

SHORT-TERM SOCIAL AND SUBSTANCE USE-RELATED OUTCOMES AMONG CLIENTS OF SAFER OPIOID SUPPLY PROGRAMS IN TORONTO, CANADA

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Background: Safer opioid supply (SOS) programs involve prescribing pharmaceutical alternatives to the toxic unregulated drug supply, and have been implemented as a preventative measure to mitigate overdose and substance use-related harms in Canada. We assessed short-term social and substance use-related outcomes among participants recently initiated into SOS in Toronto, Canada.

Methods: We surveyed consenting participants receiving prescribed SOS medication in five low-threshold care centers in Toronto. We estimated the incidence rate (IR) of self-reported recent overdose and the prevalence of regular (i.e., at least weekly) substance use practices among participants at baseline and their latest follow-up visit. Additionally, we examined changes in self-reported social and behavioural outcomes following SOS initiation.

Results: 41 participants with a median (IQR) age of 39 (32–45) years at baseline were followed up for a median (IQR) of 7 (5.0–7.5) months. 51.2% (n=21) identified as men, and 59.3% (n=16) were White. At follow-up (n=26), 9 overdose incidents were reported in the past month (IR: 0.34 events per person-month; 95% CI: 0.15–0.65) compared with 136 overdose incidents in the six months prior to baseline (IR: 0.55 events per person-month; 95% CI: 0.46–0.65), corresponding to an IR ratio of 0.62 (95% CI: 0.28–1.22). At both baseline and follow-up, fentanyl was the most frequently injected drug. Compared to baseline, regular injection use of fentanyl and heroin remained unaltered at follow-up. However, participants reported a reduction in spending on drugs (n=14; 53.8%), illegal income generation activities (n=13, 50%), and arrests (n=12; 46.2%) at follow-up.

Conclusion: Overdose incidence among participants was lower at follow-up, though this did not reach statistical significance. Self-reported social health outcomes improved after commencing SOS. Future implementation of SOS with larger sample sizes and control groups could help further illustrate the potential impacts of SOS in reducing harms among people who use drugs in Canada.

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