INVESTIGATING PREFERENCES FOR A SAFE SUPPLY OF OPIOIDS

IN BRITISH COLUMBIA

PRESENTED BY

JESSICA XAVIER

RESEARCH ASSOCIATE, *BC CENTRE FOR DISEASE CONTROL*

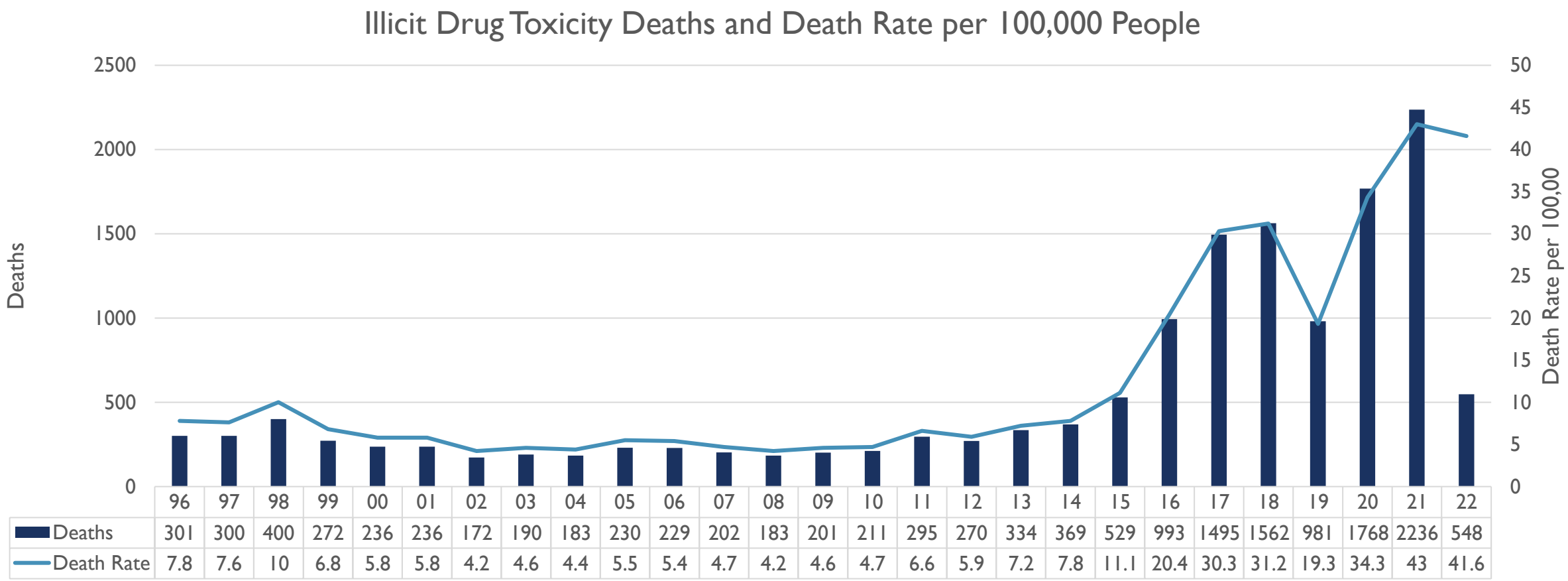
ARIBA KAMAL

STUDENT PUBLIC HEALTH OFFICER, *PUBLIC HEALTH AGENCY OF CANADA*

ON BEHALF OF **MAX FERGUSON, JANE A. BUXTON,** THE LARGER RESEARCH TEAM AND MANY CONTRIBUTORS

This research was funded by the BC Ministry of Health and Health Canada (Substance Use and Addictions Program).
The funders had no input into the study design, analysis or preparation of todays' presentation.

ILLICIT DRUG TOXICITY DEATHS IN BRITISH COLUMBIA



	96	97	98	99	00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22
Deaths	301	300	400	272	236	236	172	190	183	230	229	202	183	201	211	295	270	334	369	529	993	1495	1562	981	1768	2236	548
Death Rate	7.8	7.6	10	6.8	5.8	5.8	4.2	4.6	4.4	5.5	5.4	4.7	4.2	4.6	4.7	6.6	5.9	7.2	7.8	11.1	20.4	30.3	31.2	19.3	34.3	43	41.6

BC Coroners Service, 2022

PEEP Professionals for Ethical Engagement of Peers
BRITISH COLUMBIA Ministry of Health
BC Centre for Disease Control

ILLICIT DRUG TOXICITY DEATHS IN BRITISH COLUMBIA

Top Drugs Involved Among Illicit Drug Toxicity Deaths in BC, 2019-2021

Drug Detected	Drug Toxicity Deaths (n = 1856)
Illicit fentanyl & analogues	85.1%
Cocaine	45.7%
Methamphetamine/amphetamine	41.3%
Other opioids	22.6%
Ethyl alcohol	26.4%
Benzodiazepines	12.2%
Other stimulants	3.2%

BC Coroners Service, 2022

PEEP Professionals for Ethical Engagement of Peers
BRITISH COLUMBIA Ministry of Health
BC Centre for Disease Control

SAFE SUPPLY

"A legal and regulated supply of drugs with mind/body altering properties that traditionally have been accessible only through the illicit drug market."

(Canadian Association of People who Use Drugs, 2019)

The evidence shows the effectiveness of some safe supply programs for reducing the risk of overdose and improving and health and social outcomes.

(Health Canada, 2022; Oviedo-Joekes et al., 2009; Oviedo-Joekes et al., 2016; Office of the Provincial Health Officer, 2017; Ranger et al., 2021)

Currently, in BC, there are limited opioid and mode of use options available as part of safe supply programs.

STUDY OVERVIEW & OBJECTIVES

Research questions for the ***Understanding Substance Use Patterns & Preferences: Informing Safe Supply and Safer Use Services*** multi-methods study:

1. If people who use opioids were provided with a continuous safe supply of pharmaceutical grade opioids and/or opioid agonist therapy, which opioid(s) and/or opioid agonist therapy would they choose? Why?
2. If people who use opioids were provided with a continuous safe supply of pharmaceutical grade opioids, what would be their preferred mode of use? Why?

PEEP Professionals for Ethical Engagement of Peers
BRITISH COLUMBIA Ministry of Health
BC Centre for Disease Control

QUANTITATIVE METHODS

Data Collection

- Data was collected using the Harm Reduction Client Survey 2021 – an annual survey distributed at harm reduction supply distribution sites across BC
- Inclusion criteria:

✓ 19 years or older

✓ Self-reported use of any substances other than/in addition to cannabis in the past six months

✓ Ability to provide verbal informed consent

Data Analysis

- Frequency tables were produced for preferred safe supply substance and preferred mode of use for safe supply
- Analysis was performed using R Statistical Software

PEEP Professionals for Ethical Engagement of Peers

BRITISH COLUMBIA Ministry of Health

BC Centre for Disease Control

QUALITATIVE METHODS

Data Collection

- One-on-one interviews and focus groups (n=77) were conducted across BC between November 2021-March 2022 with people who reported using illicit substances and/or prescribed alternatives in the past 6 months.
- Trained peer research assistants (n=7) and the research coordinator recruited participants through their networks and harm reduction organizations.
- Study sites included: Victoria, Nanaimo, Vancouver, Maple Ridge, Quesnel, Cranbrook, Nelson

Data Analysis

- Data was de-identified and participants were assigned a pseudonym
- A coding framework was developed collaboratively by the analysis team and a smaller team (JX, EA, JL, PBM) coded the data – collaboratively coding periodically to ensure inter-coder reliability
- A combination of inductive and deductive approaches were used to thematically analyze the data and to identify patterns and outliers

QUANTITATIVE FINDINGS: PREFERRED OPIOID AGONIST THERAPY AND/OR SAFE SUPPLY SUBSTANCE

Substance	n (%)
Methadone (Methadose/Metadol)	57 (15.6%)
Buprenorphine/Naloxone (Suboxone)	22 (6.0%)
Hydromorphone (injectable)	24 (6.6%)
Hydromorphone (tablet e.g. Dilaudid)	32 (8.8%)
Morphine (capsule/tablet, e.g. Kadian/M-Eslon)	33 (9.0%)
Morphine (injectable)	28 (7.7%)
Oxycodone (e.g., OxyCotin, OxyNeo)	31 (8.5%)
Fentanyl (liquid)	43 (11.8%)
Fentanyl (patch)	47 (12.9%)
Fentanyl (powder)	80 (21.9%)
Heroin/diacetylmorphine	165 (45.2%)

Out of 537 participants in the 2021 HRCS, 365 or 67.9% specified any opioid agonist therapy or opioid safe supply option.

Participants could choose more than one substance.

PEEP Professionals for Ethical Engagement of Peers

BRITISH COLUMBIA Ministry of Health

BC Centre for Disease Control

QUALITATIVE FINDINGS: PREFERENCE FOR OPIOID SAFE SUPPLY

- Most participants expressed a preference for a pharmaceutical grade supply of heroin and/or fentanyl based on these substances meeting various needs and objectives

"They [heroin, fentanyl] have the strongest analgesic effect and the strongest euphoric effect. I find that when I was prescribed Kadian morphine it was helpful in terms of mitigating withdrawal symptoms. But it's more of a safety or stabilizing sort of function..." (Oscar, Vancouver)

"You won't find one guy out there saying…I'm using fentanyl 'cause that's the wrong drug for me…They're using fentanyl because it's the right fucking drug to use…You know what, we're using fentanyl whether you like it or not, whether we're on safe supply or not…Give me fentanyl. We're off the street." (Focus Group 5 Participant)

- Participants shared that existing safe supply options were limited and, for most, were not effective for substantially or fully reducing their reliance on the toxic street supply

"Somebody using fentanyl, trying to replace that with dilaudid or hydromorph - they're using their whole supply in one shot in the morning and they're screwed by noon." (Thomas, Quesnel)

"I'm on four M-Eslon 100's and 14 dilaudids. And I use between– I use probably - if I'm being honest, three, four points a day of heroin too– or fentanyl on top of that. And I don't get high from it. I just feel normal." (Focus Group 4 Participant)

QUALITATIVE FINDINGS: PREFERENCE FOR OPIOID SAFE SUPPLY

- Most participants were interested in a safe supply of heroin. Reasons, in contrast to other opioids, included: a longer lasting high, less undesirable side effects in comparison to other opioids, behavioral and physiological effects (e.g. higher functioning, less sleepy), unique euphoric properties.

"I don't like dope with fentanyl…I don't want to get high to go to sleep." (Focus Group 1 Participant)

"Heroin, you can do a little bit of heroin and get lots of energy…yeah, you can work a job…if you're just going to do fentanyl than you're going to have to be willing to either be rich or be willing to fucking go out and do what you have to do to get money every 10 minutes." (Focus Group 3 Participant)

"Yeah, heroin has-- it's its own thing. It's not, like, where fentanyl's a pharmaceutical drug, right. Heroin's more of a-- heroin's the one you want, really." (Amber, Vancouver)

- Some were interested in fentanyl. Reasons included: perception of increased effectiveness of fentanyl for pain management in comparison to heroin, concerns around heroin not being strong enough given peoples' increased tolerance from using fentanyl, familiarity with fentanyl in contrast to not remembering or never having used pure heroin.

"Heroin's not the biggest pain medication where fentanyl is. You can use more heroin where fentanyl if you get a good decent supply of fentanyl you're [snaps fingers] up out of bed just like that. And whistling and doing dishes…" (Focus Group 5 Participant)

"I don't know. I've never really done that-- I don't think I've never done pure fent or heroin. I'd like to try it though." (Jack, Quesnel)

"It's kind of a fallacy that people think-- that heroin would fucking get them better. They won't be able to get that-- they won't get past fentanyl." (Focus Group 3 Participant)

QUANTITATIVE FINDINGS: PREFERRED MODE OF USE FOR SAFE SUPPLY

Out of 537 participants in the 2021 HRCS, 365 or 67.9% specified any opioid agonist therapy or opioid safe supply option. Participants were asked to indicate their preferred mode of use for a safe supply of opioids.

Mode of use	n (%)
Smoke	179 (49.0%)
Snort	22 (6.0%)
Inject	114 (31.2%)
Swallow	97 (26.6%)
Other	15 (4.1%)

Participants could choose more than one mode of use.

QUALITATIVE FINDINGS: PREFERENCE FOR OPIOID SAFE SUPPLY

- Beyond expanding safe supply options to include heroin and fentanyl, participants flagged that expanding options for mode of consumption (e.g. inhalable forms of heroin and fentanyl) and models that are low-barrier and accessible is needed to make safe supply as accessible as possible and reduce peoples' reliance on the toxic, unregulated supply

"Inhalation-- people are not-- we're not being appropriately serviced. It's all being for people mainly on opiates and opioids and injectors." (Focus Group 1 Participant)

"You can't put a pill of dilaudid or hydromorph on a tinfoil.You can't blow out a smoke cloud of dilaudid…" (Focus Group 6 Participant)

"I could quite happily get heroin and get carries and you wouldn't see me. I'd pick up my carries. I'd be out working, doing whatever I wanted to do to get out of here…Like right now I take morphine, dillies and-- and diacetylmorphine and fentanyl simply because I don't want to go to the fucking clinic three times a day anymore. If I had carries, I would stick with one thing." (Focus Group 3 Participant)

POLICY RECOMMENDATIONS & FUTURE DIRECTION

Currently BC's safe supply options are limited in terms of substances offered and available modes of consumption. As the quote below articulates, limited options contributes to a continued reliance on the illicit and toxic supply:

"Because I know that for most people it doesn't really– just the existing options, the range of options, doesn't really satisfy most people's needs. Most users I know are still using some form of street drug or another." (Oscar, Vancouver)

Policy Recommendations:

- Expanding opioid safe supply options with a focus on providing a regulated supply of heroin/diacetylmorphine
- Expanding safe supply options to include inhalable forms
- Expanding and developing safe supply programs in BC should account for accessibility and equity issues
- To meet the needs of people who use drugs, safe supply policies

and programming should be developed in consultation with people with lived/living experience

THANK YOU!

- We would like to thank our research participants, project partners and contributors for their efforts and support
- We would also like to thank the Professionals for Ethical Engagement of Peers (PEEP) for their input and guidance.

PEEP Professionals for Ethical Engagement of Peers

BRITISH COLUMBIA Ministry of Health

BC Centre for Disease Control

REFERENCES

BC Coroners Service (2022). *Illicit Drug Toxicity Deaths in BC*. Ministry of Public Safety & Solicitor General. Available from: https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/illicit-drug.pdf.

Canadian Association of People who Use Drugs (2019). *Safe Supply Concept Document*. Available from: https://drive.google.com/file/d/1QNrN4zryp1p0GDSba5sdoStflweoXcbS/view?usp=sharing&usp=embed_facebook

Health Canada (2022). Early findings from safer supply pilot projects. Available from: https://www.canada.ca/en/health-canada/services/opioids/responding-canada-opioid-crisis/safer-supply/early-findings-safer-supply-pilot-projects.html

Office of the Provincial Health Officer, British Columbia Ministry of Health (2017). Opioid Substitution Treatment System Performance Measures 2014/2015 – 2015/2016. Available from: https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/reports-publications/special-reports/bc-ost-system-measures-14-15-and-15-16.pdf

Oviedo-Joekes E., Brissette S., Marsh D.C., Lauzon P., Guh D., Anis A. Diacetylmorphine versus methadone for the treatment of opioid addiction. *New England Journal of Medicine*. 2009;361(8):777–786. doi: 10.1056/NEJMoa0810635.

Oviedo-Joekes E., Guh D., Brissette S., Marchand K., MacDonald S., Lock K. Hydromorphone compared with diacetylmorphine for long-term opioid dependence: A randomized clinical trial. *JAMA Psychiatry*. 2016;73(5):447–455.

Ranger, C., Hobbs, H., Cameron, F., Stuart, H., McCall, J. Sullivan, G., Urbanoski, K., Slaunwhite, A., &Pauly, B. (2021). "Co/Lab Practice Brief: Implementing the Victoria SAFER Initiative." Canadian Institute for Substance Use Research, University of Victoria, Victoria, Canada.