its routine, every day. They watch me take the Kadians right. So, I go in and I take them, that's how it starts. I go home and I make a coffee and I take my 4 Dilaudids and then, then from then it's 2 pills whenever I feel.” (Safer Supply Client)

Some clients highlighted that it was the combination of a routine and the patient-centred nature of SSP that allowed them to build trust with care providers and gain stability:

“Things weren't going right for me. I missed about 4 doses and there was a lot of shame in that from my previous experience in healthcare where they used to be like 'oh, he's just another addict, it's kind of a waste.' Whereas being vulnerable like that and opening up in front of her [safer supply prescriber], I think she, she actually respected that a lot more. And she realized that in order for me to succeed she's going to have to kind of alter the way she would deal with me as opposed to someone else, handle it different. And she's kind of changed her way of her program to kind of suit my needs, more of a personal thing. Tailor the program to me.” (Safer Supply Client)

The importance of outreach workers was also frequently highlighted, in both reminding people of tasks and appointments, as well as helping establish routines for pick-up of prescriptions. Patient-centred approaches such as individualized reminder processes were major facilitators of stability and engagement. As well, clients were not penalized for missing pick-ups as they adjusted to their new routines. This was a unique aspect of the model which clients had not experienced in other health or addiction treatment services:

“I had a slight increase on my using, just because I am very fresh on program. So, I miss my script a lot, which I’m very grateful that they’re so - the program literally works with you in that sense. They’re so understanding about it, it takes more than just a snap of the fingers to get a routine under your belt, so the fact that the one week I think I had missed all week and normally a program would kick you off, whereas this program, they’re like, ‘Okay, what can we do to help you remember for next week?’” (Safer Supply Client)

The improved sense of stability was also a result of the opportunities the program provided clients, which helped them to re-engage with their community, family, friends, and hobbies. Many clients shared that after beginning the SSP, they began reading again, listening to music, watching movies and television, playing video games, cleaning their apartments, going shopping, cooking, and biking. Other clients began participating in volunteer or group activities offered by agencies within ICHA:

“So, I’ve built myself a bike. So that’s something - I really like biking, I always have, it’s something I would do just to quiet my mind. So, it’s something I’ve gotten back into.” (Safer Supply Client)

Many service providers also described how clients began to engage in volunteer activities or to explore work opportunities after starting the SSP:

“Yeah, because you reach that stability and you’re ready to focus and move on to other things. I know there are volunteer positions where people can make [harm reduction] kits. I know some people that would never consider even getting a job or getting anything that they want to do because there’s a lack of motivation have been like, ‘Hey, I’m doing so well on safe supply, I’m not feeling all mopey, I want to start volunteering.’ So, they’ll start getting busy and doing other things to occupy their time. Just makes them more engaged.” (External Provider)

Some clients voiced that this allowed them to reconnect with ‘older versions of themselves’ and regain a sense of aspiration for the future. As one client described:

“I’m getting back to who I used to be, before fentanyl and everything, because I was really concentrated just on that a lot of the time, and not paying attention to things around me or what’s going on, or not caring, really. Now I actually think before I do things, and take others into consideration.” (Safer Supply Client)



Challenges faced by the Safer Supply Program

Several challenges were identified from interviews with clients and service providers. Many of these challenges related to systemic issues – such as the housing affordability crisis – that were beyond the direct scope of the SSP, but nonetheless had dramatic impacts on the overall well-being of SSP clients. Additional challenges identified include the need for more medication options available for prescription within the SSP, the long-term sustainability and continuity of the program due to the current short-term funding, and challenges related to continuity of care. Continuity of care was an issue when clients were admitted to hospital, with many clients reporting receiving stigmatizing treatment or having their opioid prescriptions discontinued. Finally, challenges were also identified in relation to medications, including theft of prescriptions and the potential that medications were being shared or sold. Issues with theft, sharing or selling of medications were primarily driven by the high-level of demand for the program, and the inability of the program at its current capacity to meet the demand within the community for safer supply.

Influence of Homelessness on Experiences with the Safer Supply Program

All clients interviewed had experienced housing insecurity or homelessness at some point in their lives, with almost half experiencing homelessness (e.g., residing in an encampment) at the time of the interview. The housing affordability crisis in association with a lack of shelter space and supportive housing options, insufficient ODSP and OW rates, experiences of violence, trauma, substance use, and stigmatization influenced ongoing housing insecurity for clients. Clients who were still experiencing homelessness at the time of the interview spoke to the challenges a lack of stable housing brought in attending appointments, regularly picking up their prescription, and keeping their prescription and themselves safe. Many reflected how lack of a phone, or a watch created barriers in attending appointments and/or getting to the pharmacy to pick up their prescription before closing time. For clients who remained homeless while enrolled in the program, many noted that stable housing was needed for them to meet their overall goals in the program:

“I think my biggest need is just to having my own housing, my own place. That’s the only thing that’s really kind of holding me down. Soon as I get that, I’ll feel better about myself. I do have low self-esteem. I carry a lot of guilt, that’s probably the reason I do use. And I think that will ease that a lot. Give me a sense of pride in having my own place again. You know something to call my own.” (Safer Supply Client)

Providers echoed these challenges and shared how difficult it was for them to provide support while in the context of a severe lack of housing and shelter options.

“But it’s so difficult to be in a situation where there is no housing. There is no housing. You know to even just to wrap your head around that fact that these people who have, who are homeless have no where to live. There is nothing that we can say to them you know other than I’m sorry. I’m sorry that you have no where to live and that sucks. That really sucks.” (Internal Provider)

Need for a Wider Variety of Medication Options Within the Safer Supply Program

One of the major challenges highlighted by clients and service providers was the need for an expanded variety of medication options within the SSP, both in terms of types of opioids available for prescription (particularly fentanyl and diacetylmorphine, also known as heroin, which are not widely available in Canada) and an expanded array of formulations of medications (e.g., injectable, smokeable, and oral formulations):

“Honestly, I would like to be like on heroin to being honest. Just because you know back then it was a lot different, you know what I mean? Like it wasn't like it is now. It wasn't do or die. Now people are literally killing each other over 20 bucks. You know, heroin is more laid back. Go shoot up, lay back, and get some pokeys you know, whatever.” (Safer Supply Client)

Clients described how the ability to access more medications through the SSP would help with program effectiveness, as programs were limited by the medications available for prescription on the provincial formulary:

“Boost it up where we're actually getting drugs that can actually help us. The Kadians - you know even at my worse moment I never bought a Kadian on the street when it was pills. You know I buy Dilaudids like they were going out of style. But a Kadian, no.” (Safer Supply Client)

One client also reflected on the importance of offering access to other classes of prescription medications – particularly stimulant medications – in addition to prescribed opioids:

“Maybe look at not just being for opiates. Crystal meth users and stuff. There are medications that I think could help those people. I think that could be a help. It would also help not be such a stigma.” (Safer Supply Client)

Providers shared similar concerns about the existing medication offerings not meeting the needs or preferences of many clients, which contributes to their continued use of fentanyl. Providers highlighted the importance of having a variety of medications available to be offered to meet the wide array of client needs, and to foster agency for clients to choose what medications would work best for their unique circumstances:

“I think the medications we have in Ontario are something, but you look at other parts of Canada or other parts of the world, and they have a lot of different options. If I were to remove all of those systemic barriers, I would definitely say providing different options for safe supply, I don't think we give people enough choice in their medications right now. The scope for that's pretty limited.” (Internal Provider)



Concerns Surrounding the Continuity of the Program

Clients were often aware that the SSP was a pilot program, receiving only short-term funding. They worried about what would happen if the program ceased to prescribe safer supply medications in the future. This worry was exacerbated by previous experiences of stigma and discrimination due to their drugs use and not having their pain taken seriously or managed properly, even following serious injuries:

“The reason why they didn’t want to give me pain medication in the hospital was because I am an opioid user. And they hear me say I’m in pain, they think that I’m just seeking out for opioids and reaching out for more pain medication. But really it wasn’t the case. But I’m wondering what they’re going to think now that I have this medication. I don’t know, I’m just also afraid that there’s going to be a time when I’m going to be possibly cut off this medication like that and I’m going to be right back to rock bottom. So, there’s that.” (Safer Supply Client)

Providers shared similar concerns relating to the continuity of care, and the harms that would occur to clients if program funding ended:

“We need more money that we know is going to continue to come to provide this service. That’s one thing. And that’s true across the board with a lot of stuff that we do, it just comes down to funding.” (Internal Provider)



Concerns Surrounding Stigma and Continuity of Care

Some clients reflected on the continual stigma they faced in the broader community due to their substance use, and misconceptions of the program’s goals and strategies. Clients worried about misinformation about how safer supply was simply “free dope”, and that people in the community did not properly appreciate the devastation that fentanyl from the unregulated drug supply was causing among people who use drugs, or the difficulties of ceasing fentanyl use.

“They should know that it’s for fentanyl. You know it’s to get off fentanyl. People say to me, ‘Oh now you must have a lot of dope’. I’m like, it’s not for getting free dope, it’s to get off! I don’t think they get that. At least the general public, they think it’s free dope and it’s not.” (Safer Supply Client)

Similar challenges were discussed by internal providers as they reflected on the criticisms expressed by some within the medical community regarding the provision of safer supply to clients. This creates challenges for internal providers when supporting clients in navigating the hospitals in the region. Many providers described stories of clients having opioid prescriptions cut during hospital stays and experiencing tremendous harm as a result:

“I have accompanied some people, some of our folks to hospital when they were admitted or in the emergency room, and advocating for their prescription to be adhered to. And you know that can be a difficult conversation because the people in the medical system are not accustomed to the kind of prescriptions that we’re talking about. And the frustrating bit is that you can go in there as I have and made very good arguments, like: ‘It’s not healthy for this person to be in withdrawal, right? You want to address their medical needs. All of those symptoms are going to be masked by the opioid withdrawal. You know you’re not going to get to what you need to get to until they’re sufficiently medicated, right?’ So, I can make those arguments and then the shift change comes, and all of that work just goes in the wind right. That can be frustrating.” (Internal Provider)

Similar challenges were described when engaging with certain pharmacies in the community due to pharmacist's discomfort providing clients with safer supply prescriptions:

“There’s still barriers I find with pharmacists as well. We have our prescribers in our safe supply program, and you try and pick a pharmacy that’s going to work for you know, your client, and I find there still needs to be a lot of education with pharmacists, because there’s a lot of turn down of wanting to take clients on for the safe supply program.” (External Provider)

Incarceration was also highlighted as an issue regarding continuity of care. Service providers highlighted the interruptions to care and poor health outcomes that currently occur during incarceration, but highlighted issues due to lacking availability of safer supply as well:

“Yeah, it’s like the goal if someone is incarcerated, sometimes you can get them started on methadone, and you can be on methadone while incarcerated, you can titrate up. It’ll be it very slowly relatively to folks who are not incarcerated...like not only is incarceration terrible because of institutional trauma, etc., it also represents a really abrupt, hard and fast withdrawal. And like opioid withdrawal won’t kill you but it will make you feel like you’re dying.” (Internal Provider)

Threats and Theft of Medications

A primary concern for some clients was the possibility of experiencing violence or victimization due to their SSP medications. High demand for the program in the community coupled with capacity restrictions on the number of clients able to be admitted to the SSP can lead to tensions and issues in the community. Some clients tried to keep their participation in the program private to avoid having their medications stolen, and a small number of clients described having their medications stolen, with one incident described as violent:

Participant: *I’ve gotten my dose robbed many a times.*

Interviewer: *Okay. Have you experienced violence because of that?*

Participant: *Oh, fuck yeah. I had somebody shoot me because of that. (Safer Supply Client)*

Concerns regarding threats linked to theft of medications were also raised by internal and external SSP service providers. Providers indicated that some clients - particularly those who were vulnerable due to their size, physical, or mental health conditions - were being targeted for theft due to their participation in the program:

“So, I have some folks who are incredibly vulnerable in the community, specifically their size, their mental health illnesses. I think some of them probably have a [fetal alcohol spectrum disorder] diagnosis, they’re cognitively impaired. And I think these folks have been assaulted and bullied and victimized on a regular basis to get their meds. They live in very unsafe spaces. A number of whom are homeless, or they live in very unsafe shelter environments. I don’t think we have done a good job of providing safety for these folks with their prescriptions. I don’t know what that would look like. But I know that this stuff gets stolen from people all the time. And they’re not going to report it. Who are they going to report it to?” (External Provider)

The demand for the SSP in the community greatly exceeds the capacity of current programming, and not all people who may qualify or benefit from the program are able to enroll. Some service providers worried that this may result in a situation where vulnerable community members may be targeted due to the street value of their medications.

Concerns with Sharing or Selling Medications

When the issue of sharing and selling medications was raised with providers, several perspectives were offered. Some external providers voiced concerns that due to the potency of fentanyl in the street supply, hydromorphone may not be completely adequate as a substitute for some people:

“It’s just the reality that the pills - like, the fentanyl out here is so strong, you cannot replace it.” (External Provider)

They feared that the lack of medication options for people – including high-dose opioids such as fentanyl and diacetylmorphine, or injectable and/or smokeable formulations – might be inadvertently contributing to sharing and selling among people for whom existing options were not meeting their needs.

Providers expressed difficulties estimating how frequently sharing and selling was occurring and had mixed opinions on the issue. For some providers, sharing of medications was not a major concern since it was outweighed by the access clients had to a variety of services which could improve their overall health and well-being:

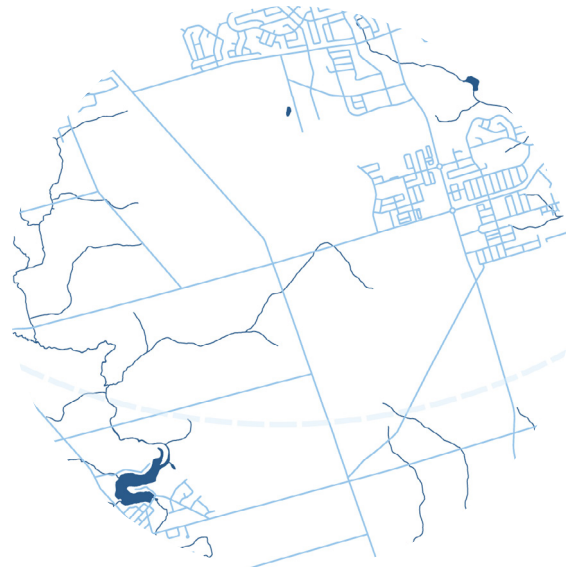
“I know that’s happening [sharing and selling], even with some of the clients on safer supply, but we know that is going to happen. But overall, safer supply is still connecting to healthcare, is still decreasing risk of overdose, decreasing risk of preventable death due to overdose.” (External Provider)

Others reflected on the role of sharing and selling within the context of clients having to navigate complex, systemic challenges. Given challenges including violence, housing precarity, and income insecurity, sharing or selling was described a possible strategy for some to maintain a sense of safety and stability:

“How can you ask somebody who doesn’t have their basic needs met to hold this prescription that provides a sense of power or monetary benefit and be like, ‘No, you’re never allowed. There’s no way you can use it like that.’ But at the same time, if it’s like, I owe someone money and I’m worried about my safety, and I can share my prescription and not get beat up today...” (Internal Provider)

In the context of broader structural issues of increasing income inequality and lack of access to affordable housing, service providers shared their frustration that the impacts of the SSP would be limited within a system that continues to criminalize people who use drugs. They highlighted that without broader systemic changes to drug policy - including decriminalization and access to a regulated, legal supply of substances - safer supply programs were a limited intervention when fundamental systemic change was necessary to address the overdose crisis:

“We need to keep talking about decriminalization and the legalization of these substances under a better framework that recognizes what the true dangers are. You know, for the remainder of my career, I’m going to be in a putting out fires kind of position with this stuff, because these system-level changes that we all know are the real need and which are generational kind of changes that need to happen. We’re a long way away from that. In the meantime, as we continue to work for that, we gotta put out the fires, so that’s what we’re doing here.” (Internal Provider)



Summary of Strengths Identified

Clients of the SSP reported that the program was reducing the occurrence of overdose, as well as reducing use of fentanyl from the unregulated drug supply. Additionally, all participants discussed the multi-faceted positive outcomes on client health, social well-being, access to integrated health and social care, and overall stability from participating in the SSP. Below we provide an overview of the strengths identified in this evaluation.

1) Participating in the Safer Supply Program reduced overdose risk and unregulated drug use

Clients shared that having access to the SSP kept them alive and reduced their overdose risk. The SSP provided clients with access to a stable opioid prescription and wrap-around supports which, for many, helped reduce use of fentanyl and other unregulated substances. Engagement in the SSP also facilitated a shift in clients from injection to oral consumption of their substances, reducing injection-related risks (e.g., HIV).

2) Participating in the Safer Supply Program improved clients' physical and mental health and access to health care services

Accessing the SSP led to improvements in clients' experiences of pain, withdrawal, and mobility, and reduced anxiety and depression. The collaborative nature of the SSP improved accessibility to health and social services for clients. Many clients shared that through the SSP they were able to address outstanding health issues (e.g., hepatitis C, chronic disease, dental care, sexually transmitted infections) they had been dealing with for years.

3) Participating in the Safer Supply Program improved clients' access to the social determinants of health

Engaging in the SSP led to an improvement in both clients' income and food security. Given that clients received a stable prescription from the program, they no longer had to purchase fentanyl and/or opioid pills from the unregulated market. This allowed clients to manage their monthly income for items such as groceries and rent. The support offered by SSP staff also allowed clients to take steps towards attaining and maintaining housing (e.g., manage housing appointments).

4) Participating in the Safer Supply Program improved clients' overall stability

The SSP offered clients a greater sense of stability as it allowed them to reduce their involvement in criminalized activities, manage their pain and withdrawal, and develop a routine. Improved stability led clients to engage in hobbies (e.g., biking), reconnect with peers and family members, and gain a renewed sense of self-identity.

Summary of Areas for Growth and Development

The Kitchener-Waterloo SSP has expanded during the pandemic to meet growing needs within the community for alternatives to the toxic, unregulated drugs supply. To support continuing scale-up and improvements to program operations, there are several program- and system-level recommendations that stem from the findings of this evaluation.

1) Scale-up capacity of the safer supply program with sustainable, long-term funding

One of the major challenges faced by the SSP is the concern among both clients and service providers about the lack of long-term funding from the provincial government for SSPs in Ontario. Given the ongoing impact of the overdose crisis, participants in this evaluation highlighted the harms that would occur if the program was ended, with clients voicing concern they would return to “rock-bottom” if the program were to end. Sustainable, long-term funding would allow wrap-around SSP services to continue.

At the time of the evaluation, this program had been in operation for two years. The capacity of the current program is limited and constrained by current funding levels and a lack of long-term funding. Despite these constraints, clients felt that there was a need to continue to scale-up the program to all people who need it:

“Have access to anybody who wants to access it, have it be available.” (Safer Supply Client)

Additionally, as issues of theft and sharing of medications are partially driven by high demand for the program within the community and the continued volatility of the unregulated drug supply, scale-up of the program would help to address this issue.

2) Expand medication types and formulations available to clients

One of the major program-level needs highlighted by clients is for a greater variety of opioid options (particularly fentanyl and heroin) and formulations of medication (e.g., injectable, smokeable, and oral) offered through the program. Clients described how offering more medication options would be useful in helping to improve program effectiveness; while the medications available were helping clients to control withdrawal and cravings, the lack of fentanyl formulations for prescription within SSP was highlighted as a contributor to continuing use of fentanyl.

Additionally, clients and service providers highlighted the need for stimulant medications that could be prescribed for people using crystal methamphetamine, and for smokeable options for both opioid and stimulant medications for people who chose to consume their drugs by that route of administration.

3) Need for a Safe and Affordable Housing System to Address the Housing Affordability Crisis

The lack of safe, affordable housing – as well as secure and dignified shelter settings for people experiencing homelessness – is at a crisis point in many Ontario communities, including Kitchener-Waterloo. Clients continually shared how difficult it is for them to find safe and stable long term and short-term housing due to the lack of adequate capacity in shelters, supportive housing, and transitional housing spaces in the Kitchener-Waterloo area.

The lack of safe and affordable housing is impacting many SSP clients, and while evaluation findings highlight how service providers worked diligently to assist clients to find housing, the systemic issues underlying the affordable housing crisis are beyond the mandate of the SSP. There was a shared perception among clients and service providers regarding the need for federal and provincial action to rapidly:

- 1) create more affordable, long-term housing to address the housing crisis; and
- 2) increase capacity of existing shelter and short-term housing options in the Kitchener-Waterloo area.



4) Work with partners across sectors to reduce stigma and ensure continuity of care in healthcare and prison settings

Stigma and discrimination towards people who use drugs and people on safer supply were described as prevalent by clients and service providers in general, but also specifically within health and social care settings – particularly in hospitals. This not only made accessing care difficult and harmful for clients, but it also made continuity of care difficult for clients who needed to access hospital-based services. Clients and providers shared that there is a need for more awareness and education to reduce stigma and ensure the SSP has a greater reach.

5) Support drug policy changes, including the decriminalization of substance use

Conversations with providers and clients surrounding the impacts of the SSP were often contextualized within the broader need for the decriminalization of substance use. The harms stemming from drug policy focused on the criminalization of drugs was echoed in almost every conversation with participants in this evaluation. Service providers shared that the strengths of the SSP are limited within a system that continues to criminalize people who use drugs, and that in addition to decriminalization of drug use, broader policy changes focused on access to a regulated supply of substances of known potency were also necessary to address the systematic harms faced by people who use drugs.

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