Safer Opioid Supply Program

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History of SOS at London InterCommunity Health Centre

- Originally known as ESSP (Emergency Safer Supply Program), SOS began as a natural extension of hospital-based prescribing to mitigate withdrawal symptoms. It started January of 2016 within our Health Outreach Clinic by Dr. Andrea Sereda.
- Fentanyl had been on the streets of London for 2 years, and at that time was becoming the predominant street opioid.
- People were dying, and none of the traditional addiction medicine interventions available to us at the time were helping. (Suboxone, methadone, etc)
- So we took the leap.. **We started with 3 patients who were very heavily street involved and who were almost constantly in hospital for overdose or complications of IDU. And these patients got better. They stopped buying illicit drugs for the most part, they engaged with healthcare, and their hospital admissions stopped.**
- From there, we kept adding patients where we saw the need.. And before you know it.. We had what would later be known as our Safer Opioid Supply Program. Going into our 7th year running.. We have upwards of 350 SOS patients.

Safer Opioid Supply (SOS) at LIHC

- Harm reduction approach to addressing substance use
- Model: Primary care with wrap-around services from interdisciplinary care team
  - Access to care facilitators, outreach workers, system navigators, nurses, nurse practitioners, physicians
  - Access to comprehensive medical care as well as safer opioid supply for people meeting eligibility criteria
  - Safer opioid supply = tailored prescription of pharmaceutical opioids

Community Health Centre Model:

- **Harm reduction** focused (not addiction treatment)
- **Patient determined and directed** outcomes
- **Voices of People Who Use Drugs are prioritized**
- **Low barrier** care
- **Assertive** engagement/creative persistence
- **Non-oppressive** medical care
- **Open door back into healthcare**

Harm Reduction

- Harm Reduction gear and Naloxone Distribution
- Advisory Committees
- Drop-in integrated programming

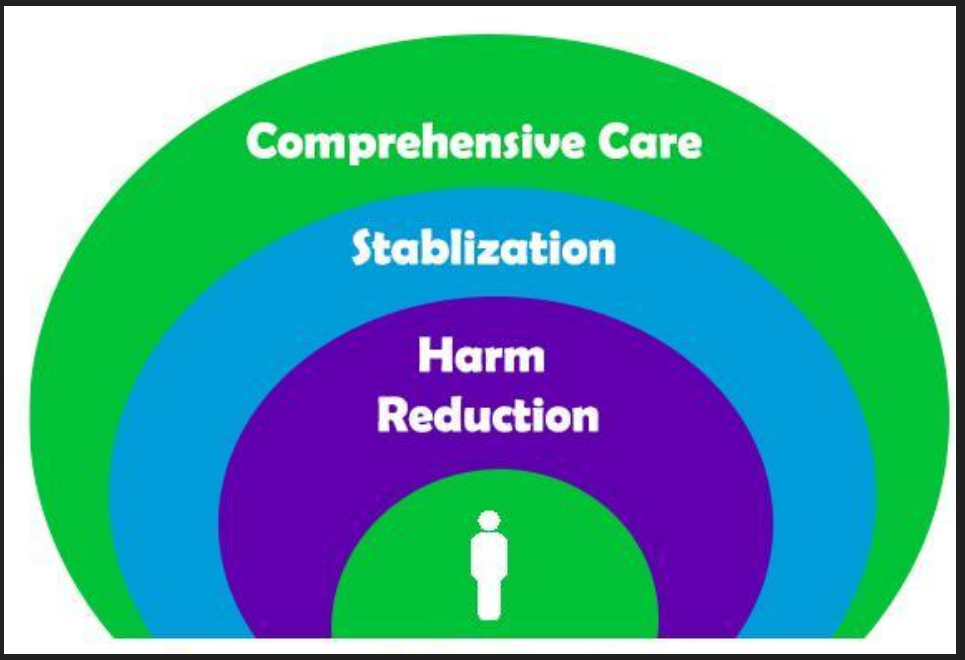
Clinical

- Primary care
- Same day care
- Preventative care
- Infectious disease
- Lab work/ECG

Social

- Care Facilitation
- Outreach
- Youth Outreach
- Social work
- Systems Navigation

Models of Care: SOS Care Phases



Harm Reduction Phase:

- Homeless and/or sleeping rough
- Survival sex work
- Trafficking
- No access to food security
- Difficulty with accessing community resources due to:
  - Limitations/restrictions
  - Capacity/disability
- Financial insecurity/poverty
- Identifying needs to build community care team
- Poor physical and/or mental health

Stabilization Phase:

- Sheltered
- Engaged with some accommodation (Physical and social)
- Setting and acting upon goals
- Increased financial security
- Decreased criminal activity
- Knowledge and/or awareness of food security, community resources
  - As well as working on goals for access
- Increased physical and/or mental health
- In process of building and engaging with community care team

Comprehensive Care Phase:

- Awareness and reflection stage
  - Setting long term goals, achieving them
  - Able to acknowledge needs
- Independently accessing supports from care team
- Engaged in harm reduction best practices, and self-identified as safe in their substance use.

Medical Team at LIHC:

Client Care Support:

-First point of contact, connects patients to appropriate teams/providers

-Reviews external appointments, schedules, etc. as needed

-Manages client flow and support

Lab tech:

-Utox as needed

-Bloodwork as needed

RN :

-Vitals taken at each appointment

-Harm Reduction techniques are reviewed, and thorough check ins are done regarding drug use, as well as primary care concerns.

-Social issues and barriers are also identified and internal/external referrals are made as necessary. (Ex. Outreach, social work, etc.)

IDCP Teams:

-Hep C

-My Care (HIV/AIDS)

-Both teams have dedicated nursing, outreach and specialty physicians available to eligible patients

Provider: (MD/NP)

-More in depth check in, discuss SOS or Primary care concerns

-Physical exams, pap tests, screening, referrals, etc as needed

-Prescription starts, review, titration and renewals

-Same day provider available daily for acute concerns

Social Team at LIHC:

Community Outreach/ In-Reach Workers:

-Housing referrals and loss prevention

-Greeting and navigating patients upon entry into the centre

-ID clinic/Mail Services

- Appointment accompaniment

-Same day services available daily

Care Facilitator:

-SOS Focused – in depth case management

-Main touchpoint in and out of clinic for both medical and social concerns

- Larger scale advocacy (CAS, Hospital, Housing, Justice systems, etc)

Social Work:

-Counselling

-Support and advocacy

Systems Navigator:

-Intakes for Primary Care and SOS

-Baseline surveys, consents, record requests

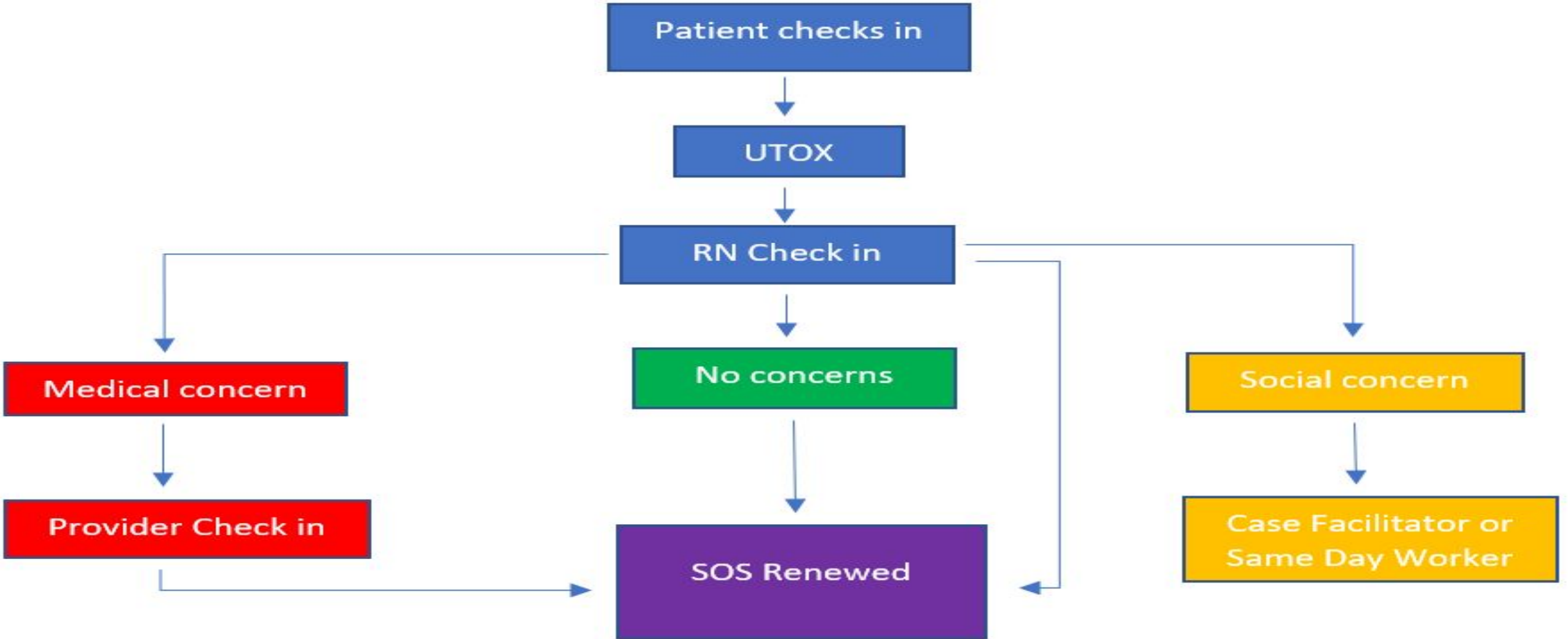
-Ontario Works and ODSP applications

-Connection to city resources, advisement, referrals etc.

SOS Client Intake Flow:

1. Pregnancy and/or Parenting with risk to family unity directly related to drug use
2. Uncontrolled HIV with an AIDs diagnosis
3. Imminent risk of death within 3-6 months based on clinical assessment
4. Infections with high potential of life-altering complications
5. Being trafficked
1. Infectious complications to substance use (HIV, Endocarditis, Abscess)
2. Frequent OD (2 or more OD in past 6 week)
3. Poor psychosocial functioning related substance use
4. Hospitalizations as a result of unmanaged chronic health and/or mental health due to substance use
5. Frequent ED visits due to substance use (1 or more visits per month)
6. Poor adherence to chronic health or mental health treatments due to substance use
7. Complex Psychiatric Care
8. Housing Deprived/ Sleeping Rough
9. Housing Insecurity (check also if Housing Deprived/ Sleeping Rough)
10. Disengaged from alternate pathways to healthcare
11. 60+ years of age or between 16 and 24 (If under 16, consult SOS Intake Committee)
12. Survival sex work

CLINIC FLOW:


Patient checks in
UTOX
RN Check in
Medical concern
No concerns
Social concern
Provider Check in
SOS Renewed
Case Facilitator or
Same Day Worker

Check In's:

POC utox: «Please see note and POC U Tox results charted by LT.»
Missed Doses:
Vital signs:
BP: HR: T:
RR: SPO2:
PT WEIGHT :
«NAD». «A&Ox3.» Speech «in»coherent. «Un»able to maintain eye contact. Ambulating with «ease»«difficulty» «Broad»«Agitated»«Blunt» affect. Dressed and groomed «in»appropriately. «No» apparent SOB/OE.
Opiate s/e:
-Constipation: «None reported.»
«-Other:»
Opiate toxicity:
-Sedation: «None reported.»
-Overdose: «None reported.»
Skin:
-Cellulitis: «None reported.»
- Abscess: «None reported.»
- Missed injection sites: «None reported.»
-If abscess/IVDU related infection present, what drug(s) were injected at that site and when?•
Discussed harm reduction interventions including use of RHAC Carepoint, Cleaning sites before injection, Cook Your Wash and site selection: •
-Discussed use of naloxone: • «RN to send internal message to ____ to request Rx for naloxone» «RN to connect with Naloxone training certified staff to request client receive training and kit»
New or worsening:
-Chest pain: «None reported.»
-SOB: «None reported.»
-Back pain: «None reported.»
-Joint pain: «None reported.»
Hospital/ED visits: «None reported.»
«-Clinical Connect reviewed.»
Current residence/ refuge: «Couch surfing.»«Unity Project.» «Salvation Army.»«Mens Mission.»«Camping.»«Streets.» «Apartment @•.»
Best communication method:«Phone number: •»«Email: •» «Community partner: •»
Current pharmacy: •
Renewal needed:
Msg sent to MD for renewal:

Urine Toxicology Screening

-Utox's are NOT USED as punitive measure. A client will not be removed from SOS if they have other substances in their system.

<u>Utox Screening are used for:</u>

-Identify unexpected or dangerously potent substances.

-To ensure that the prescribed medications are being taken.

Prescribing:

SOS medications are generally provided as a daily-dispensed prescription for take-home dosing by clients. Usually hydromorphone (Dilaudid),

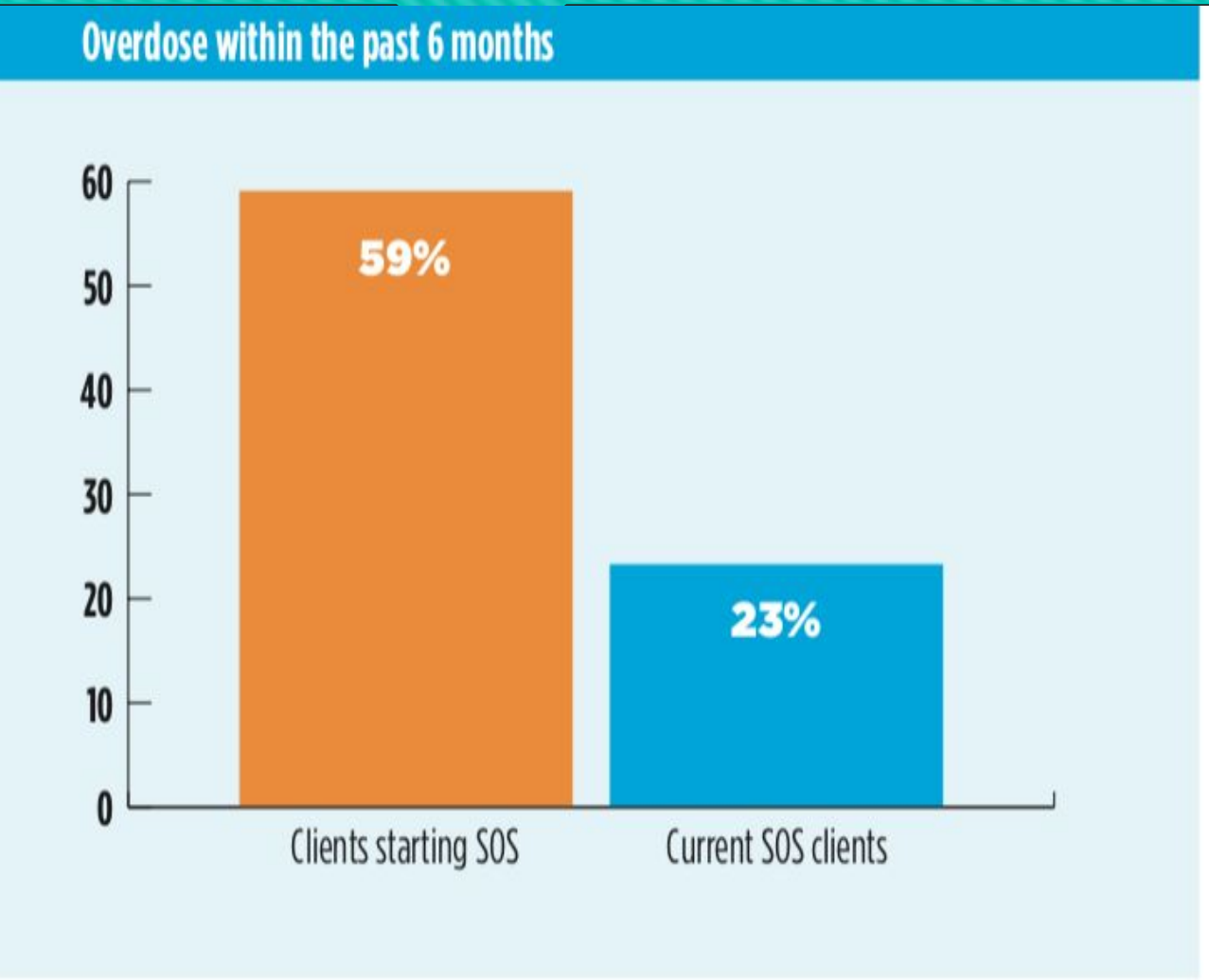
Often coupled with a long-acting morphine such as Kadian or M-Eslon, as an observed dose.

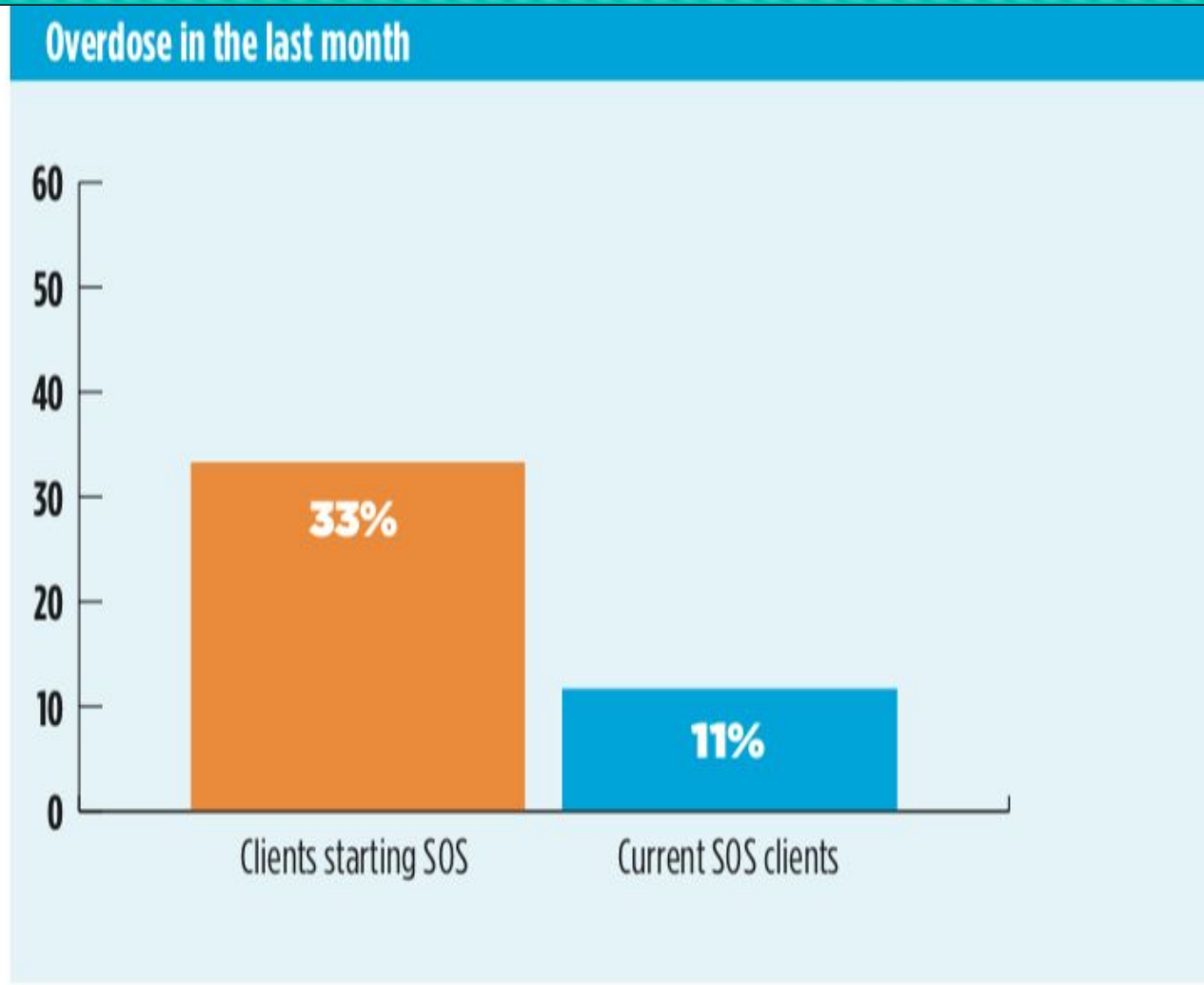
-This is due to the risks of infection and endocarditis with injecting these forms of long-acting medications.

Why Hydromorphone IR?

- We prescribe hydromorphone immediate release tablets for Safer Supply, and this decision was based on local research by Dr. Mike Silverman, who is one of our local Infectious disease doctors.
- Essentially, hydromorphone IR, or dilaudid, was shown to have much less infectious risk than hydromorph contin, and this infectious risk was also seen in relation to endocarditis…. The long acting hydromorph contin was shown to be associated with increased rates of endocarditis, whereas the short acting dilaudid was not.
- Based on this work, our Safe Supply program in London has chosen to prescribe dilaudid tablets as our safer supply tablet for injection.
- We give our patients extensive counselling on the safer use of dilaudid, and our patients understand that while this is a safer option that anything else currently available on the street, it still comes with risks. So we spend many hours educating our patients on safer injecting techniques, site selection, and how to prepare the tablets in a sterile fashion.

Overdose Statistics:





Dosages and Titration: Dilaudid

Reported daily street fentanyl use	Starting dose SROM	Starting dose Dilaudid 8 mg tabs	Titration Titration q 48 hours, one medication at a time
< 0.5 gm	100-200mg	4-8 tabs	Increase SROM by 50-200mg daily q48 hours to a maximum of 600mg daily, then increasing by a maximum of 100mg q48 hours Increase Dilaudid 8mg by 2 – 6 tabs daily dispensed q48 hrs
>0.5 gm	300-400mg	6-12 tabs	

*Safer Opioid Supply Program Protocols: Parkdale Queen West Community Health Centre, Toronto, Ontario

Dosages and Titration: Kadian

Visit	Kadian Dose (once daily)	Dilaudid 8mg dose (# of tabs dispensed daily)	Prescription Change
1	200mg	12 tabs	Initial doses
2	400mg	12 tabs	Increase of 200mg Kadian
3	400mg	18 tabs	Increase of 6 tabs Dilaudid
4	500mg	18 tabs	Increase of 100mg Kadian
5	500mg	24 tabs	Increase of 6 tabs Dilaudid

*Safer Opioid Supply Program Protocols: Parkdale Queen West Community Health Centre, Toronto, Ontario

Diversion… The Million Dollar Question

- Why does diversion occur within the current context of prohibitionist drug policy? How does it happen? How do people understand it?

  Breaking down the social and economic context around diversion moves us towards more shared, accurate, and compassionate understandings of diversion practices.

- Compassionate sharing: Sharing doses with partners, friends, and community members who need pain relief and/or withdrawal symptom relief.
- Survival or subsistence sharing: Sharing, exchanging, and/or selling doses as a way to meet needs such as a place to sleep, basic physical necessities (food, water, showers, more adequate medications/substances etc.), and/or a safe place to store doses.
- Coerced or forced diversion: Sharing, exchanging, and/or selling doses in response to threats of violence, theft, conflict, etc.
- Unintentional or inadvertent diversion: Diverting doses to others accidentally or involuntarily because of loss, violence, theft, lack of safe places to store doses, etc.

Diversion: How Do We Handle it as Prescribers?

- Patient agreements
- Safety procedures
- Evidence of diversion results in conversion to observed dosing
- Boots-on-the-ground outreach support
- Community education sessions
- Peer support

Lost or Stolen Medications… Diversion or Truth?

- Date of lost or stolen:
- Location of lost or stolen:
- Quantity of medication lost or stolen:
- How was the medication lost or stolen:
- Was there violence involved during theft:
- -If yes, are there injuries that require evaluation?

- Was the theft report to police:
- Did Health Centre replace the medication:
- What could be done to avoid lost or stolen medication in the future:

PLAN:

Referral to NP for:

1. Consideration withdrawal management medication
2. Evaluation injuries

Referral to outreach for:

1. Safety plan
2. Other support

Guiding Principals of SOS: What We've Learned.

- Safer Supply is about so much more than prescribing drugs.
- It's about building relationships with people. Building trust, and mutual respect.
- It's about listening to people who use drugs, and working WITH your client by letting them tell you what they need.
- It's about giving people their life and power back.

National Safer Supply Community of Practice
La communauté de pratique nationale sur l'approvisionnement plus sécuritaire

The National Safer Supply Community of Practice (NSS-CoP), a collaboration between the London InterCommunity Health Centre, the Alliance for Healthier Communities, and the Canadian Association of People who Use Drugs (CAPUD), has formal and informal prescriber mentoring available.
Physicians and nurse practitioners can access the Prescriber Hotline. A health care provider experienced in prescribing safer supply will be happy to answer your call.
Weekly drop-in meetings open to all NSS-CoP members (clinicians, pharmacists, program staff, people who use[d] drugs, and others). Participants discuss questions, ideas, and news.

You can join the NSS-CoP via the registration page.
Any questions? Contact info@nss-aps.ca or use our Contact form.

- National Safer Supply Community of Practice (nss-aps.ca)

Resources:

Safer Opioid Supply Program Evaluation – Preliminary Report

- London InterCommunity Health Centre, 2022

Reframing Diversion for Health Care Providers: Frequently Asked Questions

-National Safer Supply Community of Practice, 2022

Safer Opioid Supply Program Protocols: Parkdale Queen West Community Health Centre, Toronto, Ontario

-Marysia Maraksa NP, Nicole Bond, Gab Laurence, & Kate Atkinson, 2022