

Mixed methods evaluation of risk mitigation measures to address the dual public health crises of COVID-19 and overdose

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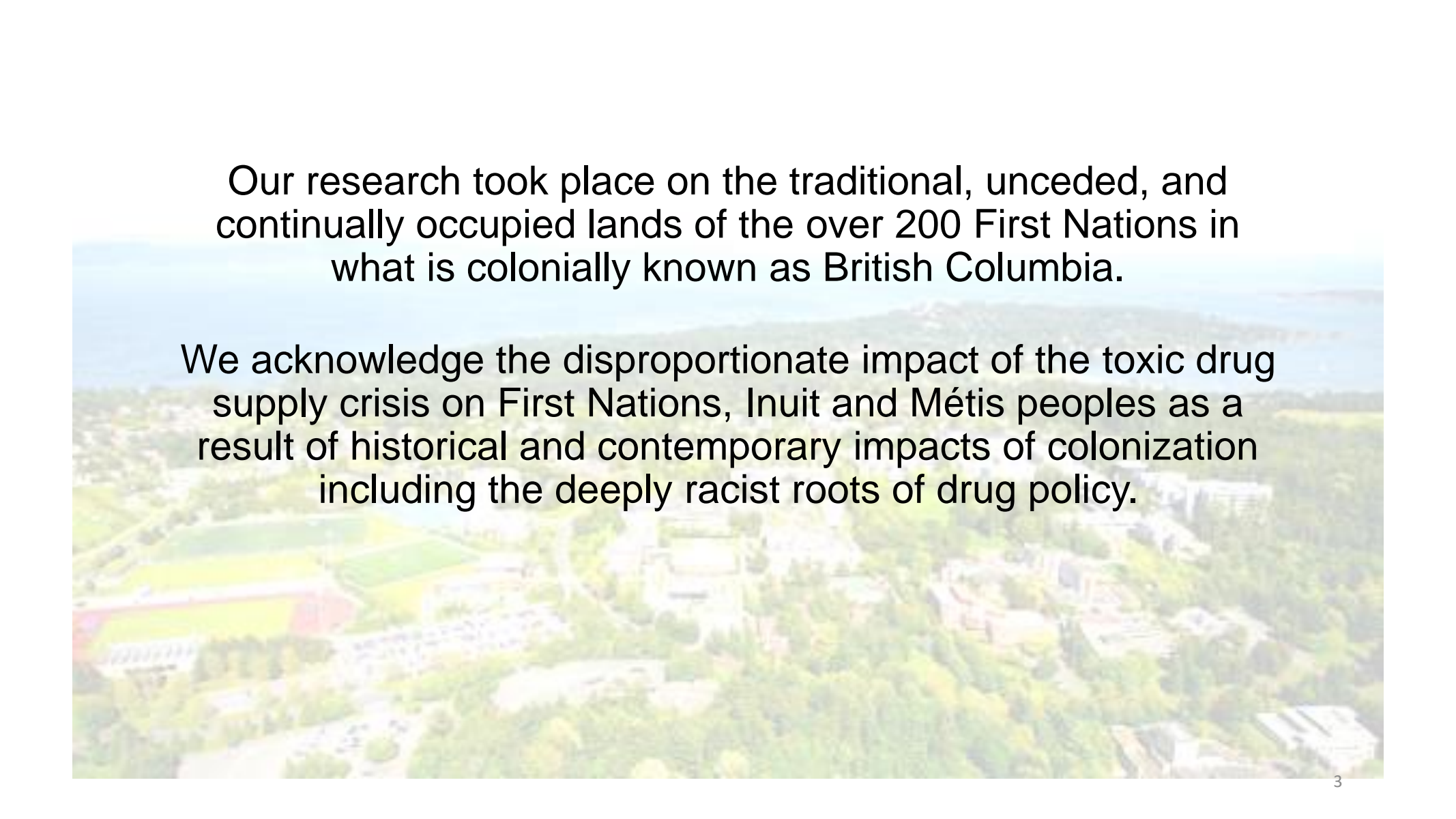
On behalf of the RMG Study Team Leads:

Dr. Amanda Slaunwhite, BC Centre for Disease Control, University of BC
Dr. Brittany Barker, UVIC, First Nations Health Authority
Dr. Bohdan Nosyk, Simon Fraser University

And the rest of the study team including peer research associates from
across the province

With funding from:



An aerial photograph of a university campus, likely the University of British Columbia, showing green fields, buildings, and a forested area. The image is slightly blurred and serves as a background for the text.

Our research took place on the traditional, unceded, and continually occupied lands of the over 200 First Nations in what is colonially known as British Columbia.

We acknowledge the disproportionate impact of the toxic drug supply crisis on First Nations, Inuit and Métis peoples as a result of historical and contemporary impacts of colonization including the deeply racist roots of drug policy.

BMJ Open Evaluation of risk mitigation measures for people with substance use disorders to address the dual public health crises of COVID-19 and overdose in British Columbia: a mixed-method study protocol

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Objectives:

1. Determine the impact of RMG on COVID-19 infection, non-fatal/fatal overdose, all-cause mortality and continuity of care for SUD and other concurrent health conditions.
2. Determine the impact of RMG on the uptake of public health measures to reduce the spread of COVID-19, as well as other behavioural and psychosocial outcomes among people who use substances.
3. Identify individual, interpersonal and systemic barriers and facilitators to RMG implementation based on program uptake from the perspectives of people who use substances, prescribers and other health service providers.

Study Approach

Mixed methods, participatory study co-designed and conducted by people with lived and living experience and academic team members:

- Analysis of provincial surveillance and administrative health data
- Provincial cross-sectional surveys (n=191) and longitudinal surveys (n=161) with people who have received or are seeking a prescription
- Interviews with people who have received or are seeking a prescription (n=75)
 - Includes interviews with 20 people who identify as Indigenous and live in the Northern health region, led by the First Nations Health Authority
- Interviews with service providers/planners (n=51)



RMG Implementation: Successes and Challenges

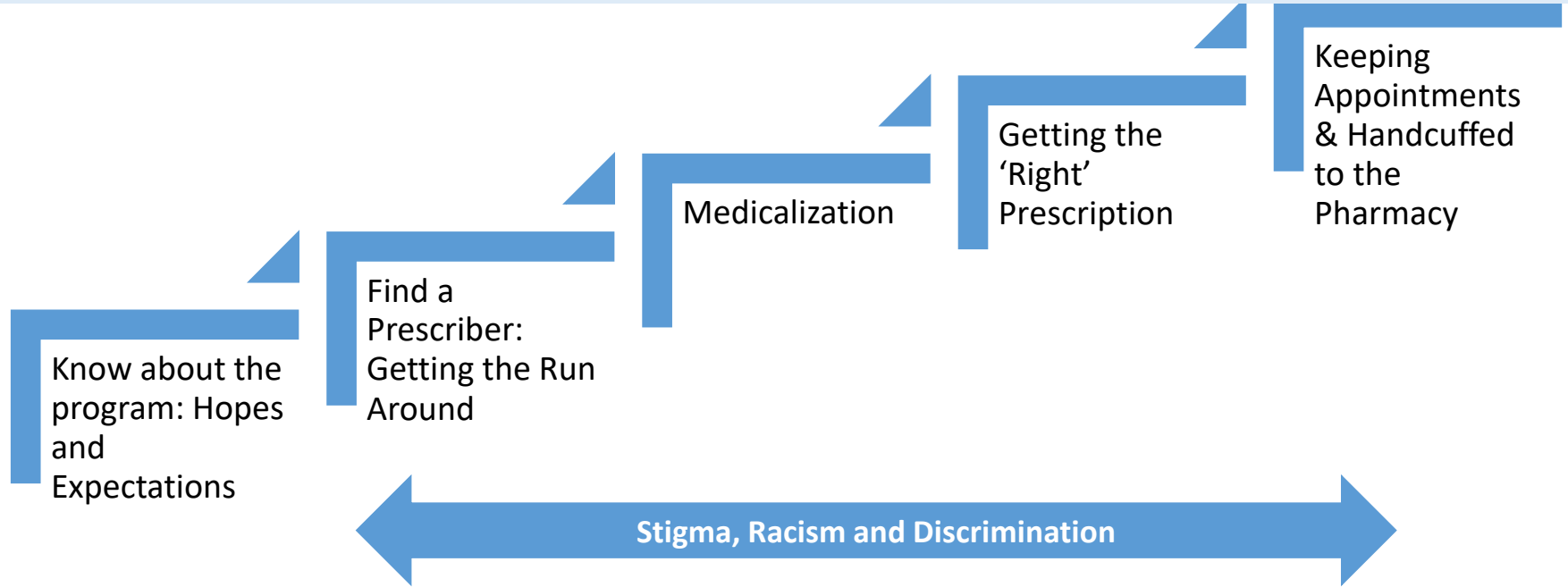
Findings from the provincial survey of people who received or were trying to access RMG prescriptions (n=352) revealed:

- Residing in a large urban centre predicted receipt of a prescription (84.8% vs. 70.1% of those in smaller centres and rural areas; $p=.004$)

Of those who received a prescription:

- 42.7% reported their dosage was sufficient to prevent withdrawal
- 25.7% of those who reported an encounter with police in last 2 weeks had their medications confiscated

Staircase to Receiving RMG: Service User Perspectives



Harder to climb the staircase with a shaky foundation of poverty, homelessness and past negative experiences with medicalized systems

Pauly B, et al. *in progress*

RMG Barriers to implementation: Clinician Perspectives

'Prescribers have been outspokenly blamed for over prescribing and the overdose crisis'

"The difference being that we're in a public health emergency, so waiting that conventional, 5 to 10 years between when something is first rolled out and becomes mainstream, which is what happens with most cardiac medications, that's just not an option."

"It was so frustrating to be told through this provincial document and by the Ministry "Please prescribe this way," and then sort of in the next moment to be audited for prescribing in that way."

RMG Impacts: Self-reported outcomes

Findings from the longitudinal component of the provincial survey of people who received or were trying to access RMG prescriptions (n=161) revealed:

- No evidence of an effect of RMG receipt on changes over time in outcomes (depression, anxiety, quality of life, illicit substance use, or reliance on criminalized income sources), controlling for sociodemographic characteristics, location, baseline substance use, parenting and police encounters.
- Protective effect of RMG receipt on depression (controlling for potential confounders): adjusted $b=-0.36$ (-0.71, -0.01)

Reduced use, withdrawal and cravings:

But I mean, now it's gone down to, um, I would say a quarter?“

Not puking my guts out and not shitting my pants”

Don't have to spend all my time and money on drugs

Not having to Hustle as Much: *“I was constantly on the go...From the time I woke up. It was like a job.”*

Less Criminal Activity: *“I used to steal every single day...but now I don't barely ever steal at all....*

Empowering: *“And when I came home carrying...some snacks and stuff, I felt so good.... And it felt...empowering.”*



A prescription that works: Feeling Healthier



Less anxiety: *“I can actually sit in a room and sit at a table and have a meeting with people for an hour or two – two hours at the most. And just sit there and feel comfortable.”*

Not feeling like a bag of shit: *“I definitely look a lot healthier and feel a lot healthier. Yeah, I’m just now kind of on a steady dose... I don’t think it’s a miracle pill, but I think it’s definitely helped...I feel really positive. Like....fentanyl just takes your body, right? Like it just makes you feel like a bag of shit”*

Feeling like you matter (programs with wraparound supports): *Because that’s the first person in 10 years that’s actually made me feel like I matter.”*



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l’usage de substances

Study limitations

- Non-random sampling approach to the survey, with potential for selection biases
- Challenges reaching people in remote areas of the province
- Findings may not be representative of all of those who attempted to access a prescription

Disclaimer: Findings have not
undergone peer review

Key messages

- Service users had specific goals and hopes in accessing RMG but implementation was not widespread outside of urban centres with medicalization among key barriers to access. Those able to access and navigate RMG reported positive impacts.
- Clinicians highlighted key challenges to implementation related to lack of support from colleges and colleagues
- Prescribed safer supply is an emergency response to public health crisis that seeks to reduce harms and is not the same as overprescribing.
- Irrespective of implementation issues, people did not want to stop the program due to demonstrated benefits and urged programs to continue and improve.
- Using a participatory approach enhanced our methodology and interpretation.