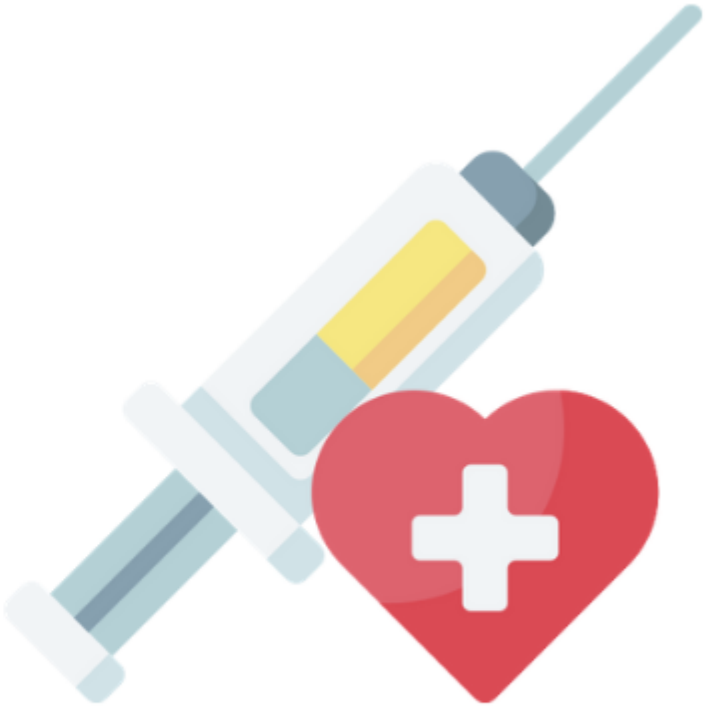
Free Webinar

ALLIANCE FOR HEALTHIER COMMUNITIES

Moving the Dial on Safer Supply in Ontario

June 3, 2020 | 12PM - 1:30PM

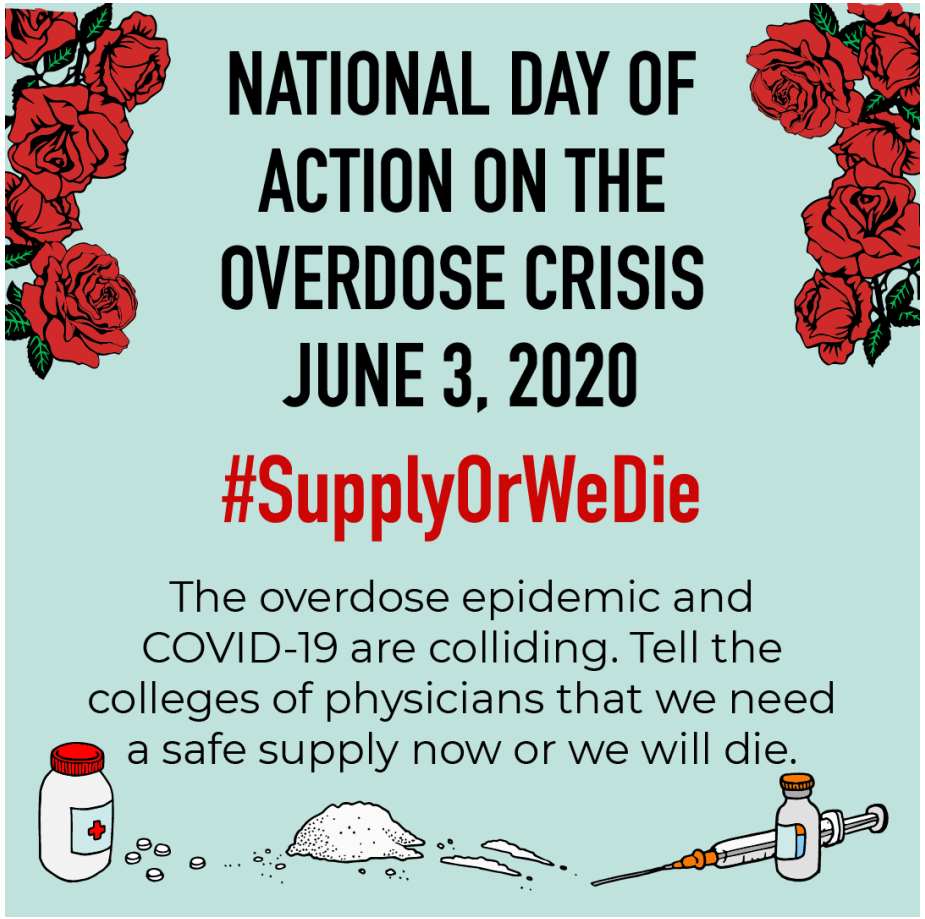


Agenda

1. Welcome & Introductions
2. *Supply or We Die* (video)
3. Panel Presentations:
    1. Akia Munga Parkdale Queen West CHC
    2. Andrea Sereda (London InterCommunity Health
    3. Nanky Rai, Parkdale Queen West CHC
    4. Charles Breau, Recovery Ottawa
4. Q & A/ Discussion
5. Launch: Safer Supply Community of Practice

Locating ourselves on this land

Supply or We Die (video)



WE DEMAND

1. Release an official statement endorsing a national safer supply program
2. Create guidelines for a national safer supply program using existing literature, in consultation with PWUD and marginalized groups.
3. Implement a safer supply program with the infrastructure to be sustained beyond the COVID-19 pandemic.
4. Provide a standardized anti-oppressive safer supply training for prescribers across Canada.
5. Ensure that the safer supply program is covered by all provincial insurance plans including disability and social assistance plans.

Take Action

- For questions about this campaign please contact Toronto Harm Reduction Alliance thrallinace@gmail.com

Akia Munga

Parkdale Queen West CHC

Andrea Sereda

London InterCommunity Health


TOXIC DRUG SUPPLY IS KILLING OUR LOVED ONES
OPS
CLEAN SUPPLY NOW!
TORO

Canadian deaths in 4 years: 15000 +

Year	Canada	Ontario	Ontario % Change
2016	3017	867	19%
2017	4100	1265	46%
2018	4588	1471	17%
Jan – June 2019	2142	937	

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The Opioid Overdose Crisis
The Largest Public Health Crisis of a Generation

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What is Safer Supply?

- NOT addiction treatment program
- Extension of harm reduction
- Goal is to replace contaminated street drugs with prescription alternatives
- Catalyst for engagement with housing and healthcare

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Safer Opioid Supply

- Our program began in 2016 as a natural extension of hospital based prescribing to mitigate withdrawal symptoms
- Informed by evidence from NAOMI and SALOME studies
- Grown with input and direction from PWUD

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Guiding Principles of SOS

- **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**

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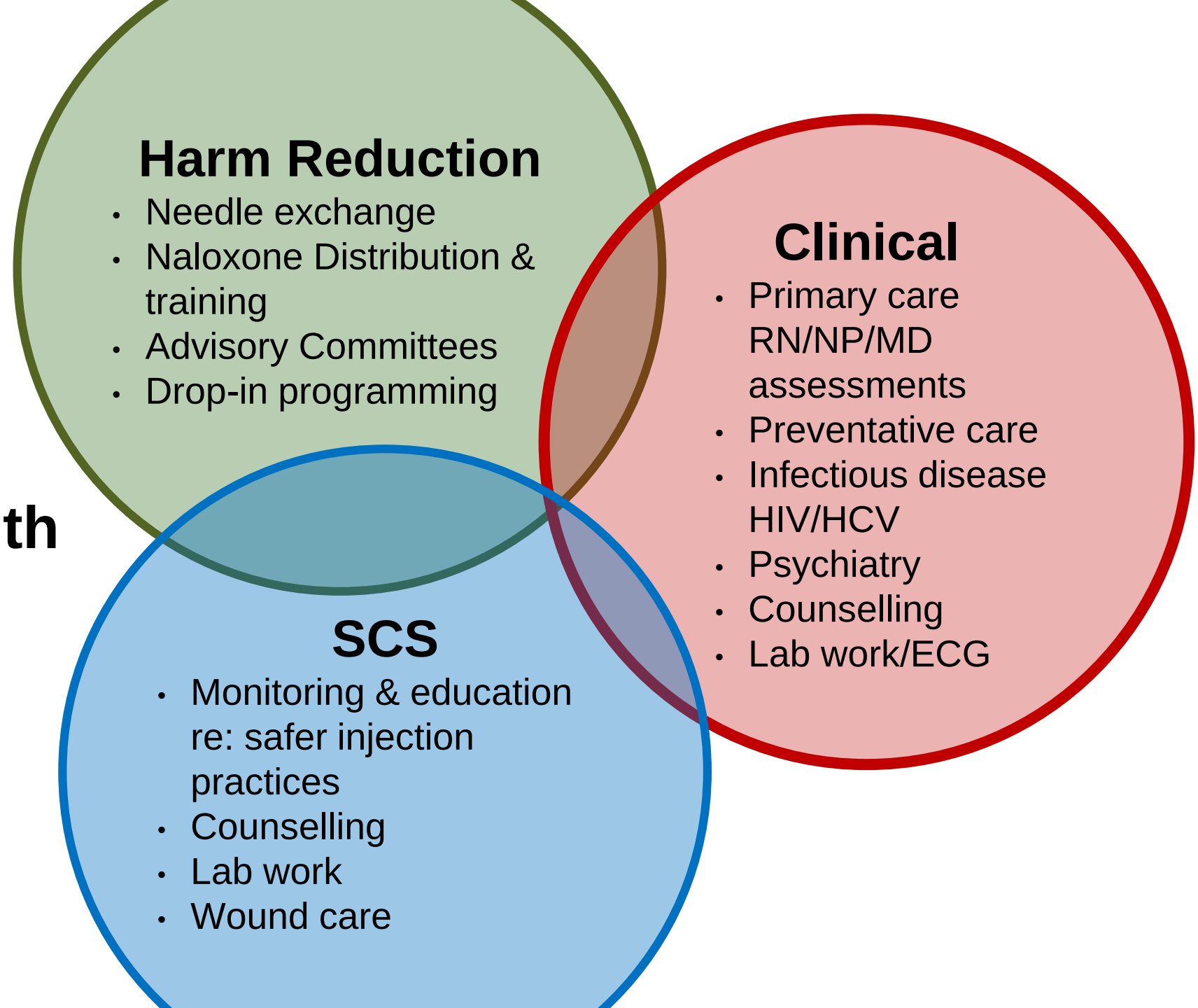
Community Health Centre Model



Inclusion criteria

- Opioid use disorder (DSM 5 defined)
- Opioid use consistent with opioid use disorder during the past 12 months
- Self reported regular illicit toxic drug use
- Previous unsuccessful MMT, buprenorphine or SROM only or currently not interested in attempting MMT, buprenorphine, or SROM only
- Urine drug screen positive for opioid(s) and especially heroin, fentanyl analogues, carfentanil or other substances in toxic street supply
- Have the capacity to consent

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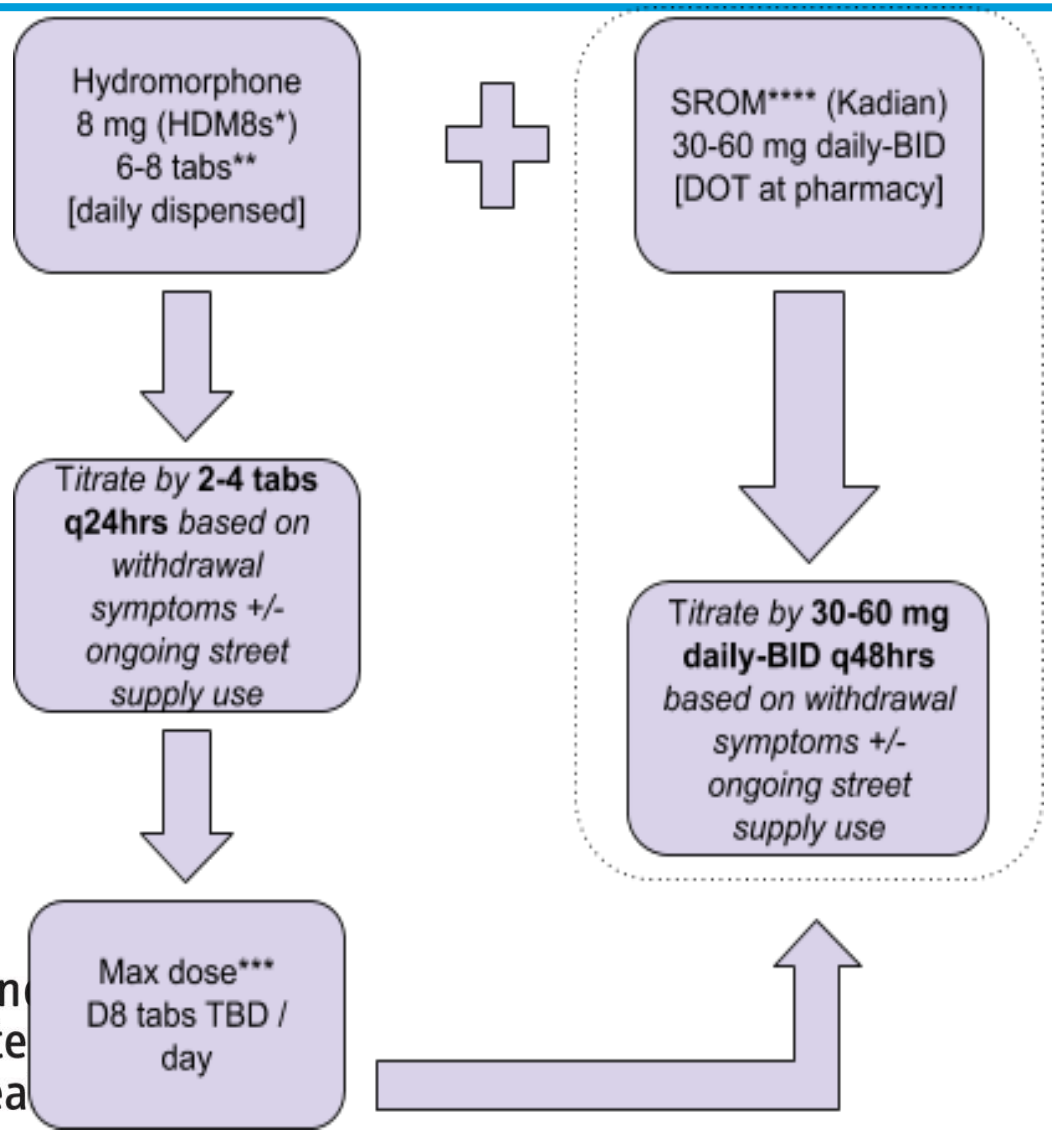
Safer Supply Intake Protocol



- Patients are seen daily during initiation phase (first 1-2 weeks)
- Seen by MD at minimum once weekly thereafter
- Frequent check-ins with NP, RN, SCS, Harm reduction outreach

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Program Doses

- **Hydromorphone**
  - Dose range: 2-30 tabs D8
  - Avg dose: 116mg = 14.5 tabs
  - Median dose: 128mg = 16 tabs

- **DOT Kadian:** 38 patients (33%)
  - Dose range: 20-1000mg
  - Avg dose: 270mg
  - Median dose: 300mg

Why hydromorphone IR?

RESEARCH ARTICLE

A controlled-release oral opioid supports *S. aureus* survival in injection drug preparation equipment and may increase bacteremia and endocarditis risk

Katherine J. Kasper[1], Iswarya Manoharan[2], Brian Hallam[3], Charlotte E. Coleman[1], Sharon L. Koivu[4], Matthew A. Weir[2,5], John K. McCormick[1,5], Michael S. Silverman[1,2,5,6]*

1 Department of Microbiology and Immunology, Western University, London, Canada, 2 Department of Medicine, Western University, London, Canada, 3 Department of Epidemiology and Biostatistics, Western University, London, Canada, 4 Department of Family Medicine, Western University, London, Canada, 5 Lawson Health Research Institute, London, Canada, 6 Division of Infectious Diseases, Western University, London, Canada

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RISK MITIGATION

IN THE CONTEXT OF DUAL PUBLIC HEALTH EMERGENCIES

INTERIM CLINICAL GUIDANCE

BRITISH COLUMBIA

BRITISH COLUMBIA CENTRE ON SUBSTANCE USE
Networking researchers, educators & care providers

AUTHORS AND REVIEWERS (IN ALPHABETICAL ORDER)

Keith Ahamad, MD, Paxton Bach, MD, Rupi Brar, MD, Nancy Chow, RN, Neasa Coll, MD, Miranda Compton, MSW, Patty Daly, MD, Nadia Fairbairn, MD, Guy Felicella, Ramm Hering, MD, Elizabeth Holliday, Cheyenne Johnson, RN, Perry Kendall, MD, Laura Knebel, MD, Mona Kwong, PharmD, Garth Mullins, Daniel Pare, MD, Gerrard Prigmore, MD, Samantha Robinson, RN, Josey Ross, MA, Andy Ryan, MD, Aida Sadr, MD, Christy Sutherland, MD, Meaghan Thumath, RN, David Tu, MD, Sharon Vipler, MD, Jeff West, Evan Wood, MD, Steven Yau, MD

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Safer Opioid Supply

- 118 patients
- 4 years of experience and follow-up
- 90% retention rate

  - 5 patients to long term incarceration, 1 patient removed for behavior issues, 2 people were switched to observed model, 3 deaths
- weekly clinic visits
- Hydromorphone IR +/- DOT Kadian (SROM)
- Hydromorphone is daily dispense, take-home doses

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Safer Supply

Patient Characteristics at Intake

- **Intractable chronic IVDU (5-10 years)**
  - ≥ 50% use fentanyl by choice
  - All had fentanyl exposure through contaminated supply
  - At least 40% IDU > 10 years, with half of those 20+ years

- **Gender split** – 39M, 75F, 34%M, 66%F
- **Age range** – 18-60 years

- **Failed trial(s) of methadone/suboxone – 85%**

Safer Supply

Patient Characteristics at Intake

- Homeless on intake: 70 (62%)
- Experience of homelessness: 100%

- Poverty – 112/113 on social assistance
    - OW 45 (39%), ODSP 68 (61%)

- Engagement in sex work to pay for drugs
  – total: 51 (45%), 68% of women, 1 male

- Criminal activity to pay for drugs – 55 (48%)

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Safer Supply

Patient Characteristics at Intake

- **Drug of choice** – opioids, supplemented by crystal meth
- **Route of choice** – 100% IDU

- **Initial utox**
  - 100% opioid pos
  - 83% crystal meth

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Safer Supply

Patient Characteristics at Intake

- **Infectious Complications**
  - Any: 87 (77%)
  - Endocarditis: 29 (26%)
  - Sepsis: 15 (13%)

- **HCV positive:** 89 (79%)

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Safer Supply

Patient Characteristics at Intake

- HIV positive: 30 (27%)
- Taking NO treatment: 4, 13%
- Non-suppressed viremia: 14 (47%)
- CD4 < 200: 5 (16%)
- CD4 zero: 3 (10%)

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RESULTS

Impact on Drug Use

- **Reduction in more harmful drug use habits**
  - reduction in IDU from 100% to…
  - 27 (24%) oral only, 15 (13%) oral/IV combo
- **Reduction in FYL**
  - 30% positive in last 30 days
- **Reduction in crystal meth** 83% to 70%

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Impact on Mortality

ZERO Fatal overdose

1.7% all-cause annual mortality

1.1% annual mortality from complications of injection drug use

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Review of Deaths

- 3 deaths
- 1 completely unrelated to IDU
- 2 deaths from infectious complications
  - both hospitalized patients
  - both had decrease in admissions/number of infections
  - both eventually succumbed

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Mortality among PWID

Supervised injection facility use and all-cause mortality among people who inject drugs in Vancouver, Canada: A cohort study.

Kennedy MC[1,2], Hayashi K[1,3], Milloy MJ[1,2], Wood E[1,2], Kerr T[1,2].

Author information

Abstract

3% per year in non SIF users

1.7% per year for SIF users

Safer Supply
All-cause mortality: 1.7%
Mortality due to infectious complications: 1.1%

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Health outcomes

Management of Infectious Diseases

- **HIV management**
  - rate of positive viremia: 47% at intake to 10%
  - Engagement with HIV team… 100%
  - No new HIV diagnoses

- **Hepatitis C treatment**
  - 31 (26%) engaged with HCV team
  - 16 (13%) treated
  - 15 (13%) work-up to start treatment

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Health Outcomes

Infectious Complications

- **Epidural abscess**
  - 5 since program inception
  - all were supplementing with long acting preparations or fentanyl street supply

- **Rate of endocarditis**
  - ZERO new endocarditis
  - 1/113 (0.08%) recurrent endocarditis

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Health outcomes

Engagement with Primary Care

- **Routine care**
  - 100% !!
  - pre-intake most had no FP or didn't see FP
- **Chronic disease mgmt.**
  - 27% now see allied health care
- **Cancer screening**
  - 50 (44%) age appropriate screening like pap, mammo, CRC
- **Mental Health care**
  - SW, outreach and psychiatry
  - connection to outreach teams – 67 (60%)

Rebuilding Trust

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Social outcomes

- **Reduction in homelessness**
  - 62% to 38%
- **Social Assistance -** 74% now on ODSP (60%)

- **Reduction in sex work**
  - 68% to 20%
  - Only man…no longer doing sex work

- **Reduction in crime –** 48% at intake to → 12%

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Nanky Rai

Parkdale Queen West CHC

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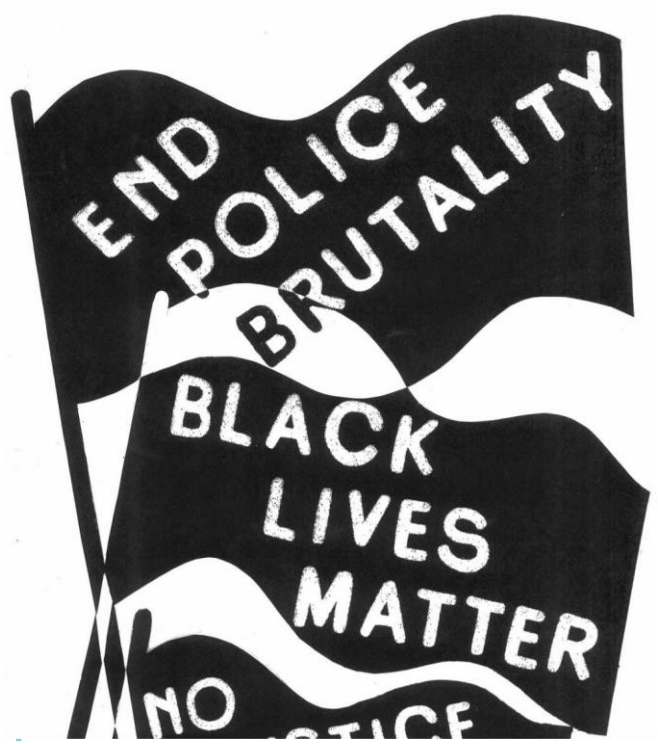
Reducing The Harms of the War on (people who use) Drugs: PQWCHC Safer Supply Program

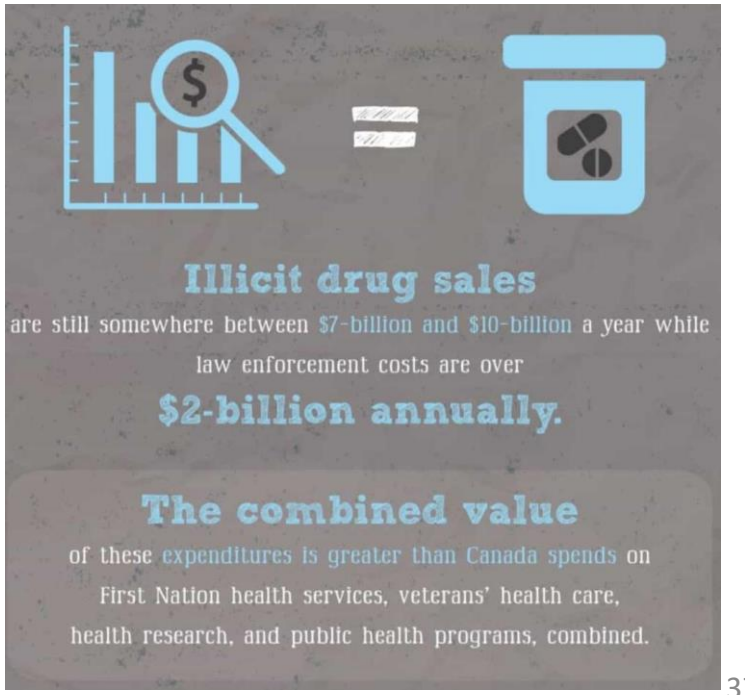
Alliance Webinars “Moving the Dial: Safer Supply Programs in Ontario”

@NankyRai

June 3, 2020

https://canadiancentreforaddictions.org/war-on-drugs/





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Dual Crises: Overdose Deaths and COVID19 Pandemic

Without Safe Supply, Moving Homeless People into Hotels Could Kill

DECRIMINALIZING DRUG USE AS WE CONTAIN THE CORONAVIRUS IS THE HUMANE THING TO DO

Matthew Bonn - April 28, 2020

Is Safe Supply a Viable Option to the Overdose Crisis? | Guy Felicella | TEDxBearCreekPark

TEDx Talks 5.6K views • 3 weeks ago

cmaj BLOGS

Search & hit enter...

BRITISH COLUMBIA CENTRE ON SUBSTANCE USE

New Clinical Guidance: COVID-19, Substance Use and Safe Supply

Christy Sutherland MD CCFP dABAM
Medical Director PHS Community Services Society
Physician Education Lead BC Center on Substance Use

April 1, 2020

May 15 2020

COVID-19, REFLECTIONS

PEOPLE WHO USE DRUGS ARE EXPERIENCING OVERLAPPING CRISES DURING COVID-19

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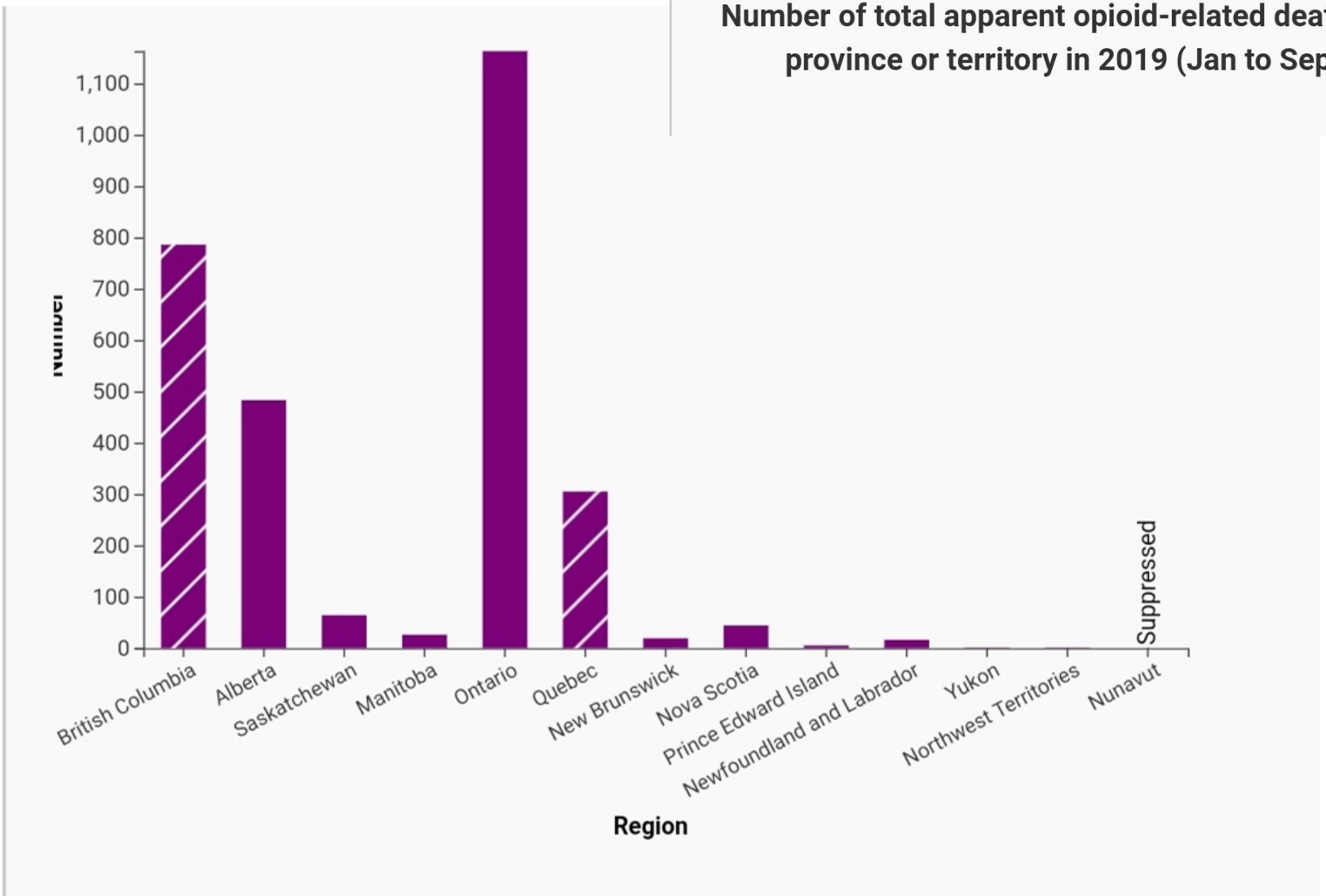
Number of total apparent opioid-related deaths by province or territory in 2019 (Jan to Sep)



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Urgent Need to Move Beyond the Status Quo & Expand Options for Health Care

→ Limitations of current treatment approaches (low retention in MMT/BMT programs)

→ Ontario: No coverage for high dose injectable hydromorphone for iOAT

- Only 10mg/mL injectable hydromorphone available
- Need for 50mg/mL & 100 mg/mL formulations

→ Substantial infrastructure requirements for observed dosing for iOAT also not compatible with physical distancing during COVID19 pandemic

Safer Supply: Informed by Existing Evidence Base & Lived/Living Expertise of PWUDs

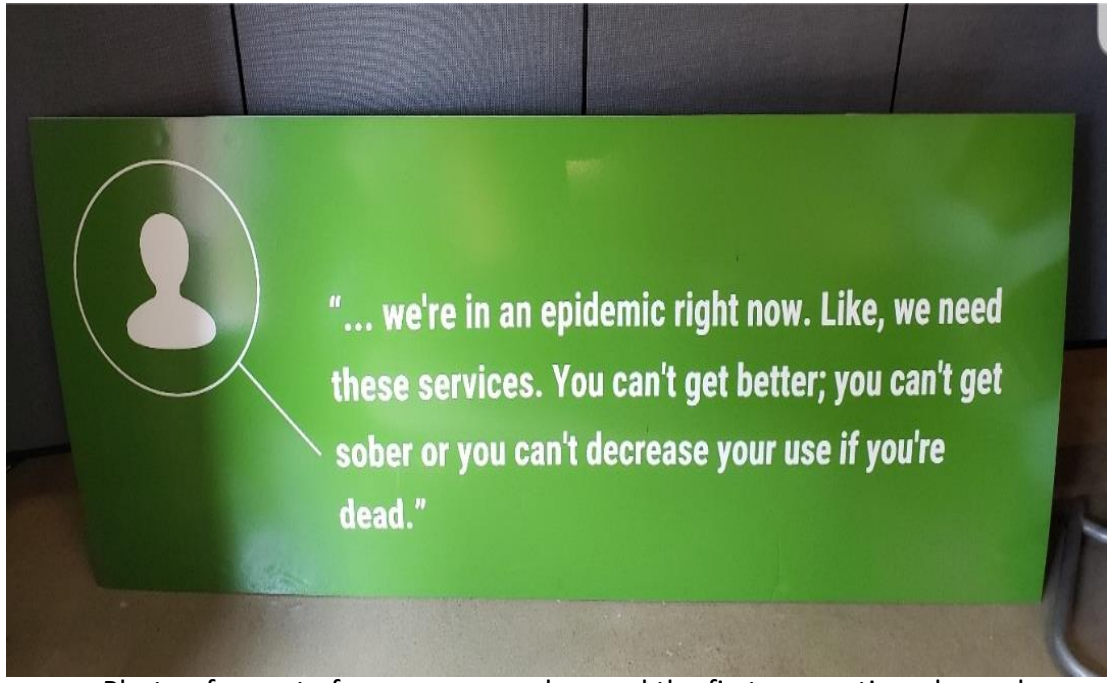

Photo of a quote from a person who used the first unsanctioned overdose prevention site in Moss Park, Toronto. Foreman-Mackey, A., Strike, C., Miskovic, M. Bayoumi, A. "It's Our Safe Sanctuary" poster presentation. Photo by N. Rai)

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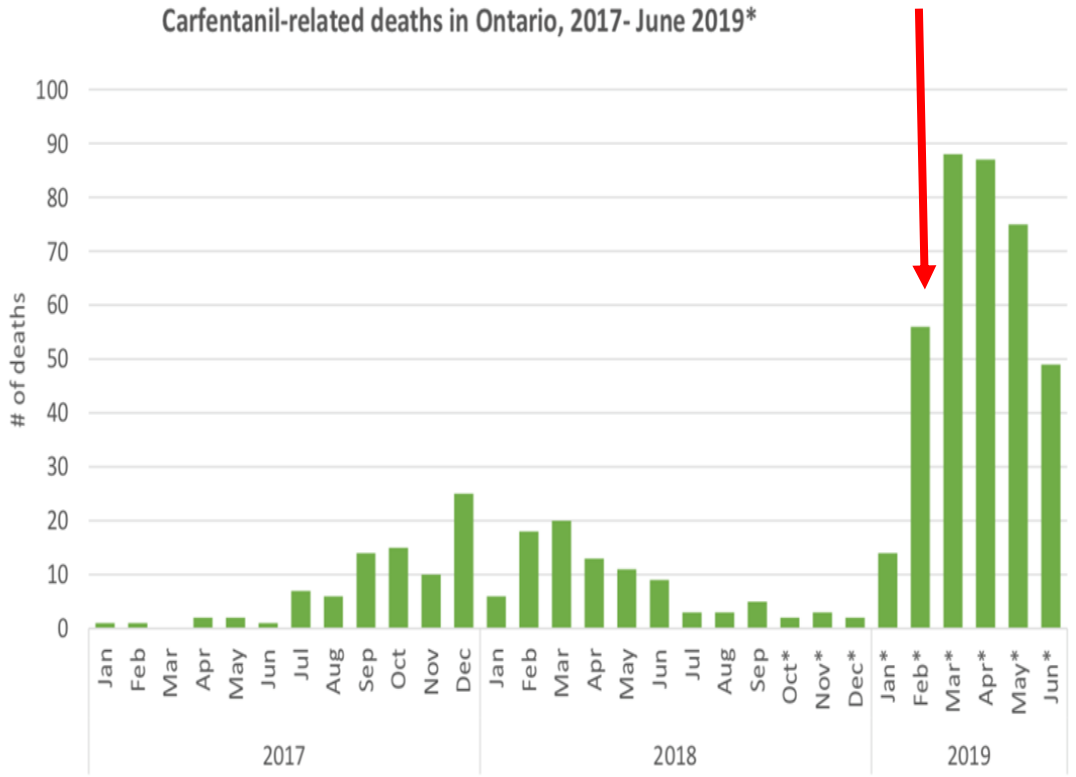
Ontario Chief Coroner:
Opioid-related deaths involving Carfentanil

In Q1 and Q2 2019, carfentanil-related deaths represented about 45% of all opioid-related deaths

Year	# of carfentanil related deaths
2017	80
2018	95
2019 (Jan to June)*	369
*(~85% of investigations completed)	



*Preliminary. Data effective Oct 15, 2019

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Spectrum of Care at PQWCHC

Responses based on clinician & PWUDs expertise:

- micro-dosing buprenorphine
- crushed pills daily dispense “flexible” model
- crushed pills observed model

Traditional Opioid Substitution Therapies (OST)

- BMT
- MMT

if above unsuccessful:

- SROM
- iOAT

Provided by Current Safer Supply MDs at PQWCHC

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Program Patient Selection/Criteria

Main Criteria (high risk for disability or death):

Daily illicit opioid use (criteria for OUD met) **AND** not interested in MMT/BMT/SROM only **OR** using street opioids consistently despite MMT/BMT/SROM tx

For triaging purposes, additional criteria applied:

- **Criteria 1:** Does this client have HIV, Hep C, current or history of endocarditis, spinal abscesses, sepsis, osteomyelitis, or previous prolonged hospitalization due to injection drug use?
- **Criteria 2:** Has this client experienced a non-fatal overdose? (Clients with recent overdose histories will be prioritized.)
- **Criteria 3:** Is this client experiencing homelessness (including the definition of Indigenous homelessness), precariously housed, or in a high risk housing situation for an unwitnessed overdose (ie. living alone)?
- **Criteria 4:** Does this client meet any of following priority populations?
  - Indigenous, Black, and/or a person a colour
  - Identifies as a woman
  - Identifies as lesbian, gay, bi, queer, trans, gender non-conforming, &/or two spirit

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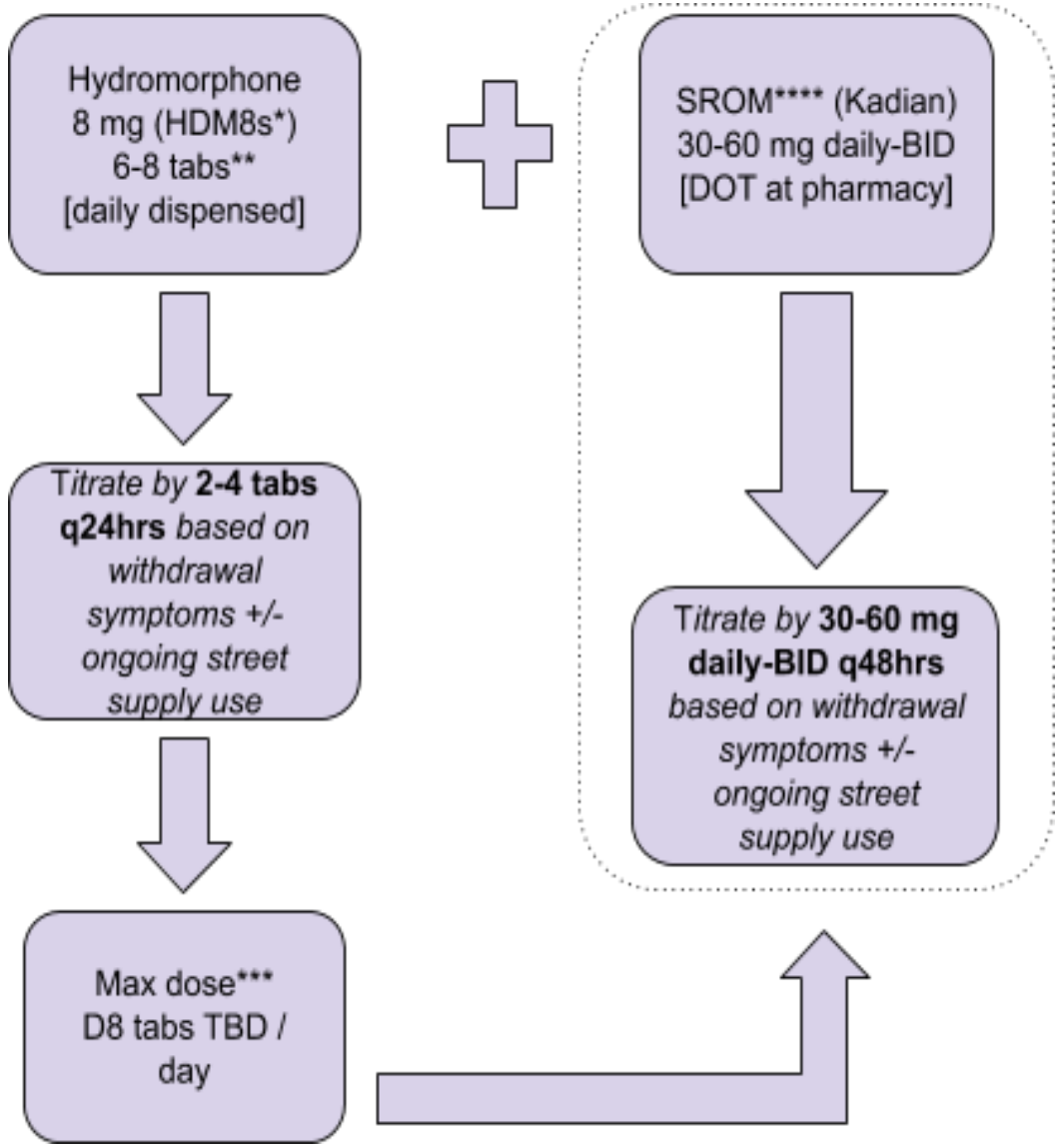
Safer Supply Protocol

- Patients are seen 2-3x/week during initiation phase (initial 1-2 weeks)
- Seen by MD once weekly after
- Frequent check-ins with SCS, MDs, Harm reduction outreach



Hales, J., Kolla, G., Man, T., O'Reilly, E., Rai, N., Sereda, A. (2020). *Safer Opioid Supply Programs (SOS): A Harm Reduction Informed Guiding Document for Primary Care Teams*. Available online:

https://bit.ly/3dR3b8m

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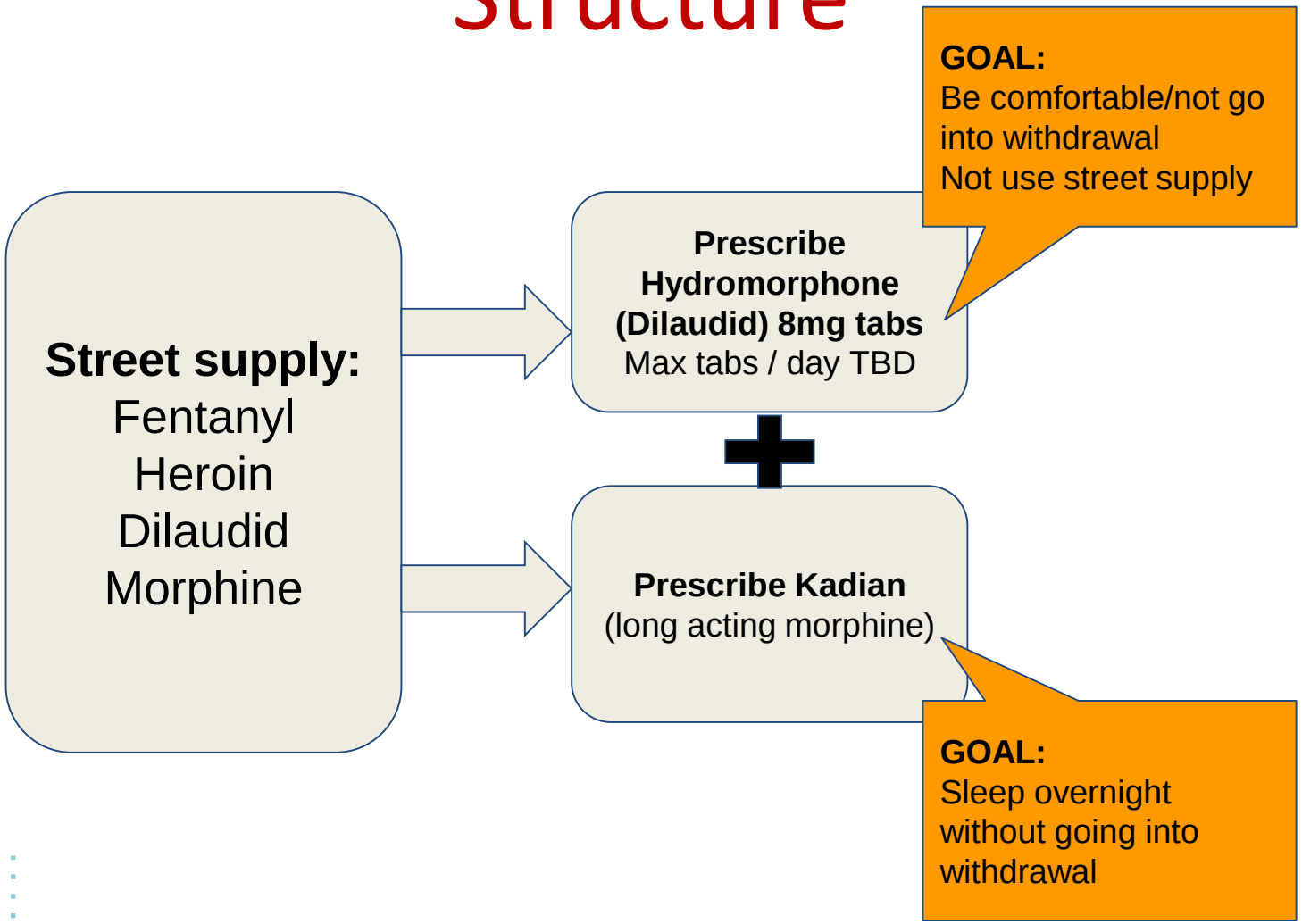
Current Safer Supply Program Structure



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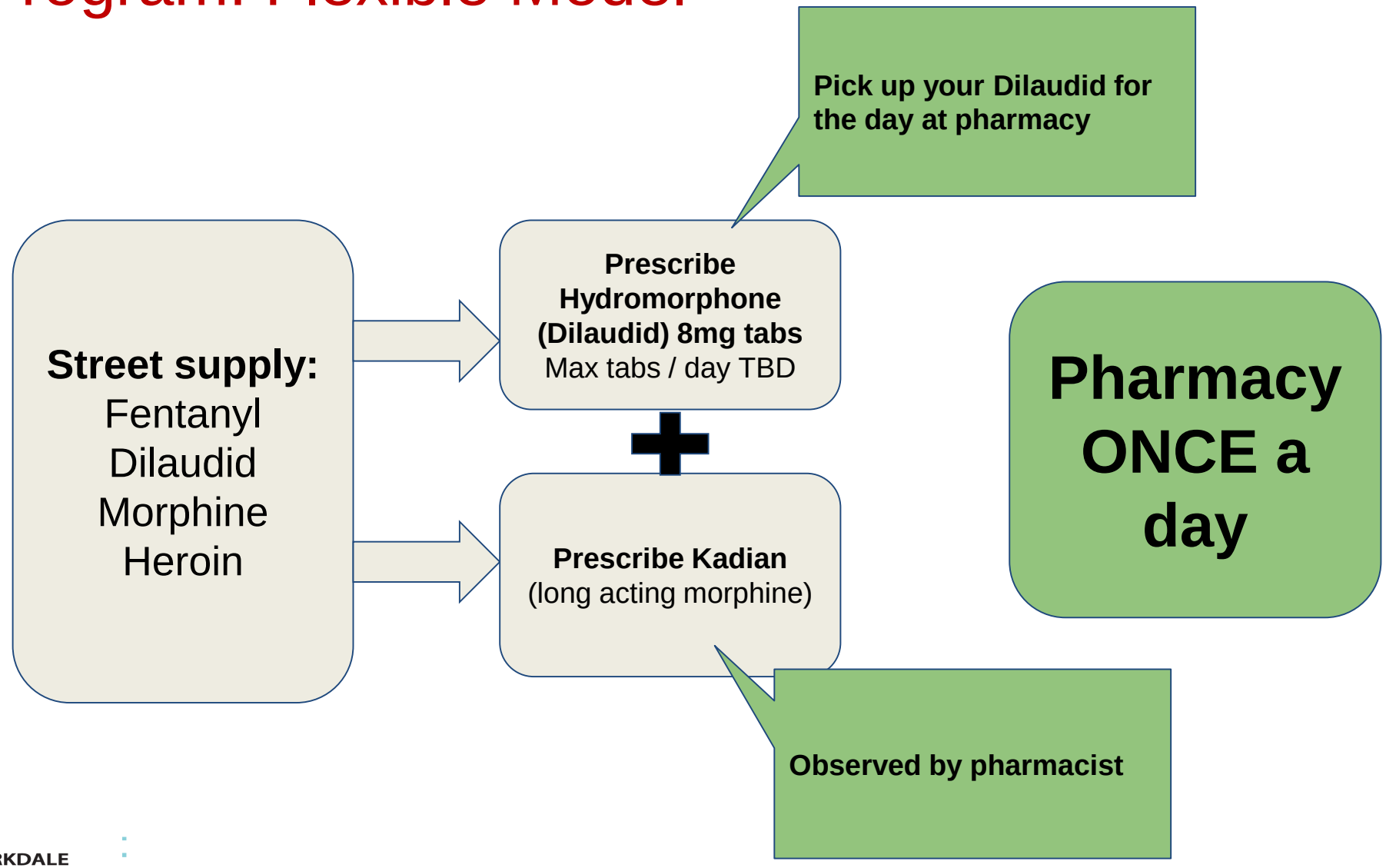
Current Safer Supply Program: Flexible Model



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Exclusion criteria for flexible model:

- Unpredictable and excessive alcohol or benzodiazepine use
- Severe lung disease
- Kidney and or liver failure
- Gut obstruction
- Unmanaged seizures

Precautions:

- Metastatic cancer
- Epilepsy
- Pregnancy

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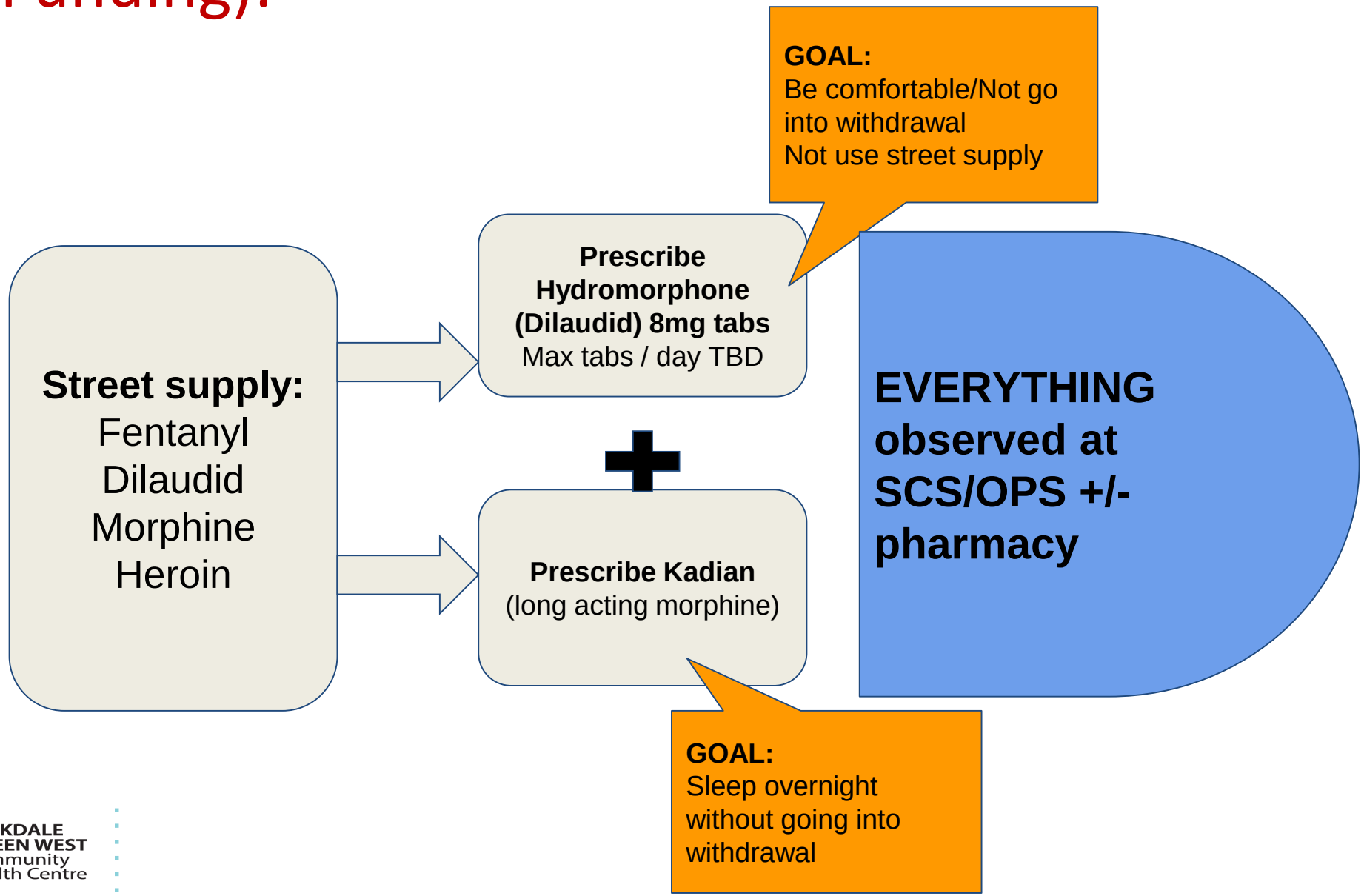
Proposed Observed Arm of Program (Awaiting Funding):



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Program Doses

- **Hydromorphone Dose range**: 2-30 tabs D8 (16 tabs = 640 MEQ)
- **DOT Kadian** (32/33 patients) **Dose range:** 50-1400mg

Methadone

- 80mg = 960 MEQ
- 120mg = 1440 MEQ
- 160mg = 1920 MEQ

CHC-like Model of Care with Wrap Around Services

Harm Reduction

- Needle exchange
- Naloxone distribution & training
- Lived Expertise Advisory Committees
- Drop-in programming

SCS

- monitoring & education re: safer injection practices
- counselling
- lab work
- wound care

Clinical

- Primary care RN/NP/MD assessments, preventative care
- Infectious disease HIV/HCV
- Psychiatry/ Counselling
- Lab work/ECG

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Program Experience - initial reflections

- Decreased anxiety and an increased sense of control
- Decreased withdrawal symptoms, overdose rates
- Decreased use of street drugs & money spent on street drugs
- Deintensification of IV use: mixed IV/oral use, some switched to all oral use
- Decreased rates of cellulitis/abscesses in those only using prescribed opioids
- Housing, employment gains
- Reconnection with community/families/social network

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Program Experience - initial reflections on challenges

- Increased case management & health care coordination needs - primary care Iv/Tx, specialist & ER referrals, housing, employment navigation
- Lack of activities, “boredom”
- Trauma, grief and survivor guilt
- Community pressure on small number of ppl on programs → increased concern for diversion

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Diversion

- Patient agreements & reminders
- Evidence of diversion results in conversion to observed dosing model or transition onto MMT/BMT/SROM based on client consent
- Advisory Councils of PWUDs ON program and OFF program
- Daily SCS/Harm reduction outreach support
- Drop-in Programming/Peer support/Community accountability

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Next Steps

1. **Internal QI** & Chart Reviews, Addressing Diversion - ongoing

1. Developed **on-call system** for PQW SOS providers (for other clinicians, pharmacists, hospitalists)

1. **National Advisory** Committee organized by LiHC, **GTA Wide Advisory Committee(s)** being developed to gain feedback during & post COVID19

1. Shared program coordinator (PQW & EEC) & referral pathways being created to support **intake from community and** from **COVID+ hotels**

1. Research collaborations - ongoing, adjusted timelines due to COVID

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Questions?

nrai@pqwchc.ca

Acknowledgment: Thanks to the PQW SOS staff (Alex, Kieran, Sam, Liam, Alyssa, Sonika & Tom) and clients for program development and growth. Thanks to Andrea Sereda, Gillian Kolla, and Jess Hales for contributions to presentation.

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Charles Breau

Recovery Ottawa

Questions ?

Interested in joining the Safer Supply Community of Practice?

safersupplyON@gmail.com