

# Safer Supply Ottawa Evaluation

Spring 2023 Report

Marlene Haines  
Athena Tefoglou  
Patrick O'Byrne



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# TABLE OF CONTENTS

**3** Executive Summary

---

**4** Background

---

**8** Safer Stimulant Supply  
Clinical Program Information

---

**11** Safer Stimulant Supply  
Medical Chart Reviews

---

**18** Safer Supply Ottawa  
Program Data

---

**27** Glossary

---

**28** References

# Executive Summary

Since 2016, over 36,000 people in Canada have died as a result of the drug poisoning crisis. Polysubstance use has become increasingly common, with more than half of opioid toxicity deaths also involving a stimulant in 2022.<sup>1</sup> As a result, the Safer Supply Ottawa initiative seeks to provide support through the prescription of pharmaceutical opioids and stimulants to people who use drugs (PWUD) as an alternative to the toxic illicit drug supply. This report will provide an overview of the 3 existing Safer Supply programs in Ottawa as well as a more in-depth exploration of Safer Stimulant Supply programs.

First, a high-level summary of Safer Stimulant clinical program information will be provided. This includes an overview of what a Safer Stimulant Supply program is, program intake information, as well as participant inclusion and exclusion criteria. Second, medical chart data for all Safer Stimulant Supply program participants in Ottawa will be presented. This includes participant sociodemographic information, program engagement, as well as comparisons between drug use at intake and their most recent check-in. Finally, the outcomes related to chart reviews of all current Safer Supply Ottawa participants will be provided.

# Background

As the drug poisoning crisis in Canada worsens, PWUD continue to die at unprecedented rates. Between 2016 and 2023, more than 36,000 people died in Canada as a result of opioid toxicity.<sup>1</sup> Over 5,000 people died in 2022 alone, which is the equivalent of 20 deaths each day.<sup>1</sup>

In 2016, the illicit drug supply in Canada and other countries rapidly became increasingly dangerous. This was largely due to heroin being contaminated by fentanyl, resulting in increased rates of overdose and death among PWUD.<sup>2</sup> Currently, fentanyl continues to impact the community of PWUD, with over 80% of opioid toxicity deaths involving fentanyl in 2022.<sup>1</sup>

While accurate and rapid community drug checking is not available in most communities, some larger cities such as Toronto do have access and are able to give insight into the worsening state of the poisoned illicit drug supply. Drug checking results show that the vast majority of illicit drugs tested are consistently tainted with substances other than what the recipient intended to purchase and use, including fentanyl analogues, benzodiazepines, and other sedatives (e.g., xylazine).<sup>3</sup>

Further, these results demonstrate that the illicit drug market fluctuates rapidly, with new and different substances detected each week. It is important to note that most individuals purchasing illicit substances have no way of predicting what may be in the drugs they are consuming, increasing their risk of overdose and death.<sup>3</sup>

Overall, PWUD are an extremely marginalized and stigmatized group of people. They continue to be criminalized as a result of their illicit drug use, further compounding inequities. While certain substances are regulated in Canada, such as alcohol and cannabis, the vast majority of people who use opioids, stimulants, benzodiazepines, and other drugs do not have access to a regulated, safe supply of drugs. To address this, Safer Supply pilot programs were opened in a select number of cities across Canada with the support of Health Canada's Substance Use and Addictions Program. Overall, Safer Supply programs seek to reduce harms related to the toxic illicit drug supply by providing PWUD with pharmaceutical grade prescription medication.

# Drug Use Trends

Recently, it has been noted that polysubstance use, often involving opioids (e.g., fentanyl) and stimulants (e.g., cocaine, crystal methamphetamines), has become increasingly common. In 2022, Health Canada reported that more than half (53%) of opioid toxicity deaths also involved a stimulant drug.<sup>1</sup> Further, in 2022, 78% of stimulant-related deaths also involved an opioid drug.<sup>1</sup>

In Ontario, stimulants played a direct role in the majority (59.3%) of opioid-related deaths during the COVID-19 pandemic, further reinforcing the need for comprehensive polysubstance use care for the community of PWUD.<sup>4</sup>

**53%**

of opioid-related deaths also involved a stimulant drug.

**78%**

of stimulant-related deaths also involved an opioid drug.

**Amplifying this concern, individuals who use stimulants have very few evidence-based resources available to address their stimulant use. For example, there is no gold standard medication for treating stimulant use disorder, as most interventions focus on psychosocial (e.g., counselling, outpatient therapy) approaches which are often rooted in abstinence.<sup>5</sup> Further, for individuals who may not be seeking treatment for their stimulant use – but perhaps instead, increased safety with the drugs they are consuming – services such as Safer Stimulant Supply programs are exceptionally scarce and difficult to access.<sup>6</sup>**

# Program Overview



Safer Supply Ottawa is a joint initiative that brings together 6 separate organizations to provide comprehensive care and services to the community of PWUD.<sup>7</sup>

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 of 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 Stimulant Supply

## Clinical Program Information

This section references a Safer Stimulant Supply policy written by Anthony J. Desloges CCPA, who is the Safer Supply program lead at Recovery Care.<sup>8</sup>

Please note this is not a comprehensive overview of current clinical guidance regarding Safer Stimulant Supply programs. This section provides a high-level summary of clinical program information regarding Safer Stimulant Supply programs in Ottawa. A clinical guideline is available through the British Columbia Centre on Substance Use.<sup>9</sup>

As previously noted, people who use stimulants have very few options with regard to care and/or treatment for their stimulant use. To address this need as well as the emerging consequences associated with a poisoned illicit drug supply, Safer Stimulant Supply pilot programs have been implemented in a small number of communities across Canada.

Safer Stimulant Supply programs are a harm reduction strategy for individuals who use stimulants or are living with a stimulant use disorder. These programs seek to provide a replacement for the toxic illicit stimulant supply, often including, but not limited to, crystal meth, cocaine, and/or crack cocaine.

Both short- and/or long-acting prescription stimulant medication is used within Safer Stimulant Supply programs. Most commonly, methylphenidate immediate-release (IR) 10mg tablets and methylphenidate long-acting (LA) capsules are used in the program due to the decreased potential for new-onset psychosis (when compared to dextroamphetamine). However, other long-acting medications can also be used, including but not limited to lisdexamfetamine, dextroamphetamine and amphetamine, dextroamphetamine, and methylphenidate hydrochloride extended-release.

Participants are typically required to have observed oral doses of their long-acting stimulant medication to be observed at a pharmacy each day. Methylphenidate IR 10mg tablets are then dispensed daily from the pharmacy. Participants may take their methylphenidate IR 10mg tablets via their preferred route of administration (e.g., oral, injection, etc.) throughout the day for harm reduction.

Of importance, participants have a mental health review completed at each check-in with their team once they have been admitted to the Safer Stimulant Supply program. Further, vital signs (which must include blood pressure and heart rate) are completed before and after any medication adjustments.

# Program Intake

- The participant and their care team complete a detailed clinical intake form together to assess if they are an appropriate candidate
- The participant reviews and signs a program agreement with their prescriber
- The stimulant medications being prescribed are explained by the prescriber, including but not limited to their use, dosage, potential side effects and adverse reactions, etc.
- Baseline vital signs, an ECG, and blood work are completed

Goals for Safer Stimulant Supply programs are created and implemented by the participant and their care team. However, some common goals include:

- Decreased or discontinued illicit stimulant use
- Decreased risk of drug-induced psychosis
- Decreased risk of cardiovascular morbidity due to illicit stimulant use
- Decreased risk of infectious disease transmission
- Decreased participation in criminalized behaviours
- Improved mental and physical health

Decisions regarding stimulant medication prescriptions are tailored to the individual needs of each participant by their prescriber. Below are commonly utilized prescription guidelines within the Ottawa Safer Stimulant Safer Supply programs.

## Long-acting medication

Methylphenidate LA:

- Initial dose 20-40mg PO daily
- Witnessed dosing

Dextroamphetamine sustained-release:

- Initial dose 10-20mg PO BID
- Maximum dose 40mg PO BID
- Witnessed dosing

## Short-acting medication

Methylphenidate IR:

- 10mg tablets are most commonly used
- Initial dose 20-40mg (2-4 tablets)
- Titration: may increase by 20-40mg (2-4 tablets) each visit based on clinical assessments
- Tablets are dispensed daily as a carry

\*Maximum overall (LA and IR) dose per day of Methylphenidate = 200mg/day\*

# Intake Considerations

## Inclusion Criteria

- Persons diagnosed with a stimulant use disorder (DSM-5) or be at high risk of developing a stimulant use disorder
- Persons must have attempted and were not successful in contingency-based management, or have social and/or medical barriers to accessing traditionally recommended management.

## Exclusion Criteria

- Persons who do not meet the criteria for stimulant use disorder or are not deemed high risk for developing stimulant use disorder by a physician, physician assistant, or nurse practitioner.
- Persons not able to consent for harm reduction and adhere to clinic behavioral policies.
- Persons not able to attend regular appointments with the physician, physician assistant, nurse practitioner or nurse.

## Absolute Contraindications

- History of myocardial infarction, arrhythmia, advanced arteriosclerosis, glaucoma, symptomatic cardiovascular disease, severe hypertension.
- History of thyrotoxicosis or pheochromocytoma.
- Concurrent use of monoamine oxidase inhibitors
- Personal or family history of Tourette Syndrome.
- Sensitivity to methylphenidate or any substance in the formulation.

## Relative Contraindications

- History or development of aggression.
- History or development of psychosis.
- Weight loss.

# Safer Stimulant Supply Chart Reviews

Given the paucity of research and evaluation regarding Safer Stimulant Supply programs, medical chart reviews of participants in this program were completed. Data were extracted from program intake and check-in forms that were collected on an ongoing basis by the clinical teams at Recovery Care. Recovery Care is currently the only organization in Ottawa that offers a Safer Stimulant Supply program.

Data collection occurred in mid-February 2023. In total, 28 participant profiles were included in this evaluation. Only participants actively engaged in a Safer Stimulant Supply program at the time of data collection were included.

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

Data collected from the medical chart reviews are reported using descriptive statistics. This includes means and standard deviations for normally distributed variables, medians and interquartile ranges for skewed variables, and proportions and percentages for categorical variables.

## DATA COLLECTION

## DATA ANALYSIS

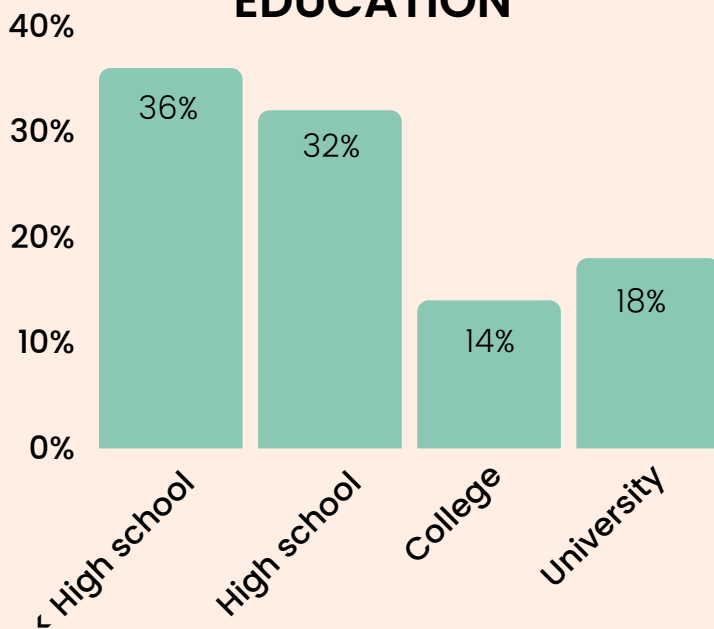
A total of 28 Safer Stimulant Supply participant medical charts were reviewed in mid-February 2023.

## Participant Demographics (n= 28)

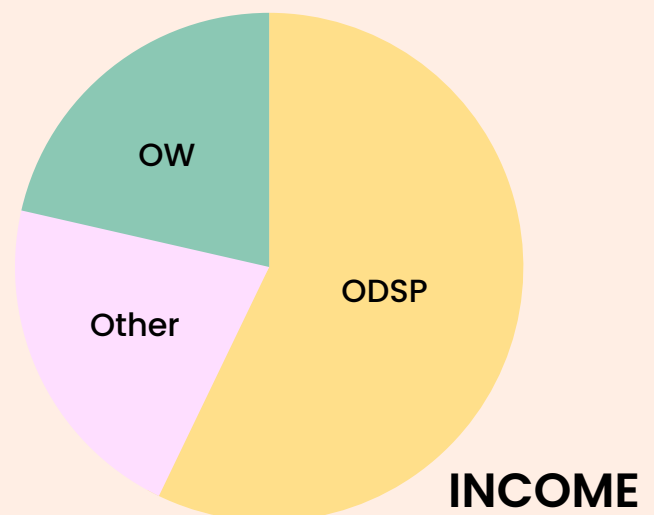
- Median age of 37 years
- Median time on Safer Stimulant Supply program was 9.5 months
- Gender: 22 men\* (79%) and 6 women\* (21%)
- Highest level of education: less than high school (36%, n= 10) most common
- Income Source: most participants were on Ontario Disability Support Program (ODSP) (57%), followed by Ontario Works (OW) (21%), and other (21%)

\*cis and transgender

### EDUCATION



### GENDER

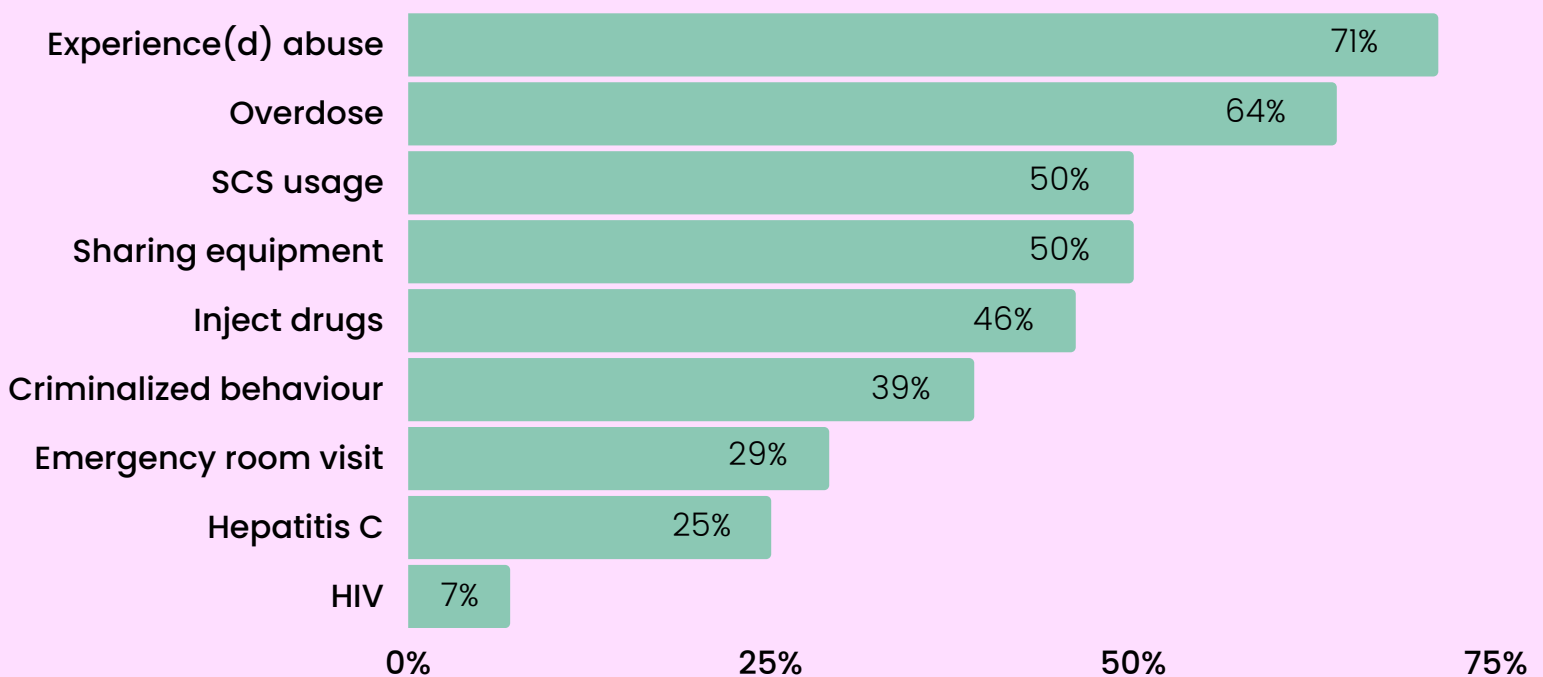


# Intake Assessments

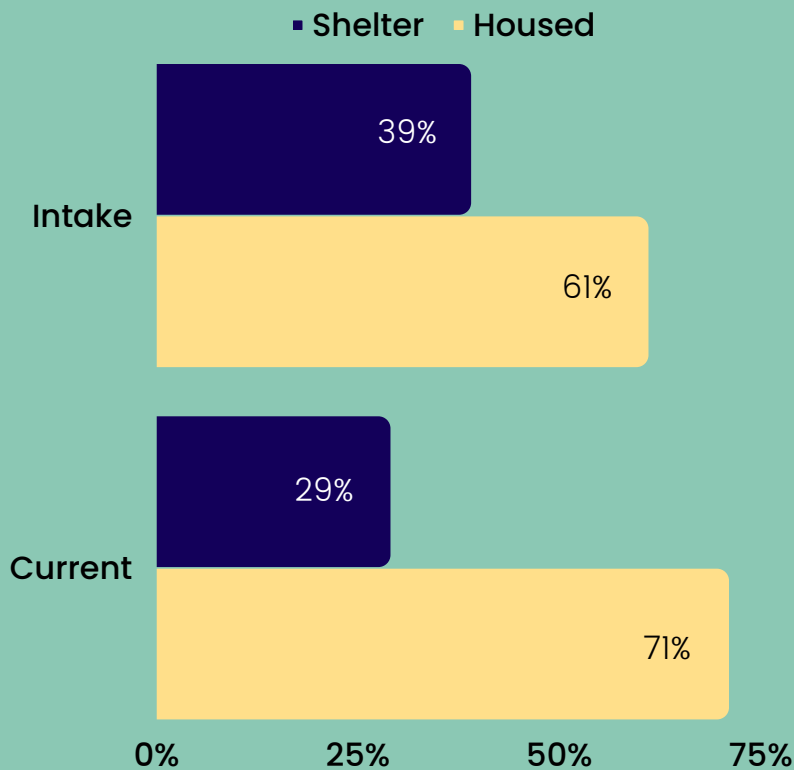
Behavioural assessments, including risk factors, were completed at program intake with all participants. The majority (71%, n = 20) of participants reported experiencing some form of abuse (e.g., physical, sexual, emotional, mental, etc.) over their lifespan. Nearly two-thirds (n = 18) of participants reported experiencing a drug overdose. Half (n = 14) of the participants had used a supervised consumption site (SCS), and half reported having shared drug use equipment with peers before. Just less than half (46%, n = 13) of participants reported injecting drugs. More than one-third (39%, n = 11) of participants were engaged in criminalized behaviour as a result of their illicit substance use, and 29% (n = 8) of participants reported an emergency room visit in the past month. 25% (n = 7) of participants reported having been diagnosed with Hepatitis C, while 7% (n = 2) reported having been diagnosed with HIV.

**14** Median age when participants started using drugs

**21** Median age when participants starting injecting drugs



## HOUSING STATUS



At program intake, 39% (n = 11) of participants reported living in a shelter, while 61% (n = 17) reported being housed.

At their mid-February check-in, 29% (n = 8) of participants reported still living in a shelter, while 71% (n = 20) reported being housed.

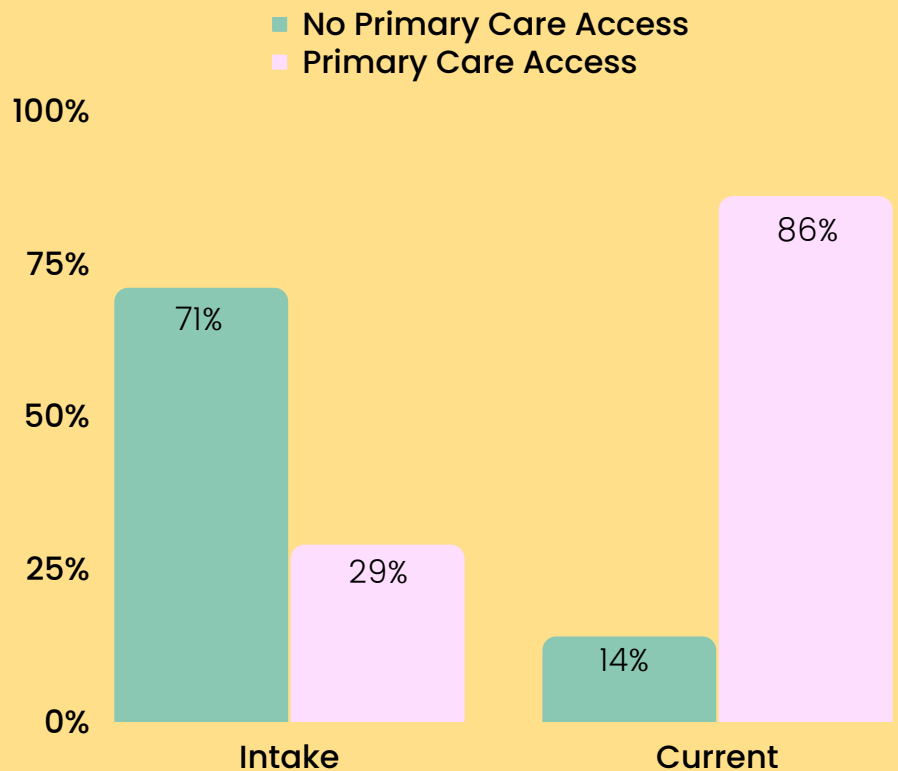
Of note, no participants went from being housed to living in the shelter. Instead, this change is related to 3 participants leaving the shelter environment after obtaining housing.

Nearly one-third (32%, n = 8) of participants formally met with a housing worker associated with Safer Supp for support during their time on a Safer Stimulant Supply program.

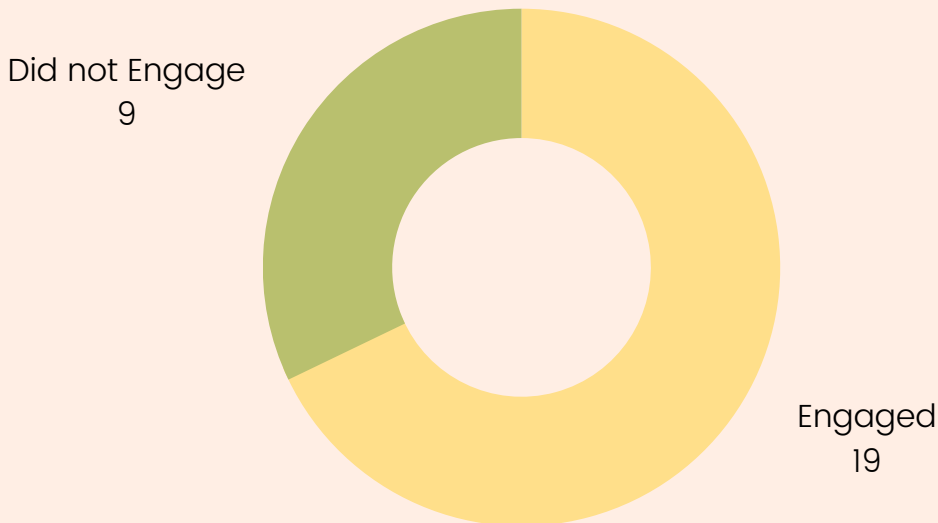
The majority (71%, n = 20) of participants reported having no access to primary care services at program intake. At follow-up, nearly 90% (n = 24) of participants reported accessing primary care services since starting their Safer Stimulant Supply program. Many (75%, n = 21) participants utilized the in-house, wrap-around primary care services offered by Recovery Care.

Ten participants (36%) were being prescribed medication unrelated to their substance use (e.g., mental health, infectious disease, etc.) along with their Safer Stimulant Supply medication.

## PRIMARY CARE ACCESS



# Hepatitis C Program Engagement



Outside of their Safer Stimulant Supply program, most (68%, n = 19) participants accepted the offer to engage with the Hepatitis C program offered by Recovery Care.

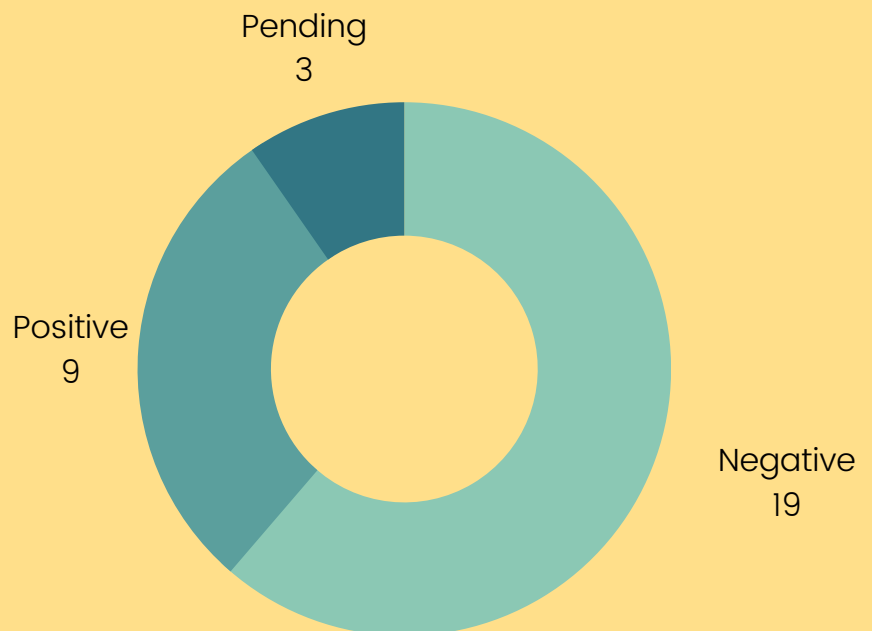
Among the 19 participants who engaged, 17 (61%) opted to complete Hepatitis C testing with a nurse.

Of the participants who completed testing, the following results were reported:

- 8 were Hepatitis C negative
- 6 were Hepatitis C positive
- 3 had results pending

2 of the participants that tested positive opted immediately to start Hepatitis C treatment concurrently with their Safer Stimulant Supply medication.

## HEPATITIS C TESTING RESULTS





INTAKE

## Cocaine Use

10 points/day  
(IQR 0-20)

## Crystal Meth Use

1.5 points/day  
(IQR 0-10)

Before starting their program, participants reported using a median of 10 points (1 gram) of cocaine per day.

Since being on Safer Supply, participants reported using a median of 0 points of cocaine per day.

Before starting their program, participants reported using a median of 1.5 points of crystal meth per day.

Since being on Safer Supply, participants reported using a median of 0 points of crystal meth per day.

CURRENT

0 points/day  
(IQR 0-1)

## Cocaine Use

0 points/day  
(IQR 0-0)

## Crystal Meth Use

# Stimulant Prescription Practices

Over the course of the Safer Stimulant Supply program, participant stimulant medication prescriptions were titrated to address ongoing illicit stimulant use, as well as ongoing stimulant cravings and withdrawal symptoms. An overview of prescriptions is provided below, which describes how participant prescriptions changed from their initial intake doses to their current mid-February 2023 check-in doses (reported as median daily dose). It should be noted that the vast majority of participants were only prescribed a single long-acting stimulant medication along with their short-acting methylphenidate IR 10mg tablets.

## INTAKE

### Long-acting medication Median daily dose

Methylphenidate LA: 40mg PO daily

Lisdexamfetamine: 30mg PO daily

Dextroamphetamine sustained-release: 50mg PO daily

Dextroamphetamine and amphetamine: N/A (no participants prescribed)

Methylphenidate hydrochloride extended-release: 27mg PO daily

## CURRENT

### Long-acting medication Median daily dose

Methylphenidate LA: 60mg PO daily

Lisdexamfetamine: 60mg PO daily

Dextroamphetamine sustained-release: 60mg PO daily

Dextroamphetamine and amphetamine: 40mg PO daily

Methylphenidate hydrochloride extended-release: 45mg PO daily

### Short-acting medication Median daily dose

Methylphenidate IR 10mg tablets: 60mg (6 tablets) daily

### Short-acting medication Median daily dose

Methylphenidate IR 10mg tablets: 200mg (20 tablets) daily

# Safer Supply Ottawa Program Data

The data presented in the remainder of this report encompass all participants from the 3 Safer Supply Ottawa pilot project partner sites: Recovery Care, OICH, and SWCHC.

The data included are representative of the time period of December 1, 2022 to March 31, 2023.

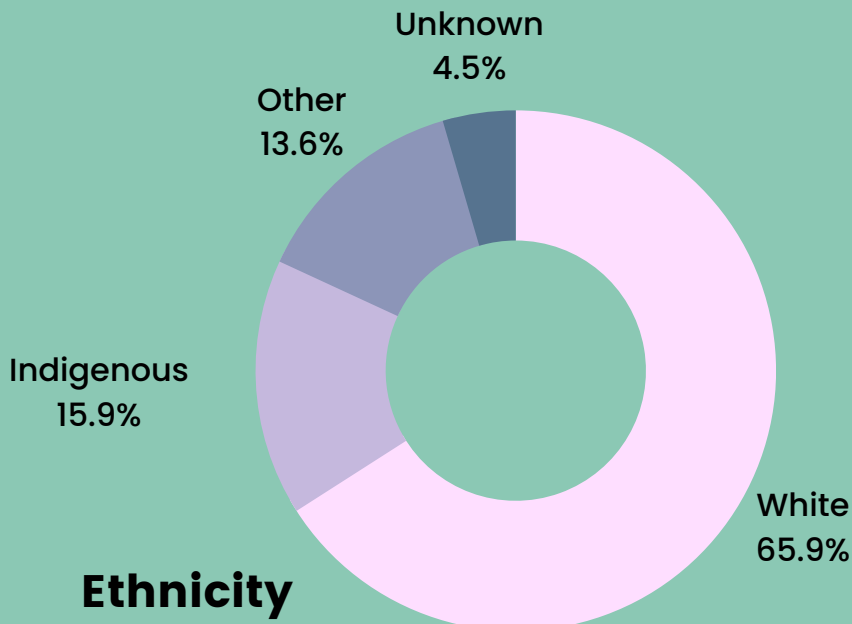
While Safer Opioid Supply is the most commonly provided program type, there are also participants on Safer Stimulant Supply, and combination (opioids and stimulants) programs.

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 participant medical charts every 4 months to track Safer Supply program progress overall.

## Participants by Program Type



# Safer Supply Ottawa Demographics



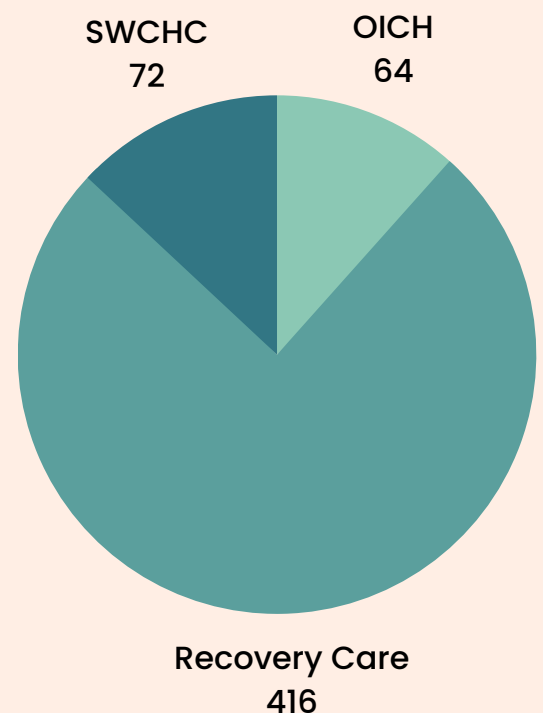
- Median age: 40 years (oldest 72 years, youngest 21 years)
- Gender: 364 men\* (66%) and 188 women\* (34%)
- Ethnicity: 364 white (65.9%), 88 Indigenous (15.9%), 75 other (13.6%), and 25 unknown (4.5%)
- Program language: 507 English (92%) and 45 French (8%)

\*cis and transgender

From December 2022 to March 2023, a total of 552 individuals connected with one of the Safer Supply Ottawa programs:

- n = 416 Recovery Care (75.4%)
- n = 72 SWCHC (13%)
- n = 64 OICH (11.6%)

From these data, 92 participant profiles were excluded due to a lack of reportable data. Exclusion criteria included data sets with fewer than 3 visits (n = 43), an inactive program status (n = 40), or insufficient substance use data (n=9).



Total number of participants included for data reporting in this time period = **460 participants**

## FENTANYL USE TRENDS

### SAFER OPIOID SUPPLY

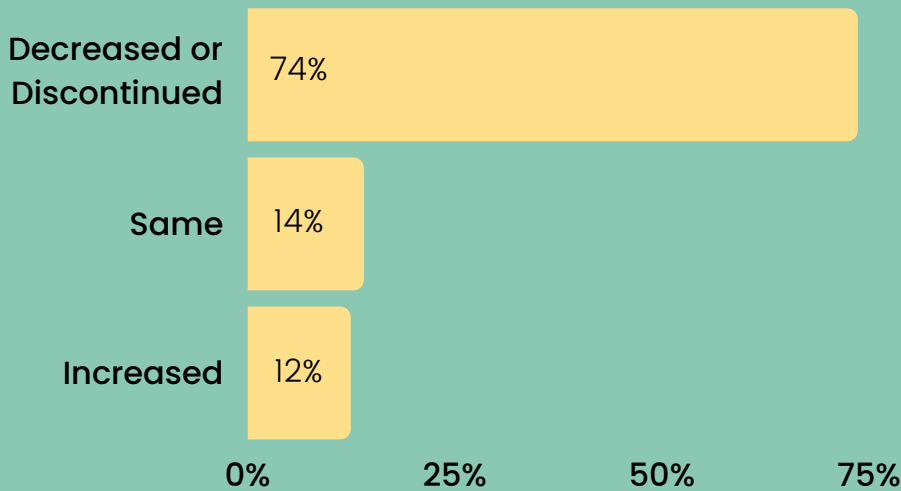


Figure 1: Fentanyl Use Trends (Safer Opioid Supply)

- Figures 1 and 2 represent participants on a Safer Opioid Supply program.
- 54% (n = 250) of all participants included in the study are on Safer Opioid Supply only.
- The vast majority of these participants noted a decrease to, or complete discontinuation of, their fentanyl use.

## FENTANYL USE TRENDS BY GENDER

### SAFER OPIOID SUPPLY

- The vast majority of participants noted a decrease to, or complete discontinuation of their fentanyl use.
- Of note, the percentage of women\* reporting an increase in their fentanyl use is over double compared to participants who are men\*.

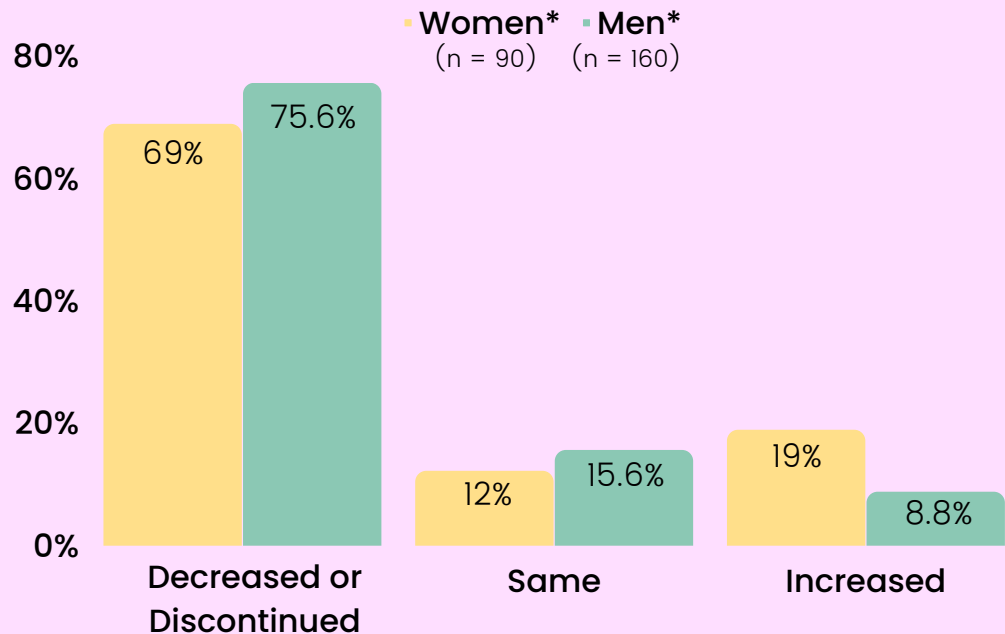
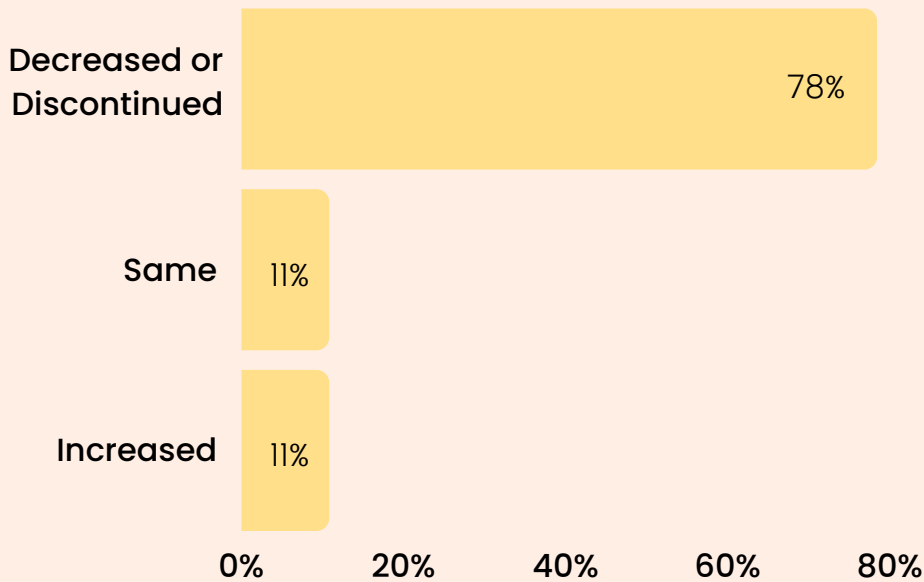


Figure 2: Fentanyl Use Trends by Gender (Safer Opioid Supply)

## STIMULANT USE TRENDS

### SAFER STIMULANT SUPPLY



Figures 3 and 4 represent participant data from the Safer Stimulant Supply program.

8% (n = 37) of all participants are on a Safer Stimulant Supply program.

The majority of participants reported a decrease in their stimulant use this period (n = 29).

Figure 3: Stimulant Use Trends (Safer Stimulant Supply)

The majority of participants reported a decrease and/or discontinuation of their stimulant use.

Of importance, no women\* reported an increase in stimulant use for the second study period in a row. 87.5% of women\* reported a decrease in their stimulant use (n = 7).

## STIMULANT USE TRENDS BY GENDER

### SAFER STIMULANT SUPPLY

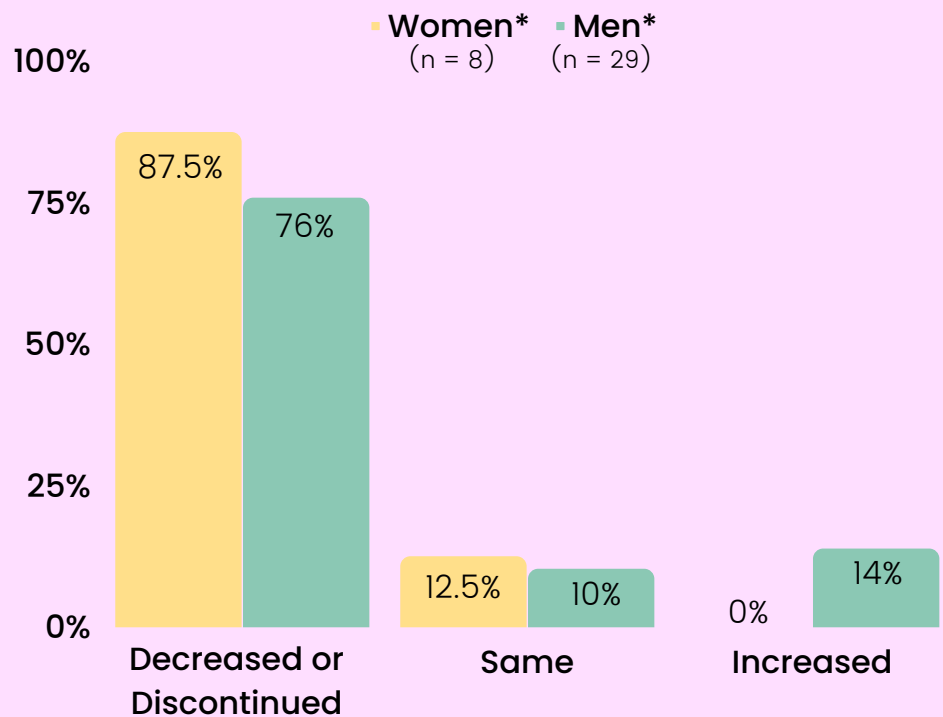


Figure 4: Stimulant Use Trends by Gender (Safer Stimulant Supply)

## FENTANYL & STIMULANT USE TRENDS

### COMBINATION SAFER SUPPLY

- Figures 5, 6.1, and 6.2 represent participant data on the Combination Safer Supply (Opioid & Stimulant) Supply program. 37.6% (n = 173) of all participants are on Combination Safer Supply.
- Most participants reported an overall decrease in both fentanyl use (n = 110) and stimulant use (n = 120).

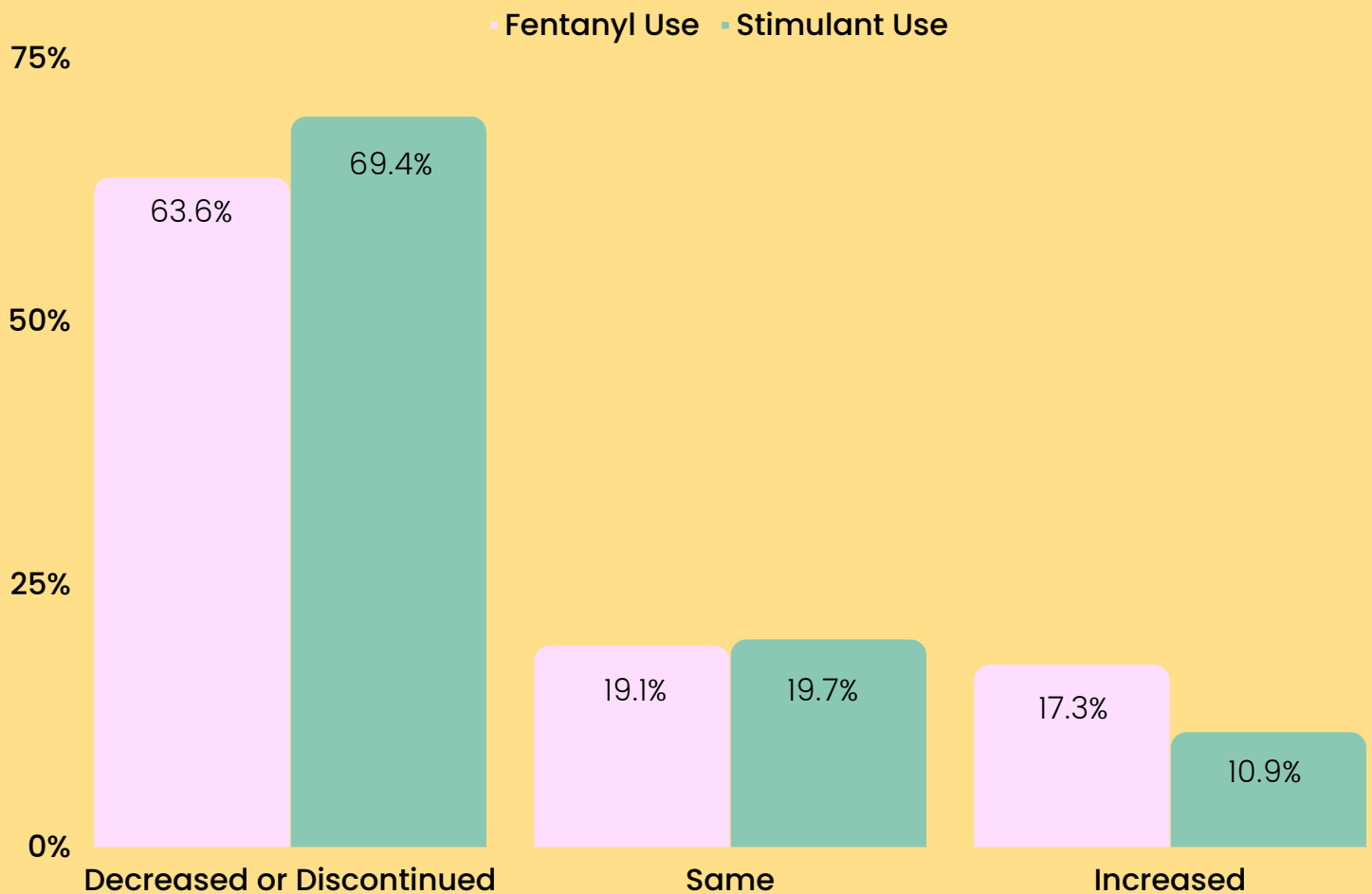


Figure 5: Fentanyl & Stimulant Use Trends (Combination Safer Supply)

## FENTANYL & STIMULANT USE TRENDS BY GENDER

### COMBINATION SAFER SUPPLY

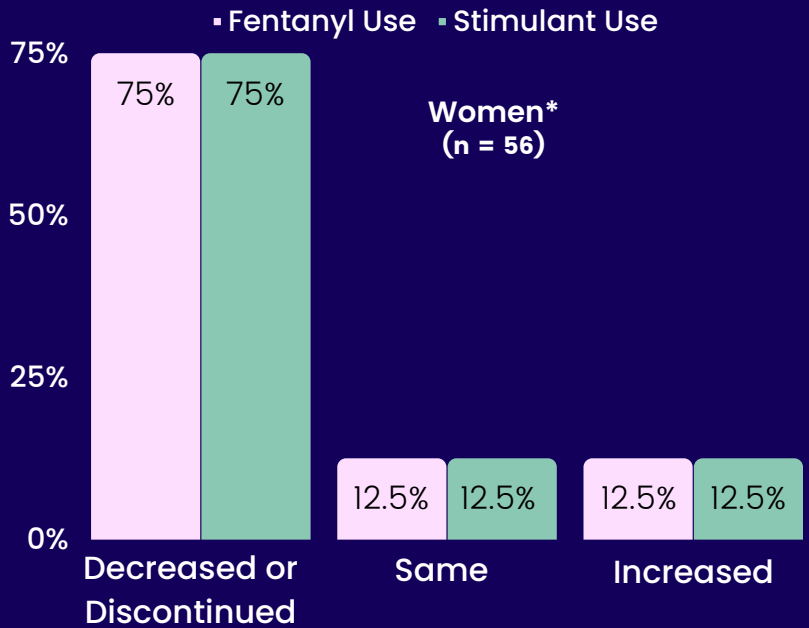


Figure 6.1: Participant Fentanyl & Stimulant Use Trends (Women\*)

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

Women\* reported a congruent trend across their fentanyl and stimulant use.

Men\* reported a slightly higher decrease for stimulant use (n = 79) compared to decreasing fentanyl use (n = 68).

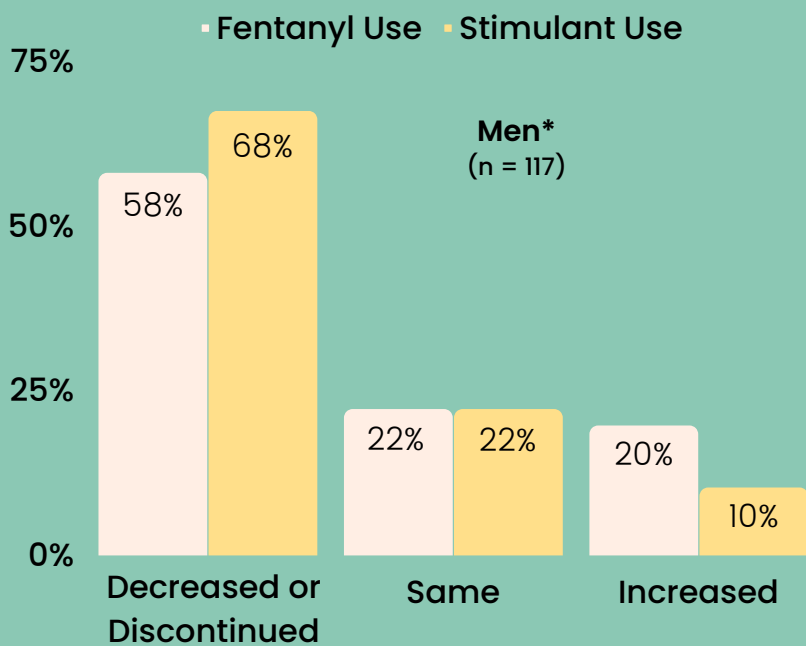


Figure 6.2: Fentanyl & Stimulant Use Trends (Men\*)



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

### COMBINATION SAFER SUPPLY

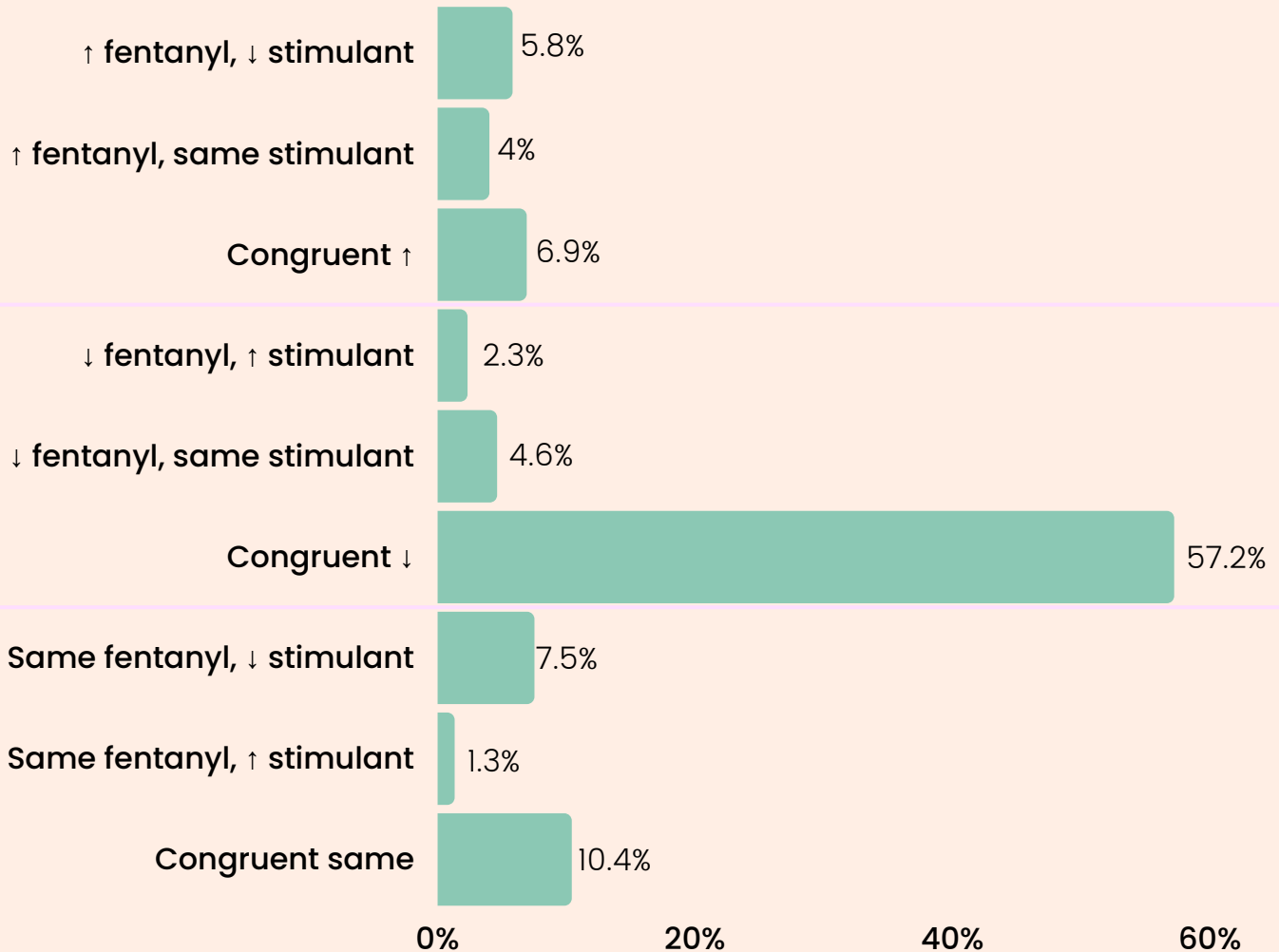


Figure 7: Combination Safer Supply Participants' Individualized Data

The data represented in Figure 7 are measures describing individual participant's concurrent drug use. Each of the 173 participants on Combination Safer Supply were analyzed and grouped according to their reported fentanyl and stimulant use trends.

Two noteworthy drug use trends were identified. 57.2% (n = 99) of participants reported a congruent decrease in both types of drug use. 10.4% (n = 18) reported stable use of both their fentanyl and stimulant use. The remaining categories consist of participant values > 10.

Of importance, 69.3% (n = 120) of participants experienced an overall decrease in all substance use.

## FENTANYL USE TRENDS

### SAFER OPIOID AND COMBINATION SUPPLY

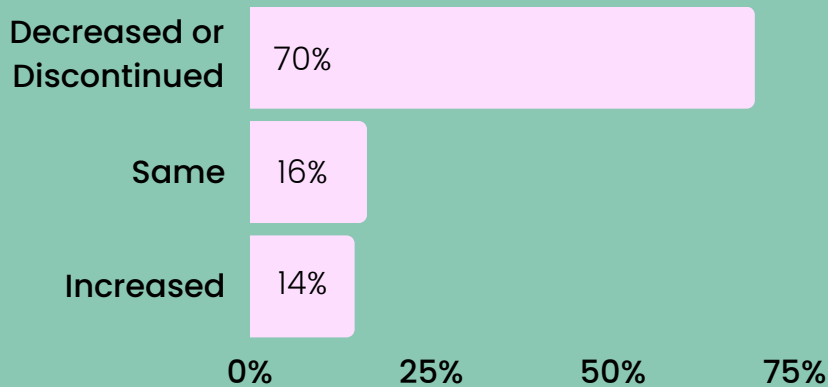


Figure 8: Overall Fentanyl Use Trend (Safer Opioid and Combination Supply)

Figure 8 and Figure 9 represent cumulative data of all Safer Opioid Supply and Combination Safer Supply participants studied across all 3 program sites (n = 423). Fentanyl use trends were not regularly tracked for participants on Safer Stimulant Supply.

70% (n = 294) of participants reported a decrease and/or discontinuation in their fentanyl use during this period.

16% (n = 68) reported the same level of fentanyl use throughout this period.

14% (n = 61) of participants reported an increase in their fentanyl use during this period.

## FENTANYL USE TRENDS BY GENDER

### SAFER OPIOID AND COMBINATION SUPPLY

- Similar fentanyl use trends were reported by participants across genders.
- Slightly more men\* reported using the same amount of fentanyl use during this period when compared to men\*.

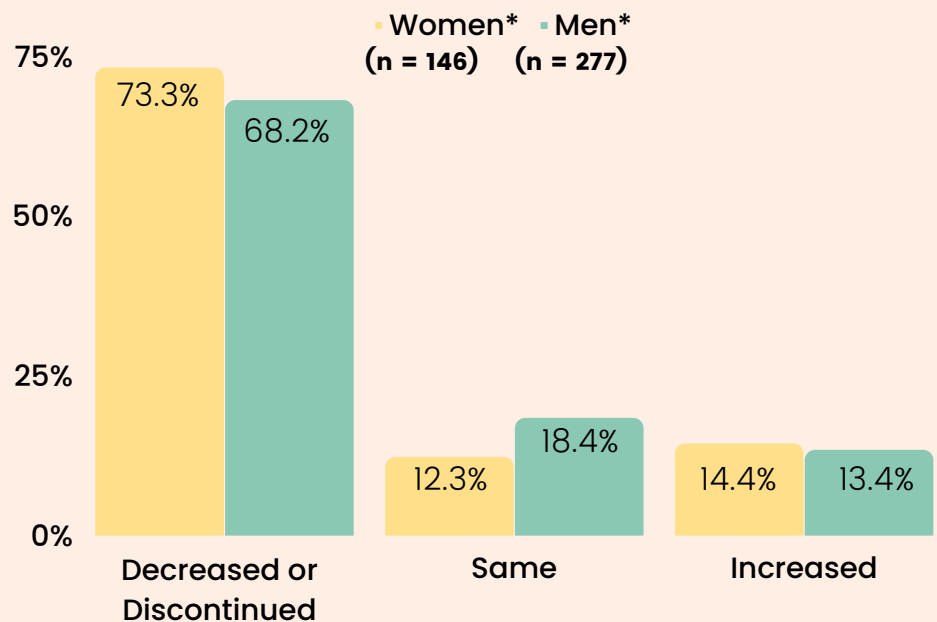


Figure 9: Fentanyl Use Trends by Gender (Safer Opioid and Combination Supply)

## OVERDOSE EVENTS (DECEMBER 2022 – MARCH 2023)

INTER-PROGRAM SAMPLE

n = 271

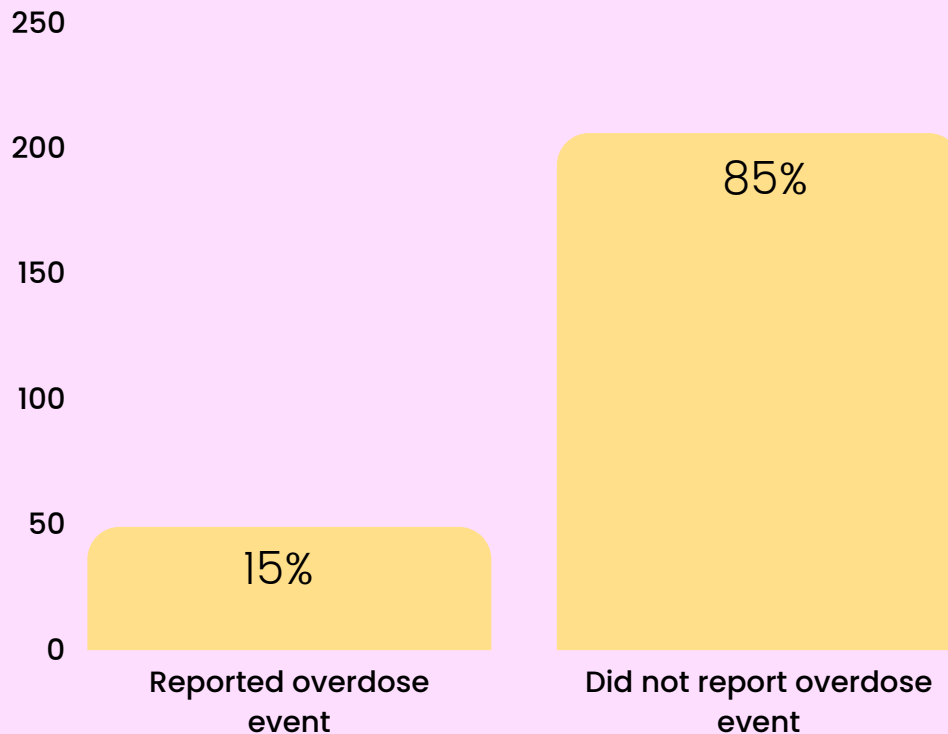


Figure 10: Longitudinal study of participants positive-reporting overdose events

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 = 271). Participants not experiencing overdose events at program intake have been excluded.

Per the most recent Safer Supply program check-in data (between December 2022 – March 2023), only 15% (n = 41) of these participants continued to report experiencing an overdose event. Any positive report of a single overdose met the inclusion criteria to place participants in the "reported overdose" category. Of importance, 85% (n = 230) 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.

# Glossary of Terms and Abbreviations

## ABBREVIATIONS

DSM-5 = Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition

ECG = electrocardiogram

IQR = interquartile range

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

SWCHC = Somerset West Community Health Centre

## DRUG TERMINOLOGY

1 point = 0.1 gram

10 points = 1 gram

IR = immediate-release

LA = long-acting

PQ = by mouth

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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

