

# **Safer Supply Ottawa Evaluation**

*Fall 2023 Report*

Marlene Haines  
Emily Hill  
Siobhan Kerwin  
Athena Tefoglou  
Patrick O'Byrne

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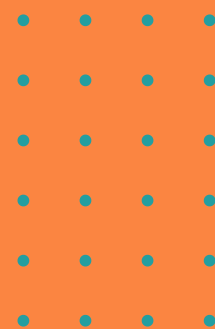
## ETHICS APPROVAL

This research was approved by the University of Ottawa's Research Ethics Board (H-03-22-7890).

## SUGGESTED CITATION

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# EXECUTIVE SUMMARY

Over 40,000 people who use drugs (PWUD) have died since 2016 in Canada as a result of the drug poisoning crisis.<sup>1</sup> The ongoing development of impactful and innovative programs to support PWUD is essential given this crisis. Safer Supply Ottawa seeks to directly address concerns surrounding the toxic unregulated drug supply through the prescription of pharmaceutical-grade opioids and stimulants. This report presents an overview of the Safer Supply Ottawa program, as well as the results of a program evaluation conducted in the summer of 2023.

As part of this evaluation, two projects were completed. First, data were collected from the medical charts for all Safer Supply Ottawa participants enrolled in the program. Currently, the Safer Supply Ottawa program serves over 450 PWUD with both Safer Opioid and Stimulant Supply programs. Overall, we found that over 60% of participants experienced a decrease in their substance use since starting a Safer Supply program. Further, of those participants who reported experiencing drug overdoses at program intake, 82% reported no longer experiencing any overdoses at their most recent Safer Supply program check-in.

Second, a mixed methods study encompassing interviews and surveys with Safer Supply participants was performed to understand their experiences within the program. During this program evaluation, a focus was taken on program participants who are frequently "restarted" on their Safer Supply program. Program restarts included participants who have stopped and subsequently restarted their Safer Supply program one or more times in the last year. This topic was selected to better understand the barriers faced by Safer Supply participants when engaging in their program, including barriers which result in these program interruptions.

From the interviews, four broad themes arose, including 1) the experience of being a PWUD, 2) participation in a Safer Supply program, 3) program restart process, and 4) current implications and future directions. Participants also provided key messages about Safer Supply for policymakers and politicians.

# BACKGROUND

Canada is currently in the midst of a drug poisoning crisis. Since 2016, more than 40,000 people have died as a result of opioid toxicity, with unregulated fentanyl being involved in the vast majority (84%) of these deaths.<sup>1</sup> In the first three months of 2023, the equivalent of 22 people died each day as a result of this crisis.<sup>1</sup> Drug checking results show that the vast majority of unregulated drugs tested are consistently tainted with substances other than what the recipient intended to purchase and use. For example, when a person purchases unregulated fentanyl, drug checking results have revealed that these drug samples are consistently contaminated with other unexpected drugs, including fentanyl analogues, benzodiazepines, and other sedatives (e.g., xylazine, which veterinarians typically used to sedate animals).<sup>2</sup>

Of note, multi-drug toxicity (often involving a combination of unregulated opioids and stimulants) has become increasingly common. Health Canada reported that more than half (54%) of opioid toxicity deaths also involved a stimulant drug in 2023. Further, 81% of stimulant-related deaths also involved an opioid drug.<sup>1</sup> In Ontario, from 2019-2021, 8,767 individuals died as a result of accidental drug toxicity. Among these deaths, over 85% involved an opioid and over 60% involved a stimulant drug. The median age at death was 40 years old.<sup>3</sup>

The profound stigma associated with unregulated drug use, particularly when considered within the context of the ongoing marginalization and criminalization of PWUD, has led to significant gaps in care. In response to this drug poisoning crisis, Safer Supply pilot programs were opened across Canada.<sup>4</sup> Programs are guided by the principles of harm reduction and seek to decrease harms by providing PWUD with pharmaceutical-grade prescription medication (commonly opioids and stimulants) as a safer alternative to the toxic unregulated drug supply.

"Safe supply refers to a **legal and regulated supply of drugs** with mind/body altering properties that traditionally have been accessible only through the illicit drug market."<sup>5</sup> - *Canadian Association of People Who Use Drugs*

# SAFER SUPPLY

- Response to the drug poisoning crisis
- Harm reduction approach
- Decrease harms related to toxic unregulated drug supply (e.g., risk of overdose, criminalized behaviours, trauma/mental health concerns, etc.)

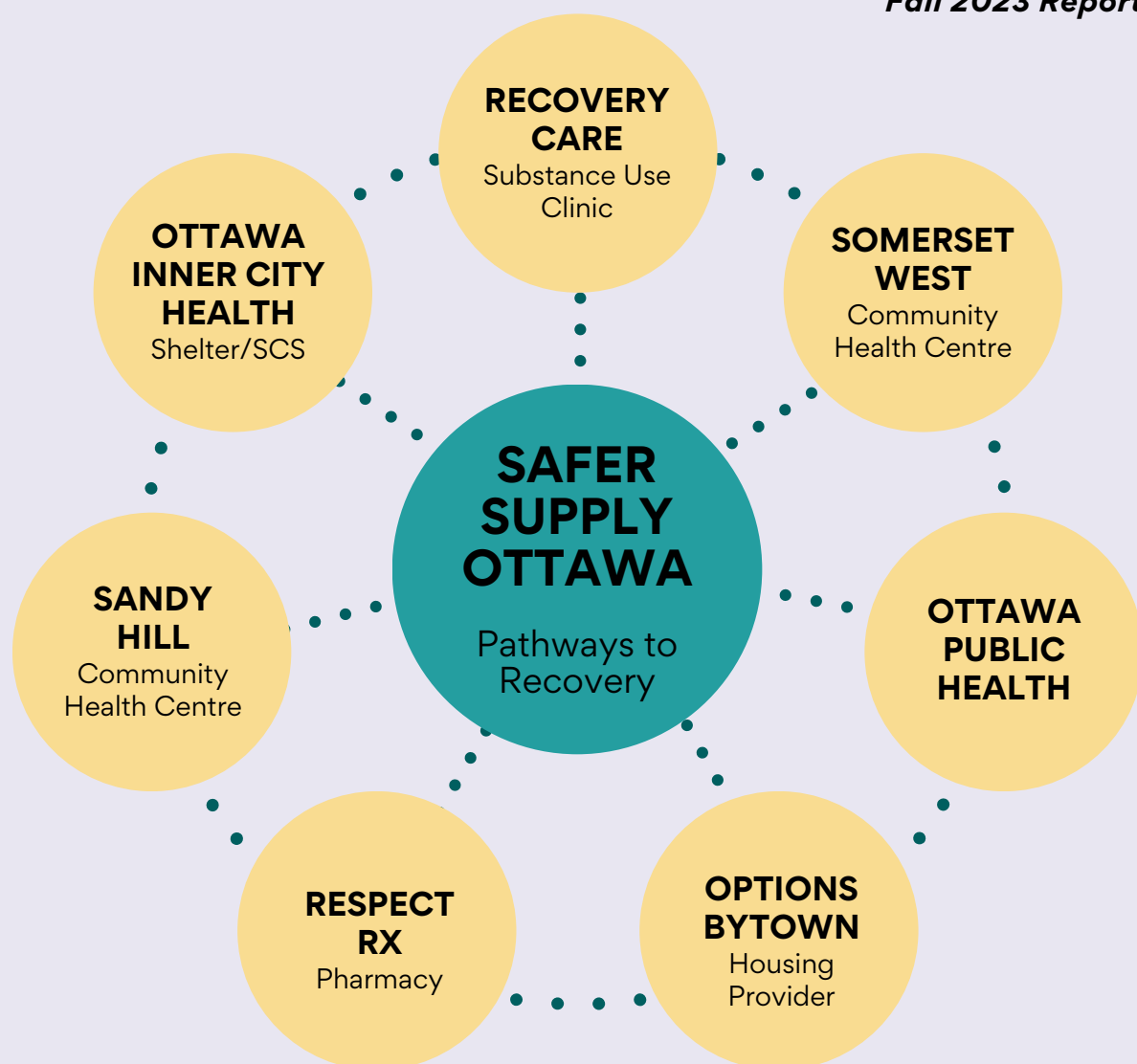
Through the provision of pharmaceutical-grade medication, Safer Supply programs directly address concerns related to the toxic unregulated drug supply. Previous research has demonstrated that PWUD involved in Safer Supply programs report improvements to their mental health, decreases in their unregulated drug use, more stability in their housing status and income sources, decreases in overdose events, and less frequent participation in criminalized behaviour since starting their Safer Supply program.<sup>6</sup>

Additionally, Safer Supply programs provide an entry point to essential medical and social services to address concurrent needs. These wrap-around services include housing support, program peers, case management, primary care, counselling, harm reduction services, and infectious disease management.

## HIGH RISK INDICATIONS FOR CONSIDERING SAFER SUPPLY

- Frequent drug overdoses
- Unregulated drug use/severe substance use disorder
- Participation in high-risk activities (e.g., survival sex work, sharing drug use equipment, etc.)
- Criminalized behaviour related to substance use
- Homeless/unstably housed
- Ongoing physical/mental health concerns related to substance use
- Limited ability to advocate for oneself

# Program Overview



Safer Supply Ottawa is a joint initiative that brings together 7 separate organizations to provide comprehensive care and services to the community of PWUD.

**Recovery Care**, **Somerset West Community Health Centre** (SWCHC), and **Ottawa Inner City Health** (OICH) provide Safer Supply prescribing and other services such as primary care and supervised injection services to participants. **Sandy Hill Community Health Centre** (SHCHC) provides wrap-around services such as intensive case management and peer connections to Safer Supply participants. **Respect Rx Pharmacy** provides a safe, judgement-free space for participants to pick up their medication. They offer daily home delivery of medication to many participants as well as pro bono medication for individuals experiencing periodic drug coverage issues. **Ottawa Public Health** provides guidance and support by assisting with the creation of Safer Supply policies and procedures, as well as data on substance use. **Options Bytown** provides support through on-site housing workers for people who are homeless or unstably housed.

# Philosophy of Care

Despite differences in day-to-day program operations that exist between the programs, the philosophy of care as well as the ethical and moral standing and beliefs of Safer Supply Ottawa programs remain cohesive.

1

Developing program objectives dependent on individual participant goals

2

Considering PWUD as partners in their care and recognizing their expertise

3

Seeking to provide a trauma-informed approach to care

4

Evolving programs that are committed to lifelong learning

5

Supporting efforts to de-medicalize Safer Supply

6

Advocating for drug decriminalization and legalization

7

Believing that everyone has a right to safety and impactful care

8

Basing services and programs in a harm reduction approach

9

Recognizing that PWUD are harmed by structural violence within healthcare systems

10

Demonstrating a willingness to being wrong and correcting our mistakes

11

Providing low barrier access to substance use care

12

Developing care plans from a non-punitive, collaborative approach



# SAFER SUPPLY OTTAWA PROGRAM DATA

Participants on Safer Supply programs in Ottawa must complete program intakes followed by regular check-ins with their individual teams. Although these processes vary slightly between the 3 prescribing programs, there are many similar data points collected across the Ottawa sites. This information is gathered from participants' medical charts every 4 months to track Safer Supply program progress overall.

The data presented represents the time period of **April 1, 2023 to July 31, 2023**.

The sample included all participants from the 3 Safer Supply Ottawa pilot project partner sites: Recovery Care, OICH, and SWCHC.

While Safer Opioid Supply is the most commonly provided program type, there are also participants on Safer Stimulant Supply, and combination (opioids and stimulants) programs, as seen below and described further on page 9.

Of note, self-reported gender of women\* and men\* include both cis and trans individuals. Given the small number of individuals who were trans within these programs, gender was grouped this way to protect privacy and confidentiality.

## Participants by Program Type



# SAFER SUPPLY PROGRAM TYPES

The term "Safer Supply" in Canada has become closely associated with the prescription of opioids. However, it is important to note Safer Supply is a broad term which includes offering someone an alternative, safer version of a substance in contrast to the toxic unregulated drug supply. Accessing Safer Supply can range from a Nurse Practitioner prescribing medications to an individual, to peer-led buyers' clubs purchasing, testing, and distributing substances from the dark web.

Within this report, we are providing research results regarding medical models of Safer Supply in Ottawa. While the vast majority of these participants are part of a Safer Opioid Supply program, there are a smaller number of participants being prescribed stimulants, or a combination of opioids and stimulants.

## SAFER OPIOID SUPPLY

- Seeks to provide a replacement for the unregulated opioid supply, often including (but not limited to) fentanyl, fentanyl analogues, and other sedative drugs.
- Participants are often prescribed hydromorphone tablets and a long-acting opioid medication.

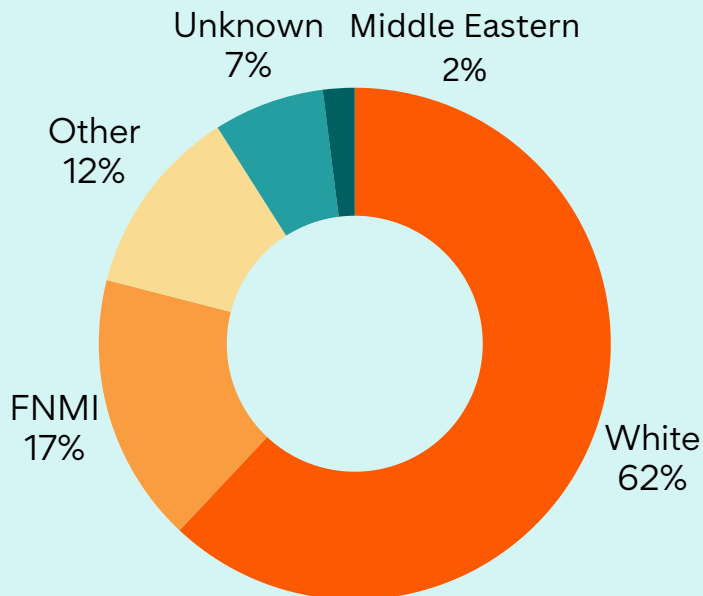
## SAFER STIMULANT SUPPLY

- Seeks to provide a replacement for the unregulated stimulant supply, often including (but not limited to) crystal methamphetamine and crack cocaine.
- Participants are often prescribed short- and/or long-acting methylphenidate.

## COMBINATION SAFER SUPPLY

- Participants are on both a Safer Opioid and a Safer Stimulant Supply program.

# Safer Supply Ottawa Demographics



## Ethnicity

- Median **age**: 40 years (oldest 72 years, youngest 19 years)
- **Gender**: 347 men\* (65%), 182 women\* (34%), and 2 other (1%)
- **Ethnicity**: 330 white (62%), 88 Indigenous (17%), 65 other (12%), 36 unknown (7%), and 12 Middle Eastern (2%)
- **Program language**: 477 English (90%) and 54 French (10%)

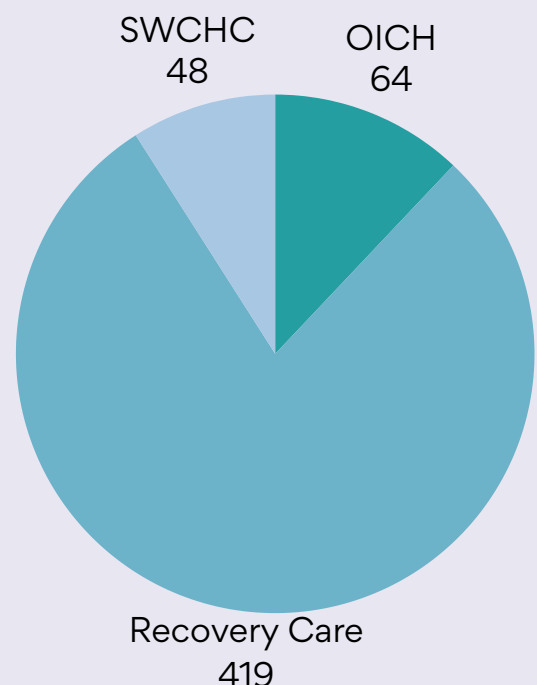
*\*cis and transgender*

From April to July 2023, a total of **531 individuals** connected with one of the Safer Supply Ottawa programs:

- n = 419 Recovery Care (79%)
- n = 64 OICH (12%)
- n = 48 SWCHC (9%)

From these data, 72 participant profiles were excluded due to a lack of reportable data. Exclusion criteria included data sets with less than 3 visits (n = 28), inactive program status (n = 41), or lack of concrete data on drug use trends (n = 3).

Total number of participants included for data reporting in this time period =  
**459 participants**



These graphs represent the cumulative data of all Safer Supply program participants who had quantitative program intake data available regarding their fentanyl (n = 320) or unregulated stimulant (n = 31) use. A comparison was made between quantity of fentanyl or unregulated stimulant use at intake and at their closest check-in to July 31, 2023. Exclusions included limited time on program (<1 month) and qualitative intake data.

## FENTANYL USE TRENDS (FROM INTAKE)

### SAFER OPIOID & COMBINATION SUPPLY

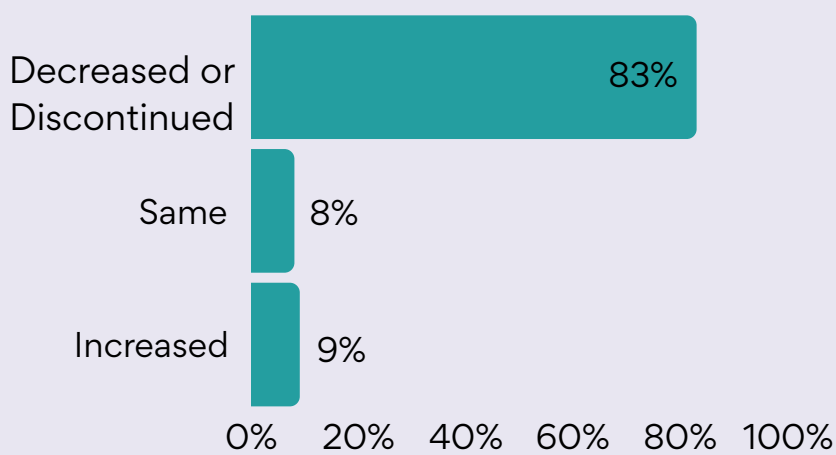


Figure 1: Fentanyl Use Trends from Intake  
(Safer Opioid & Combination Supply)

83% (n = 266) of participants reported a decrease in and/or no fentanyl use since program intake.

8% (n = 25) reported the same level of fentanyl use since program intake.

9% (n = 29) participants reported an increase in their fentanyl use since program intake.

## UNREGULATED STIMULANT USE TRENDS (FROM INTAKE)

### SAFER STIMULANT SUPPLY

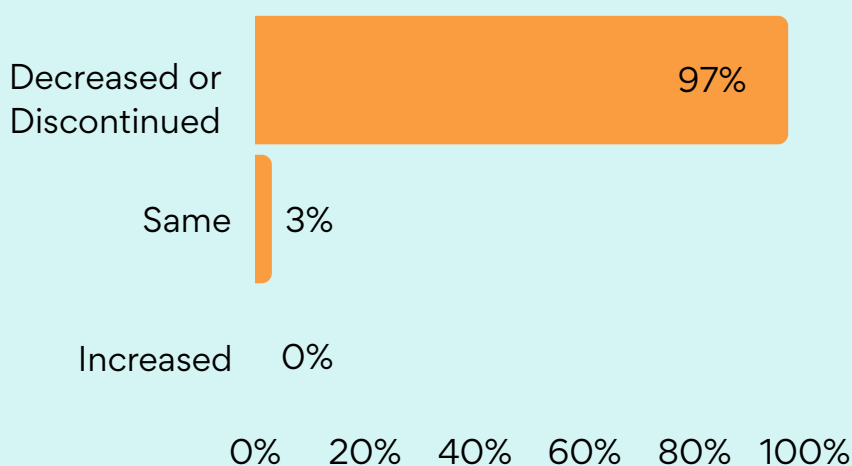


Figure 2: Unregulated Stimulant Use Trends from Intake  
(Safer Stimulant Supply)

97% (n = 30) of participants reported a decrease in and/or no unregulated stimulant use since program intake.

3% (n = 1) reported the same level of unregulated stimulant use since program intake.

No participants reported an increase in their unregulated stimulant use since program intake.

## FENTANYL USE TRENDS

### SAFER OPIOIOD SUPPLY

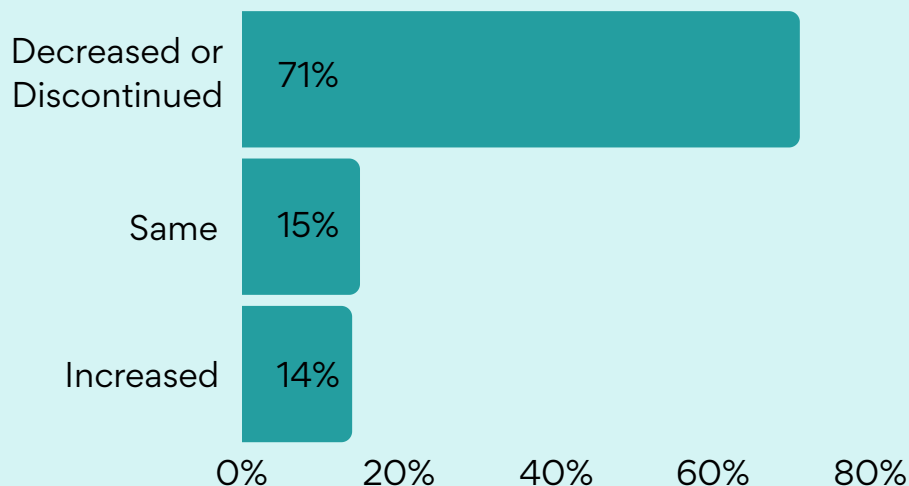


Figure 3: Fentanyl Use Trends (Safer Opioid Supply)

- Figures 3 and 4 represents participants on a **Safer Opioid Supply** program

- 54% (n = 249) of all participants studied are on Safer Opioid Supply only.

## FENTANYL USE TRENDS BY GENDER

### SAFER OPIOIOD SUPPLY

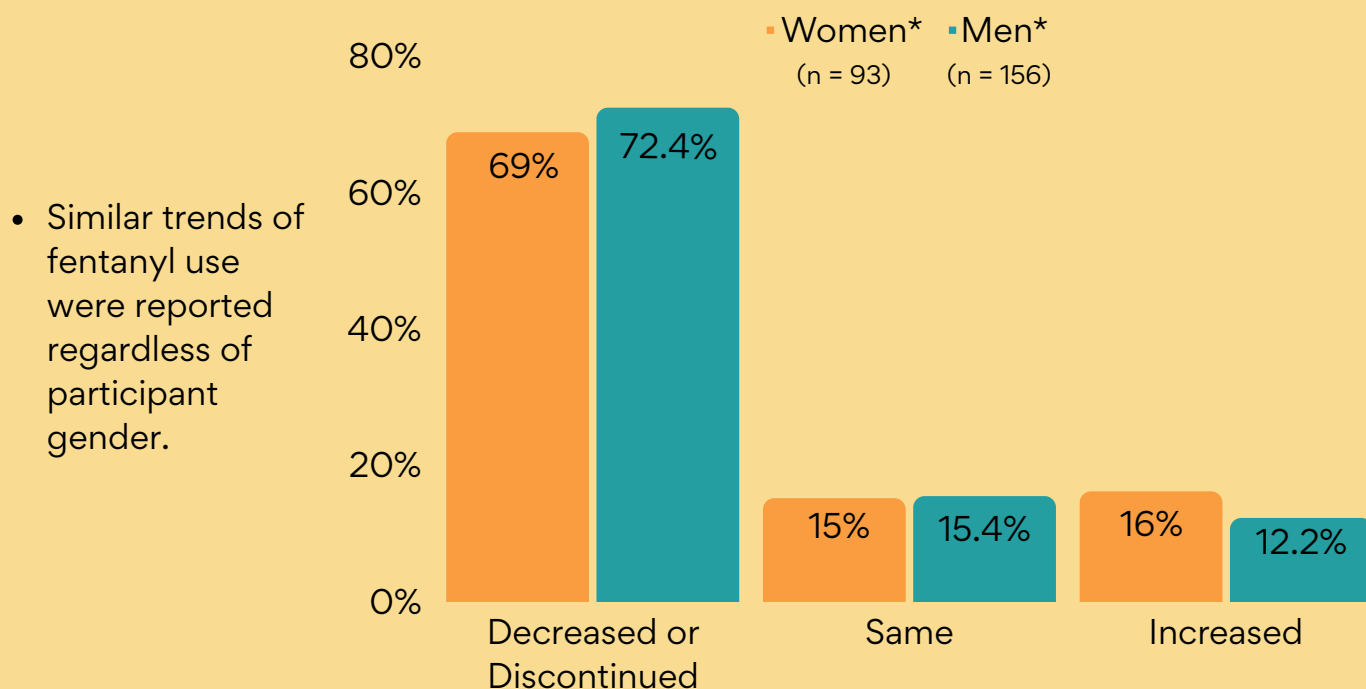


Figure 4: Fentanyl Use Trends by Gender (Safer Opioid Supply)

## UNREGULATED STIMULANT USE TRENDS

### SAFER STIMULANT SUPPLY

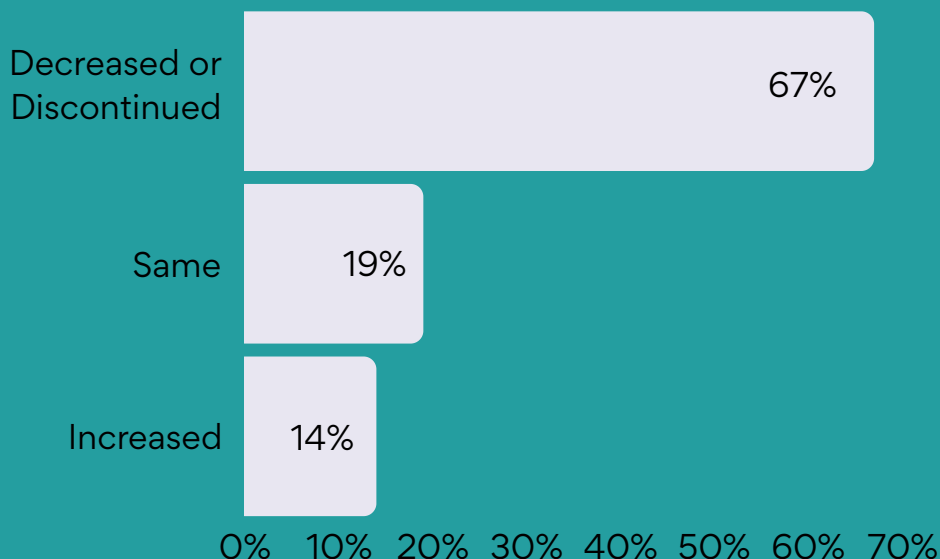


Figure 5: unregulated Stimulant Use Trends (Safer Stimulant Supply)

Figures 5 and 6 represent participant data from the **Safer Stimulant Supply** program.

8% (n = 36) of all participants are on a Safer Stimulant Supply program.

The majority of participants reported a decrease in their unregulated stimulant use this period (n = 24).

There is a noted difference in reported unregulated stimulant use trends between women\* and men\* in this program. A greater proportion of women reported the same amount of unregulated stimulant use (n = 2) when compared to men (n = 5).

Of note, there is a difference in sample size between the categories.

## UNREGULATED STIMULANT USE TRENDS BY GENDER

### SAFER STIMULANT SUPPLY

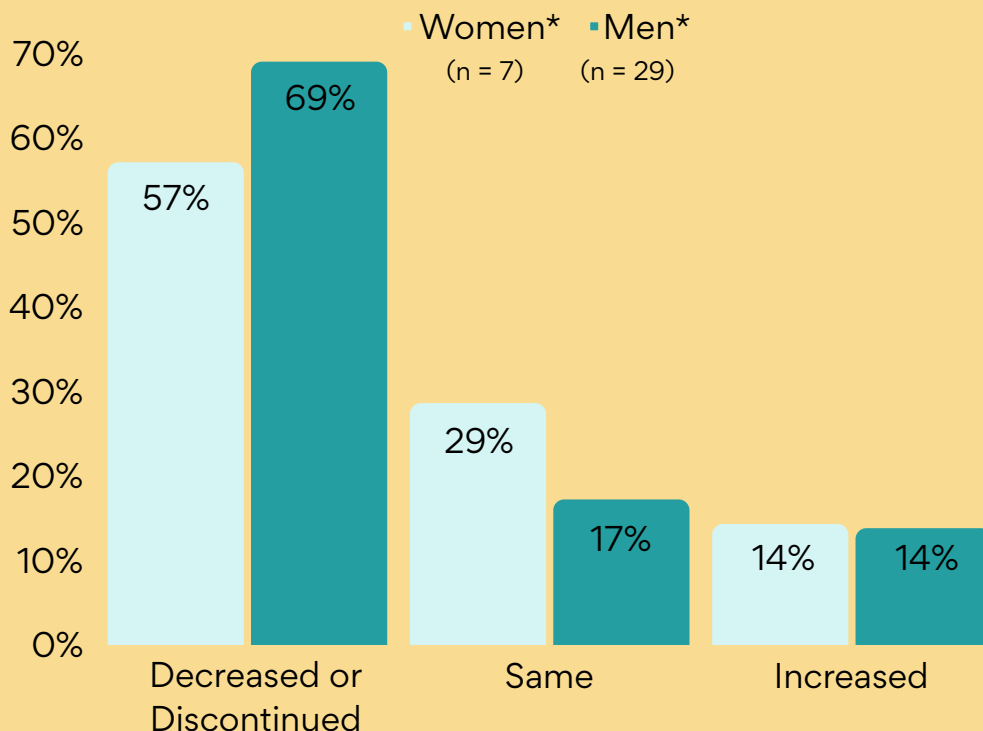


Figure 6: Unregulated Stimulant Use Trends by Gender (Safer Stimulant Supply)

## FENTANYL & UNREGULATED STIMULANT USE TRENDS

### COMBINATION SAFER SUPPLY

- Figures 7, 8, and 9 represent participant data on the **Combination Safer (Opioid & Stimulant) Supply** program.
- 38% (n = 174) of all participants are on Combination Safer Supply.
- Most participants reported an overall decrease in both fentanyl use (n = 105) and unregulated stimulant use (n = 101).
- Similar trends are seen between fentanyl use and unregulated stimulant use, with a majority of participants reporting decreased or discontinued use.

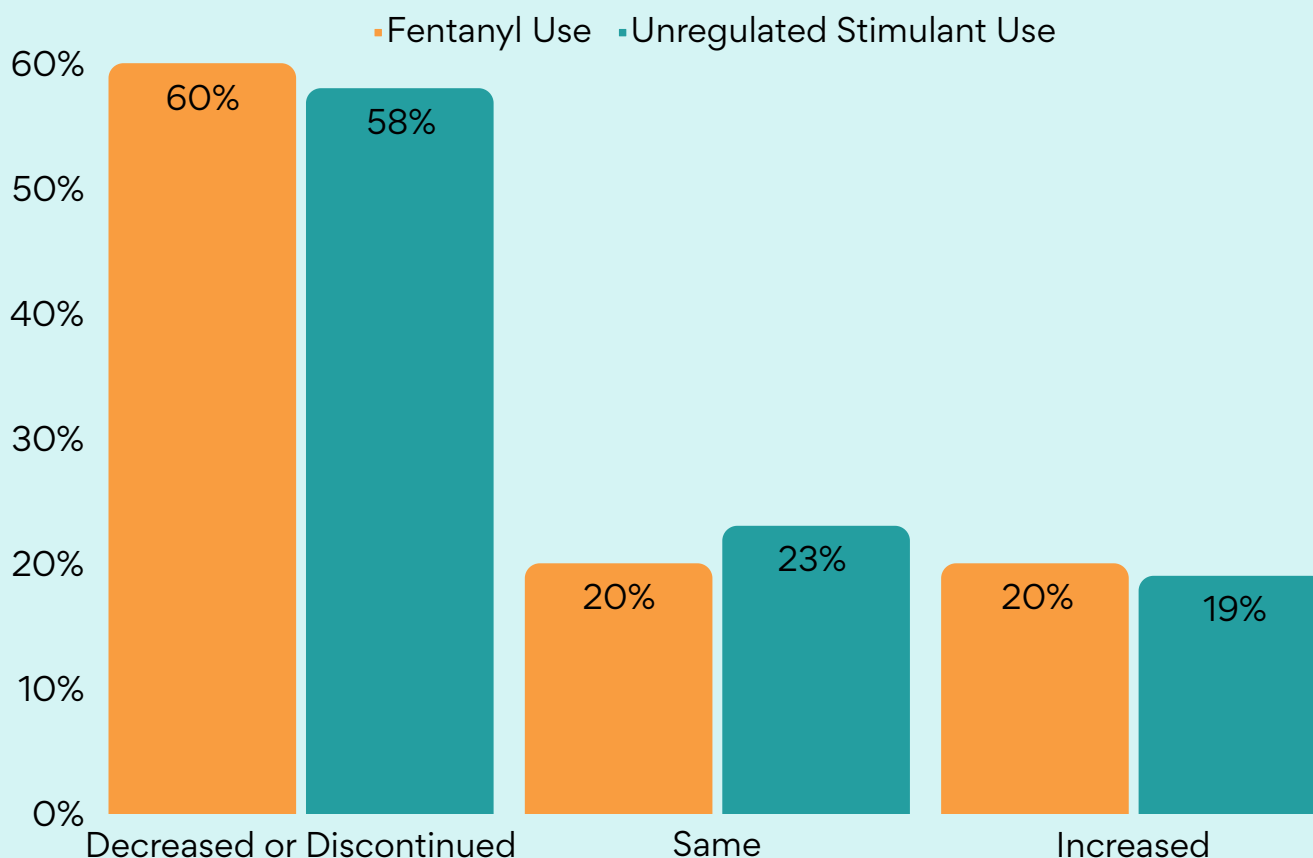


Figure 7: Fentanyl & Unregulated Stimulant Use Trends (Combination Safer Supply)

## FENTANYL & STIMULANT USE TRENDS BY GENDER

### COMBINATION SAFER SUPPLY

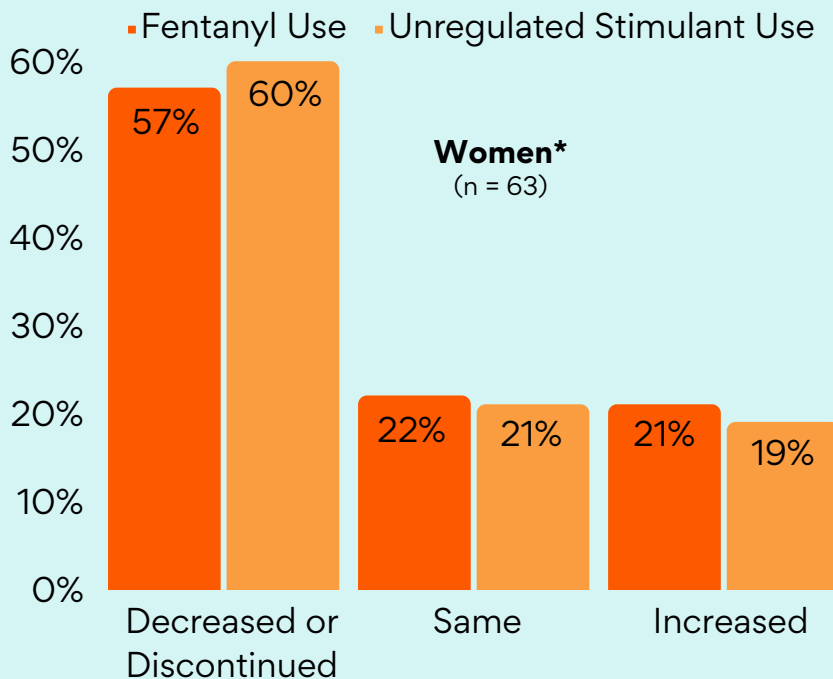


Figure 8: Fentanyl & Unregulated Stimulant Use Trends (Women\*)

An overall trend of decreasing drug use (fentanyl and unregulated stimulants) was present across genders.

Women\* reported a slightly higher decrease in unregulated stimulant use (n = 38) compared to decreasing fentanyl use (n = 36).

Men\* reported the opposite, with a slightly higher decrease in fentanyl use (n = 69) compared to decreasing unregulated stimulant use (n = 63).

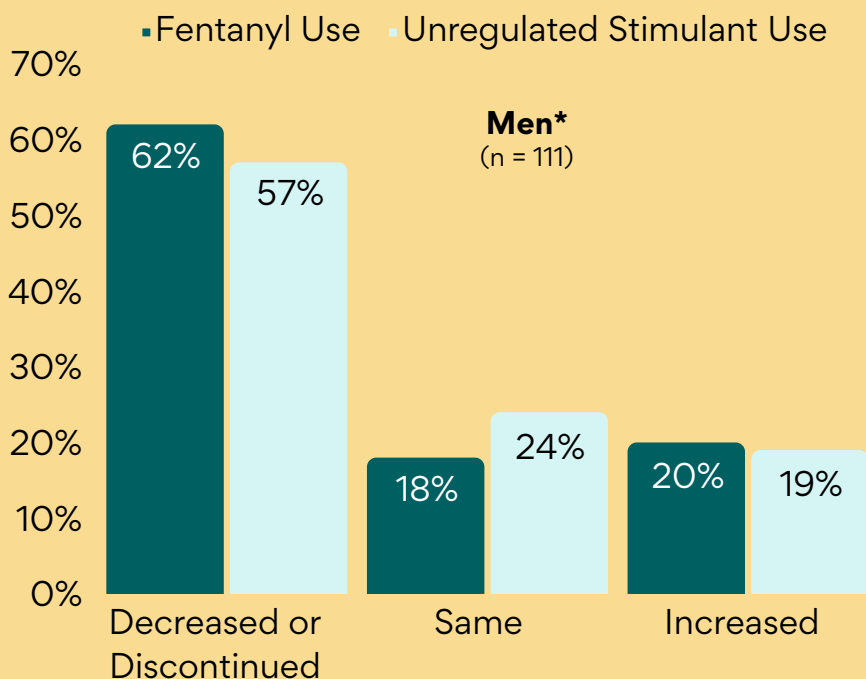


Figure 9: Fentanyl & Unregulated Stimulant Use Trends (Men\*)



## RELATIONSHIP BETWEEN FENTANYL & STIMULANT USE AT THE INDIVIDUAL LEVEL

### COMBINATION SAFER SUPPLY

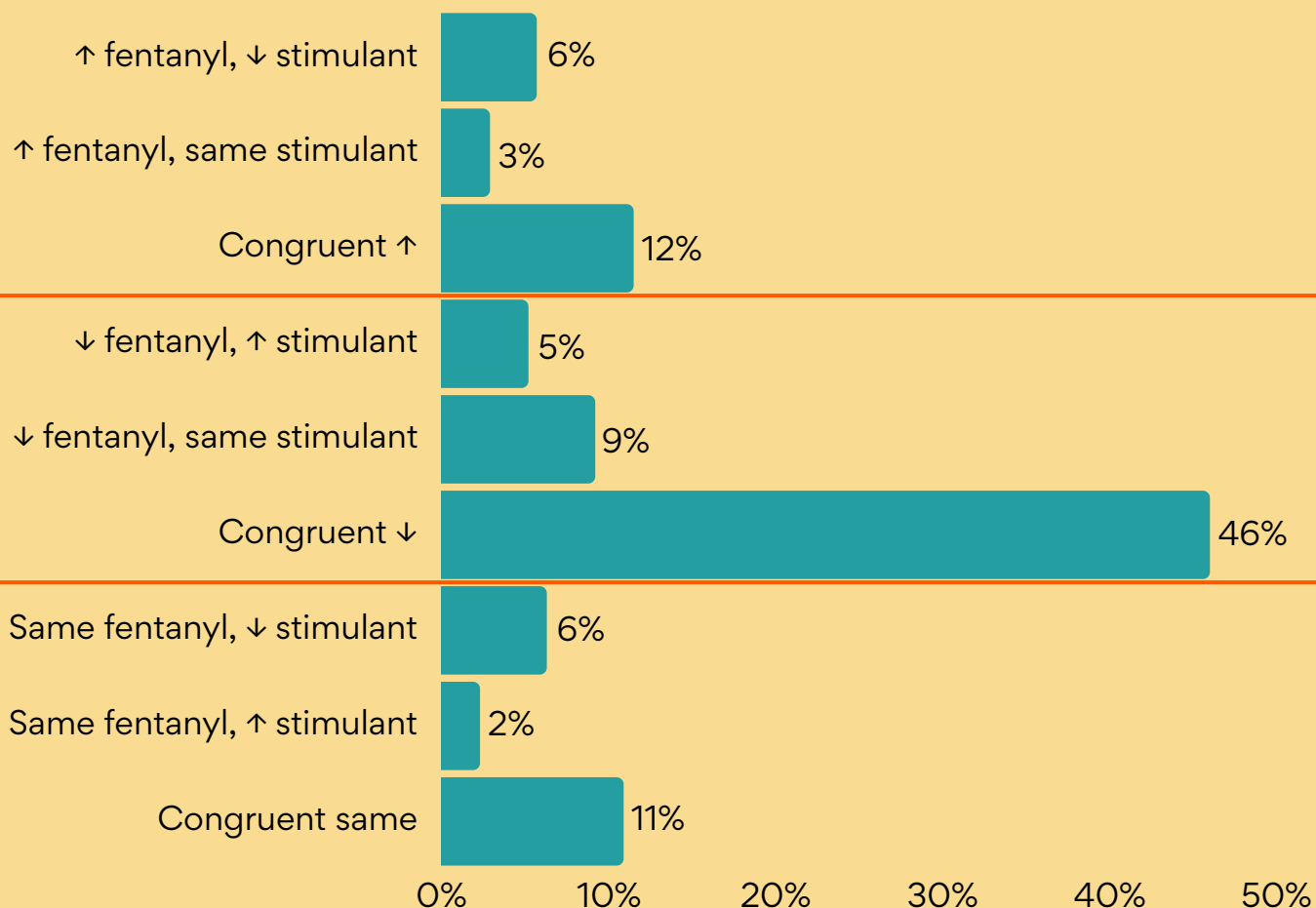


Figure 9: Combination Safer Supply Participants' Individualized Data

The data represented in Figure 9 are measures describing **individual participant's concurrent drug use**. Each of the 174 participants on **Combination Safer Supply** was analyzed and grouped according to their reported fentanyl and unregulated stimulant use trends.

Three noteworthy drug use trends were identified. 46% (n = 80) of participants reported a congruent decrease in both types of drug use. 12% (n = 20) reported a congruent increase in both types of drug use. 11% (n = 19) reported no change in both types of drug use. The remaining categories consist of participant values less than 10%.

Of importance, 61% (n = 107) of participants experienced an overall decrease in their substance use.

## OVERDOSE EVENTS (APRIL – JULY 2023)

INTER-PROGRAM SAMPLE

n = 307

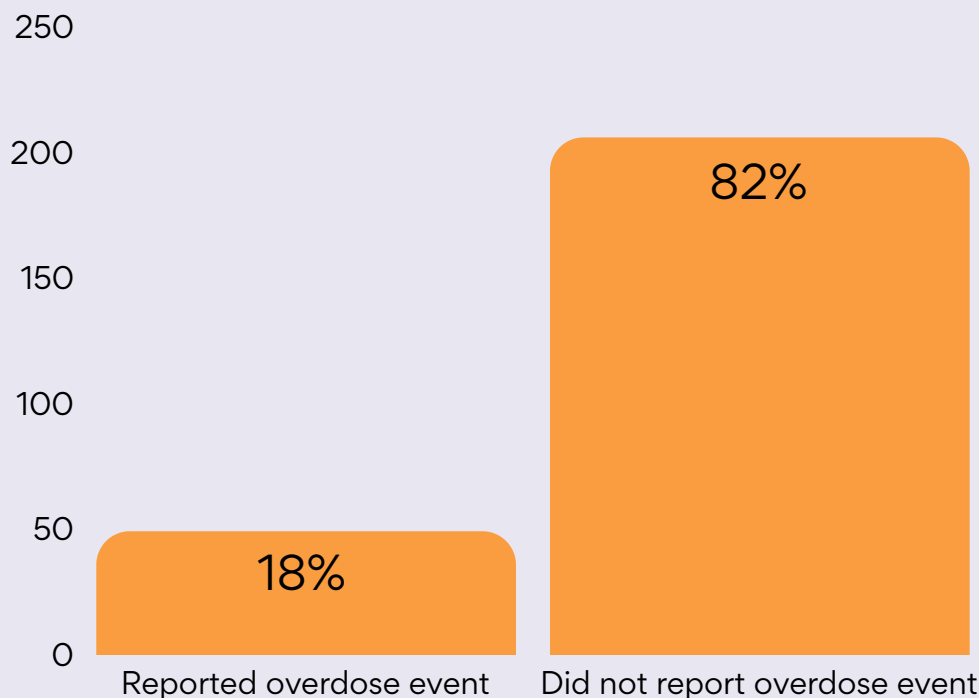


Figure 10: Longitudinal study of participants positive-reporting overdose events

Figure 10 represents the results of a longitudinal study measuring overdose events. This sample included **all participants across all programs who reported experiencing at least one recent drug overdose event at the time of their Safer Supply program intake** (n = 307). Any positive report of a single overdose met the inclusion criteria to place participants in the "reported overdose event" category. Participants not experiencing overdose events at program intake have been excluded.

Per the most recent Safer Supply program check-in data (between April 2023 - July 2023), only 18% (n = 56) of these participants continued to report experiencing an overdose event. Of importance, 82% (n = 251) of these participants reported no overdose events during this check-in reporting period.

**4/5** participants studied did not experience an overdose event this period.

## Safer Supply *Restarts* Study

Spoke with Safer Supply program participants who have been restarted on their program.

Program restarts included any participant who has stopped and subsequently restarted their Safer Supply program one or more times in the last year.

In addition to collecting overall Safer Supply program data, mixed methods research was employed to appropriately evaluate the Ottawa Safer Supply programs and better understand the impacts of these programs on participants. Specifically, semi-structured interviews and surveys were completed with program participants.

During this portion of the program evaluation, a focus was taken on program participants who were frequently "restarted" on their Safer Supply program. Program restarts included participants who have stopped and subsequently restarted their Safer Supply program one or more times in the last year. This topic was selected to better understand the barriers faced by Safer Supply participants when engaging in their program, including barriers which result in these program interruptions.

# RESEARCH OBJECTIVES

## EXPLORE

To explore why program participants may stop and restart their Safer Supply program.

## UNDERSTAND

To better understand the facilitators and barriers of consistent Safer Supply program engagement.

## INFORM

To inform future directions, policies, and resources related to Safer Supply programs.

# RESEARCH QUESTIONS

- What are the circumstances leading to certain participants being unable to consistently engage in their Safer Supply program?
- Why do participants discontinue their Safer Supply program?
- What causes a participant to re-engage and restart their Safer Supply program?
- What happens to a participant in their time off of their Safer Supply program?

# DATA COLLECTION

Participants were recruited at each of the three Safer Supply Ottawa prescribing sites. The research team attended the sites in person and recruited on a first-come, first-served basis. The eligibility criteria for participants included:

- Currently engaged in a Safer Supply Ottawa program
- Have stopped and subsequently restarted their Safer Supply program one or more times in the last year
- Stopping the program must include a period of time when their Safer Supply medications were unavailable to them due to not having a valid prescription, followed by a check-in with Safer Supply staff to restart the program

Data collection was completed in a private area and included:

1) a 15-45 minute audio-recorded semi-structured interview, and

2) a 5-10 minute survey.

Participants and a member of the research team reviewed and signed consent forms together. Participants were compensated \$100 cash for their expertise and time spent contributing in the research study.

## SAMPLE SIZE

30 Safer Supply participants

## SITES

Three Safer Supply prescribing sites

## SOURCES

Semi-structured interviews  
& surveys

## COMPENSATION

\$100 cash

## SAMPLE TYPE

Stratified convenience

# RESEARCH METHODS

**Surveys** were completed with all participants. Participants were given the choice to fill in a paper survey by hand or have the questions read aloud to them and have their answers recorded by a researcher. Most participants elected to have the survey read to them.

The survey included questions regarding **socio-demographic information** such as age, ethnicity, gender, sexual orientation, country of birth, spoken languages, and household income. Participants were also asked about their **substance use**, **substance use related complications**, and **harm reduction service usage**.

In addition, participants were asked a series of questions to assess the potential impact of Safer Supply on their lives through **pre-/post- measures**. Specifically, participants were asked to provide two answers reflective of the time 1) **before** they began Safer Supply, and 2) **after** (currently) being on Safer Supply.

Of note, self-reported gender of women\* and men\* include both cis and trans individuals. Given the small number of individuals who were trans within these programs, gender was grouped this way to protect privacy and confidentiality. Similarly, the category *other* has been used to protect the privacy and confidentiality of participants.

Following the surveys, participants completed a **semi-structured interview**. Interviews took place in a private space at each of the Safer Supply Ottawa program locations. Interview prompts were created prior to the interviews to ensure specific topics about the Safer Supply programs were addressed. Prompts were created based on clinical expertise and a literature review. These included:

- Program intake
- Program check-ins
- Health impacts
- Social impacts
- Substance use
- Program restart process
- Overdoses
- Criminalized behaviour
- Goals
- Program set-up
- Program benefits and drawbacks
- Diversion
- Victimization
- Current resources
- Desired supports
- Future of Safer Supply programs

However, participants were also encouraged to guide the conversation in the direction they wished to truly capture their personal experiences. All interviews were audio-recorded to ensure accurate transcription could occur afterwards.

# DATA ANALYSIS

## INTERVIEWS

All semi-structured interviews were audio-recorded with the permission of participants. Qualitative data analysis occurred as per Smith, Flowers, and Larkin<sup>7</sup>:

- 1) Once an interview was completed, the audio recording was transcribed verbatim, including both interviewer and participant text.
- 2) Multiple authors (MH, POB, EH, SK) read through the transcripts multiple times and listened back to audio recordings as needed to help nuance interpretations.
- 3) Initial noting was completed, with notes and comments assigned to individual sections of data while maintaining contextual information. All authors maintained openness to what the data may bring forth, while also considering statements and descriptions which may be of particular importance as denoted by the participants.
- 4) Notes and comments were clustered together to form larger codes within individualized interactions with participants.
- 5) Codes were bunched together to create concrete themes and theoretical underpinnings which aimed to reveal the essence of the participant experience.

## SURVEY

Data collected from the self-administered surveys were reported using descriptive statistics. Specifically, this included means and standard deviations for normally distributed variables, medians and interquartile ranges for skewed variables, and proportions, and percentages for categorical variables.

# Survey Results

30 participants from the Safer Supply Ottawa prescribing sites completed the survey and interview:

Recovery Care (n = 11)

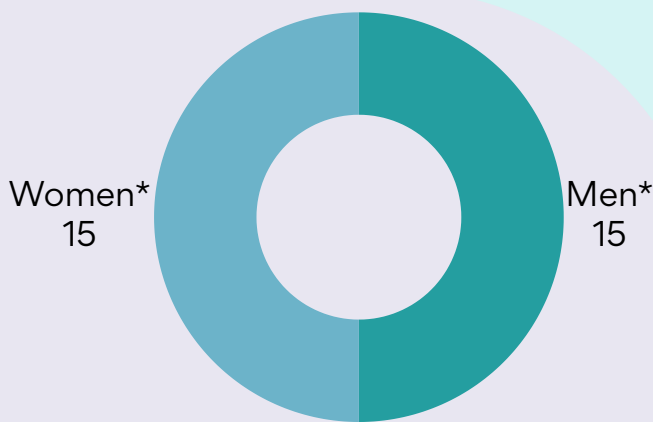
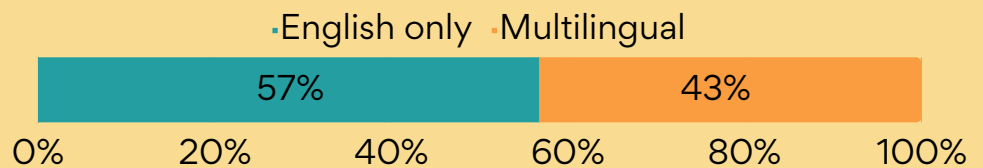
Ottawa Inner City Health (n = 11)

Somerset West Community Health Centre (n = 8)

## Participant Demographics (n = 30)

- Median **age** of 38 years
- Median **time on Safer Supply** of 20.5 months
- **Gender:** 15 men\* (50%) and 15 women\* (50%)
- **Ethnicity:** 17 white (56.7%), 8 Indigenous (26.7%), 3 mixed (10%), and 2 other (6.7%)
- **Sexual orientation:** 20 heterosexual (66.7%), 7 bisexual (23.3%), and 3 other (10%)
- **Birth country:** 93% (n = 28) born in Canada
- **Spoken languages:** 57% English only
- **Highest level of education:** less than high school (n = 15) most common

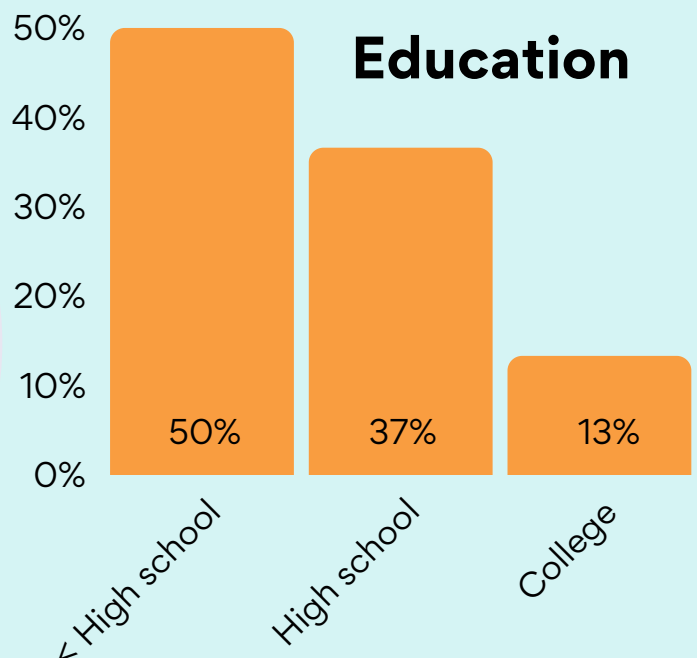
## Spoken Languages



## Self-Reported Gender (n)

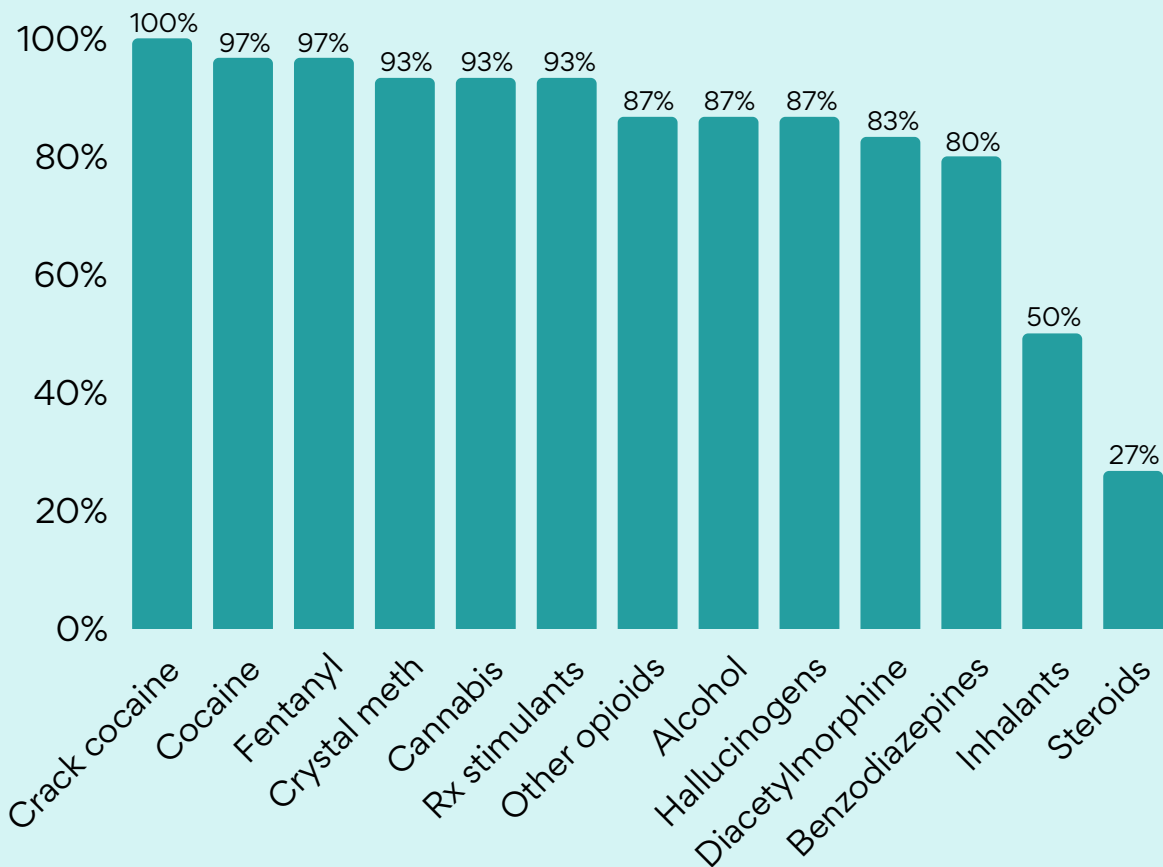
\*cis and transgender

## Education





## Lifetime Drug Use



**12**

median age  
(started to  
use drugs)

**20**

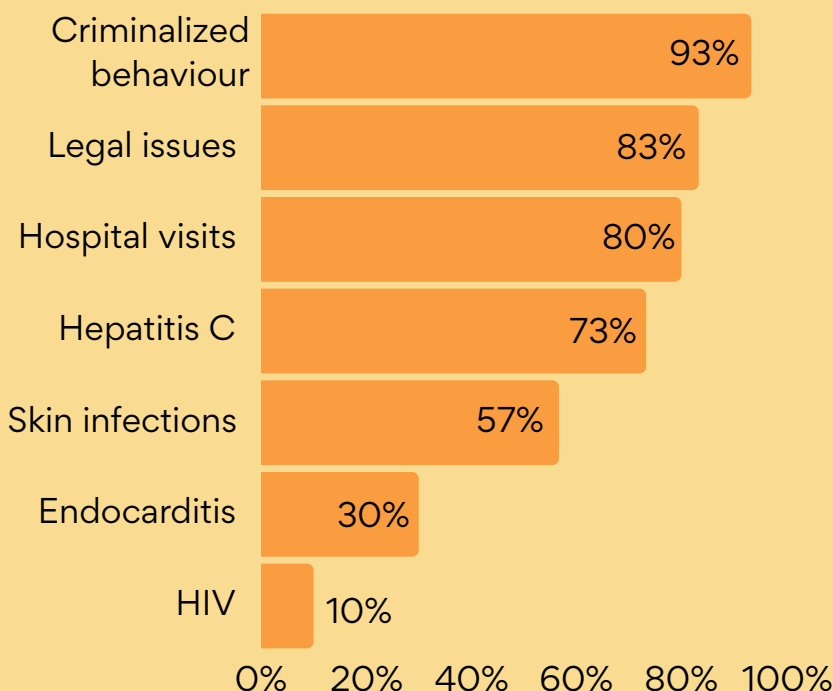
median age  
(started to  
use opioids)

**18.5**

median age  
(started to  
use  
stimulants)

## Substance Use Complications

Prior to starting Safer Supply

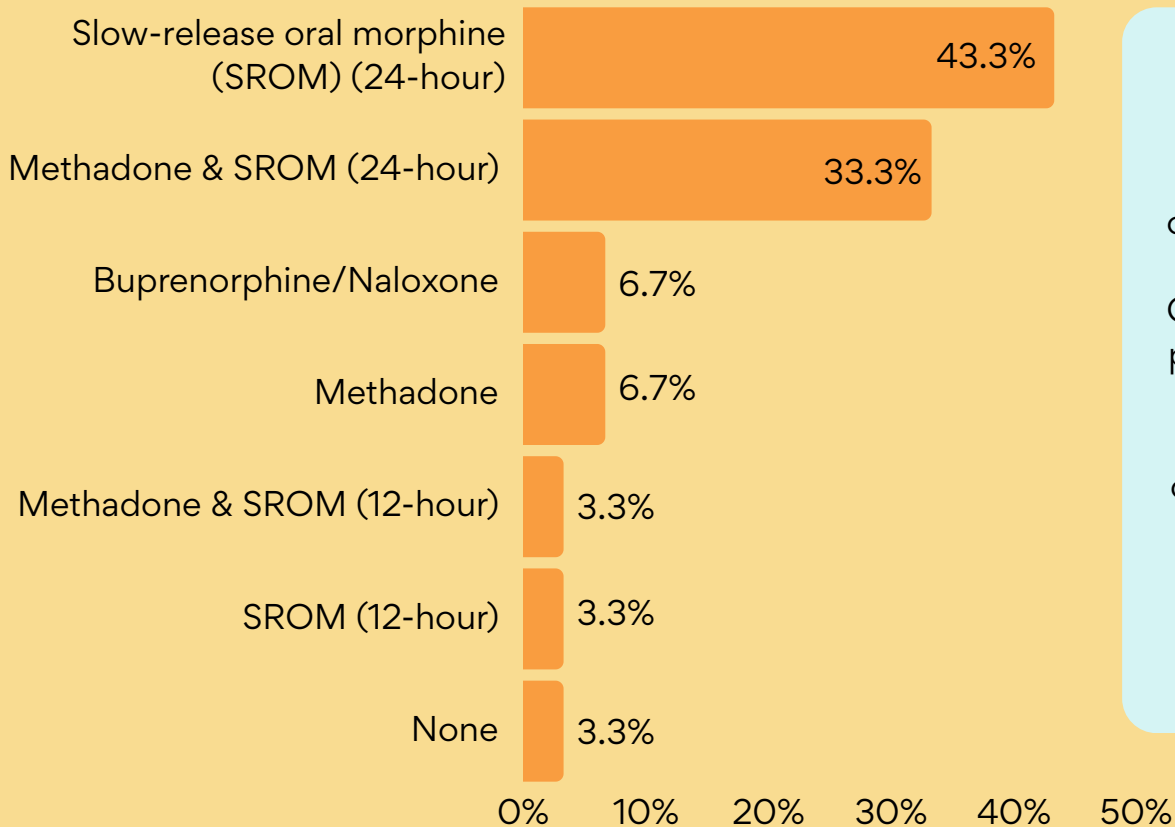


The median age when participants first used drugs was 12 years old. The median age when participants began using opioids was 20 years old and stimulants was 18.5 years old.

In their lifetime, all participants reported using crack cocaine, and almost all participants reported using cocaine and fentanyl.

All participants reported complications as a result of their unregulated drug use prior to start their Safer Supply program.

## Long-Acting Opioid

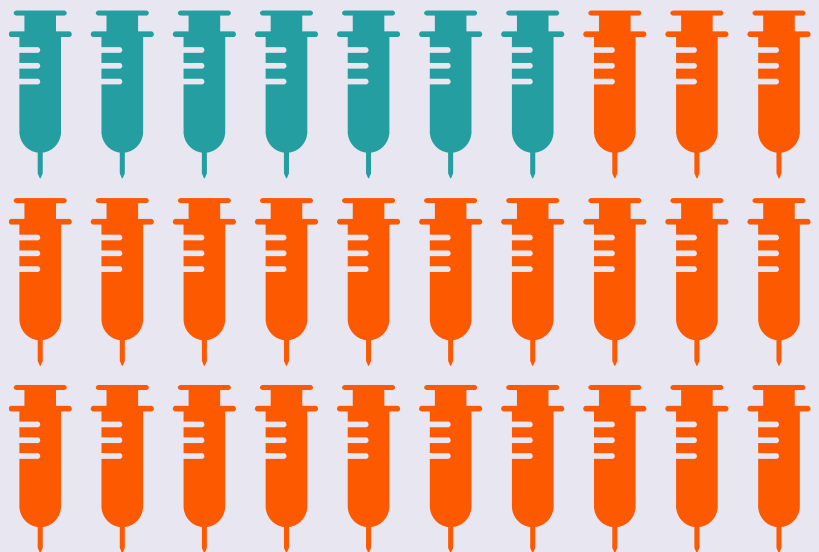


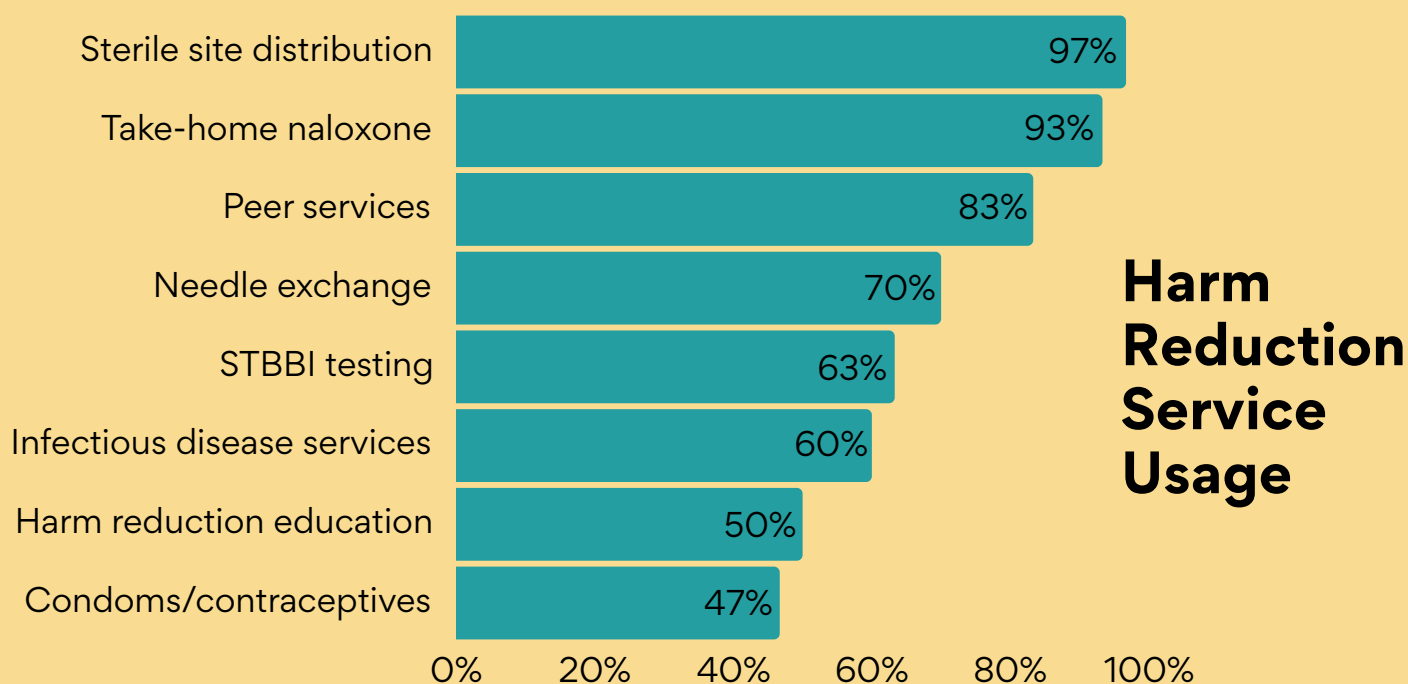
**97%**

of participants on a Safer Opioid Supply program were prescribed a long-acting opioid to help manage withdrawal symptoms.

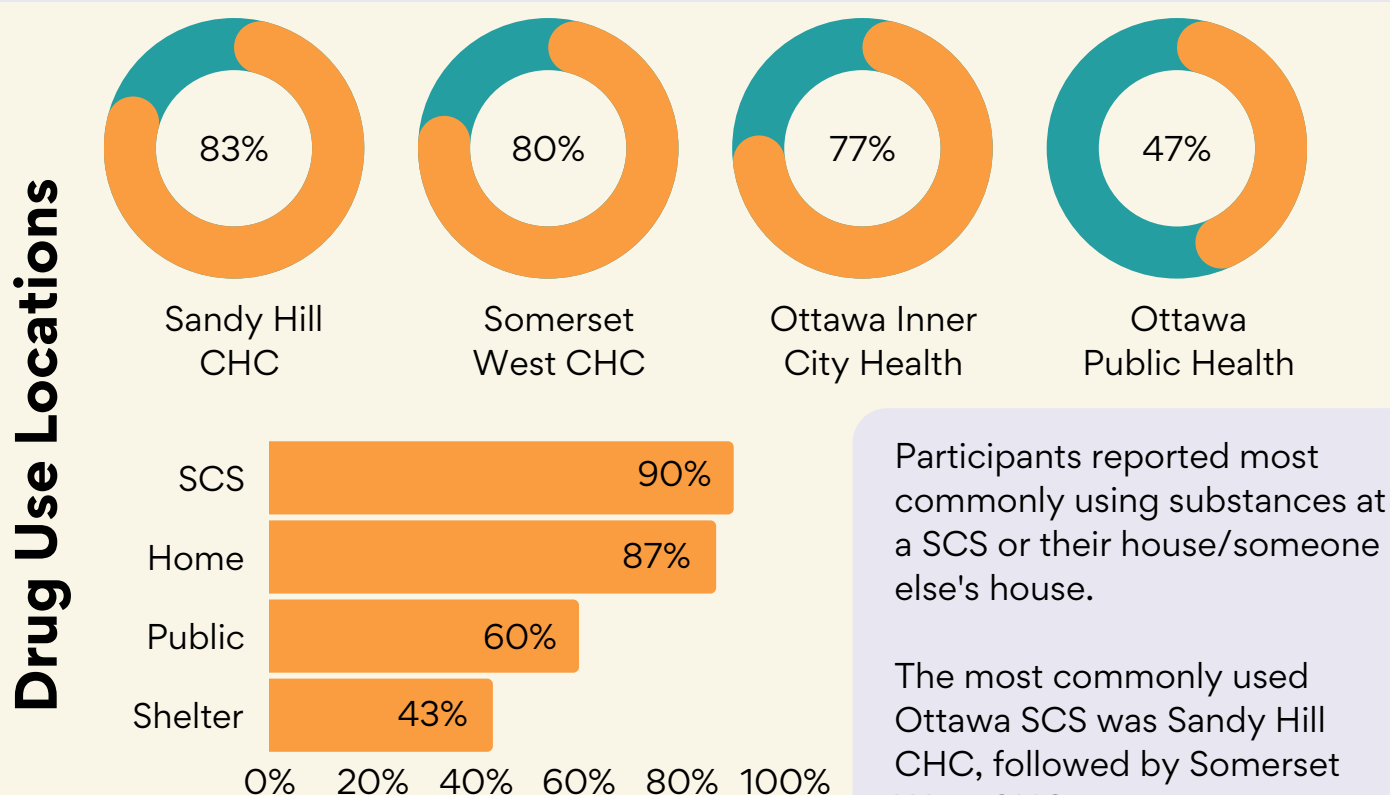
**7 OUT OF 30**

participants were also part of a Safer Stimulant Supply program.





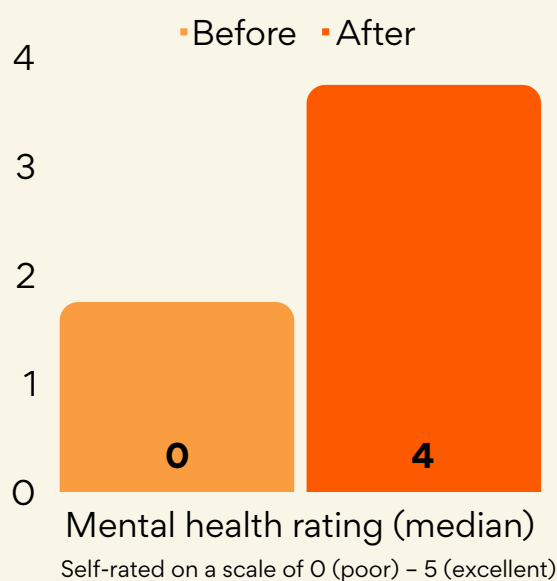
All participants reported accessing harm reduction services regularly. Several participants noted that their Safer Supply program was directly associated with harm reduction services. For example, participants discussed picking up sterile supplies and naloxone at the same time as their Safer Supply medication or described that their Safer Supply program existed within a Supervised Consumption Site (SCS).



# Pre-/Post- Safer Supply Measures

Participants were asked several questions regarding different measures of their substance use and quality of life. They were asked to provide answers reflective of 2 different points of time in their life:

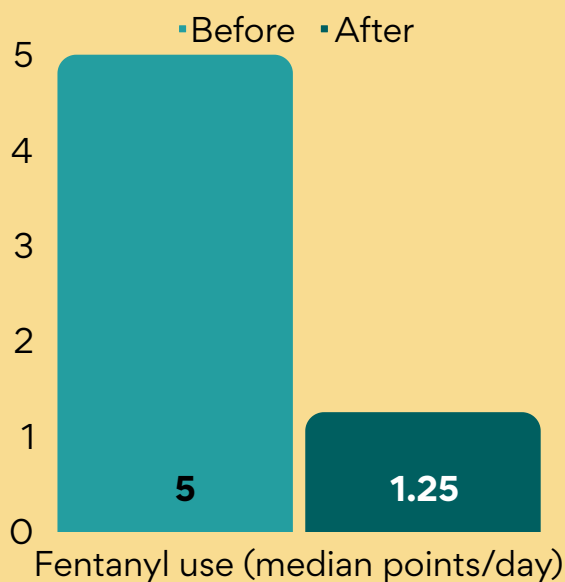
1. **Before** they began their Safer Supply program, and
2. **After** (currently) being on their Safer Supply program.



## Mental Health

Before starting Safer Supply, the median mental health score reported by participants was **0**.

Since being on Safer Supply, the median mental health score reported by participants was **4**.

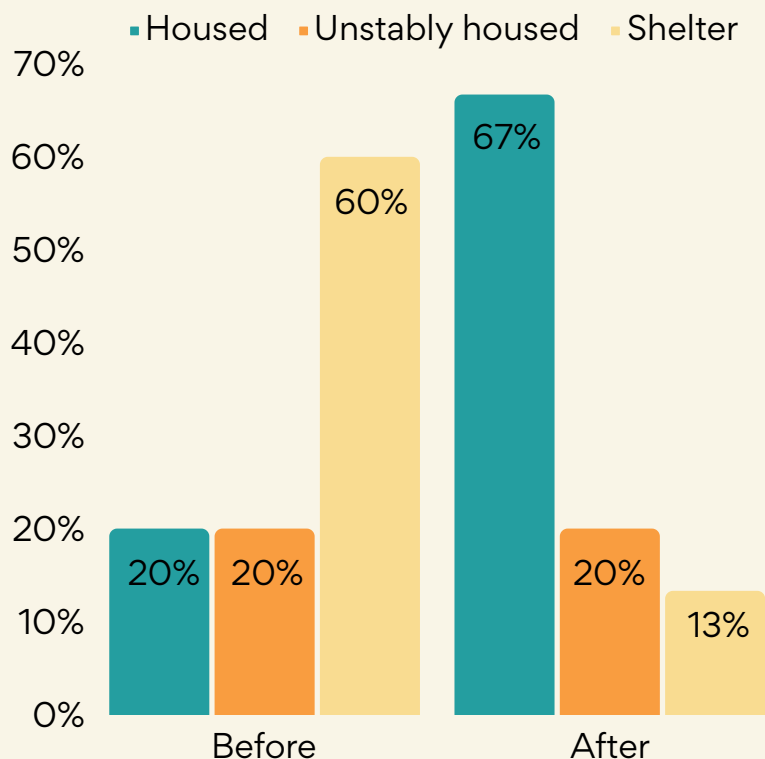


## Unregulated Fentanyl Use

Before starting Safer Supply, participants reported using **5 points** (1/2 gram) of fentanyl per day.

Since being on Safer Supply, participants reported using **1.25 points** of fentanyl per day.

## Housing Status



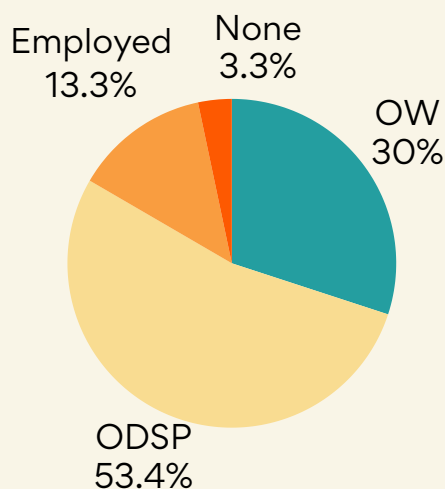
Before Safer Supply, most participants reported they were staying in a shelter ( $n = 18$ ). The remaining participants stated that they were unstably housed ( $n = 6$ ) or housed ( $n = 6$ ).

Since joining Safer Supply, the number of participants staying in a shelter decreased to 4, and the number of participants who reported being housed increased substantially ( $n = 20$ ). Anecdotally, many participants reported Safer Supply wrap-around care (e.g., peers, housing workers) and the stability they received from being on the program helped them find and maintain housing.

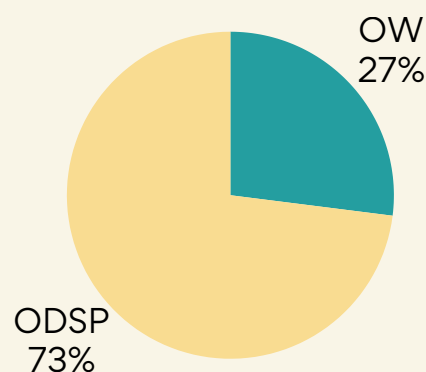
Nearly one-third of participants ( $n = 9$ ) were on Ontario Works (OW) and more than half ( $n = 16$ ) were on Ontario Disability Support Program (ODSP) before joining their Safer Supply program.

Since joining Safer Supply, the majority of participants ( $n = 22$ ) were receiving ODSP.

## Income Source



BEFORE



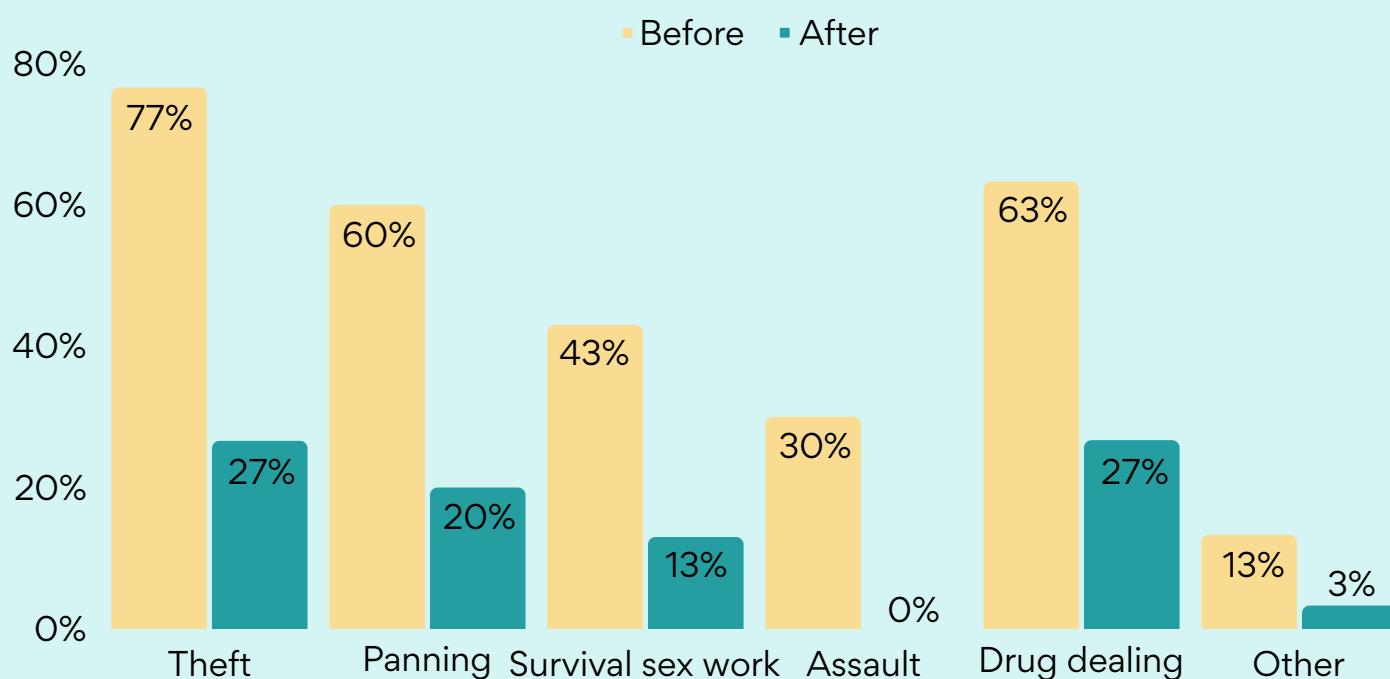
AFTER

## CRIMINALIZED BEHAVIOURS

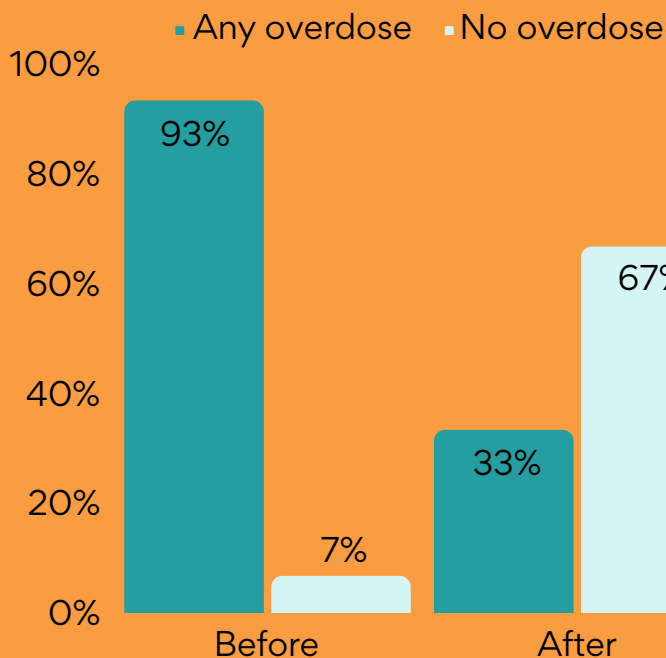
Almost all (n = 29) participants reported participating in criminalized behaviours related to their unregulated drug use before starting Safer Supply. Since starting their Safer Supply program, nearly half (n = 14) of participants reported no longer participating in criminalized behaviours. Of importance, among the remaining participants who continued to participate in criminalized behaviours, all of them (n = 16) reported their participation in criminalized behaviours had decreased since starting Safer Supply.



To better understand changes to criminalized behaviours, participants were asked to indicate the types of behaviours they were participating in before and after Safer Supply (if any). Overall, each category of criminalized behaviour decreased after joining a Safer Supply program, with theft being the most impacted (50% decrease), followed by panning (40% decrease), and drug dealing (36% decrease).



## Overdose Events

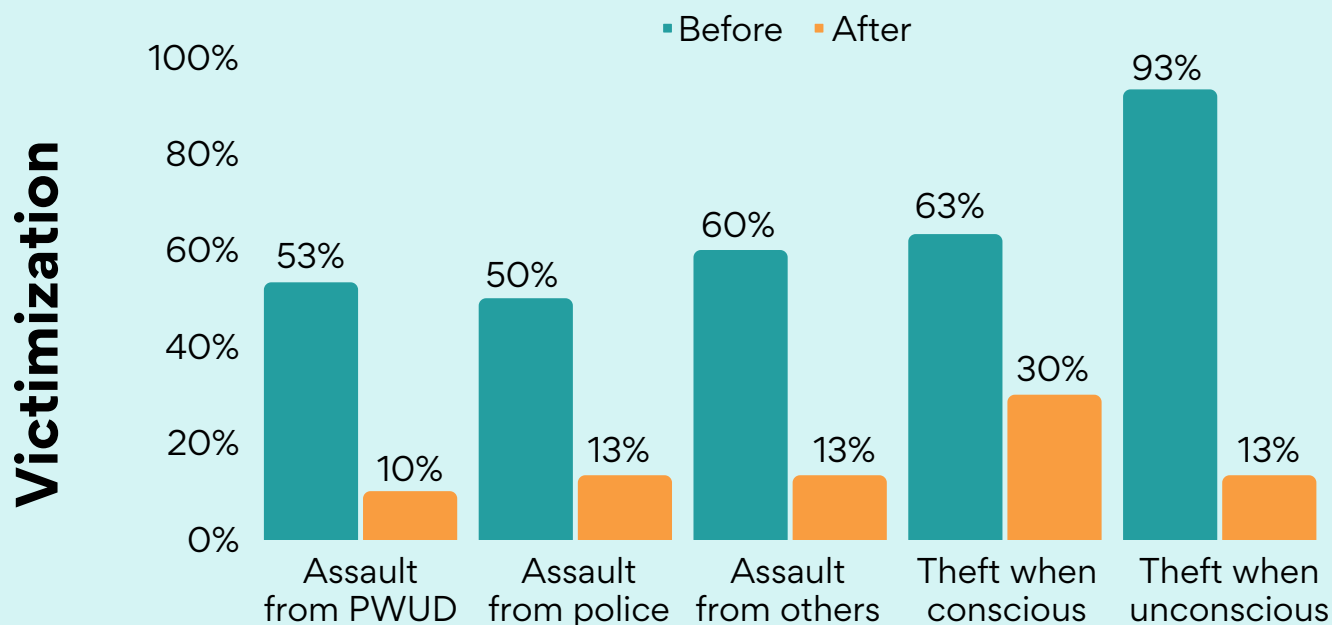


Almost all participants (n = 28) reported an overdose event prior to starting Safer Supply. Since starting Safer Supply, the majority of participants (n = 20) have not experienced an overdose again.

Of importance, this graph fails to capture the impact that Safer Supply has had for many participants. For example, several participants reported that before Safer Supply, they were overdosing daily, and since joining they have only experienced 1-2 overdose events (unrelated to their Safer Supply medication).

Participants were asked about their experiences of being victimized (e.g., assault, theft) before and after joining a Safer Supply program. The most common experience of victimization before joining a program was theft while unconscious. Anecdotally, participants mentioned overdosing or passing out after using unregulated substances and having things stolen from them.

Of note, all categories of victimization were experienced less frequently by participants since joining a Safer Supply program. Overall, the majority of participants reported that since starting a Safer Supply program, they experienced no (n = 18) or less (n = 8) victimization as a result of their unregulated substance use.



# INTERVIEW RESULTS

From the interviews with participants, 4 main themes were revealed.

1

## **Experience of being a PWUD**

- Factors influencing drug use
- Personal experience of being a person who uses drugs
- When people start Safer Supply programs

2

## **Time on Safer Supply program**

- Feelings when starting Safer Supply
- Reasons for starting Safer Supply
- Program experience
- Diversion

3

## **Program restart process**

- Crisis
- Time away from Safer Supply program
- Restarting Safer Supply program

4

## **Current implications & future directions**

- Program Feedback
- Individualized Treatment
- Implication of Medication Alternatives
- Life without Safer Supply



# THEME 1: EXPERIENCE OF BEING A PWUD

Although the focus of this study was to better understand the experience and process of Safer Supply program restarts, participants wanted to speak about their experiences being a PWUD, what this means to them, and how it impacts their lives. From these conversations, 3 sub-themes emerged:

## SUB-THEME 1

What factors influence drug use?

Participants reported their drug use was influenced by both internal and external factors. Common factors reported were poor mental health, difficulties with pain management, ongoing stigma and judgement, as well as environmental chaos.

## SUB-THEME 2

What is the experience of being a PWUD?

Participants shared how they view themselves and how they feel they are perceived by society as they navigate their daily lives. Many participants shared persistent struggles with low self-esteem, grief, and stigma.

## SUB-THEME 3

When do people start Safer Supply programs?

Participants reported initiating Safer Supply programs when they felt they hit a low point in their lives and were looking to make a positive change. Many participants spoke about feeling desperate and worried about their unregulated drug use.

## SUB-THEME 1: WHAT FACTORS INFLUENCE DRUG USE?



### Internal Factors

Many participants described how using drugs assisted them in managing distressing mental health symptoms. Most commonly, participants found that drugs helped them to manage traumatic memories and flashbacks related to experiences of abuse and trauma. Additionally, several participants reported debilitating pain that impacted their quality of life and overall ability to function day to day. They often told stories of being unable to find the support they needed from healthcare services to manage their pain, which ultimately resulted in the need to self-medicate. These were common stories provided by participants when describing how they began to consume unregulated drugs.

Participants described experiencing instances of stigma and judgement from people outside of their community as an ongoing occurrence in their lives. Many participants expressed feeling as though there are many misconceptions about substance use, resulting in feeling misunderstood and judged. These feelings extended to places where they were attempting to access support such as clinics, pharmacies, and hospitals. Participants also spoke about environmental chaos and escalating instances of violence experienced by their community.



### External Factors

## Internal Factors

# WHAT INFLUENCES DRUG USE?

### MENTAL HEALTH

*"I feel like **if I'm not using drugs, I'm not myself**. I feel like drugs make me function more normally, and drugs help me contain my thoughts better and help me be a more functioning member of society" (P28).*

*"I just was really depressed, and **the only thing that could make me feel better was opioids**. They just take everything away, all emotion, everything. When I didn't have it, my world, it felt like everything was falling apart" (P13).*

*"What I went through with my family was really bad, with mental abuse and physical abuse. That's **why I started the drugs from the beginning**" (P6).*

*"It brings you out of this world. So, it's just pretty much do a shot or a puff, hit, and you're gone for however long. And **just not to think about anything**" (P11).*

### PAIN MANAGEMENT

*"I'm very anxious and have **a lot of pain**" (P16).*

*"Because I was coming off of fentanyl and oxycontin that was prescribed by my doctor... it was **for my fibromyalgia, my chronic pain**" (P10).*

*"I discovered fentanyl here with the people I met, so I started my use here... I **used it to relieve my pain** because other stuff doesn't work very well" (P16).*

*"I got a lot of **pain in my shoulder**" (P15).*

*"Because I **have pain issues too**. I have bad joints, and I've had a lot of bike accidents, a lot of head injuries" (P23).*

## External Factors

# WHAT INFLUENCES DRUG USE?

## STIGMA & JUDGEMENT

*“The way people look at us and drive by the parking lot, **staring at us like we're animals** or something” (P13).*

*“They stare at the junkie... they don't look at **the reasons why I might be like that**” (P15).*

*“We're good people. A lot of us, we're nice. We're kind, we're sharing, but we just do what we got to do to get by. **We are not bad people. We just sometimes do bad things to get by**” (P26).*

*“When I go to the hospital, I'm **stigmatized already before they start helping me**” (P10).*

*“People look at me, and think that automatically I'm a drug addict. Yeah. It hurts. **It's hurtful**” (P19).*

## ENVIRONMENTAL CHAOS

*“I was raped when I was working the streets... I'm mentally and emotionally distraught about it. **I still have to live with it to this day**” (P8).*

*“I don't like downtown. It's too rough and it's too... The drugs are bad most of the time and so are the people. **There's too much violence**” (P17).*

*“I was getting robbed and almost getting stabbed downtown. It was just **getting crazy and violent**” (P22).*

*“In the environment, just the people, what's going on. Because I've got to walk down to the Sheps to see my case, my case manager. So **it's very triggering** 'cause I see everybody, they're smoking. I'm still using” (P10).*

*“They beat me up. It was bad.” (P6).*

## SUB-THEME 2: EXPERIENCE OF BEING A PERSON WHO USES DRUGS

The second sub-theme brought up by participants relates to the overall experience of being a PWUD.

First, participants wished to speak about their lives in the context of the toxic unregulated drug supply. This included concerns they had for their personal safety, as well as the safety of their community in general. Of note, a few participants spoke about the growing concern they had for people who use stimulants and dangerous contaminants being added to crack cocaine and crystal methamphetamine.

Second, almost all participants spoke about the ongoing grief and loss they were experiencing as a result of close friends and family members dying as a result of the toxic unregulated drug supply. Participants discussed struggling with managing their grief given the constant and overwhelming experience of loved ones dying regularly.

Third, participants disclosed low self-esteem and self-worth. This was commonly influenced by repeated experiences of stigma and judgement perpetuated by people outside of the community of PWUD. Participants commonly spoke about shame, embarrassment and regret.

Overall, participants spoke about 3 main areas that encapsulated the experience of being a PWUD:

TOXIC  
UNREGULATED  
DRUG SUPPLY

GRIEF & LOSS

LOW SELF-  
WORTH

## TOXIC UNREGULATED DRUG SUPPLY

*"It's [the unregulated drug supply] taking too many lives... **I've lost everybody I've ever loved and cared about**" (P26).*

*"I've overdosed three times on crack... **I'm afraid of fentanyl**" (P20).*

*"Using fentanyl scares me now... [scared of] **dying in front of friends or family**" (P2).*

## GRIEF & LOSS

*"[I was experiencing] abuse from boyfriends. Abuse from other people. My father had passed away. **A lot of important people had passed away in my life.** I was at a point where I did not care about anything" (P11).*

*"My **girlfriend dying** really took a toll on me" (P23).*

*"[Responding to their girlfriend overdosing] but **I couldn't save her.** I saw the moment that the life left her eyes... and I couldn't sleep after that" (P15).*

## LOW SELF-WORTH

*"I went from being this really strong woman to fucking weak...the emotions that I've blocked out my whole life, **feeling unloved, unworthy, questioning the purpose of life.** Like what am I here for, when all this shit's happened?" (P4).*

*"It's upsetting me, because it's hard. I want to get clean... **I'm ashamed of it** [my drug use]" (P6).*

*"Normal? I don't know what normal is, but I know that I wanted to be better than what I was because I know **I was not fulfilling the potential that I have**" (P11).*

## SUB-THEME 3: WHEN DO PEOPLE START SAFER SUPPLY PROGRAMS?

Participants spoke about experiencing frequent overdoses, witnessing the deaths of other PWUD, feeling constantly dope sick, and having suicidal ideations in the time just before starting a Safer Supply program. They also spoke about feeling isolated from adequate support and feeling unsure of how to manage their substance use on their own.

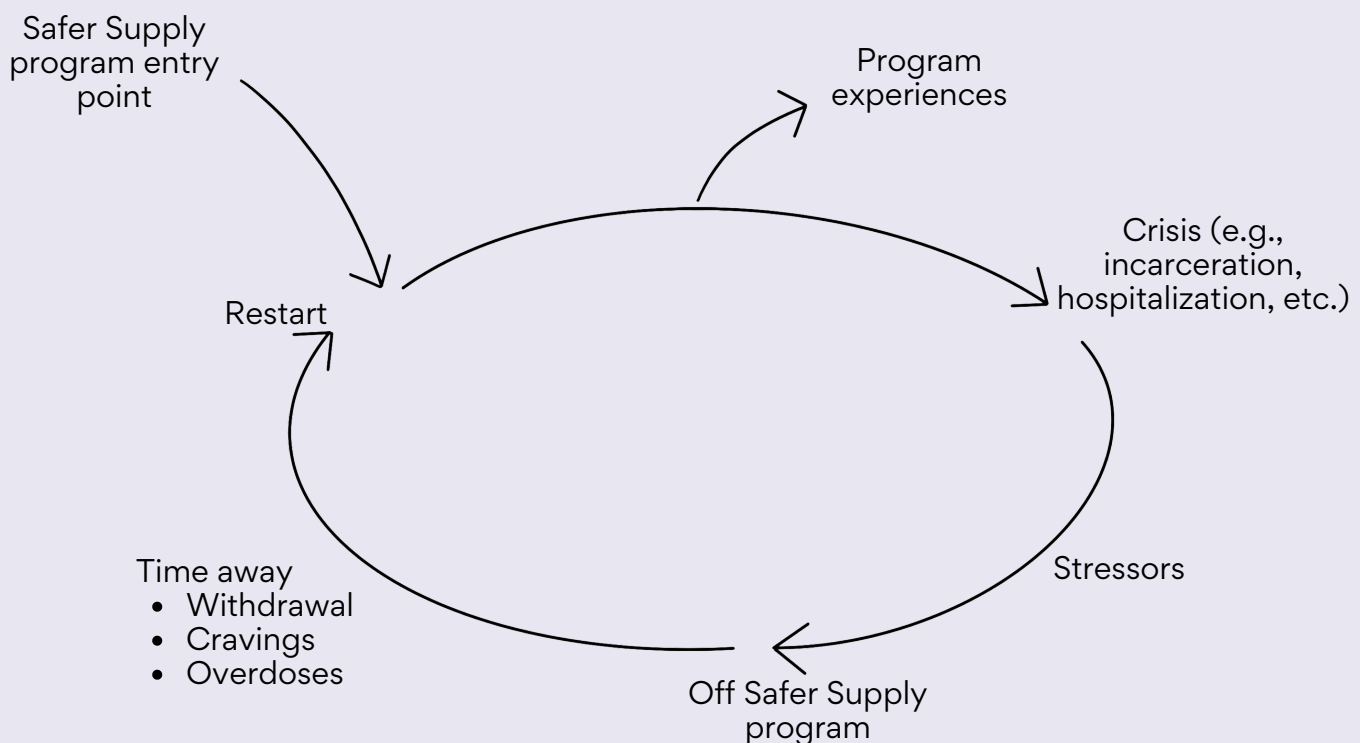


## THEME 2

## TIME ON SAFER SUPPLY PROGRAM

Participants spoke in detail about the overall trajectory of being engaged in a Safer Supply program. This included 1) how participants felt when starting Safer Supply, 2) their individual reasons and goals for starting Safer Supply, as well as 3) the overall experience of being on Safer Supply. As well, medication diversion was brought up as a topic of discussion with participants.

From these discussions, a figure (pictured below) was developed to describe the trajectory of a program participant.





## SUB-THEME 1: FEELINGS WHEN STARTING THE PROGRAM

Participants were able to clearly recall being started on their Safer Supply program, as this was an important milestone in their lives. Overall, they described feeling hopeful for the future and being excited for the possibility of having more control over their substance use.

*“Oh my god, I was **so happy**... because I was getting tired of fentanyl” (P30).*

*“Honestly, it is **winning the lottery**” (P5).*

*“The day that I got on it, **I was excited**, because I knew I was going to get dilaudid, and I knew that I'd get enough to get me off the fentanyl for a while” (P25).*

## SUB-THEME 2: REASONS FOR STARTING SAFER SUPPLY

Participants each had their own individual reasons for wanting to join a Safer Supply program. While joining a program was a personal decision, overall, goals typically included both short-term/immediate reasons and long-term hopes/goals that participants hoped Safer Supply could address.

### SHORT-TERM GOALS

#### Immediate needs

- Drug overdose
- Death/severe injury
- Toxic unregulated drug supply
- Dopesick
- Mental health
- Physical health

#### Other needs

- Housing
- Employment/volunteering
- Safer/reduced drug use
- Reconnecting with loved ones
- Other (e.g., hygiene, normalcy, etc.)

### LONG-TERM GOALS

# SUB-THEME 3: PROGRAM EXPERIENCE

Participants spoke extensively about their experience in a Safer Supply program. This included a focus on the overall changes in their lives which they attributed to being a part of the program. Overall, participants noted three major categories:

- Impact on drug use
- Impact on quality of life
- Overall benefits

Of note, many of the changes participants associated with Safer Supply align with the goals and reasons for starting Safer Supply that participants described in sub-theme 2.

DRUG USE	QUALITY OF LIFE	OVERALL BENEFITS
<ul style="list-style-type: none"><li>• Reduced, stopped, or safer drug use</li><li>• Reduced overdoses</li><li>• Reduced criminalized behaviours</li><li>• Improved mental health</li></ul>	<ul style="list-style-type: none"><li>• Compassionate care</li><li>• Reconnecting with loved ones</li><li>• Housing</li></ul>	<ul style="list-style-type: none"><li>• Normalcy</li><li>• Routine and stability</li><li>• Hope</li><li>• Safety</li></ul>



# IMPACT ON DRUG USE

Participants spoke about their drug use changing in several ways over the course of being involved in the program. Within interviews, there was a clear emphasis on personal recovery not being synonymous with abstinence – while many participants did have an end goal of ceasing their substance use all together, they described many steps in between, including:

- Reduced drug use
- Safer drug use
- Changes in drug use consumption (e.g., taking drug orally rather than by injection)

Participants also spoke about how changes to their drug use resulted in reduced overdoses, reduced participation in criminalized behaviours, and improved mental health.

Reduced, stopped,  
or safer drug use

*“It's [my drug use] changed a lot. My drug use has gone from gram shots to not even doing shots really... it's pretty much changed my life for the better” (P11).*

Reduced overdoses

*“They got me on Safe Supply after a while of overdosing... now I barely overdose at all” (P14).*

Reduced criminalized  
behaviours

*“I was doing a lot of crime to get the drugs that I needed... armed robberies, drug dealing, theft... I don't have to do that anymore... [Safer Supply is] taking care of my needs” (P17).*

Improved mental health

*“I wake up, and I'm actually happy... I don't get those terrible feelings anymore” (P13).*

***“The Safer Supply Program saved my life” (P8).***

# IMPACT ON QUALITY OF LIFE

Participants spoke about improvements to their overall quality of life since joining a Safer Supply program. In particular, almost all the participants described having positive experiences when interacting with Safer Supply staff. This contrasted with anecdotes participants recounted of being treated poorly and experiencing stigma within the healthcare system.

A few participants recounted being able to reconnect with their children, while others stated they were able to refocus on important relationships in their lives. Further, many participants spoke about acquiring stable housing since joining the program, and the stability this brought to their life.

Overall, participants noted that Safer Supply allowed them to reclaim their time, which allowed them to focus on other things that were important to them outside of drugs.

*“If I need somebody to talk to, any one of the staff will pull me aside and talk to me and make sure that I'm okay. And I never had that before... my mom left my life when I was 13” (P8).*

Compassionate care

*“I had never seen myself quitting drugs. I have children. Now, I'm going to visit them... it's been five years” (P1).*

Reconnecting with loved ones

*“That's all that I was worried about, my next hit. So when I was on Safer Supply, I didn't have that constant worry. I could focus on other things and I got housing” (P5).*

Housing

***“The staff's amazing here. They're really wonderful people. I'm going to cry... they're just really nice. They're non-judgemental. You judge yourself so much that it's like you can't beat me up any more than I beat myself up. Helps a lot” (P20).***

# OVERALL BENEFITS

Reclaiming their time allowed for many participants to engage in meaningful activities (e.g., drawing, crafting, exercising, etc.). Several participants described this as providing a sense of normalcy in their lives.

Safer Supply also offered a consistent routine and stability. Participants reported that being involved in the program assisted them in creating a daily schedule for themselves and refocusing their energy on meaningful activities.

Participants spoke about having an overall sense of hopefulness for their future. Further, they spoke about improvements to their sense of safety with regards to their drug use. This is due to now knowing what they are consuming, and that their Safer Supply medication will be ready for them each day at the pharmacy.

## Normalcy

*“I smile more. I do mandala colouring, I crochet, I draw. I'm starting to draw again” (P30).*

## Routine & Stability

*“Having the routine. It gets you out... makes you get up so that once you get into a routine of coming here... it helped me make little changes which end up making big changes” (P20).*

## Hope

*“[Now I have] hope and faith. A new life... a new start” (P24).*

## Safety

*“I felt really excited when I used the Safer Supply [medication], because I knew I wasn't going to overdose, and I would be safe around the nurses and I'd have nurses there to help me.” (P25).*

***“There's hope for me” (P19).***

# DIVERSION

Medication diversion – sharing and selling medication – was discussed in interviews. Overall, participants felt as though diversion in the context of Safer Supply programs was an extremely misunderstood topic. Participants described the importance of understanding the different reasons why diversion occurs, including **safety, compassion, meeting needs, survival, and pressure**. Each of these reasons are defined below.

## SAFETY

Diversion may provide an increased level of safety for those who are not on Safer Supply programs and who are accessing the unregulated drug market: rather than accessing toxic unregulated fentanyl, people may seek to purchase pharmaceutical-grade hydromorphone tabs. This is particularly important given the lack of access to Safer Supply programs in most cities across Canada.

*“I think it [diversion] does happen, but in my eyes, the way I see it is you guys are still winning because those people that are buying the dilaudid would be the people that would have no choice but to buy fentanyl from a drug dealer” (P4).*

## COMPASSION

Sharing and caring have a long history and are an important part of being in the community of PWUD. Participants recalled empathizing with loved ones experiencing drug withdrawal and feeling the need to share drugs to help relieve symptoms.

*“Sometimes I try to help people. Not much, I just don't like seeing people sick. Because I know how it feels like to be dope sick, when nobody wants to help you out. You're there crying or losing your mind” (P2).*

## MEETING NEEDS

While participants typically described their Safer Supply programs as impactful for their substance use, gaps in care do exist. For example, given the lack of Safer Stimulant Supply programs, people who consume unregulated stimulants and opioids described instances where they traded hydromorphone tabs for unregulated stimulants to manage withdrawals and cravings. Further, some participants described trading hydromorphone for more potent opioids (e.g., fentanyl) when drug withdrawals were particularly unmanageable.

*“I trade some of it for crack to get off the down [fentanyl] because I'm trying to get off the down completely” (P26).*

## SURVIVAL

When participants felt they had no choice but to access substances from the toxic unregulated drug supply, diversion was described as a safer alternative to avoid participating in criminalized behaviours such as theft, survival sex work, or assault. This was particularly applicable to participants who used unregulated stimulants and were not able to join a Safer Stimulant Supply program due to lack of access.

*“I think it's [diversion] better than people stealing, doing sex work, or whatever” (P13).*

## PRESSURE

Finally, participants spoke about instances of being pressured to give others their Safer Supply medication. Most commonly, participants spoke about this pressure arising from mid-level drug dealers and drug traffickers. Of note, some participants referenced experiencing violence when they tried to resist this.

*“When you're trying to get clean, and all the dealers are outside standing there, 'Give me your dillies'. Sometimes, they fight for them” (P6).*

*“[Drugs are] out there. With any type of program, whether it's through a doctor for pain, there's always people getting rid of drugs or buying drugs. It's everywhere. It's not just the Safer Supply programs” (P29).*

# YOUTH & DIVERSION

Given the ongoing media attention surrounding concerns of youth and medication diversion, this topic was brought up in interviews. Participants were extremely consistent with their responses and emphasized that medication diversion to youth was not occurring. Instead, many participants spoke about the fact that there are procedures in place among PWUD for when youth may be in an area where drug use is occurring. For example, some participants described yelling phrases such as “kids up” to signal to PWUD in the area to hide their drugs and drug use equipment.

Overall, participants were very distressed by the rhetoric surrounding diversion and youth. They noted that this directly relates back to the stigma and marginalization experienced by PWUD which results from misunderstandings about the community.

***“I don't know anybody that would sell to kids. That's just unethical for me. You have to be really messed up. So I don't think that's a problem. I've never seen anyone sell to kids and whenever they see kids, they actually hide what they're doing. They keep the drugs out of their sight. So that's bullshit, I think” (P5).***

*“When kids are coming around and people are using [drugs], we say, ‘Kids on the block. Kids on the block’” (P10).*

*“Anybody I've shared with is my own age, like 35 or older. **I don't deal with anybody younger than my own age.** I only look and say, “No, go home.”” (P26).*

*“I'd tell them to get the hell out of here and go home. Go home to their parents” (P8).*

*“Kids do not come to the block. And when kids do come to the block, I'm talking older kids obviously, like 19 or 18, a lot of us are like, “What the hell are you doing here? Get the hell out of here.” **We try our best to get them out of here” (P1).***

*“I doubt it. I highly doubt it. And I **bet you 99% of the people here see somebody doing something like that, would smash their head.** I really highly doubt that” (P7).*

*“[We would yell] ‘Kids up’ and everybody stopped, put everything [drug and equipment] away, and the kids walked right on through” (P11).*

*“When kids come here, say they're 13 years old, we say, “Get the fuck off the block. You can't be here.” **So we still do have morals” (P4).***



# THEME 3: PROGRAM RESTART PROCESS

Given the objectives of this research study, participants were asked to reflect on and describe a time when they were away from their Safer Supply program. While each participant had their own unique experience, their program restart process stories followed a similar trajectory. Overall, the sub-themes of experiencing a crisis, time away from the program, and engaging in the restart process were explored.

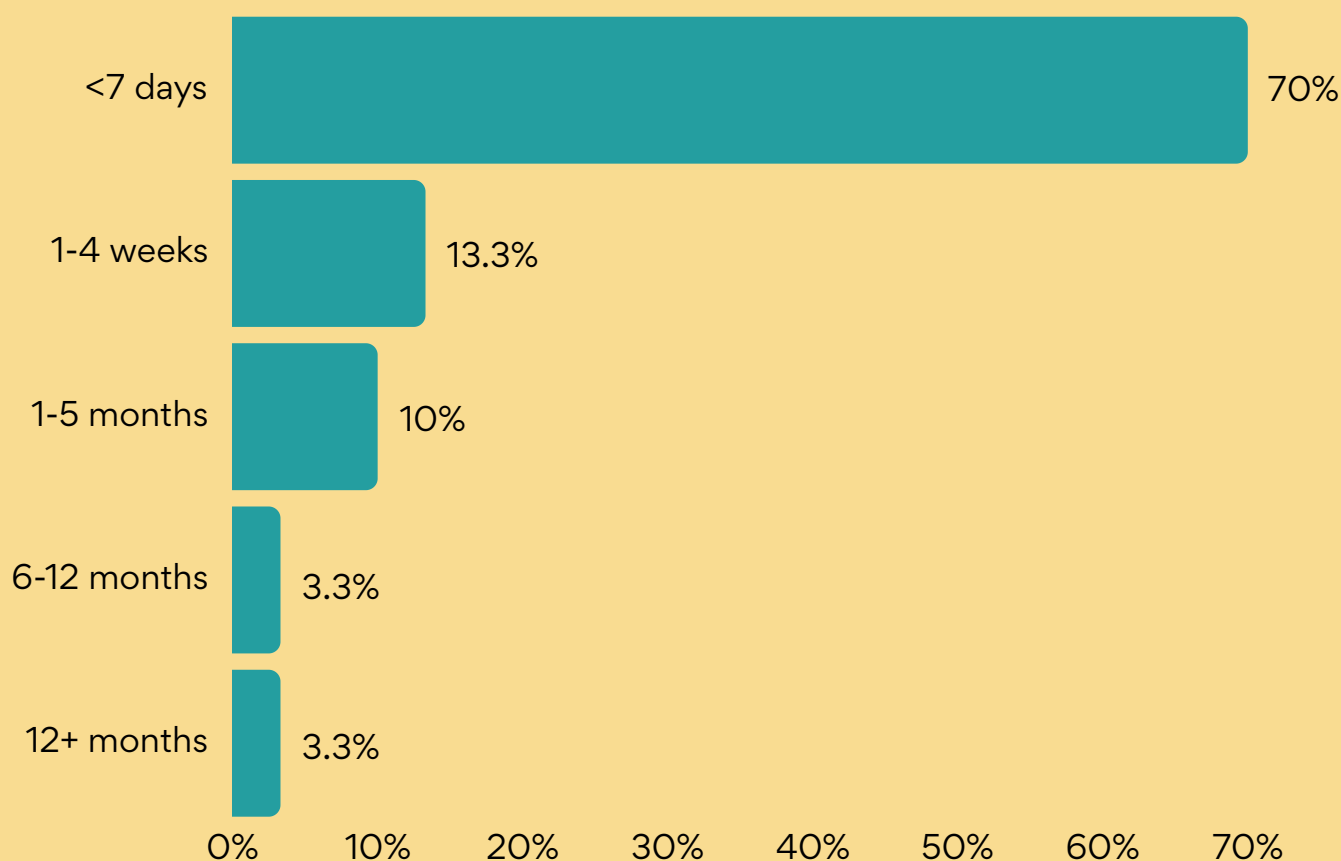


Crisis

Time  
away

Restart

## TIME AWAY FROM PROGRAM BEFORE MOST RECENT RESTART



As part of the survey, participants were asked 1) how many times in the past year they had restarted their Safer Supply program, and 2) how long they were off the program before being restarted.

Overall, participants reported being restarted on their Safer Supply program a median of **2.5 times** (IQR 1-4) over the past year. The vast majority of these participants reported that during their most recent Safer Supply program restart process they were away from the program for **less than 7 days**.

# SUB-THEME 1: CRISIS

**Jail/prison**

**Hospital**

**Diversion**

**Dope sick**

**Travel**

**Daily pick-ups**

**Other drug use**

The first part of the restart process is the crisis period. Participants described a specific event (the “crisis”) occurring in their life which ultimately resulted in them being unable to continue the Safer Supply program.

Overall, the most common crisis participants spoke about were being incarcerated, hospitalized, being removed from the program for witnessed diversion, experiencing intense dopesickness, having to travel, struggling with daily pick-ups, and other drug use.

*“I was caught diverting” (P1).*

*“Most of the time I do come and pick them up and there's days where I just feel tired and I just don't feel like coming in. So I wish we could get, carries would be nice. Be nice to have carries” (P9).*

*“I missed my pills [Safer Supply]... because I was smoking too much crack and staying up too many days... I lost track of time” (P25).*

*“I was so dope sick I couldn't get up [to pick up my Safer Supply]” (P2).*

*“People were bringing me drugs because they [the hospital] weren't giving me what I needed” (P17).*

*“I had to go to a funeral out of town. And where I had to go, there was no pharmacies around for me to get my methadone or to get my Safer Supply, so I had to go three days without it” (P8).*

## SUB-THEME 2: TIME AWAY

The second part of the restart process is time away from the Safer Supply program. Time away from Safer Supply programs was often characterized as an extremely stressful time for participants – several people became emotional when recounting this time during their interview. In general, time away from Safer Supply programs resulted in:

- Increased overdoses
- Increased unregulated drug use
- Worsened mental health
- Isolation/loss of community
- An overall increased sense of chaos in the lives of participants

In particular, participants who had periods of incarceration interrupt their Safer Supply program spoke about how difficult this transition was. Participants shared stories of not receiving their Safer Supply medication while incarcerated, and the intense drug withdrawals that arose from this. Participants also spoke about extended periods of isolation and struggling with being able to connect with a health care provider for appropriate care.

*“Rough and tough... it was really tough. I was sick a lot. I was fighting with my partner. We actually started staying at the shelter” (P1).*

*“All I did was sit there and lie there for three days. I couldn't sleep, I couldn't do anything because of the lack of drugs” (P15).*

*“It was hard. I was craving my drugs” (P14).*

*“In the pen? [I received] just my methadone. It sucked... I would try to go up as much as I could in jail, but the doctors there are so slow and fucking pathetic. They raise you five mL at a time. **I'd get raised five mL once a month.** It's fucking crazy” (P13).*

*“[In jail] I should have been continued on methadone, but I never got that at that time. Anytime I've been in jail, I never got my methadone, **so I don't know what's wrong with system there**” (P14).*

## SUB-THHEME 3: RESTART

The third and final part of the restart process is re-engaging with the Safer Supply team to restart the program. Throughout this process, participants reported that they generally felt supported by the Safer Supply teams when restarting, and that the process was relatively quick and simple to complete.

Participants spoke about various reasons that led them to ultimately make the decision to re-engage in their Safer Supply program. The most common reasons are outlined below.

### DRUG USE

Many participants spoke about escalating concerns surrounding their drug use being a driving force behind their decision to return to their Safer Supply program.

*“[Once I got out of jail] I started using fentanyl again” (P13).*

*“I was using fentanyl, and I was sick physically, and it was hard for me to do anything... I realized that I couldn't live without the program, so I came back and asked to see my doctor again” (P16).*

### OVERDOSES

Other participants spoke about escalating frequency and severity of overdoses occurring just before re-engaging in Safer Supply.

*“I overdosed hard three times in one week and two times the next week, and it was bad all the time. It was like I went down immediately, and then with the fifth one I got a cut on my head, and that scared me” (P1).*

### SEEKING SUPPORT

Several participants returned to Safer Supply in part due to needing the support and engagement provided by the Safer Supply staff.

*“I thought I could do it alone... But I realized quick enough that I needed the program” (P16).*

# THEME 4

## *Current Implications and Future Directions*

The current landscape of Safer Supply programs was discussed with participants. Participants offered valuable feedback, discussed challenges, and explored what changes they would like to see implemented into the program. Overall, participants spoke about:

- Program Feedback
- Individualized Treatment
- Implication of Medication Alternatives
- Life without Safer Supply

## SUB-THEME 1: PROGRAM FEEDBACK

While participants generally expressed gratitude for the program, they were thankful for the opportunity to offer input and share their experiences surrounding three major areas of being on a Safer Supply program:



**Check-Ins & Pick  
Ups**



**Dose Adjustments**

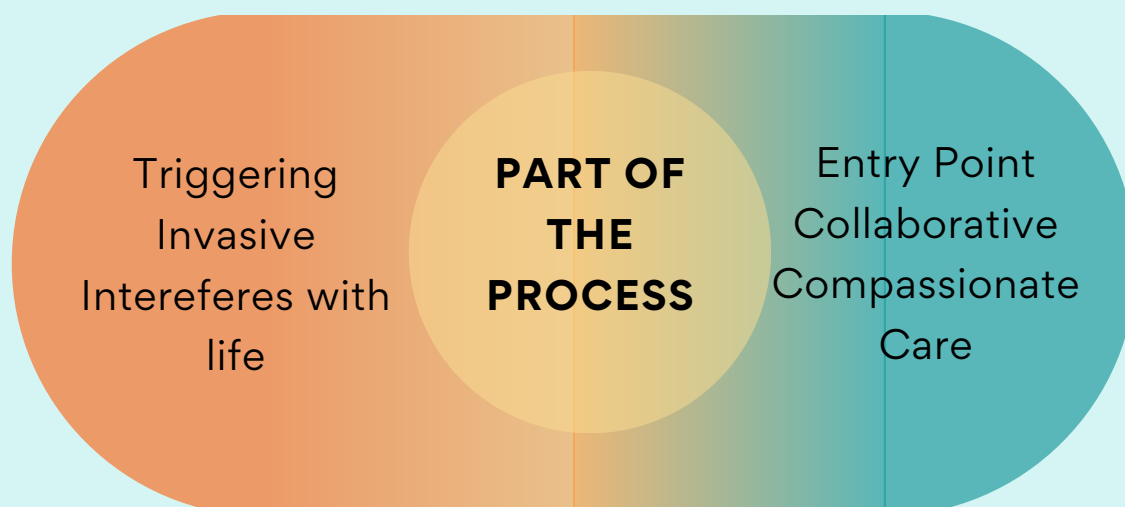


**Accessibility &  
Safety**

# CHECK-INS & PICK UPS

## A SPECTRUM OF REACTIONS

Reactions about check-ins and pick-ups fell on a spectrum. While some participants enjoyed the process as a way to engage with staff, alter treatment, and work toward goals, others remained indifferent. As well, a few participants found the process frustrating, repetitive, and invasive. Overall, all participants accepted that check-ins are part of being involved in a Safer Supply program, and were willing to be accountable for their role in the process.



*"I'm **sick of going every day to the pharmacy**. Every day going to pick it up. It's scary, I don't like being here" (P6).*

*"It's okay. It's **brief, it's just simple...** it's a simple check in... Just seeing where you're at and what they can do for you" (P29).*

*"**I like it**, because we get to ask for an increase [in the Safer Supply medication] if we need one, and we can tell them what we changed, how we've changed, if we want to do schooling, if we want to get a job, what we want to do, if we have any goals" (P25).*

*"The program is like a prison. You have to be at certain places, **it takes away a lot of time out of your life**. You have to go to the doctor every week. So, basically with those type of things, do you think anybody in those circumstances are going to be able to get a job?" (P15).*

*"The only thing I don't like is having to do a urine test every week...I don't know. **I feel like it's a waste of time**. Once a month should be good enough. As long as they know we're using this stuff [Safer Supply medication], what's the big harm?" (P13).*

# DOSE ADJUSTMENTS

While most participants recounted a clear understanding of the process for having their medications altered, a few people expressed struggling with this process. Participants outlined how dose increases could at times be difficult to obtain, resulting in unmanaged drug withdrawals and cravings. Participants also expressed frustration with the pace of dose increases. They found that dose increases were often too slow and that this led to distress. Further, there was some confusion about how to request medication increases expressed by a small number of participants. Overall, participants stated that they could benefit from more ongoing communication from program staff about protocol and policies.

## PACE OF INCREASES

*“I’m disappointed because I was on 32 dilaudid tabs, now he’s increasing me two [hydromorphone 8mg tabs] at a time each week. That’s ridiculous, I think” (P17).*

## RESTART DOSE TITRATION

*“They [Safer Supply staff] think they have to logically raise me slowly [when I am restarting my medication], but it’s not true because I’m using fentanyl anyways” (P4).*

## COMMUNICATION DIFFICULTIES

*“[I’d like a better understanding of how to ask for dose increases] without feeling like you’re a drug-seeking animal or whatever” (P1).*



# ACCESSIBILITY & SAFETY

## COMMUTE

Participants stated that the commute to pick up medication on a daily basis was difficult at times: ***“I can imagine for people that come from afar, that's a pain for them. I know it would definitely be a barrier for me... and then it's such a trigger to being in the area” P10***.

Although picking up Safer Supply medications from alternate pharmacies is possible, participants expressed concern about being judged by pharmacists given their previous experiences of stigma.

## DANGER

Participants disclosed feeling as though areas surrounding their Safer Supply programs are becoming increasingly dangerous given their personal experiences of violence. Oftentimes, drug dealers may be present outside of known Safer Supply clinics, waiting for people to come out with their medication. Some participants reported being pressured and assaulted for their medication.

Given these factors, a few participants reported feeling unsafe when picking up their daily medication: ***“I don't like downtown. It's too rough... the drugs are bad most of the time and so are the people. There's too much violence” P17***.

## ACCESSIBILITY

Attending weekly check-in appointments was expressed as a barrier to consistent program engagement by some participants, particularly when they did not live near the area of their program. Participants also discussed how daily medication pickups can be challenging and identified that more carries of medication or offering a home delivery option could help mitigate these obstacles: ***“I wish we could get, carries would be nice” P9***.

Participants also described how difficult it can be to move forward with goals and day-to-day life when they need to attend the pharmacy every day:

***“There's no reason why somebody couldn't come to my door, give me my meds. I know it's costly, but... there's some people that really struggle out here to get out here [to the pharmacy]” P7***.

## SUB-THEME 2: INDIVIDUALIZED TREATMENT

The vast majority of participants had been part of an Opioid Agonist Therapy (OAT) program previous to their Safer Supply program. Some participants expressed that OAT led to poor physical and mental health problems, such as depression and anxiety. A few participants identified that OAT left them feeling sedated which interfered with their daily lives. Further, other participants stated that OAT led to strong withdrawal symptoms when they were unable to take their dose on time which impacted treatment success.

*"At first the methadone helped, but it came to a point where the dope [fentanyl] was so strong, the drink was nothing. It [methadone] would help me for maybe 10 hours, and then I'd be sick again." (P13).*

*"Methadone, it's not good for you. It's rots your teeth. It made me very depressed" (P23).*

*"I tried suboxone, but it didn't work because I felt more dope sick and it made me even worse, the anxiety and all depression" (P14).*

*"I didn't really like the methadone. Because when I got off, went through heavy withdrawals. And same with the suboxone" (P19).*

*"I don't even want methadone because I don't want to be tied down" (P5).*

*"I didn't like methadone, because I might nod too heavily" (P25).*

Although some challenges with OAT medication were reported, some participants explained that OAT was helpful in combination with their Safer Supply medication, highlighting the need for individualized treatment.

*"My dose wasn't comfortable until I was at 140mL methadone and 30 dilaudid [8mg tabs]... the methadone wears off. It's not enough. At least the Safer Supply, you can take it as needed" (P29).*

*"Methadone. It's really hard for me to come down off it. But I have it at a level where it could still sustain me. I have it set so that I could just make it here the next day without being too antsy" (P22).*

## SUB-THEME 3: IMPLEMENTATION OF MEDICATION ALTERNATIVES

*“I wish it [Safer Supply] was more like fentanyl, not because I want to die, but because I like the feeling... **I don't want it to be fentanyl where I'm going to die.** I just want the fentanyl where I'm going to have that feeling.” (P25).*

Participants expressed a desire for Safer Supply medications which more closely resembled the potency of unregulated drugs to manage ongoing cravings and withdrawals (**“I think it's [the toxic unregulated drug supply] a crime, and I think that they [the government] should make the fentanyl themselves” P15**).

Participants expressed a need for alternatives to hydromorphone in particular, such as pharmaceutical-grade fentanyl (**“Fentanyl Safer Supply would make it perfect” P18**). A few participants expressed a desire for diacetylmorphine (heroin) to be available as an alternative Safer Supply medication as well (**“I'd like to see the heroin come back” P26**).

### FENTANYL IS MORE POTENT

*“I found out that the rest of the opioids don't work anymore...I can shoot that whole bottle of dilaudid, it wouldn't do anything to me” (P15).*

### HEROIN AS A SAFER ALTERNATIVE

*“I really miss heroin, because I could do just the tiniest little bit and then be good all day. Fentanyl, you have to use... Constantly. It's stupid. What a dumb drug, man” (P23).*

### FEAR OF ACCESSING THE TOXIC DRUG SUPPLY

*“I like the fentanyl, if it's the right dose, it makes my day better... I don't like the fact that I have to get it off people I don't know who made it, that it's not made professionally” (P15).*

*“People want fentanyl... that's the ultimate cure for this, to get the dirty ass shit [unregulated fentanyl] off the street... people are dying... they're [PWUD] disgusted with what's in this stuff” (P22).*

## SUB-THEME 4: LIFE WITHOUT SAFER SUPPLY

Participants were aware of the limitations surrounding Safer Supply funding from Health Canada. Given this, participants were encouraged to consider how their lives might change if Safer Supply programs were to close. Several points regarding this topic were brought up, including:

- Loss of purpose and routine
- Cycle of criminalized behaviour
- More overdoses and loss of life

### LOSS OF PURPOSE AND ROUTINE

*“That happy feeling of coming here every day wouldn't be there anymore” (P22).*

*“It would change everything I worked for... it would change everything” (P11).*

*“I wouldn't know what to do. I probably would break down... it would change everything... mess up my routine” (P19).*

**Participants discussed that without the Safer Supply program, they would lose their sense of purpose and routine. They expressed sadness and concern at the idea of program closures, as everything they had worked toward would be lost.**

# CYCLE OF CRIMINALIZED BEHAVIOUR

Participants discussed how they would feel the need to return to criminalized behaviour for survival if they no longer had access to their Safer Supply program. They expressed concern as they did not want to engage in such activities, but they also felt like they would have no other choice. This would leave them in a debilitating cycle of survival and remorse, where people would have to return to doing things they do not want to do, in order manage ongoing drug cravings and withdrawals.

*"It would be horrible. There would be more crime, because **people have to make the money to buy the drugs**" (P4).*

*"I would remain a dealer and hopefully I wouldn't have to resort back to armed robberies and crime" (P17).*

*"I'd be really upset... It means I have to go back to doing what I didn't want to do in the first place. **So this [safer supply] prevents that**" (P26).*

*"I would probably feel like my world was falling apart again, and probably chances are **I'd end up in jail and go to prison again**" (P13).*

*"I'd have to **go back to doing things I didn't want to do anymore...** I'd have to go back to selling drugs" (P29).*

## SURVIVAL

## CRIMINALIZED BEHAVIOUR

## REMORSE

*"I would freak out. I would. "What do you mean? It's no longer?" **I would have to go back to doing all those things**" (P10).*

*"Drug use would be up. Violence would be up. Crime would be up. **Everything would be up**" (P11).*

*"I'd be doing sex trade work or I would be robbing people" (P18).*

*"If I didn't have any Dillies, I would go out there and have to go shoplifting to get my fix, you know? It helps. If I didn't have my Kadian, it would... **Oh my God, I don't know what I would do**" (P6).*

## MORE OVERDOSES AND LOSS OF LIFE

Participants feared that without their Safer Supply medications, they would need to return to accessing drugs from the toxic and unregulated drug supply. Given the unpredictable nature of the toxic unregulated drug supply, participants expressed concern at this leading to more overdoses and loss of life.

### RETURN TO UNREGULATED TOXIC DRUG SUPPLY

*"I think I'd start doing more fentanyl, **because I would have to.** I'd be so sick" (P23).*

*"If it wasn't for this program, I'd **probably fucking be dead**" (P7).*

*"What are you going to do? Then you'd have nothing. Well, you'd have withdrawals or go buy some drugs on the street. That's what everybody would be doing. **There would probably be a lot of overdoses**" (P20).*

*"I'd probably be back downtown **doing twice as much fentanyl as I'm doing right now**" (P27).*

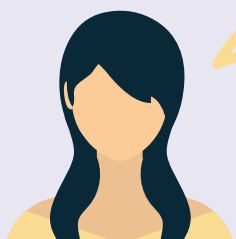
*"I guess this has to go back to the old,... **Back to fentanyl** again and do what I got to do" (P9).*

### MORE OVERDOSES AND LOSS OF LIFE

*"**I'd end up dead,** dead on the street. Back on the street and dead, or dead in a ditch from prostituting for my new drug, fentanyl" (P25).*

## MESSAGES TO POLICY MAKERS & POLITICIANS

Participants were encouraged to share messages directed at politicians and policy makers with decision-making power surrounding Safer Supply programs to allow their voices to be heard.



*"I saw one kid here was only 18. You're catching him then. You can get him straight before his whole life" (P20).*

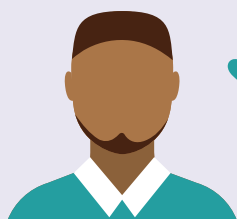
*"Well, I'm pretty sure they already know from stats, crime will go up, drug dealing will go up... I don't know what I'd be able to say to them to make them change it [if they were closing Safer Supply] except that it's going to cause a lot of problems" (P29).*

*"It's something we need to keep because I'm planning on going to take training and courses now because of Safe Supply. If I wasn't, I probably wouldn't have signed a parental agreement. CAS would've taken my child, and I would just be another lost soul on the street who didn't get the chance to have what I have" (P11).*



*"That it [Safer Supply] does work, and that some things take time" (P23).*

*"I'd want them to know that we need the program, because it's helping us use less fentanyl at least, and it's basically keeping us alive" (P25).*





*"That absolutely you have to continue them [Safer Supply programs]... I'm sure it's expensive, but... It costs like \$1600 a day every day in jail for one person" (P4).*



*"I would say the worst thing you could do is cut it [Safer Supply] out...It can work and it has changed and the changes are working I think. They're small, but they're working" (P22).*



*"I went from using six points [of fentanyl] since July to half a point, which is nothing from using almost a gram to nothing. That's a big 180 turnaround, and sitting with my mental health too. It's done a lot. If the program stopped, well, I'd be screwed" (P26).*



*"[Fentanyl] it just ended me pretty much, I would say, took everything from underneath me, everything. I didn't have much to start when I came here, but whatever I have now, I wouldn't have any more [without Safer Supply], guaranteed. No stability at all" (P5).*



*"Not everybody's a bad person... Sometimes people's addiction takes over, and they'll do anything to get the next hit. They'll even rob their own family. That's sad, but it's the reality of it" (P27).*





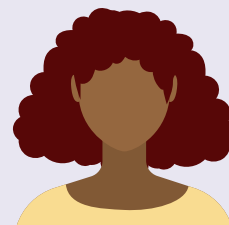
*"I would want them to know that if they canceled the program, they would be ruining it for all the people who need it. And that if they are sure about making that decision, please use the funding somewhere else that's detrimental to society and that would benefit the members of the community and homeless community in the same way that the Safe Supply program would have" (P28).*



*"That it's not just another escape for addiction use and addicts. It's not another escape zone to get drugs, and for addicts to keep on going. It's for addicts to recognize and realize within themselves as they come day by day. And they will then find hope in themselves, like I did" (P24).*



*"There's more people like me out there that need this [Safer Supply]" (P19).*



*"I just want to say thank you. You did me a lot of good, and I just hope it continues" (P17).*



*"[The unregulated drug supply] is so bad. It's almost too far gone. I mean, they're on the sidewalk sleeping with a blanket over, and I'm like, 'Come on.' It breaks my heart. I have a heart" (P21).*



# PROGRAM Evolution

Participants were asked to describe the changes and adjustments they hoped to see within their Safer Supply programs. This included how they envisioned programs evolving to best support PWUD.

- **Flexible programming**
  - Increased medication dispensing options, such as pharmacy deliveries to avoid daily pick-ups
  - Innovative care delivery approaches such as telephone check-ins and virtual meetings to better support people who may not live close to their program or may need to travel
- **Individualized care**
  - Further consideration of how the programs can change and evolve with participants (e.g., less frequent check-ins over time)
- **Sustainability planning**
  - Clear communication regarding ongoing program options and plans for the future
- **Youth programming**
  - Increased accessibility to substance use and harm reduction-based programming for youth who use drugs given the decline in the number of youth receiving substance use treatment and growing rates of emergency department visits, hospitalizations, and deaths among use as a result of the toxic unregulated drug supply<sup>8</sup>
- **Drug alternatives**
  - Increased access to different types of pharmaceutical-grade medication, including:
    - Injectable fentanyl
    - Injectable diacetylmorphine (heroin)
    - Safer stimulant medication
- **Revised prescribing guidelines**
  - Alterations to prescribing guidelines to reflect the vast changes in the toxic unregulated drug supply since Safer Supply programs were opened in 2018
- **Address diversion**
  - Reframe and define diversion through the framework provided by research participants
  - Meaningfully create of policies and documents to clearly outline the views of understandings of diversion within Safer Supply programs
  - Consideration of diversion through the culture of drug use

# PROGRAM

## Restarts

Participants were asked to provide feedback specifically regarding the program modifications they feel would improve care for people who experience ongoing program restarts and barriers to care.

- **Clear communication**

- Purposeful and ongoing communication regarding the process of (re)engaging in a Safer Supply program
- Discussion of program restarts as a normal and expected part of the program trajectory
  - Changing substance use patterns is not a linear path, it is highly complex
  - Moving away from previous patterns and ways of life takes time and practice
- Clearly outlined processes for participant program engagement in times of crisis

- **Educations and awareness**

- Provide further Safer Supply program education among targeted groups
  - Jails and prisons
  - Hospitals
  - Pharmacies

- **Gaps in care**

- Address major gaps in the provision of Safer Supply programs which contribute to program restarts
  - Jails/prisons
  - Hospitals
  - Travel
  - Relocating/moving

- **Rapid restart protocols**

- Faster medication titration for participants who are restarting the program to improve the management of drug withdrawals and cravings
- Expansion of on-call (e.g., after hours, weekends, holidays) services to rapidly restart participants on the program and minimize delays

- **Wrap-around care**

- Expand wrap-around care within Safer Supply programs
- Ensure wrap-around care is tailored to the needs of each participant, with clear communication amongst team members (e.g., increased wrap-around support for participants when they are in a time of crisis)

- **Individualized care**

- Adjusting program requirements for participants based on their individual care needs
- Medication carries
- Less frequent check-ins/urine drug screens

# Glossary of Terms and Abbreviations

## ABBREVIATIONS

**FMNI** = First Nations, Métis, and Inuit

**IQR** = Interquartile range

**OAT** = Opioid Agonist Therapy

**ODSP** = Ontario Disability Support Program

**OICH** = Ottawa Inner City Health

**OW** = Ontario Works

**PWUD** = People who use drugs

**SCS** = Supervised consumption site

**SHCHC** = Sandy Hill Community Health Centre

**SROM** = Slow-release oral morphine

**SWCHC** = Somerset West Community Health Centre

## DRUG TERMINOLOGY

**1 point** = 0.1 gram

**10 points** = 1 gram

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# Questions? Contact us.

Marlene Haines RN PhD(c)  
Marlene.Haines@uOttawa.ca

Patrick O'Byrne NP PhD  
Patrick.OByrne@uOttawa.ca