



National Safer Supply
Community of Practice

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Perspectives on prescribed safer supply: Practice, experience, and emerging evidence

CPHA – Tuesday, June 20, 2023

Moderator:

Rebecca Penn, London Intercommunity Health Centre

Presenters:

Andrzej Celinski, Canadian Association of People who Use Drugs

Mish Waraksa, NP, Parkdale Queen West CHC

Marlene Haines, RN PhD(c) University of Ottawa, Faculty of Health Sciences, School of Nursing

ACKNOWLEDGING COLONIALISM PAST AND PRESENT

We come together today, from different places across Turtle Island, as people who live on treaty lands and unceded territories.

We work in a sector whose goal is to address social harms, and we must recognize that the production of these harms comes from the history of colonialism and its enduring practices, institutions, and ways of thinking.

Colonialism is with us today, and we must commit to working in ways that reshape these institutions and practices, to repair harms, to prevent future harms, and to work towards a more inclusive and just future.

Speaker Name: Marysia Waraksa

Have a relationship(s) with not-for-profit organization(s) in the previous two years.

Speaker Name: Rebecca Penn

Have a relationship(s) with not-for-profit organization(s) in the previous two years.

- Employed by London InterCommunity Health Centre

Speaker Name: Andrzej Celinski

Have a relationship(s) with not-for-profit organization(s) in the previous two years

- Employed by Dr. Peter Centre
- Employed by Canadian Association of People Who Use Drugs

Speaker Name: Marlene Haines

Have a relationship(s) with not-for-profit organization(s) in the previous two years

- Previously employed by Ottawa Inner City Health

Conflict of Interest Disclosure – Mish Waraksa

Disclosure of Relationship	Company/Organization(s)	Explain how the potential sources of bias in your presentation has been mitigated.
Any direct financial payments including receipt of honoraria including presentations for which you have been contracted but have not yet received payment.	AbbVie	Unrelated to presentation
Membership on advisory boards or speakers' bureau.	Canadian Association of Hepatology Nurses (Board Member)	Unrelated to presentation
Research funded grants or clinical trials.		
Holding a patent on a drug, product or device referred to in the presentation.		
Other investments or relationships that could be interpreted as having the potential to influence the content of the educational activity		

Conflict of Interest Disclosure – Rebecca Penn

Disclosure of Relationship	Company/Organization(s)	Explain how the potential sources of bias in your presentation has been mitigated.
Any direct financial payments including receipt of honoraria including presentations for which you have been contracted but have not yet received payment.		
Membership on advisory boards or speakers' bureau.	Shelburne County Community Health Board	Unrelated to presentation
Research funded grants or clinical trials.		
Holding a patent on a drug, product or device referred to in the presentation.		
Other investments or relationships that could be interpreted as having the potential to influence the content of the educational activity		

What do you think about when you hear the term "Safer Supply"?

What do you like about Safer Supply?

What worries you about Safer Supply?

PRESENTATION

Overview

Problem & Context

What is Safer Supply?

Safer Supply Programs

Future Directions

Goals for Today

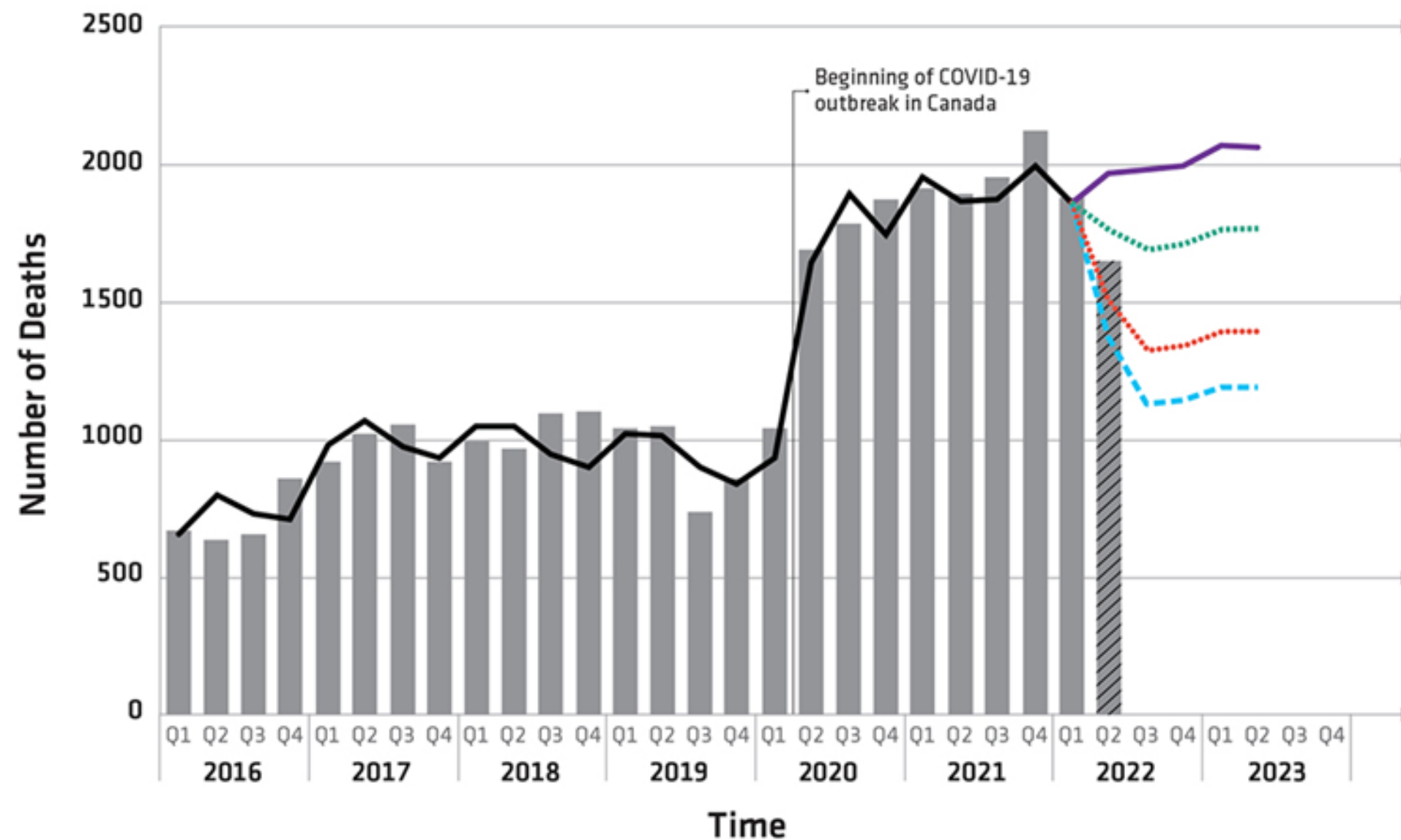
- Understand the goals of safer supply, what problems it addresses and its limitations
- Understand where it fits on the continuum of care for people who use drugs
- Demystify and reduce the controversy about safer supply

SECTION 1

Problem &
Context

DRUG POISONING CRISIS

Figure 1: Observed and projected opioid-related deaths, Canada, January 2016 to June 2023



**Unregulated fentanyl
responsible for 87% of
opioid deaths in Canada in
2021**

(Government of Canada, 2021)

DRUG POISONING CRISIS?

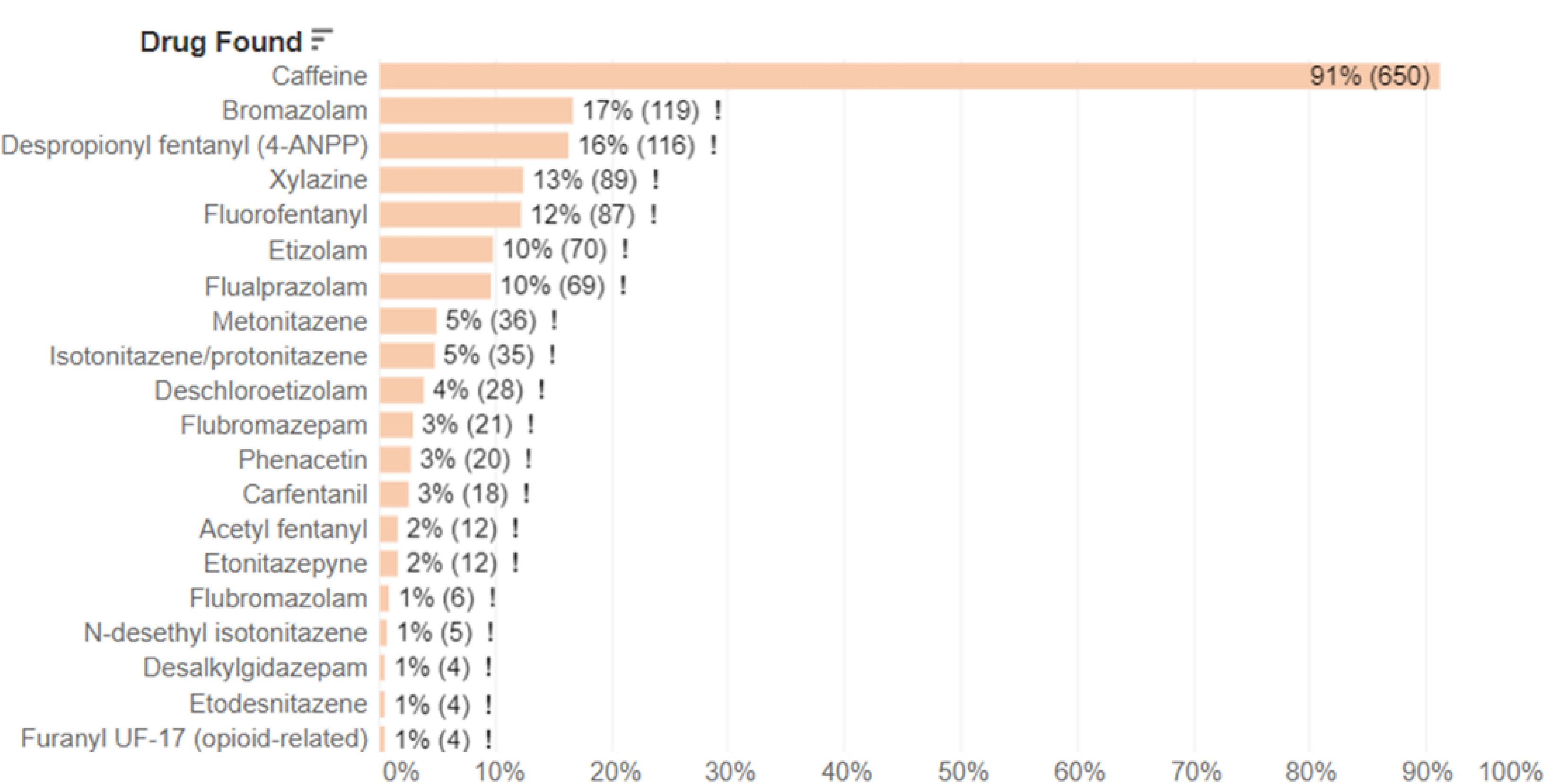
“Drug Overdose”

Taking too much of a known substance, resulting in an adverse effect

“Drug Poisoning” or “Drug Toxicity”

Includes exposure to a toxic substance or combination of substances resulting in an adverse effect

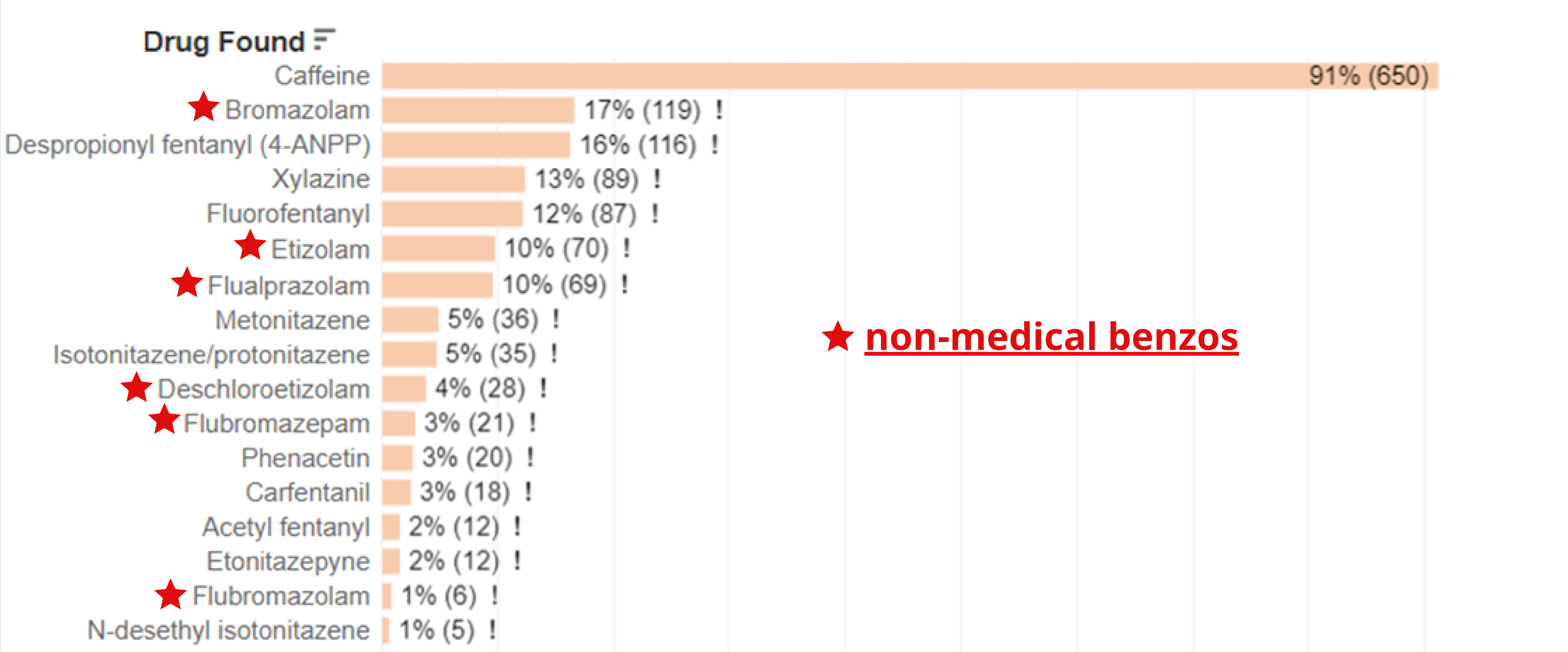
TORONTO DRUG CHECKING RESULTS JAN 2022-JAN 2023



% of checked substances

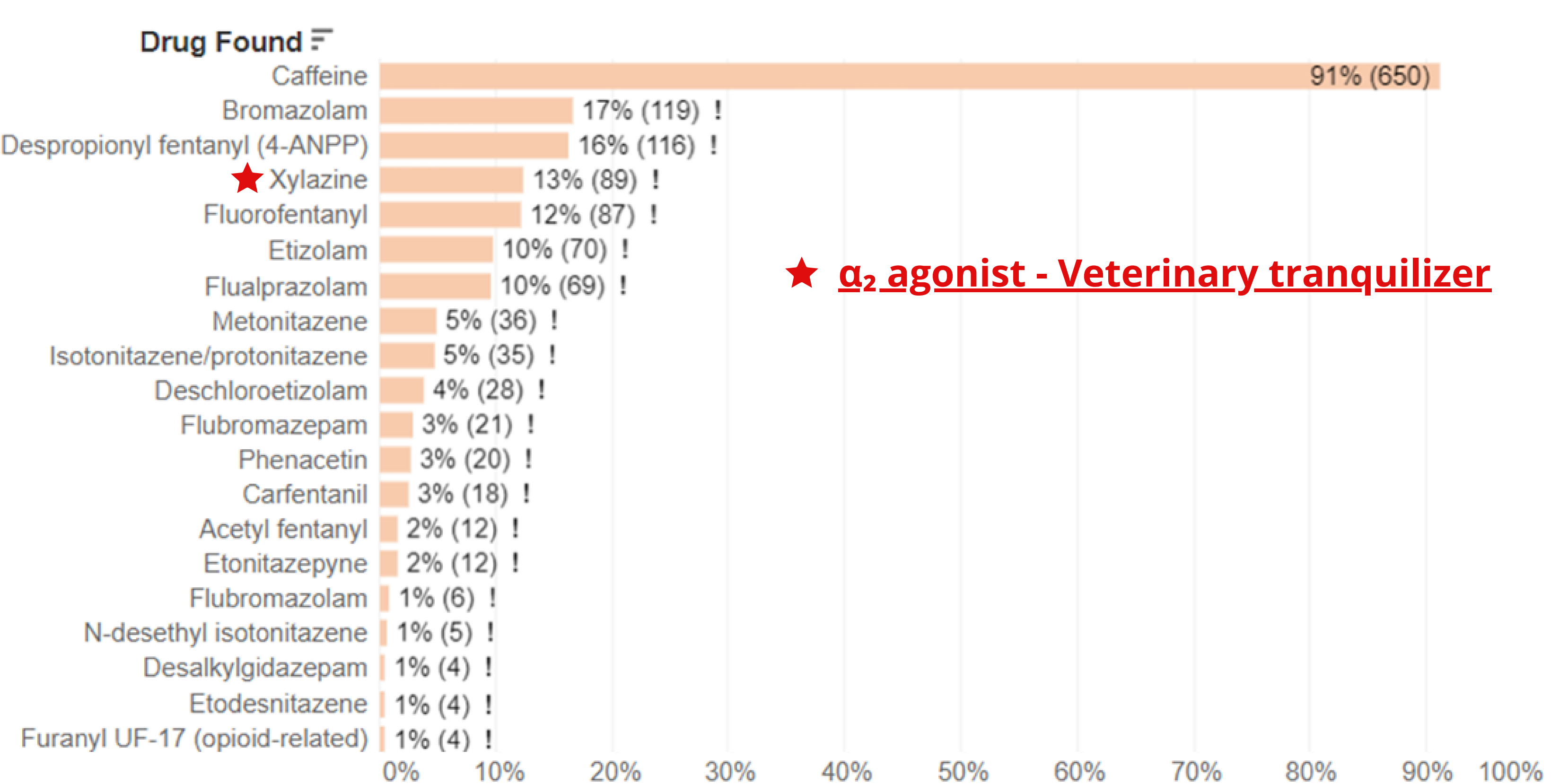
(Centre for Drug Policy Evaluation, 2023)

TORONTO DRUG CHECKING RESULTS JAN 2022-JAN 2023



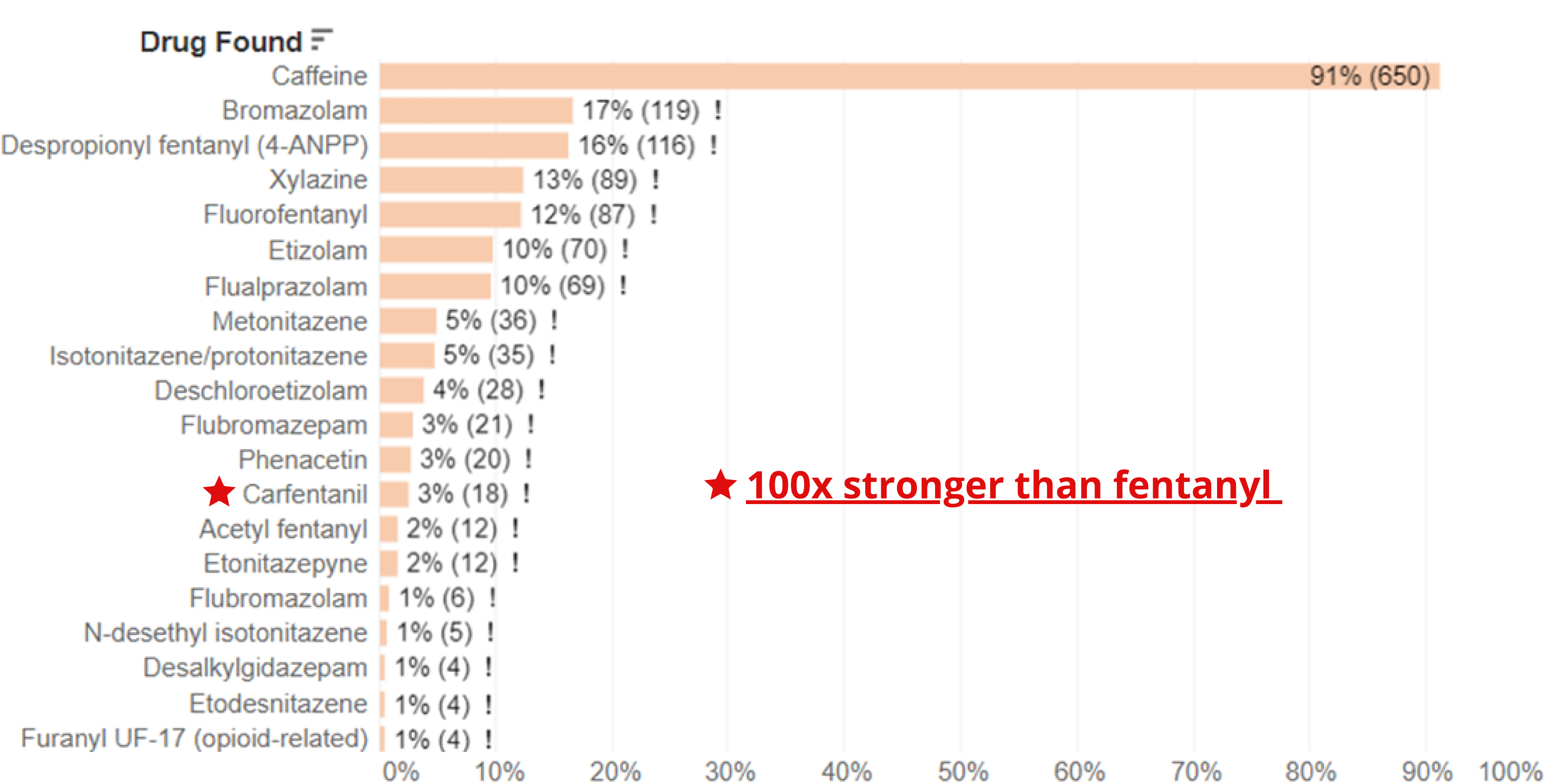
May 20 to June 2, 2023: 46% of fentanyl samples contained benzos

TORONTO DRUG CHECKING RESULTS JAN 2022-JAN 2023



★ α₂ agonist - Veterinary tranquilizer

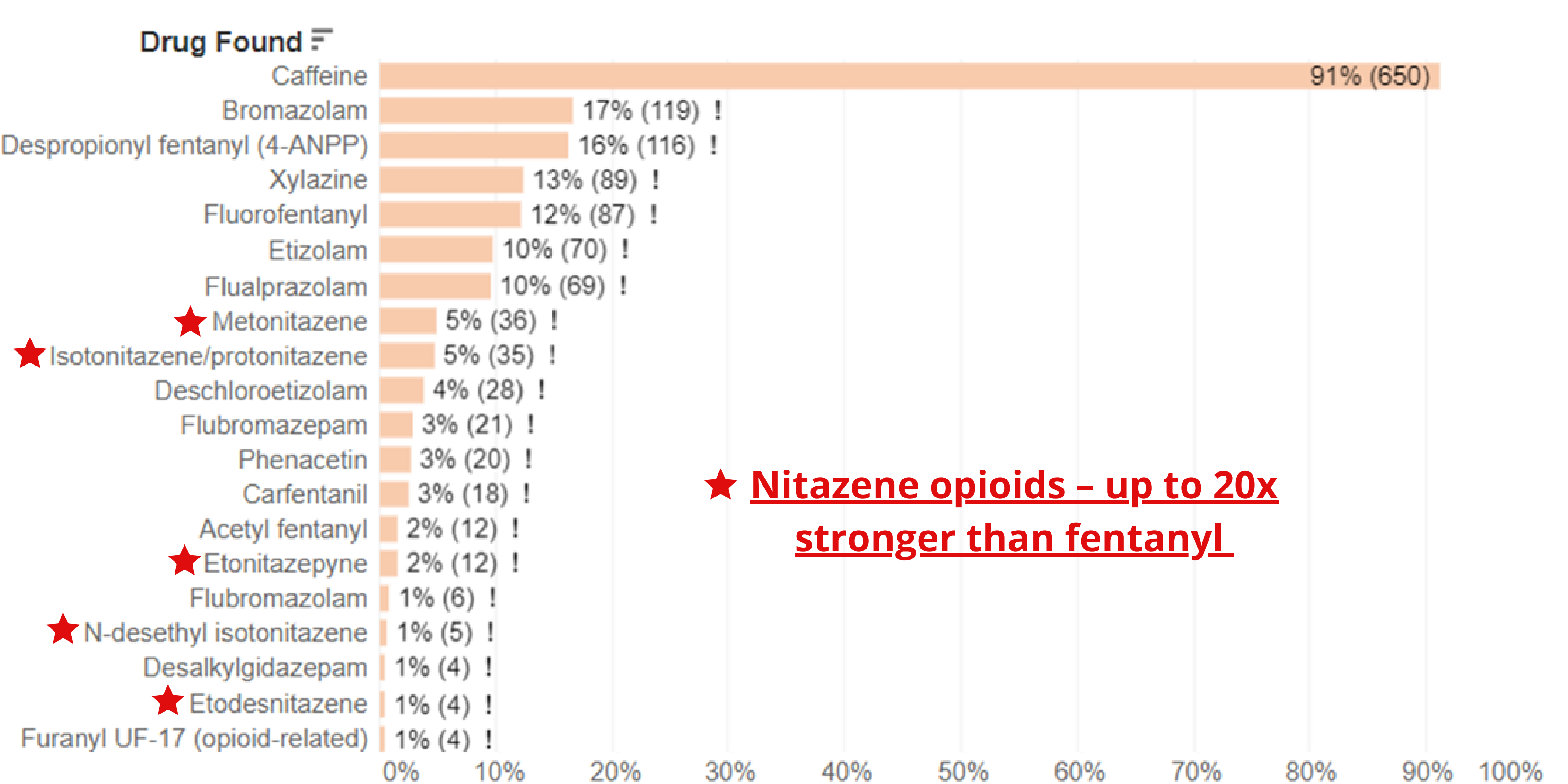
TORONTO DRUG CHECKING RESULTS JAN 2022-JAN 2023



★ 100x stronger than fentanyl

(Centre for Drug Policy Evaluation, 2023)

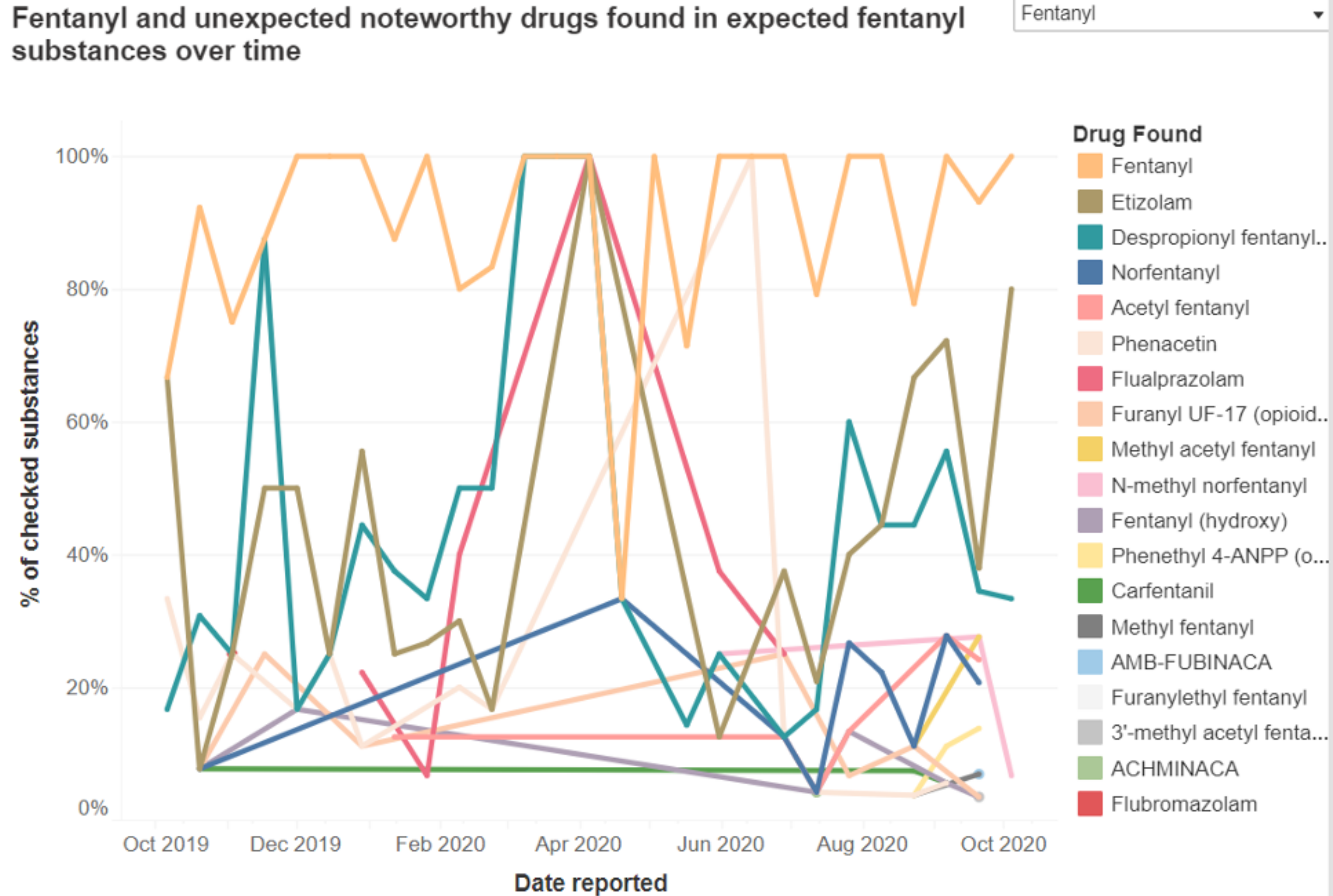
TORONTO DRUG CHECKING RESULTS JAN 2022-JAN 2023



★ Nitazene opioids - up to 20x stronger than fentanyl

(Centre for Drug Policy Evaluation, 2023)

THE DRUG POISONING CRISIS



BENZO CONTAMINATION

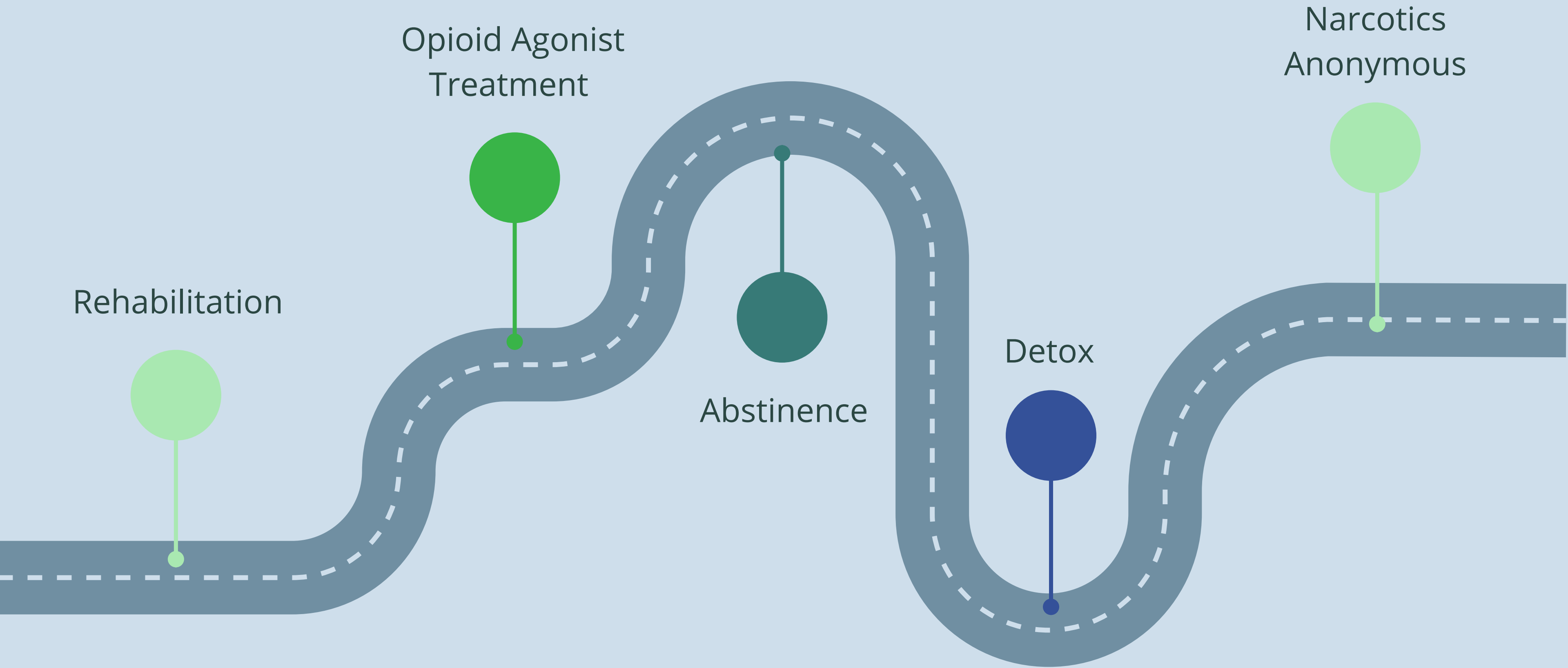
Excess
sedation

Memory
loss

Seizures

Atypical and
irreversible
ODs

Benzodiazepine
withdrawal



What happens when none of these options meet the needs of a person who uses drugs (PWUD)?

"Of importance, Safer Supply programs are not a form of substance use treatment, and instead seek to provide better options for PWUD who want to continue using drugs, but safely".

**HAINES, TEFOGLOU, & O'BYRNE (2022) SAFER SUPPLY OTTAWA
EVALUATION: FALL 2022 REPORT.**

**THE
PERSPECTIVE
OF PEOPLE
WHO USE
DRUGS**

Why is Safe Supply important to us?

Why have we been ignored?

SECTION 2

What is Safer
Supply?

What is Safe Supply?

How do People Who Use
Drugs Define Safe(r) Supply?

Why do we need Safe
Supply?

CAPUD

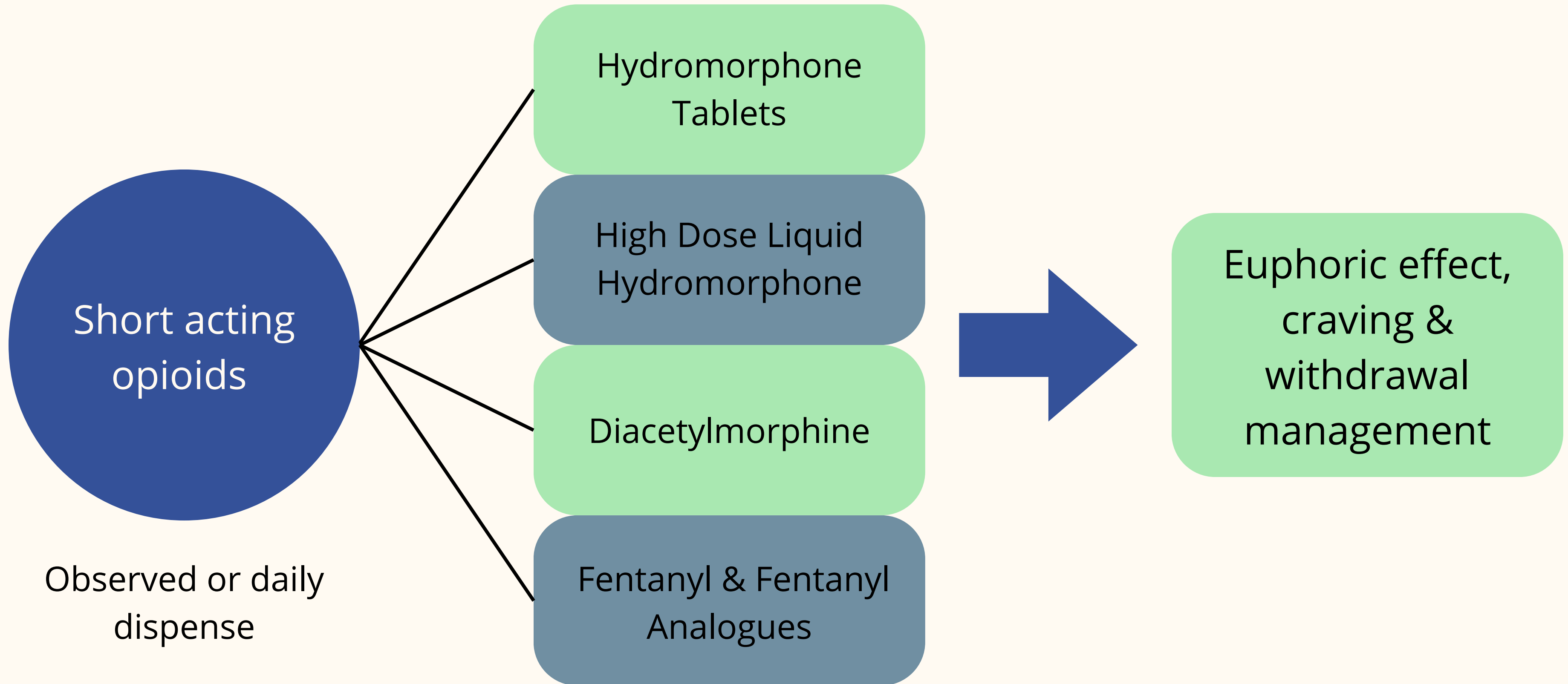
EST: 2011

PHILOSOPHY of care

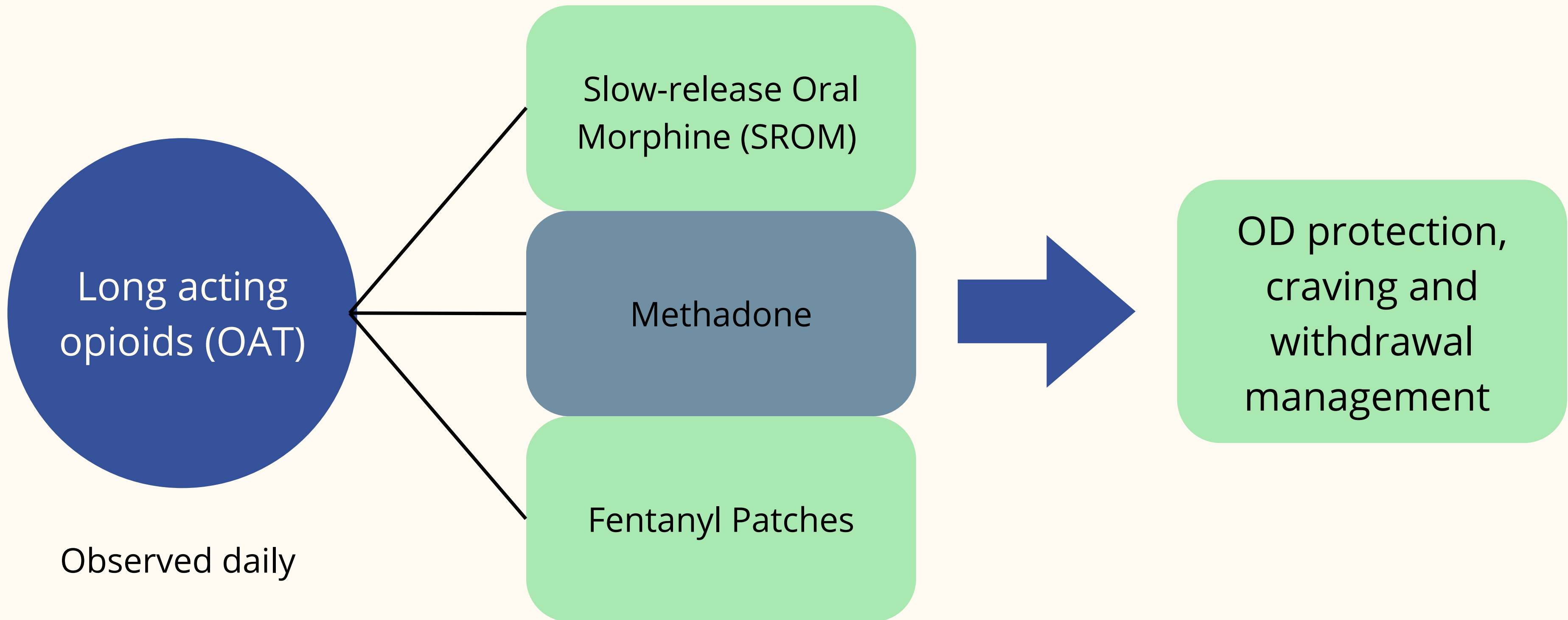
- Developing program objectives dependent on individual participant goals
- Considering PWUD as partners in their care and recognizing their expertise
- Seeking to provide a trauma-informed approach to care
- Programs will always be evolving and are committed to lifelong learning
- Working towards de-medicalization of Safer Supply

- Advocating for drug decriminalization and legalization
- Believing that everyone has a right to safety and impactful care
- Basing services and programs in a harm reduction approach
- Recognizing that PWUD are harmed by structural violence within healthcare systems
- Demonstrating a willingness to being wrong and correcting our mistakes
- Providing low barrier access to substance use care
- Developing care plans from a non-punitive, collaborative approach

SAFER SUPPLY MEDICATIONS



SAFER SUPPLY MEDICATIONS



SECTION 3

Safer Supply
Programs

WHAT PROGRAMS Look Like

Models include:

- Daily dispensed take home tablet models
- Vending machine e.g., MySafe model
- Observed dosing models
- Models with injectable formulations available
- Mobile and onsite models

ON, NS: primarily located in community health settings

BC, QC, NB: primarily provided by addictions medicine settings

25 funded programs serving ~3000 people

Unfunded programs and prescribing outside of programmatic settings

Programs provide:

- Substance use care from a harm reduction approach
- Primary care
- Links to specialist care
- Wraparound services
- Links to basic needs

Emerging Evidence

Program Evaluations: <https://www.nss-aps.ca/safer-supply-evaluations>

Emerging Evidence Brief: <https://www.nss-aps.ca/evidence-brief>

KEY FINDINGS:

- Prescribed hydromorphone is not contributing to drug-related deaths
- Reduced risk of death and/or overdose
- Engagement and retention in programs and care
- Improvements in physical and mental health
- Fewer emergency department visits and hospitalizations
- Decrease in hospitalizations for infectious complications
- Reduced use of drugs from the unregulated supply
- Improved control over drug use
- Improvements in social well-being and stability
- Decline in healthcare costs

CLIENT EXPERIENCES OF SAFER SUPPLY PROGRAMS

**I GOT A JOB, GOT
STABLE HOUSING,
STOPPED USING,
CONNECTED WITH
KIDS AGAIN**

**I HAVEN'T HAD AN
OVERDOSE SINCE I'VE
BEEN ON THE PROGRAM**

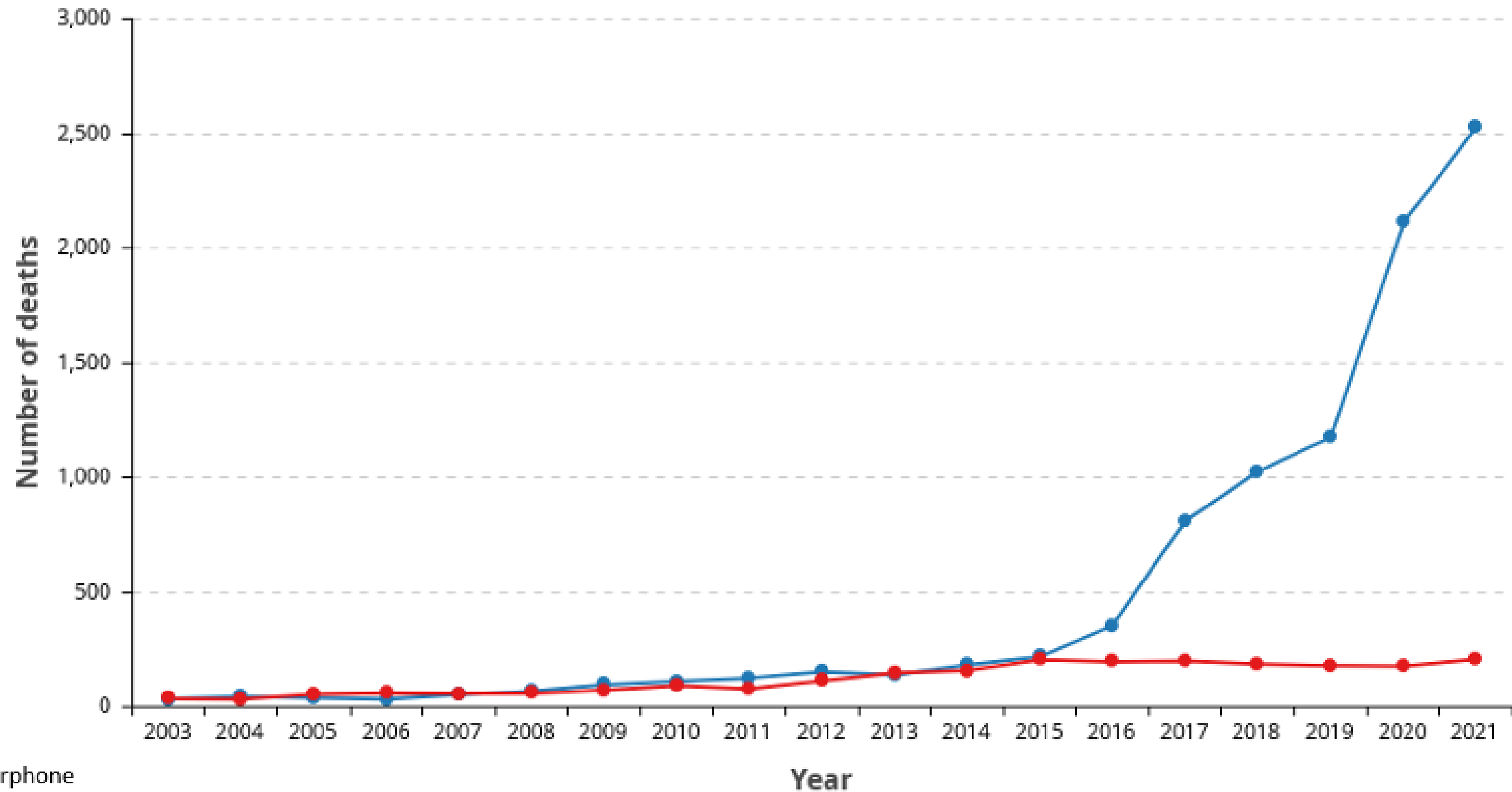
**IF IT WASN'T FOR THIS
PROGRAM, I REALLY
DON'T THINK I'D BE
HERE RIGHT NOW...
AND FEELING AS
HEALTHY AS I DO."**

**THE NURSE PRACTITIONERS...
I'M NOT AFRAID TO ASK THEM
ANYTHING NOW. I TRUST THEM
FULLY. BEFORE... I DIDN'T EVEN
WANT TO WALK INTO A
DOCTOR...I JUST DIDN'T TRUST
THEM, UNTIL THE PROGRAM**

**THE BEST PART IS THE
FREEDOM. I DON'T HAVE TO
DO CRIME EVERY SINGLE
DAY JUST TO GET SOME
FENTANYL**

DIVERSION

Type of opioid present at death, Ontario, 2003 - 2021



DIVERSION

Table 1: Specific types of opioids directly contributing to opioid-related death prior to and during the pandemic in Ontario†

	Pre-Pandemic Period N=1,017	Pandemic Period N=1,808	Stat. Sig.
Non-pharmaceutical opioids			
Fentanyl and fentanyl analogues	802 (78.9%)	1,614 (89.3%)	*
Heroin	52 (5.1%)	27 (1.5%)	*
Opioids indicated for pain			
Hydromorphone	103 (10.1%)	88 (4.9%)	*
Oxycodone	81 (8.0%)	70 (3.9%)	*
Codeine	18 (1.8%)	22 (1.2%)	
Morphine	77 (7.6%)	78 (4.3%)	*
Opioid agonist treatment			
Methadone	132 (13.0%)	179 (9.9%)	*
Buprenorphine	≤5	≤5	

“Importantly, despite rising access to immediate-release hydromorphone as a safer opioid supply during the pandemic, the percentage and absolute number of opioid-related deaths with hydromorphone as a direct contributor declined over this time” (Gomes et al., 2022)

DIVERSION

“There is no indication that prescribed safe supply is contributing to illicit drug deaths.” – BC Coroners report 2022

In the vast majority of cases, hydromorphone was detected in combination with other substances including cocaine, alcohol, morphine, etizolam and flualprazolam.

Date: September 15, 2021 **Data Source:** BC Coroners Service, BC COVID-19 Cohort

Key Findings:

1. From March 27, 2020 – May 31, 2021, 4,537 people were dispensed Risk Mitigation Guidance hydromorphone.
2. Hydromorphone without fentanyl or fentanyl analogues was identified in less than 2% (N= 41) of illicit drug toxicity deaths between March 1, 2020 and May 31, 2021.
3. Risk Mitigation Guidance hydromorphone prescribing is not a direct contributor to the rising rates of illicit drug toxicity death in BC.
4. Fentanyl and fentanyl analogues remain the major contributors to illicit drug toxicity deaths in BC.

SECTION 4

Future Directions

Moving away from Medical Models



Non-medical models:

- Compassion Clubs
- Community-based/grassroots efforts

WHAT DO YOU THINK ABOUT WHEN YOU HEAR THE TERM "SAFER SUPPLY" NOW?

For more information: www.nss-aps.ca

- Evidence brief, FAQs, Protocols
- Webinar Archive
- Resource Library

JOIN THE CoP - @1400 members – interdisciplinary – across Canada

- Resources for clinicians: Clinical Consultation Service, Clinical meetings, protocols
- Interdisciplinary meetings, webinars, working groups
- PWUD meetings, Program Operators meetings, Pharmacist meetings, RN meetings