HMA

Safe Supply Work Group

Regular Meeting

April 11, 2024

8:30 a.m. to 10:00 a.m.

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Land Acknowledgement

We stand on the lands of the Chehalis, Chinook, Colville, Cowlitz, Duwamish, Hoh, Jamestown S'Klallam, Kalispel, Lower Elwha Klallam, Lummi, Makah, Muckleshoot, Nisqually, Nooksack, Port Gamble S'Klallam, Puyallup, Quileute, Quinault, Samish, Sauk-Suiattle, Shoalwater Bay, Skokomish, Snoqualmie, Spokane, Squaxin Island, Stillaguamish, Suquamish, Swinomish, Tulalip, Upper Skagit, Wanapum, and Yakama tribes.

Photo source: KuleLoklo3272 - Coast Miwok - Wikipedia

HMA TEAM

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Principal
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Senior Consultant
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Carlos Mena
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Consultant
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NEW MEMBER INTRODUCTIONS

Members who were not present at the kick-off meeting may introduce themselves.

- Name
- Pronouns
- Affiliation
- Criteria of membership that you are fulfilling

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AGENDA

- Land Acknowledgement
- HMA Team Introductions
- New Member Introductions
- Agenda Review
- Public Comment
- Presentation

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PUBLIC COMMENT

- The workgroup meetings of the Safe Supply Work Group are not subject to the WA Open Public Meetings Act
- Members have requested the ability for non-members to participate, but in listen mode only
- We would like to offer 5 minutes for public comment at this time. Please be respectful and brief in your remarks.
- Please know that future meetings may be closed at the discretion of membership
- Members may request a link to view recordings of missed meetings. Presentation PDFs will be shared with members after the meeting.

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HMA

A Primer to the Concepts of Safe Supply

PRESENTED BY:
Erin Russell

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PRESENTER

Erin Russell
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Principal
Health Management Associates

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HMA

- Started learning about harm reduction and naloxone distribution at Prevention Point Pittsburgh in 2008
- Developed Maryland's naloxone distribution program and syringe access law from initial legislation, funding, data collection and monitoring, to evaluation
- Published articles on Maryland's naloxone use reporting system, evaluation of distribution interruption during COVID-19, and a review of naloxone vending machines
- Studied Sociology and Public Health, and is a current student of Implementation Science

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LEARNING OBJECTIVES

1

Level-set understanding of harm reduction approaches that stop overdose death

2

Define and describe safe supply

3

Develop a nuanced understanding of the evidence base of safe supply

FOUNDATIONAL CONCEPTS

HARM REDUCTION

(H)arm (R)eduction:

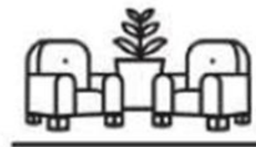
A philosophical and political movement focused on shifting power and resources to people most vulnerable to structural violence

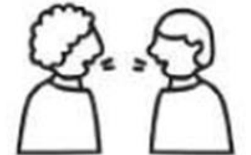
(h)arm (r)eduction:

The approach and fundamental beliefs in how to provide the services

risk reduction:

Tools and services to reduce potential harm





National Harm Reduction Coalition, 2023

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RADICAL NEUTRALITY

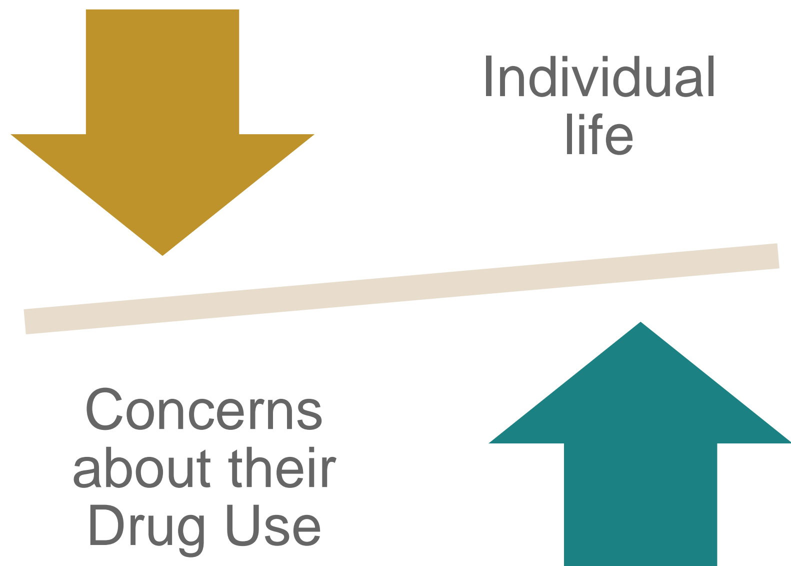
Providing Harm Reduction services requires a willingness to:

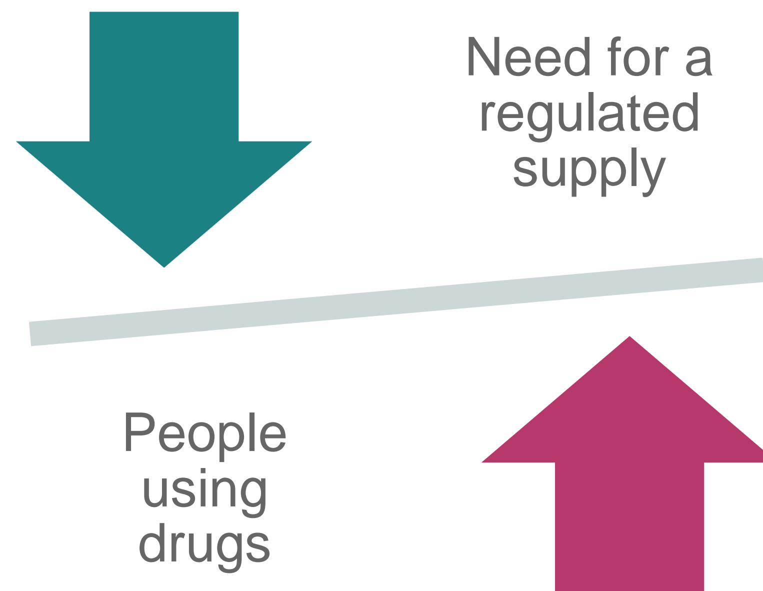
“practice radical neutrality; grapple with ethical gray areas; tolerate, accept, and understand difficult behaviors; be taught by our clients; relinquish the role of authority, judge, or expert; [and] partner with clients”.

- Pat Denning and Jeannie Little

Co-Founders of the Center for Harm Reduction Therapy

GRAPPLING WITH GRAY AREAS





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CHATTERFALL

- How do you define harm reduction?
- On a scale of 1-10 how accepted are harm reduction programs in your community?

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SUPERVISED DRUG CONSUMPTION

SUPERVISED CONSUMPTION SITES CURRENTLY OFFERING SERVICES

Sandy Hill
Community Health Centre

PARKDALE
QUEEN WEST
Community
Health Centre

NORTHREACH

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Insite Safe Consumption Space, NYC

SUPERVISED CONSUMPTION

With immediate access to overdose response resources, no one dies

- Belackova V, Salmon AM, Day CA, et al. Drug consumption rooms: a systematic review of evaluation methodologies. Drug Alcohol Rev. 2019;38(4):406–422. 10.1111/dar.12919.
- Supervised consumption sites: a nuanced assessment of the causal evidence. Addiction. 2019;114(12):2109–2115. 10.1111/add.14747

Environment of trust

- Belackova V, Silins E, Salmon AM, Jauncey M, Day CA. “Beyond safer injecting” - health and social needs and acceptance of support among clients of a supervised injecting facility. Int J Environ Res Public Health. 2019;16(11):2032. 10.3390/ijerph16112032.
- Bravo MJ, Royuela L, De la Fuente L, et al. Use of supervised injection facilities and injection risk behaviours among young drug injectors. Addiction. 2009;104(4):614–619. 10.1111/j.1360-0443.2008.02474.x.

Linkage to other resources

- Folch C, Lorente N, Majó X, et al. Drug consumption rooms in Catalonia: a comprehensive evaluation of social, health and harm reduction benefits. Int J Drug Policy. 2018;62:24–29. 10.1016/j.drugpo.2018.09.008.
- Gaddis A, Kennedy MC, Nosova E, et al. Use of on-site detoxification services co-located with a supervised injection facility. J Subst Abuse Treat. 2017;82:1–6. 10.1016/j.jsat.2017.08.003.

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SAFE SUPPLY

SAFE SUPPLY DEFINITIONS

1. **Action:** Simply providing PWUD with a drug of known composition in lieu of what is sold in illegal markets

2. **Intention:**

- Providing opioid agonists for the prevention of overdose in response to a toxic drug supply VS.
- The treatment of opioid use disorder so that the person stops taking other drugs

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CHATTERFALL

Let’s check in on your understanding of safe supply.

1. Does this action and intention approach to defining safe supply make sense to you?
1. What else would you include in a definition of safe supply?

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MODALITIES/MORE TERMS

- Heroin Assisted Treatment: pharmaceutical diacetylmorphine
- Injectable Opioid Agonist Treatment: typically hydromorphone
- Multi-drug programs using tested illicitly-purchased substances (Compassion Club)

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PRESCRIPTION HEROIN

The specially designed clinic space includes four booths facing a medication room and a multi-use area where clients engage with health and wellness services. (Photo provided by Island Health, Vancouver Island)

Since November 2014, one Downtown Eastside clinic has given patients prescription heroin as a method of treatment for severe addictions. Now B.C. is expanding access in response to the fentanyl crisis.
Portland Hotel Society

PHOTO CREDIT: AMANDA SIEBERT

EARLY EFFICACY TRIALS – 1994 - 1999

- Impact on cravings
- Changes in use of street-purchased/unregulated substances
- Neighborhood effects
- Quality of life measures of the person receiving it
- Impact on infectious disease incidence and treatment adherence

Comparison of heroin-assisted treatment to methadone characterized many of the early studies going back to 1980 (small sample sizes and insufficient dosing)

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POPULATION LEVEL IMPACT TO JUSTIFY PUBLIC INVESTMENT

- Typical health impact of injection drug use – hepatitis and HIV
- Experiences of overdose, and overdose deaths
- Prevalence of heroin use in the community (difficult to measure) due to diversion
- Drug and property crime
- Economic evaluation

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EARLY MODELS AND STUDIES

- The Swiss Model (evaluated 1994-2006)
  - Heroin prescription is offered to people who "failed" at existing forms of treatment including methadone
  - Patients receive heroin on site, self-administered under supervision
  - No take away doses
  - Regular medical care and social support
  - Small financial contribution to the treatment

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EARLY MODELS AND STUDIES

- Germany (2003 – 2005)
  - Compare heroin to methadone over 12 month period
  - Measured changes in health status and illicit heroin use
  - **Economic evaluation:** HAT produced a net savings balance (€5,966) per patient per year, whereas the costs of methadone remained greater than its calculated savings (minus €2,069) because of its inability to substantially reduce crime
- Netherlands (1998 - 1999)
  - Compared injection and orally administered heroin + methadone to methadone-alone
  - Offered psychosocial treatment throughout
  - 12 month treatment with heroin plus methadone was *significantly more effective than treatment with methadone alone* in the trial of inhalable and injectable heroin

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SWISS TRIALS – RESULTS

- There were no overdose fatalities among participants while they remained enrolled in the program.
- Easy to stabilize and engage people in care over long periods of time (2 years)
- Reduced hepatitis and HIV infection risk among seronegative individuals at start

Heroin-assisted treatment is now covered by the Swiss publicly-funded heath care system

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THE RANDOMIZED INJECTABLE OPIOID TREATMENT TRIAL (RIOTT) - UK

- Compared supervised injectable heroin (SIH) and supervised injectable methadone (SIM) with optimized oral methadone (OOM)
- At 6 months, no significant differences were found between treatment groups in wider drug use physical and mental health or social functioning.
- Within each treatment group, significant reductions were observed in crime and money spent per week on drugs, especially in SIH
- Significant improvements were seen in physical health for SIH and SIM and mental health for OOM

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EARLY CHALLENGING QUESTIONS

- Conducting urinalysis that can differentiate between street and pharmaceutical heroin
- Developing "monitoring systems"
- Questions about scale – concern for community pushback
- Drug policy context – expectations of abstinence deter people from seeking treatment, the cost and availability of heroin

"I conjecture that heroin prescription is more likely to be accepted by the public if it is seen as therapeutic approach of last resort rather than as a state-sponsored form of heroin supply" – Wayne Hall, 1999 Research Symposium on HAT

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NORTH AMERICAN OPIATE MEDICATIONS INITIATIVE (NAOMI) – 2006

- Participation from 251 people from Montreal and Vancouver who had been using opioids for at least 5 years
- People have 2 previous attempts with methadone
- Randomized clinical trial
  - People are separated into heroin and methadone assisted treatment
- Evaluated retention, criminal activity, and street drug use

Post-trial analysis of another Canadian study called SALOME found continued decrease in criminal justice system interaction after 3 years of program participation

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CURRENT CANADIAN PROCESS

- Both hydromorphone and diacytlmorphone are available as injection opioid agonist treatment
- Supervised and unsupervised models
- Take home doses are allowed

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NEXT STAGE OF EVALUATION

- With the maturation of heroin-assisted treatment programs, researchers began asking more questions
- Brain imaging to understand the affect of daily heroin administration on decision making and impulse control
- Assessment of emotional regulation of people in heroin-assisted treatment
- Implications of certain personal characteristics on someone's experience in a heroin assisted treatment program, like race, gender, and motivational status
- Effects of treatment on other substances use (ie alochol) and the integration of other types of medications for stimulant use

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INNOVATION

- Nasal spray administration
- Micro-dosing
- Vending machine distribution

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REFLECTION

CHECK IN

What surprises you about the research presented so far?

What questions do you have that were not answered?

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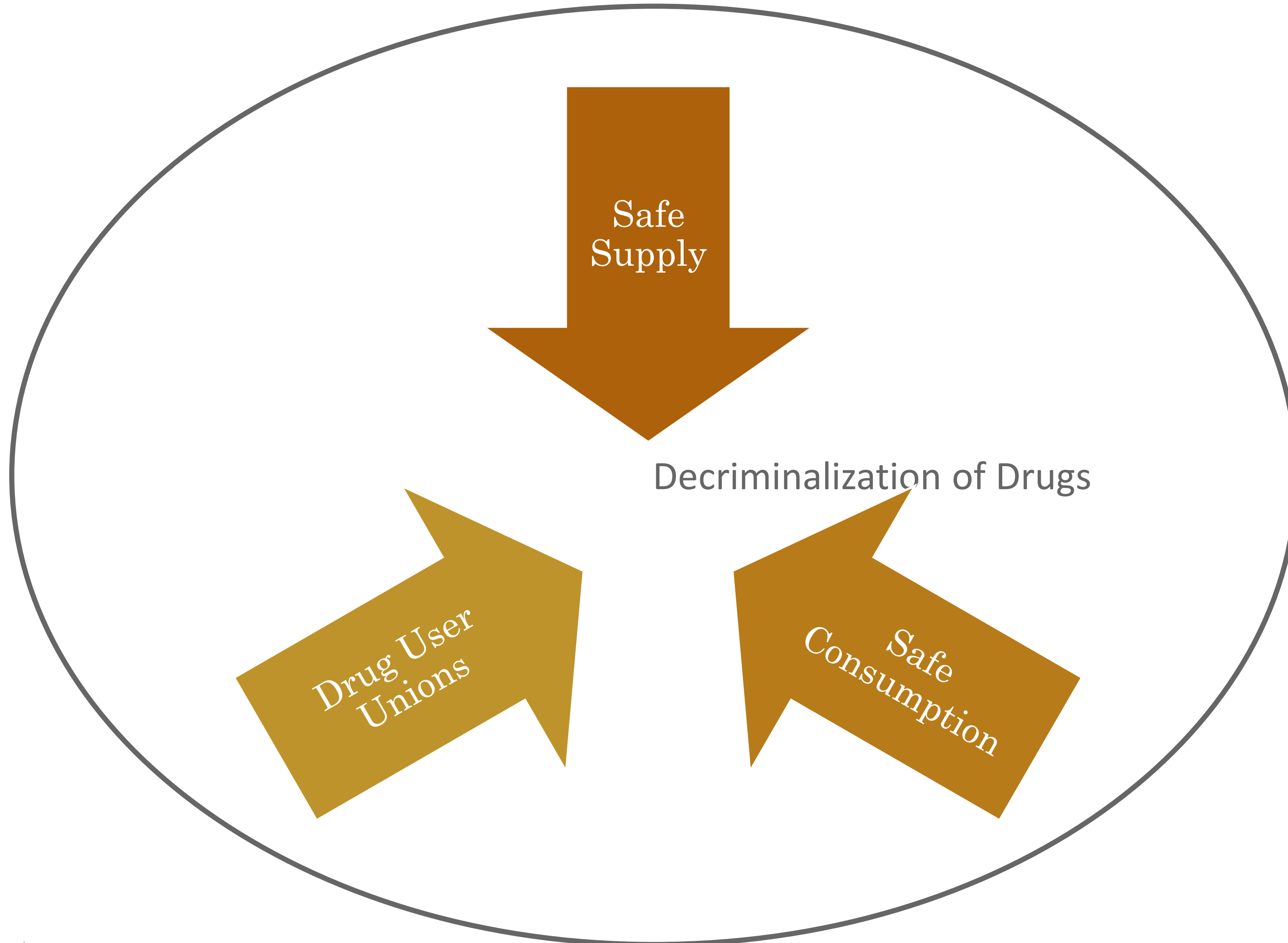
CONTEXT OF SAFE SUPPLY



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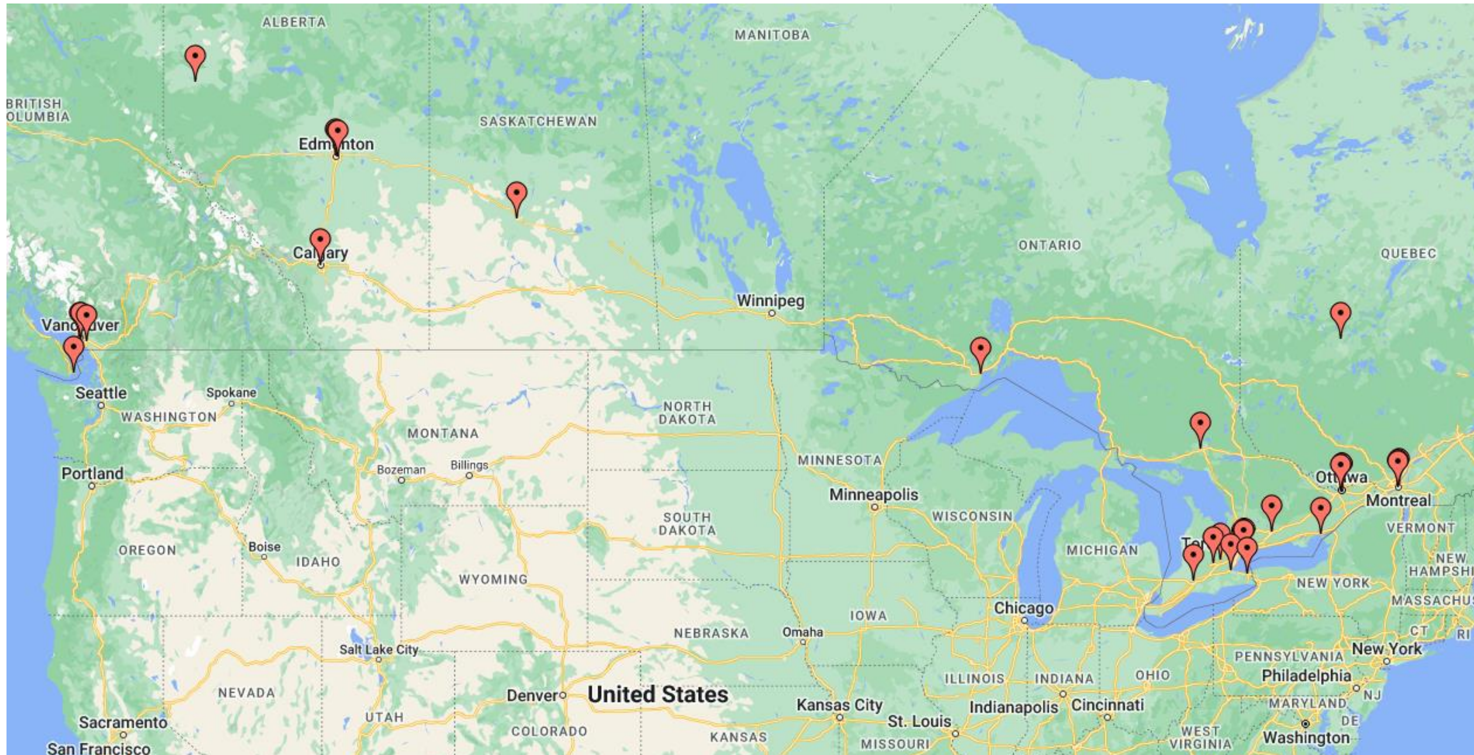
CANADA'S RESPONSE TO THE OPIOID OVERDOSE CRISIS



The Government of Canada is coordinating a response to the opioid overdose crisis to advance actions in the areas of prevention, harm reduction, treatment and enforcement.

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COMPASSION CLUB MODEL

DRUG USER LIBERATION FRONT (DULF)

DRUG USER LIBERATION FRONT

COMPASSION CLUB AND FULLFILLMENT CENTRE

Over the course of a year, the Drug User Liberation Front (DULF) has undertaken the operation of a Cocaine, Heroin, Methamphetamine Compassion Club (CC) pilot program. This initiative allows People Who Use Drugs (PWUD) to enroll as members, granting them the ability to procure up to fourteen grams of each substance per week. Eligibility requirements include prior usage of the club's provided substances, affiliation with established drug user networks (to verify existing substance use), and a minimum age of nineteen. Substances are tested and labeled prior to sale to prevent harm to the clubs members. The club's operation spans four days per week, totalling twenty four hours, and includes an on-site Overdose Prevention Site accessible to all members.

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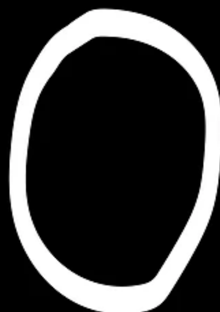
DULF
EVALUATION

TO DATE DULF HAS PROVIDED OVER 3 KILOGRAMS OF SUBSTANCES TO ITS MEMBERSHIP. BY USING THE PRINCIPLE OF ECONOMY OF SCALE, AND PROVING SUBSTANCE AT-COST, DULF PREVENTED APPROXIMATELY $100,634.80 OF PROFIT FROM GOING INTO THE HANDS OF ORGANIZED CRIMINAL GANGS.



ZERO OVERDOSE DEATHS ARE KNOWN TO HAVE BEEN CAUSED BY DULF'S SUBSTANCES

ZERO OVERDOSES WITH NALOXONE ADMINISTERED HAVE OCCURRED FROM THE SOLE USE OF DULF'S SUBSTANCES.

Within the entire study group, there was a 32% decrease in overdoses requiring naloxone administration (ODN) and 35% reduction in all overdoses.Notably, within the sub-population of people who had ever injected drugs there was a 68% reduction in ODN and a 57% reduction in overdoses overall.

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DULF
EVALUATION

POLICE

48% decrease in negative police interactions per three month period, since gaining access.

HOSPITALIZATIONS

50% decrease in hospitalizations per three month period, since gaining access.

VIOLENCE

39% decrease in drug-related violence per three month period, since gaining access.

RISKS AND BENEFITS

BENEFITS ACROSS ALL MODALITIES AND STUDIES

- Decreased Crime
- Decreased Street Drug Use
- Increase Social Wellbeing, Employment, Housing
- Decrease In Overdose Death Risk
- High Retention

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RISKS

If injecting, wounds and vein health risks

Overdose risk (but if supervised, low to no risk of death from overdose)

Last line of treatment

Legal risk for providers of compassion club models

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CRITIQUES

Possibility Of Other Types Of Wounds	Consent of individual is questionable	Fentanyl Changes The Way We Treat Drugs, Hydromorphone Is Not Fentanyl (They Are Able To Offer Fentanyl Supply In BC, But Not Ontario)
Ideological	Expensive And Publicly Funded	There Is No "What's Next" For Patients

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NEXT UP: APRIL 25, 2024

Dr. Paxton Bach

Paxton Bach MD, MSc, ABIM, FRCPC is a Clinical Assistant Professor in the Department of Medicine at the University of British Columbia and a general internist and addiction medicine physician at St. Paul's Hospital in Vancouver, BC. He additionally serves as the Co-Medical Director for the British Columbia Centre on Substance Use, and is the Director of the BCCSU Clinical Addiction Medicine Fellowship Program.

Got a Speaker Suggestion?

Contact Erin Russell
Erussell@healthmanagement.com

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DISCUSSION AND ADJOURNMENT