

Summary Report of the Outcomes from the

# Safer Supply Program

in Kitchener-Waterloo • September 2023

## Background

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. One element of the comprehensive response to the overdose crisis that is being piloted in Canada are safer supply programs, where people who are using fentanyl from the unregulated drug supply and are at high risk of overdose are prescribed pharmaceutical opioids and provided with comprehensive health and social supports. The Kitchener-Waterloo Safer Supply Program (SSP) opened in 2021 with funding from Health Canada's Substance Use and Addiction Program, as one of the time-limited pilot programs that offers different modalities of prescribed safer supply to address the drug toxicity overdose crisis in Canada. The Kitchener-Waterloo SSP is operated by Sanguen Health Center and The Working Center, as well as other regional partners under the Inner City Health Alliance (ICHA) who deliver health and social services to individuals living in vulnerable conditions.

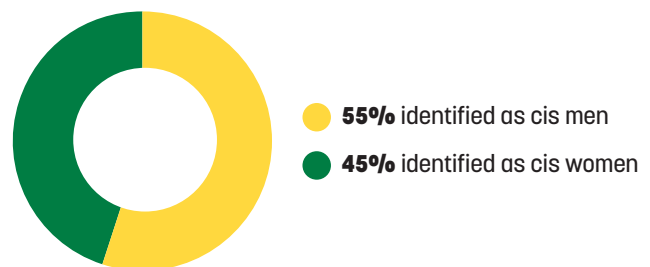
Within the SSP, physicians and nurse practitioners prescribe pharmaceutical opioids to SSP clients to reduce their use of the unregulated street supply of drugs. In addition to prescribing safer supply medications, the interdisciplinary SSP team takes a person-centered and trauma-informed approach to provide comprehensive medical and social care and support clients with complex health needs and individual goals.

This summary report outlines the findings presented in the full report: *Outcomes from the Safer Supply Program in Kitchener-Waterloo*. We collected semi-structured interview and demographic data from clients and service providers. We analysed these data and also enrollment/baseline and 6-month follow-up survey data collected by the program from its clients.

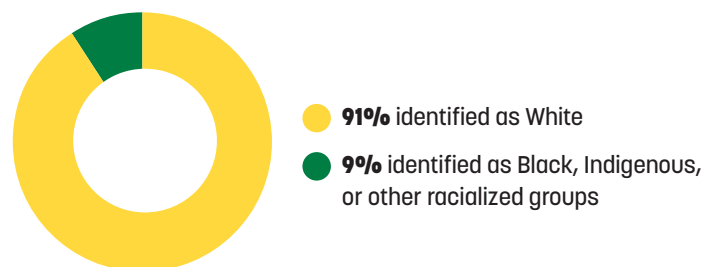
## Who we spoke to

We interviewed 22 clients with 64% between 22-40 years of age and 36% being 41 years of age or older.

### Client Gender

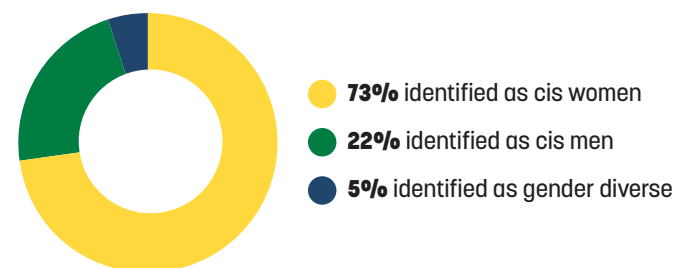


### Client Race or Ethnic Identity



We interviewed 22 service providers\*.

### Service Provider Gender



\*All service providers identified as White.

# Findings

## SSP Influence on Overdose Risk and Unregulated Drug Use

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. Almost every client interviewed highlighted that their frequency of overdose experiences had substantially decreased or stopped altogether. Moreover, decreased overdose events were often linked to a reduction in fentanyl use as well as a decrease in the use of other unregulated substances such as crystal methamphetamine. Many clients who had been injecting drugs for years described how they had stopped injecting completely since starting the SSP and were taking their safer supply medications orally – providing clients with a sense of accomplishment and control, and minimizing risks of endocarditis, HIV, or hepatitis C.

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

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

Clients described improvements to physical and mental health and well-being following their engagement in the SSP. Physical health benefits included gaining weight, feeling more energetic, and being able to manage pain and withdrawal, which allowed clients to do more activities. Mental health benefits included lowered levels of anxiety, depression, and fear of potential withdrawal and/or pain. Access to health and social services was also improved, as indicated by stories of clients being referred to medical specialists (e.g., dentists, psychiatrists) and having their care coordinated among multiple health and social care providers. Prior to beginning safer supply, many clients reported difficulties in accessing healthcare, often due to stigma surrounding their drug use, which had negative impacts such as their health concerns remaining undiagnosed or untreated (e.g., HIV, Hep C). These challenges were starkly contrasted with the person-centered and trauma-informed approach practiced within the SSP. Service providers explained that some clients were able to regain a sense of trust in the health care system which improved effectiveness of the SSP while also fostering a sense of connectivity between providers and clients, improving social isolation, mental health, and overall well-being of clients.

“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)



## Social Determinants of Health Outcomes

Clients highlighted improved access to income, food security, and housing as positive outcomes from 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 spend thousands of dollars each month to meet their needs. Access to safer supply enabled clients to save money and break cycles of 'hustling' and created opportunities to pay for rent, food, or other obligations they had. Improvements in access to food was also attributed to the wrap-around supports provided to clients through the program. For some, being on the SSP provided an opportunity to access housing. The stability and support provided by safer supply allowed clients to prioritize finding housing and take steps towards attaining a home, including making appointments and completing necessary paperwork.

“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)

## Stability Outcomes

All clients shared how the SSP provided a greater sense of stability in their lives. The increased stability created by the SSP led to some changes in client’s self-identity. This change was multi-faceted and was brought about due to: the opportunities to disengage from daily hustles and criminalized activities; reduced pain and withdrawal symptoms due to stable access to medications; and the development of a sense of routine. 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)

## Program Challenges

**Influence of Homelessness on SSP clients:** Clients shared how a lack of stable housing influenced ability to attend appointments, regularly pick up their prescription, and keep their prescription and themselves safe.

**Restricted Medications Options:** Clients and providers shared how the existing medication offerings were limited and did not meet the needs or preferences of many clients, which contributes to their continued use of fentanyl.

**Sustainability of Program:** Clients 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 drug use and not having their pain taken seriously or managed properly, even following serious injuries.

**Concerns Surrounding Stigma and Continuity of Care:** Clients and providers reflected on the continual stigma clients faced in the broader community due to their substance use, and misconceptions of the program’s goals and strategies, creating barriers to accessing external health and social services.

**Threats and Theft of Medication:** High demand for the program in the community coupled with capacity restrictions on the number of clients able to be admitted to the SSP creates a high demand for their medications. A small number of clients described having their medications stolen.

**Concerns with Sharing or Selling Medications:** Service providers frequently situated concerns about sharing and selling of medications within the broader context of systemic challenges faced by clients, including income insecurity and housing precarity. Some were concerned that clients were sharing or selling some of their medications, and that existing medication options available for prescription were inadequate to address client tolerance due to fentanyl from the street supply.

## Summary of the Strengths Identified

- 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 by reducing their overdose risk, use of fentanyl, and for some, reducing their injection drug use.
- 2) **Participating in the safer supply program improved clients' physical and mental health and access to health care services:** Clients described improvements in pain, withdrawal, mobility, and reductions in anxiety and depression due to the SSP. In addition, clients described how the SSP improved access to an array of health and social services.
- 3) **Participating in the safer supply program improved clients' access to the social determinants of health:** The stable prescription from the SSP allowed for a reallocation of monthly income to items such as groceries and rent. The support offered by the SSP allowed clients to maintain and attain housing, through accessing housing appointments and completing required paperwork.
- 4) **Participating in the Safer Supply Program improved clients' overall stability:** The SSP offered clients with a greater sense of stability as it allowed them to reduce engagement in criminalized activities, manage their pain and withdrawal, and develop a routine in their day-to-day lives.



## Summary of Areas for Growth and Development

- 1) **Scale-up capacity of the safer supply program with sustainable, long-term funding:** Clients and service providers highlighted how long-term provincial funding was needed, both to continue to provide wrap-around services to clients and to scale-up the program to all people who need it.
- 2) **Expand medication types and formulations available to clients:** Offering more medication options would be useful in helping to improve program effectiveness by meeting a wider variety of client needs; a broader range of high-dose opioid formulations and stimulants are particularly needed.
- 3) **Need for a safe and affordable housing system to address the affordable housing crisis:** There is a strong need for concerted federal and provincial action to rapidly: 1) create more affordable housing options to address the housing crisis; and 2) increase capacity of existing shelter and short-term housing spaces in the Kitchener-Waterloo area.
- 4) **Work with partners across sectors to reduce stigma and ensure continuity of care in healthcare and prison settings:** 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 within the community.
- 5) **Support drug policy changes, particularly the decriminalization of substance use:** Participants highlighted that broad change to drug policy was a fundamental necessity to address the systemic harm faced by people who use drugs daily, including decriminalization and access to a regulated supply of substances of known potency.

This summary report provides an overview of findings from:

Perri, M., Fajber, K., Guta, A., Strike, C., Kolla, G. (2023). *Outcomes from the Safer Supply Program in Kitchener-Waterloo. Report 1.* September 2023.