A QUALITATIVE STUDY OF THREE SAFER SUPPLY MODELS

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24 Nov 2022

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

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Land acknowledgment

These studies took place on the unceded territories of the xʷməθkwəy̓əm, Skwxwú7mesh, and sel̓íl̓witulh Nations.

Three qualitative studies on various safer supply models in British Columbia, Canada

- Daily-witnessed ingestion
- Housing-based dispensing
- Biometric dispensing machine

Daily-witnessed ingestion[1]

- Program nested within a supervised consumption site
- Participants received up to 5 doses per day (max daily: 10 8mg hydromorphone tablets)
- Doses distributed by a nurse

1. Ivsins et al., 2020

Daily-witnessed ingestion facilitators

- A reliable source of opioids
- Co-location within the supervised consumption site
- Experiences of agency and program flexibility

Daily-witnessed ingestion barriers

- Program operating hours and schedule
- Co-location within the supervised consumption site
- Prescribed dose not high enough

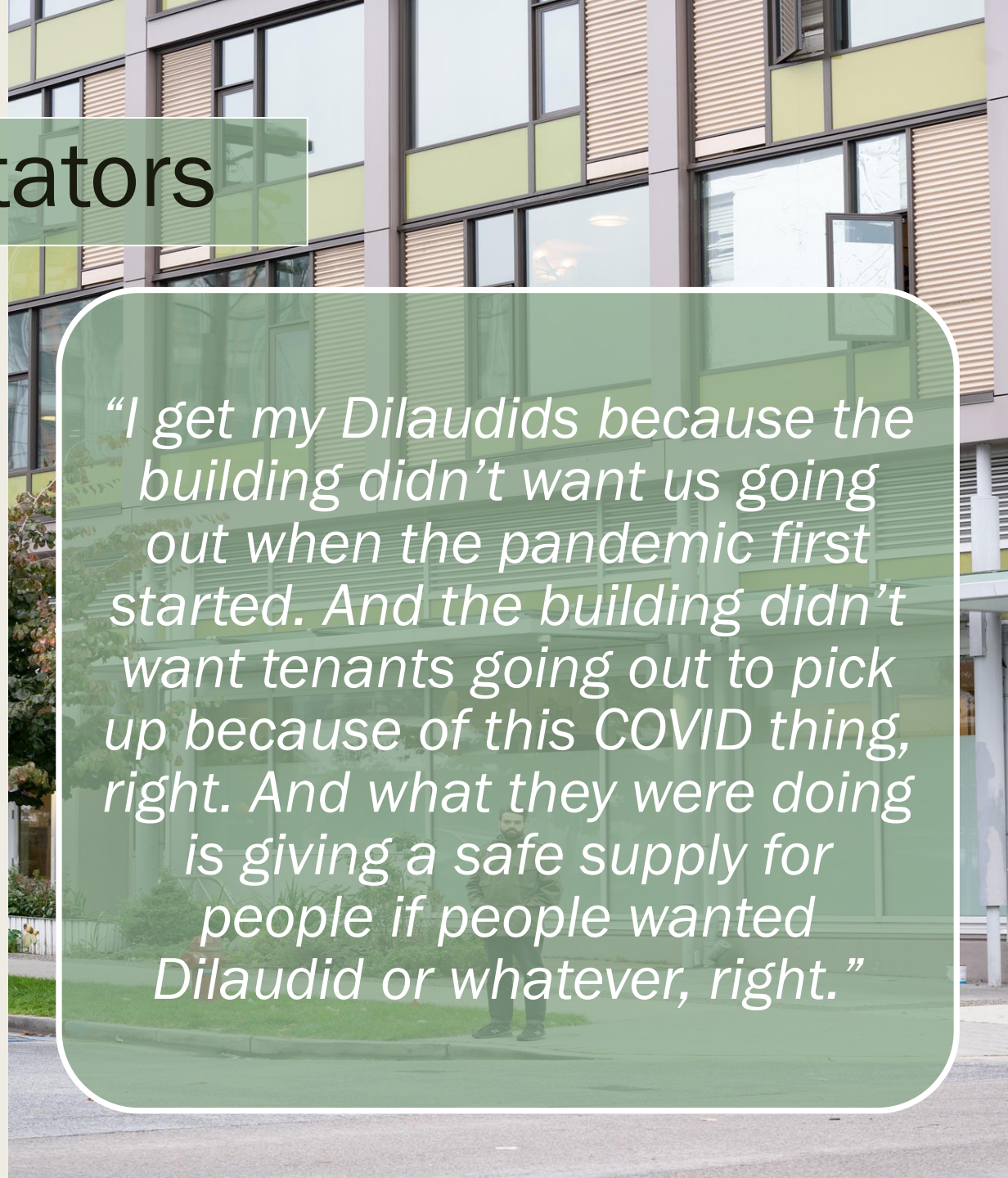
Housing-based dispensing model[2,3]

- Majority of overdose deaths in BC occur in housing settings (~85%)
- Permanent supportive housing in Vancouver
  - *Embedded primary care clinic*
  - *On-site physician, nurses, mental health workers*
  - *Prescribed safer supply and opioid agonist therapies*
  - *Medications dispensed in clinic or delivered to rooms based on patients' preferences*
  - *Morphine capsules, transdermal fentanyl, hydromorphone tablets*

2. MacKinnon et al., 2022; 3. Ivsins et al., 2022.

Housing-based facilitators

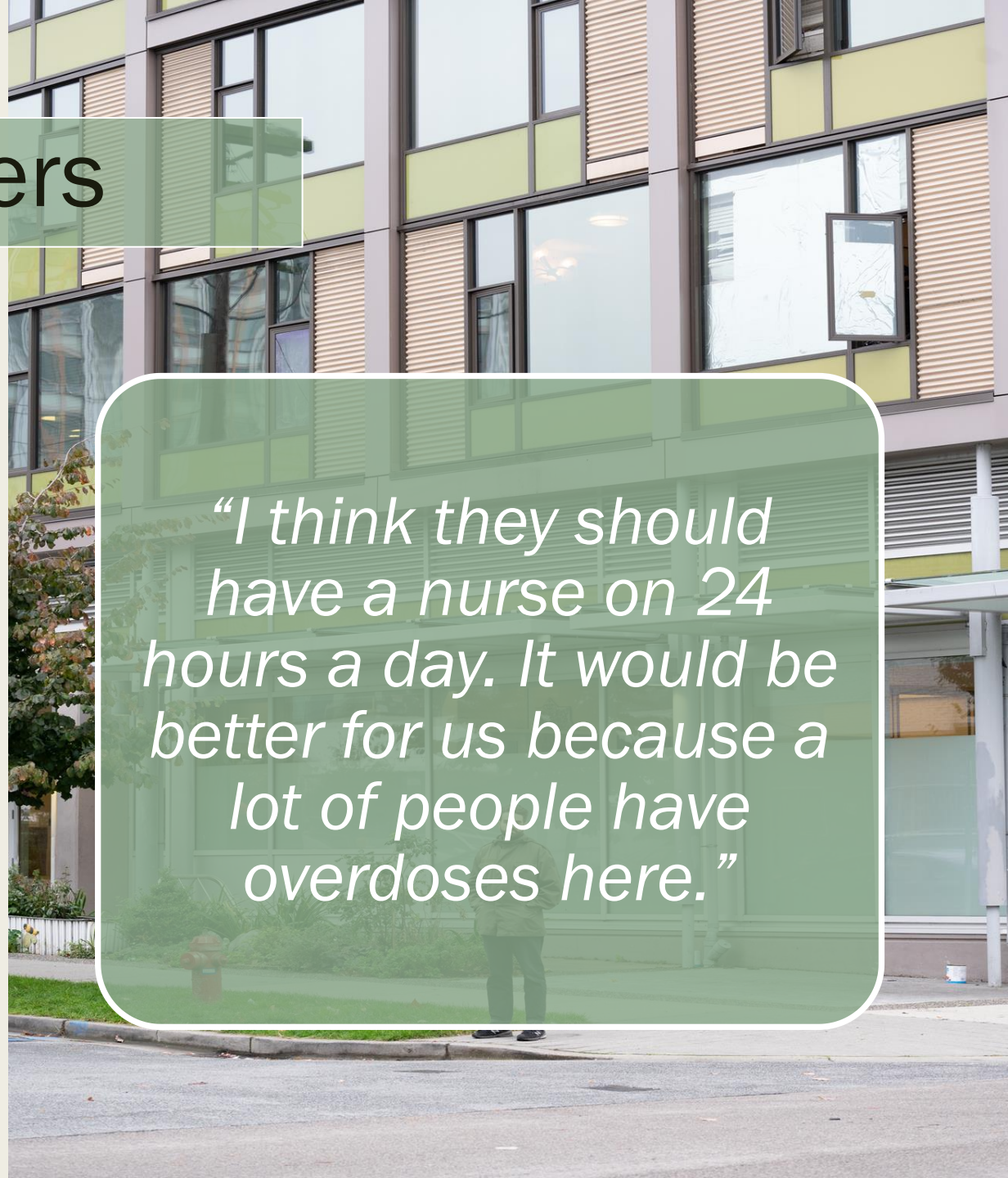
- Physical distancing protocols
- Known contents of drugs
- Reliable supply
- Patient dispensation choice
- Close proximity and convenience
- Stigma-free care



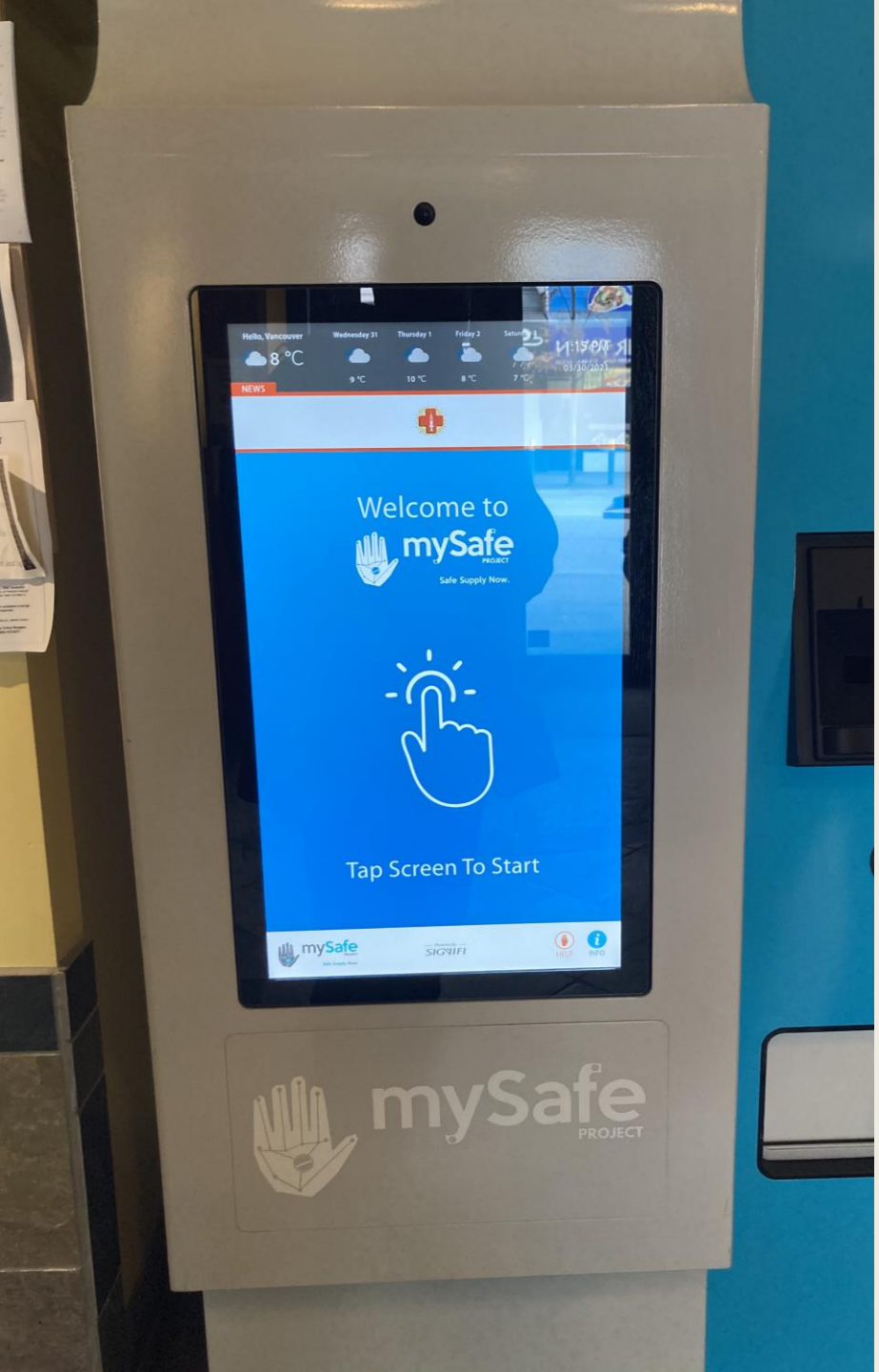
“I get my Dilaudids because the building didn’t want us going out when the pandemic first started. And the building didn’t want tenants going out to pick up because of this COVID thing, right. And what they were doing is giving a safe supply for people if people wanted Dilaudid or whatever, right.”

Housing-based barriers

- Safety concerns in building
- Hours of operation
- Lack of privacy in clinic



“I think they should have a nurse on 24 hours a day. It would be better for us because a lot of people have overdoses here.”

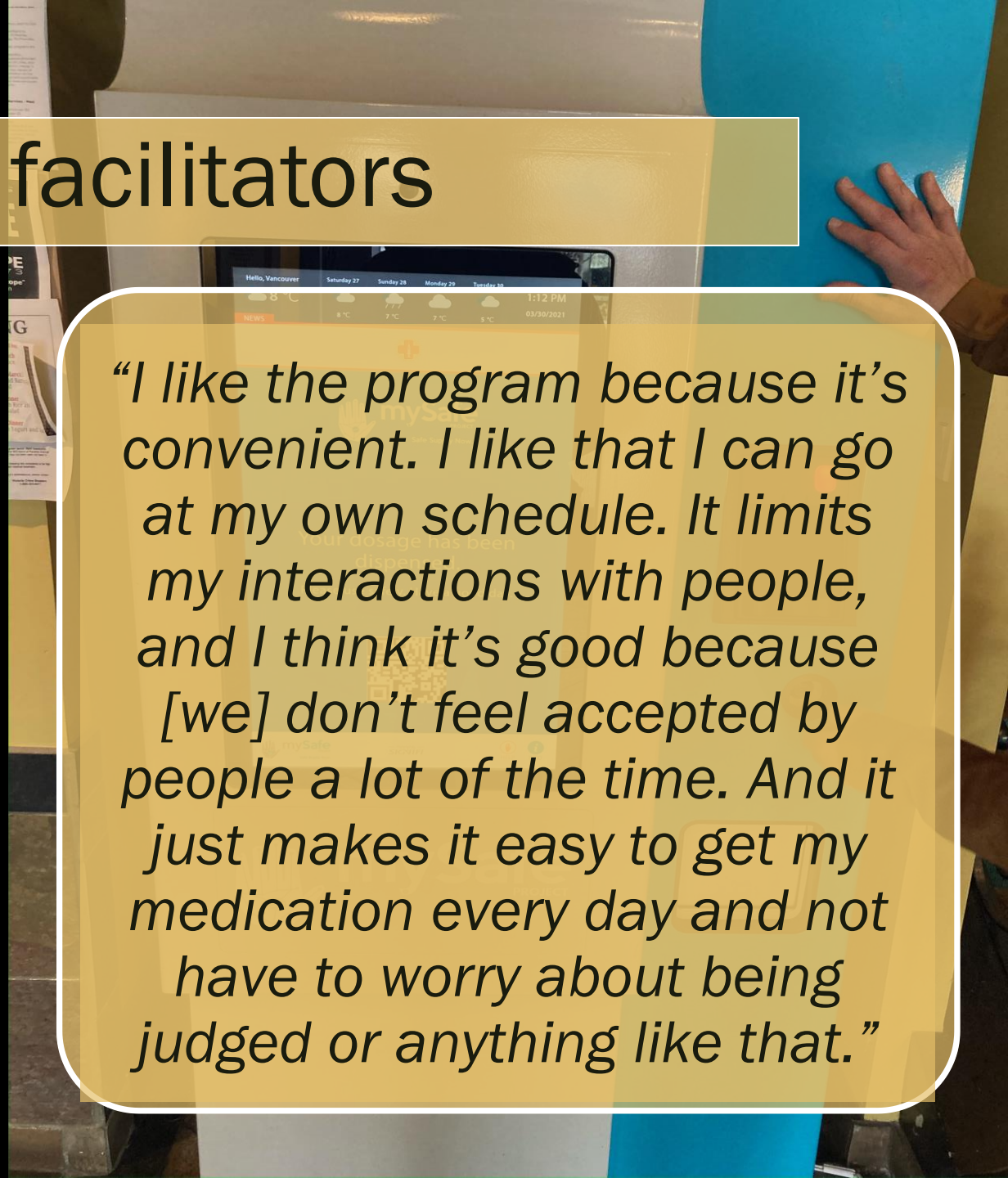


Biometric dispensing machine

- Program enrolls people with a history of overdose
- Scans participants handprint for daily dispense of hydromorphone
- Embedded within supportive housing and an overdose prevention site
- Ongoing clinical support by physicians, nurses, and other staff

Dispensing machine facilitators

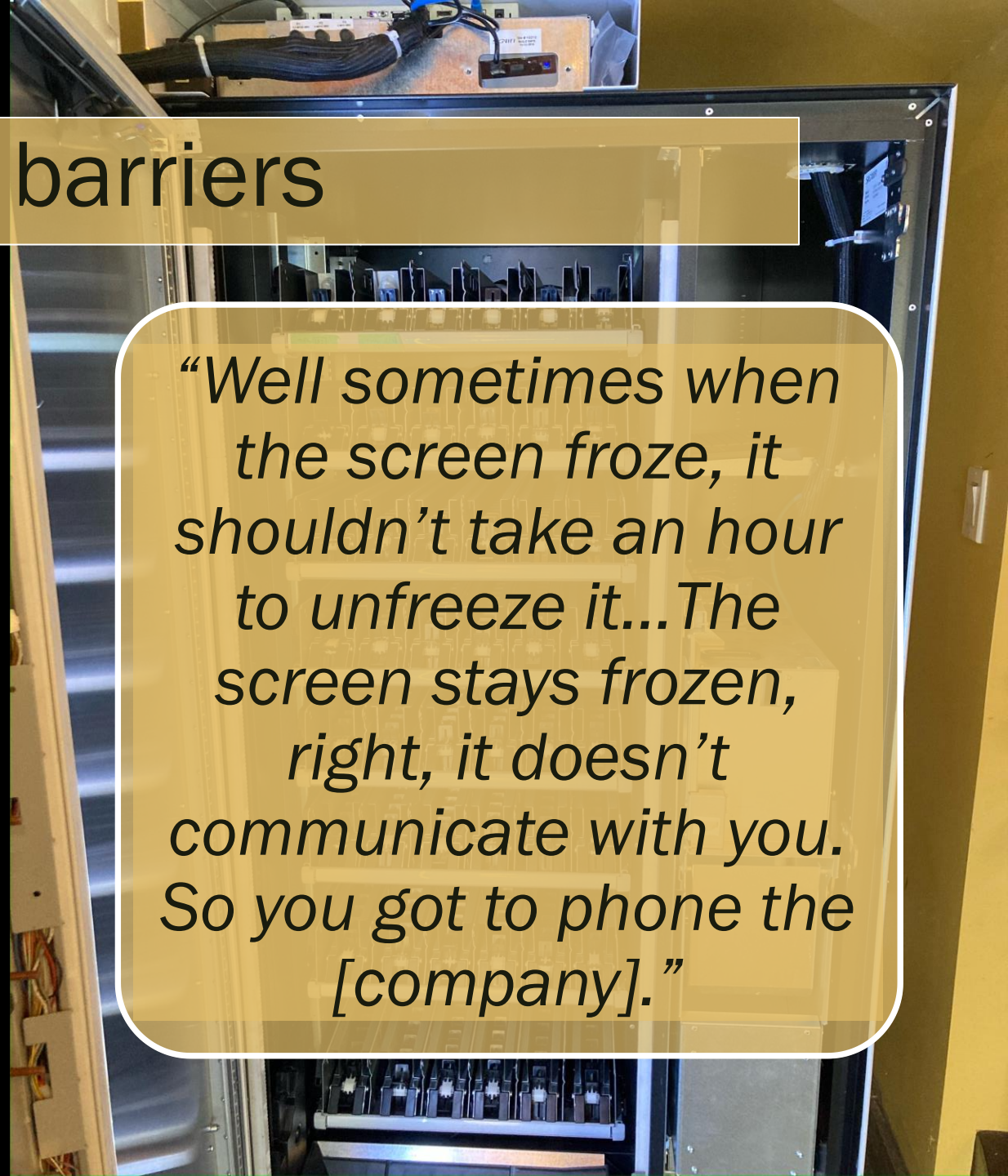
- Accessibility and choice
- Non-witnessed use
- Stockpiling



“I like the program because it’s convenient. I like that I can go at my own schedule. It limits my interactions with people, and I think it’s good because [we] don’t feel accepted by people a lot of the time. And it just makes it easy to get my medication every day and not have to worry about being judged or anything like that.”

Dispensing machine barriers

- Technological issues
- Dosing challenges
- Dedicated machine



“Well sometimes when the screen froze, it shouldn’t take an hour to unfreeze it…The screen stays frozen, right, it doesn’t communicate with you. So you got to phone the [company].”

Continuum of safer supply models

Discussion

A variety of safer supply program models should be available to give people choice

Autonomy in methods of consumption, drugs/medications offered, type of program/setting

Programs should address local contexts (*housing models, scattered sites, hours of use)*

Discussion

Opportunities for biometric model

Provide other medications (e.g., antiretroviral and opioid agonist therapies)

Address safer supply access issues in rural and remote communities

Thank you!

Acknowledgements

- Participants, study staff, community partners
- Funders:

Health Canada

CIHR IRSC
Canadian Institutes of Health Research
Instituts de recherche en santé du Canada

NIH
National Institutes of Health

CMHC SCHL

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References

1. Ivsins, A., Boyd, J., Mayer, S., Collins, A., Sutherland, C., Kerr, T., & McNeil, R. (2020). Barriers and facilitators to a novel low-barrier hydromorphone distribution program in Vancouver, Canada: a qualitative study. *Drug Alcohol Depend*, 108202.
2. MacKinnon, L., Kerman, N., Socías, M. E., Brar, R., & Bardwell, G. (2022). Primary care embedded within permanent supportive housing for people who use substances: A qualitative study examining healthcare access in Vancouver, Canada. *Health and Social Care in the Community*, online ahead of print.
3. Ivsins, A., MacKinnon, L., Bowles, J. M., Slaunwhite, A., & Bardwell, G. (2022). Overdose Prevention and Housing: a Qualitative Study Examining Drug Use, Overdose Risk, and Access to Safer Supply in Permanent Supportive Housing in Vancouver, Canada. *J Urban Health*, 1-10.