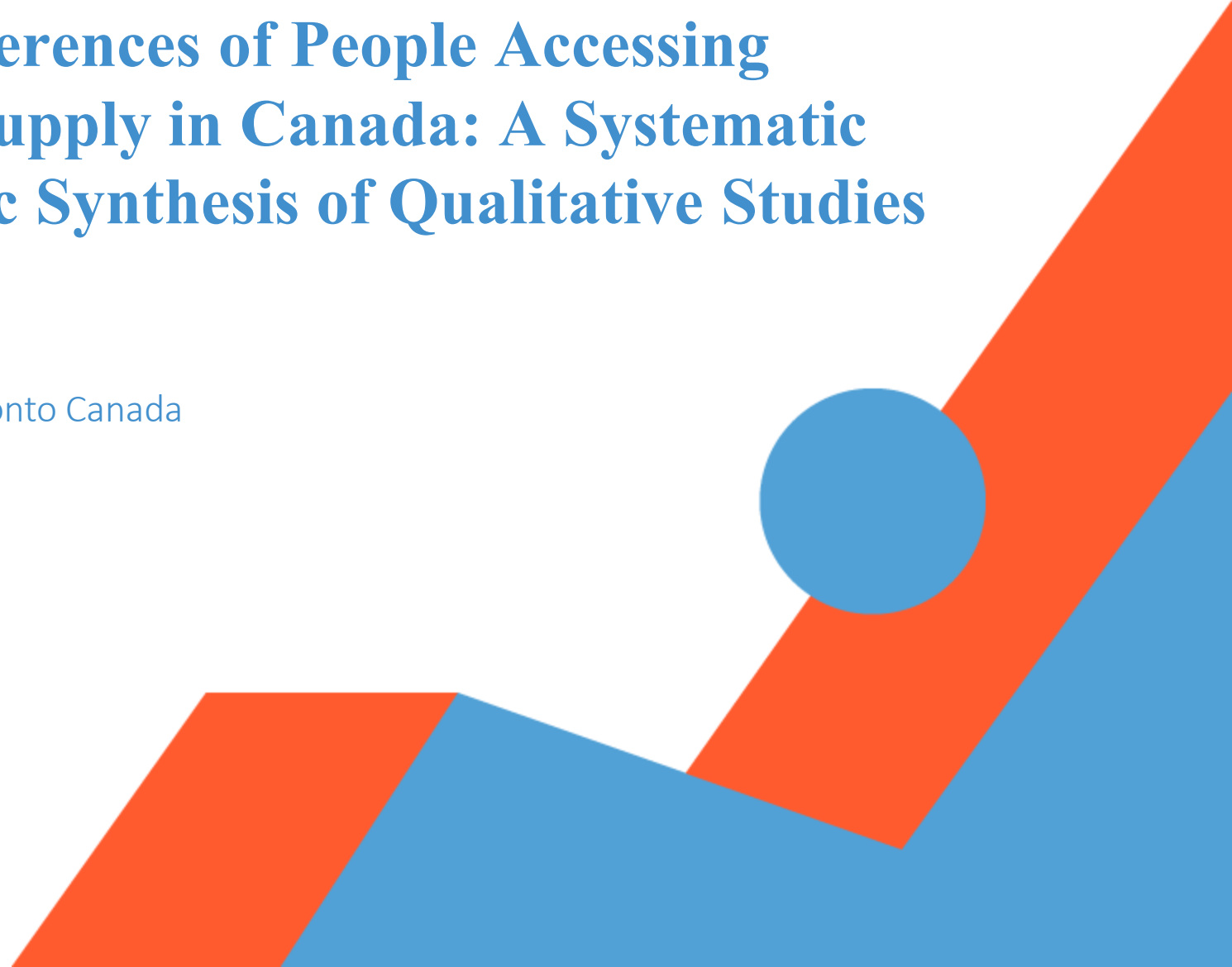


Needs and Preferences of People Accessing Prescribed Safer Supply in Canada: A Systematic Review and Thematic Synthesis of Qualitative Studies

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Background

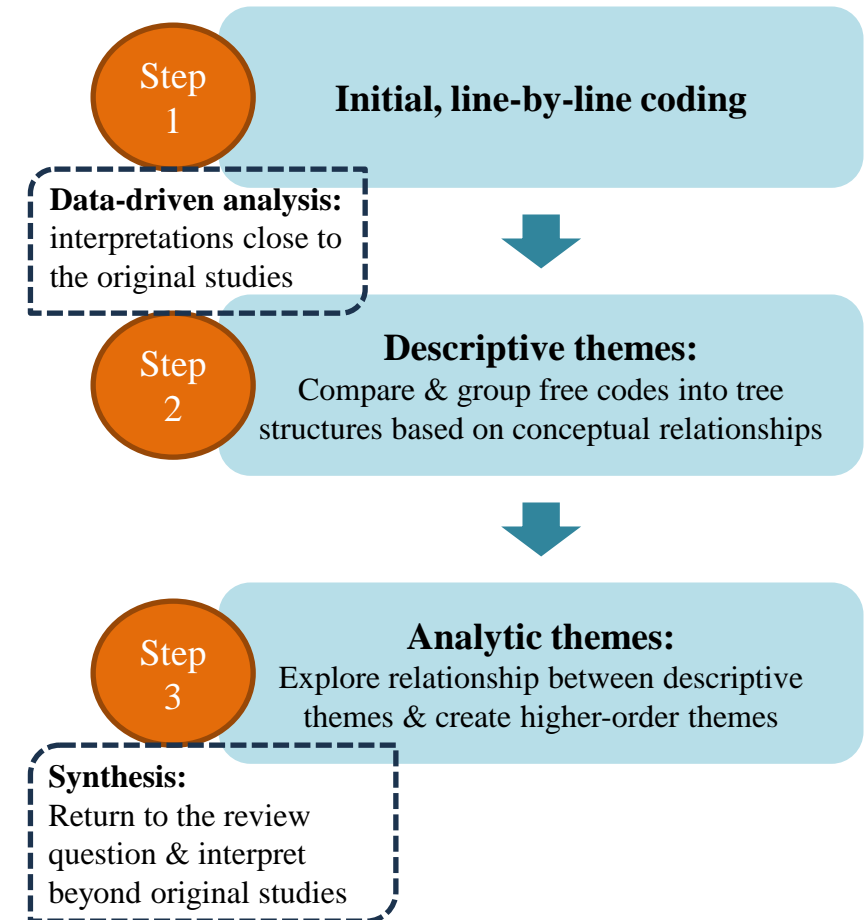
- **Toxic drug poisoning** has been an ongoing public health challenge in Canada since national surveillance began in 2016.¹
- More than **50,000 drug toxicity deaths** have been reported since January 2016. These are primarily driven by unregulated fentanyl and its variable analogues.¹
- Canada's federal department of health funded the scale up of a harm-reduction oriented intervention known as **safer supply**.²
- Safer supply refers to providing **prescribed pharmaceutical-grade drugs** (e.g., opioids) as a safer **alternative to toxic unregulated drugs** to individuals at high risk of overdose.²
- Aims to reduce overdose risk by **reducing reliance on toxic unregulated drugs**.^{2,3}
- **Hydromorphone** tablets as **daily take-home** doses, coupled with a **long-acting opioid medication** (e.g., slow-release oral morphine) is the most common prescribing approach. Some programs provide prescribed alternatives without long-acting opioids (e.g., MySafe program).³
- Other programmatic variations include type of medications prescribed, dosing schedules, client monitoring, and integration with wraparound services.^{3,4}

Objective

We sought to synthesize the available literature on client experiences with safer supply programs to inform evidence-based prescribing, enhance service delivery, and guide future program implementation.

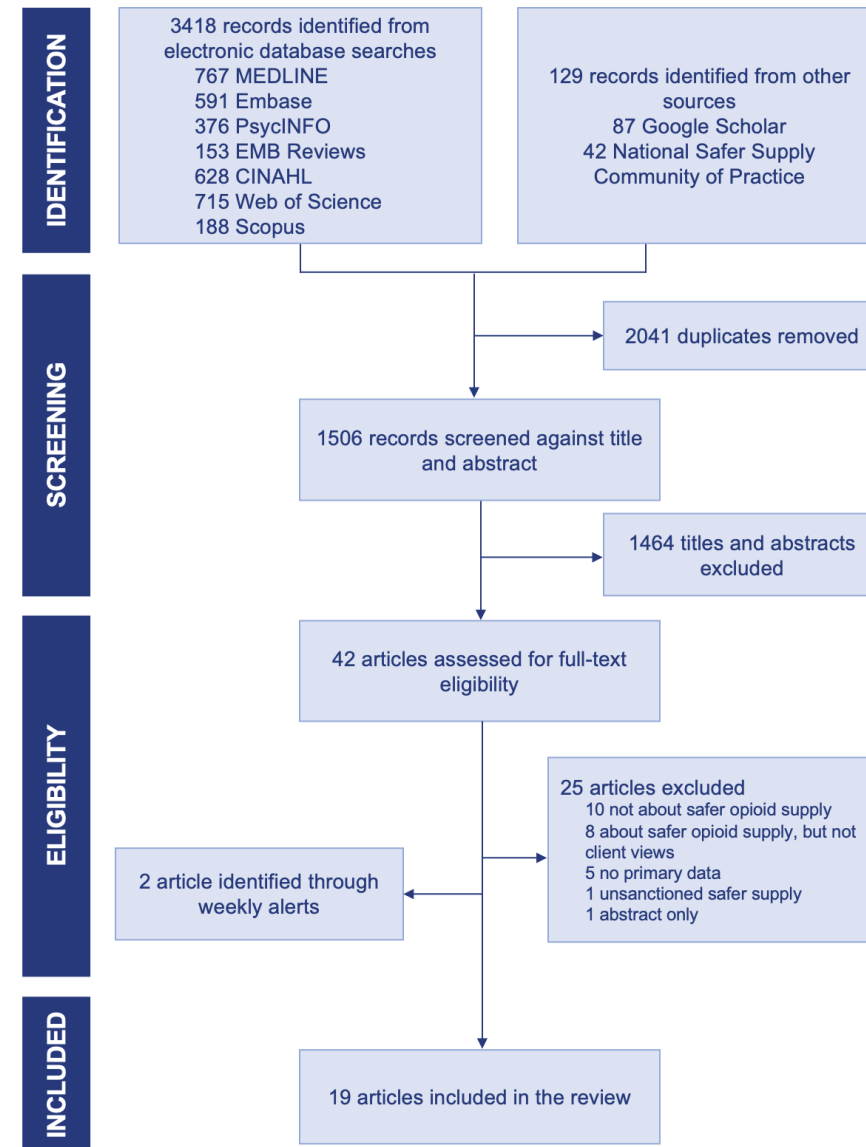
Methods

- Searched 7 electronic databases (**MEDLINE, Embase, PsycINFO, CINAHL, EBM Reviews, Web of Science, & Scopus**), and other sources (Google Scholar & *National Safer Supply Community of Practice*) between January 1, 2016, and August 21, 2024, for qualitative studies on safer supply client experiences.
- Data analysis guided by **Thomas and Harden's** 3-step thematic synthesis approach.⁵
- Used Critical Appraisal Skills Programme (**CASP**) checklist to assess the quality of included studies.⁶
- Confidence in review findings evaluated using **GRADE-CERQual**,⁷ based on methodology, coherence, adequacy, and relevance.

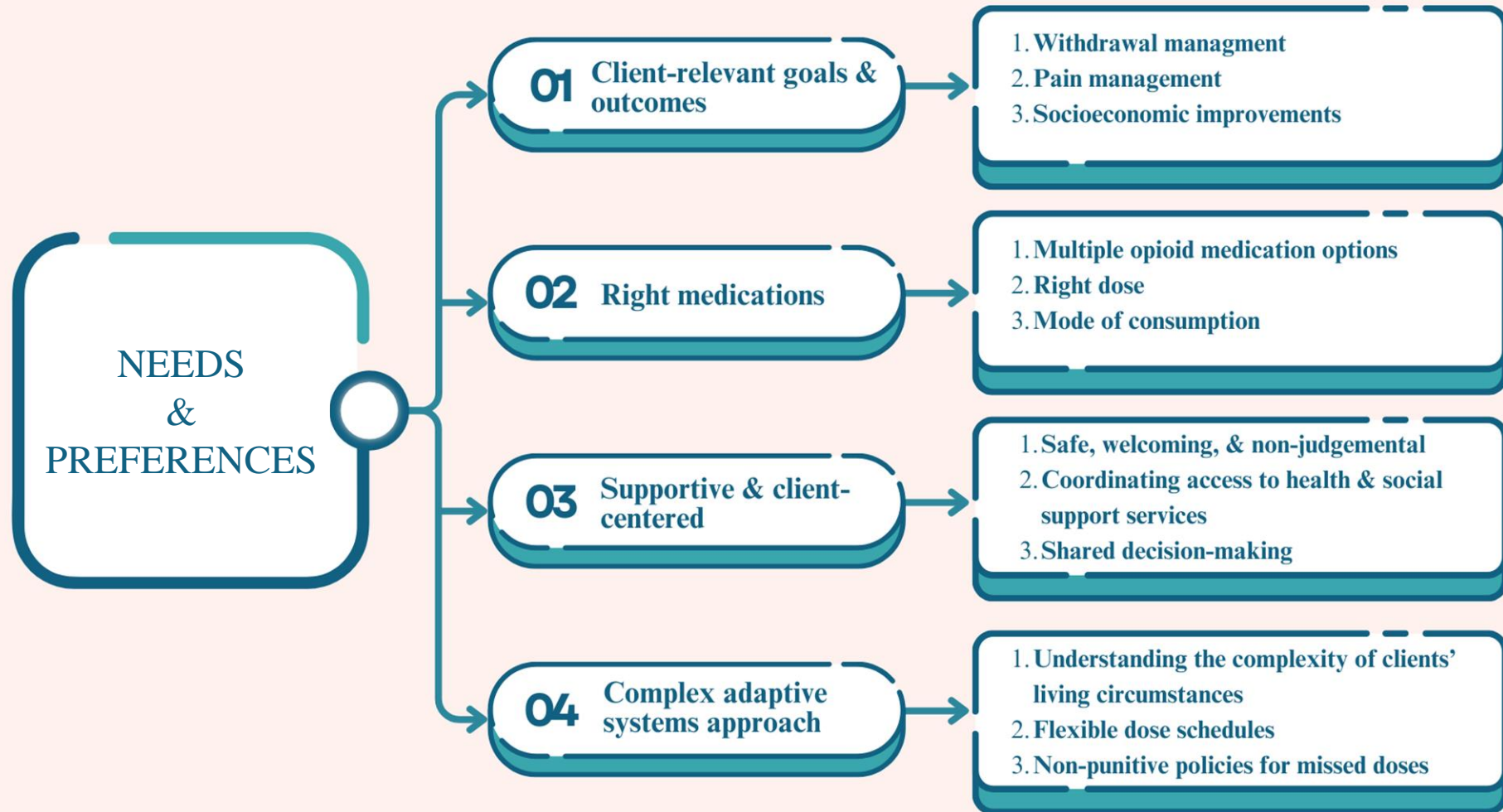


Results

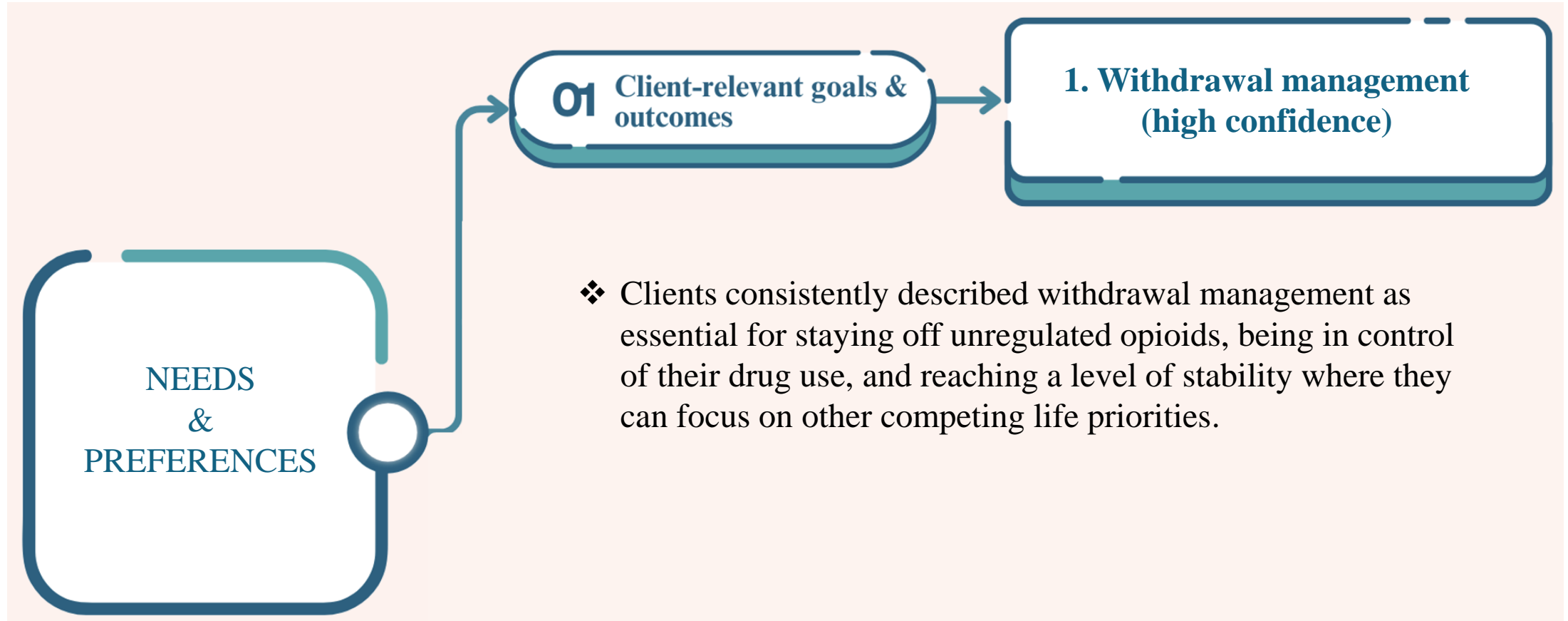
- Our thematic synthesis included **19 peer-reviewed publications** (13 studies), involving **395** safer supply clients from British Columbia and Ontario, of whom 60% were men and 36% were women.
- Though not all studies reported ethnicity/race, the majority of participants were White (189; 48%) and around 91 (23%) participants were Indigenous.
- 135 inductively-derived codes → **12 descriptive themes** → **4 overarching analytic themes**



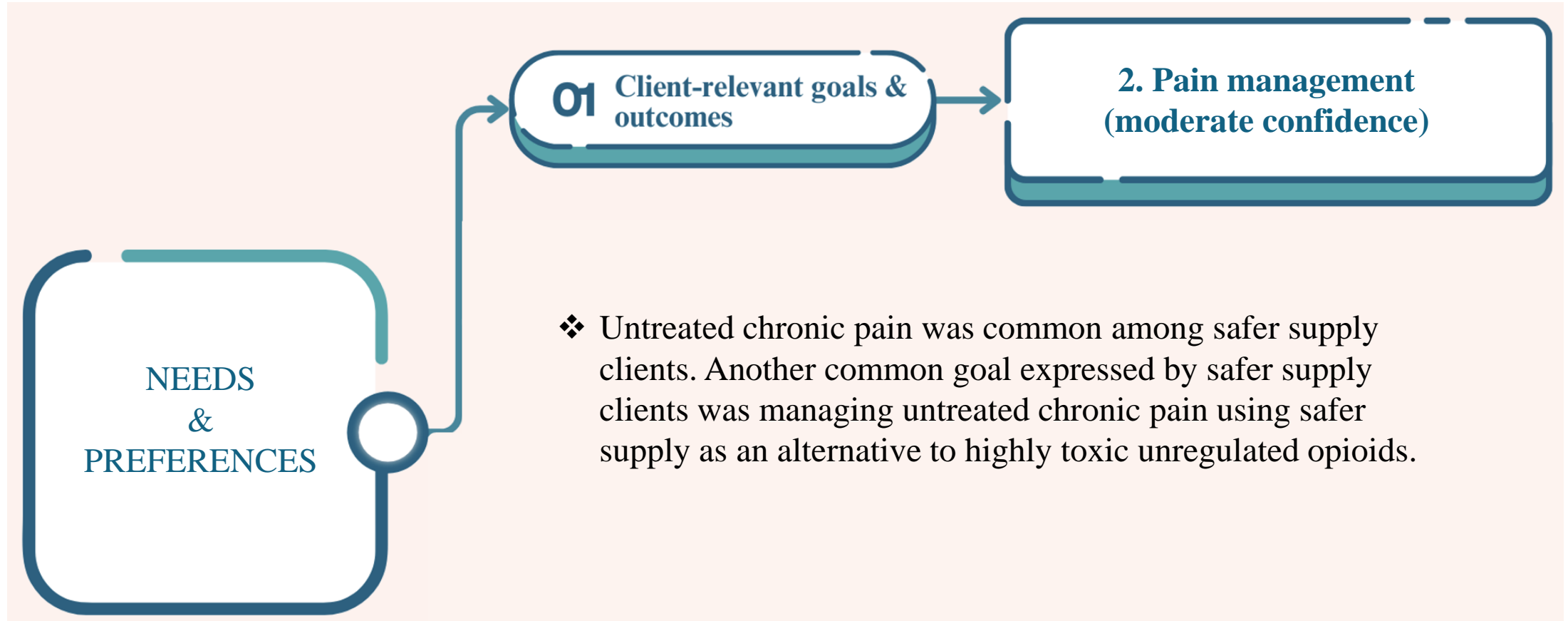
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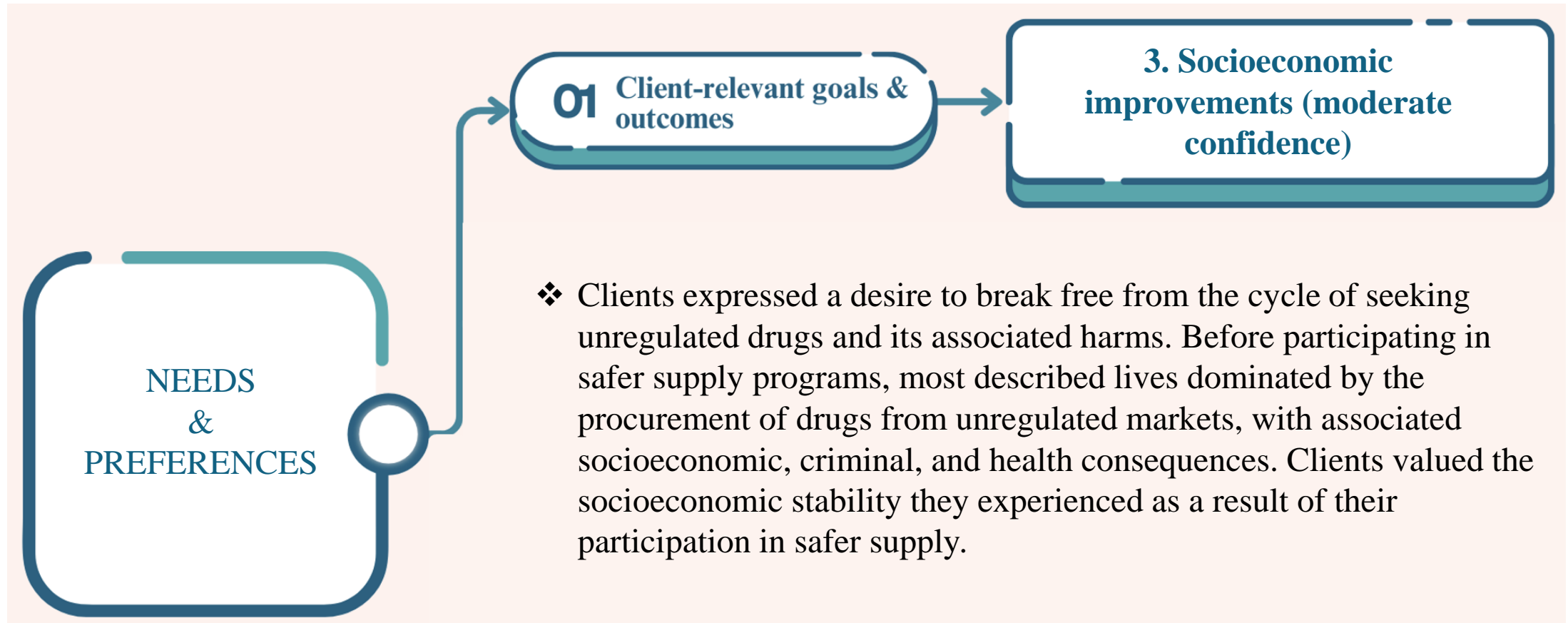
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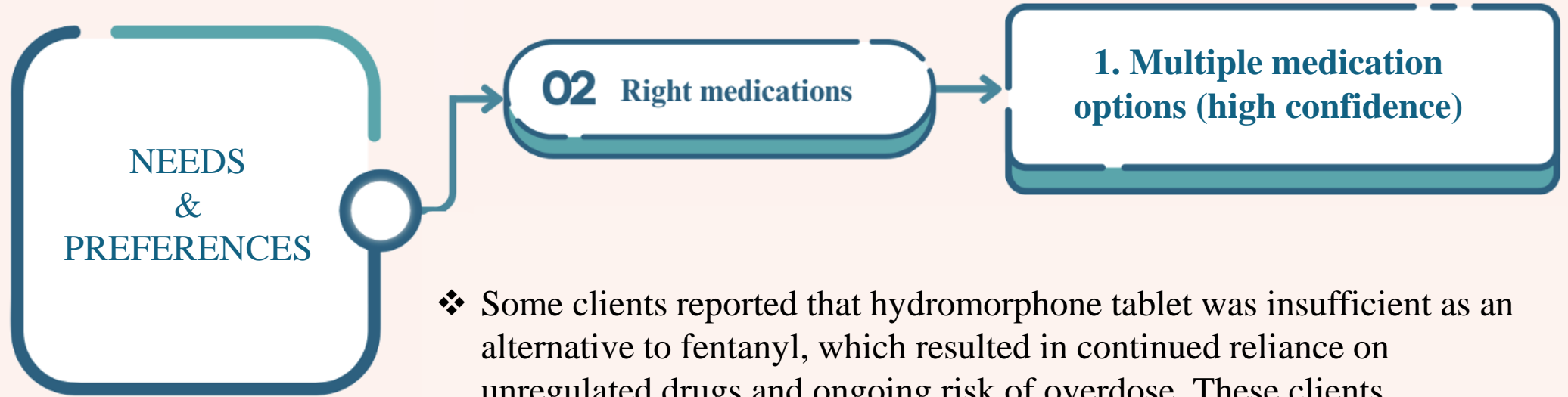
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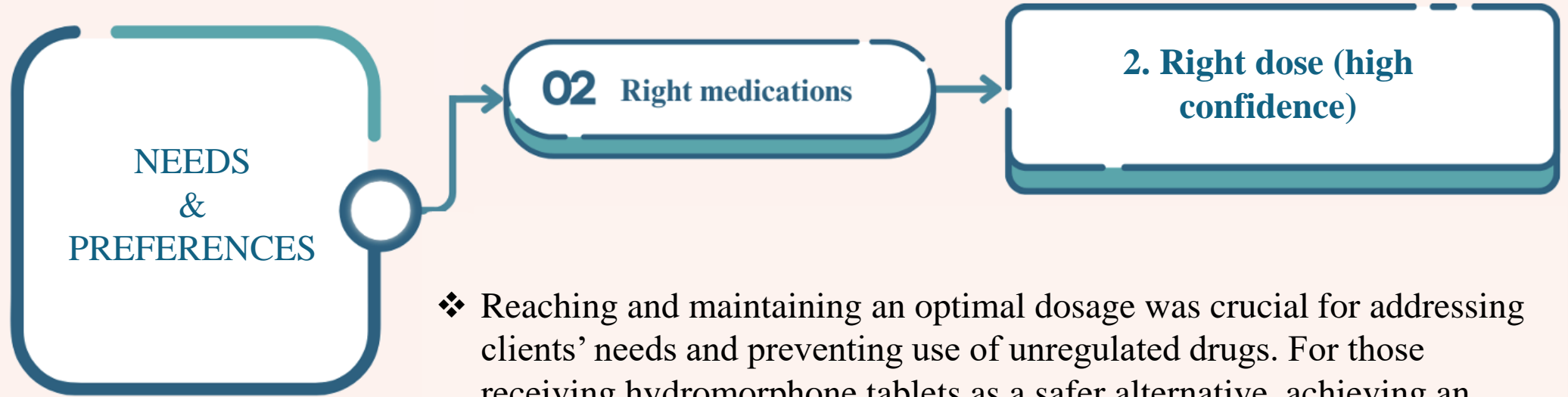


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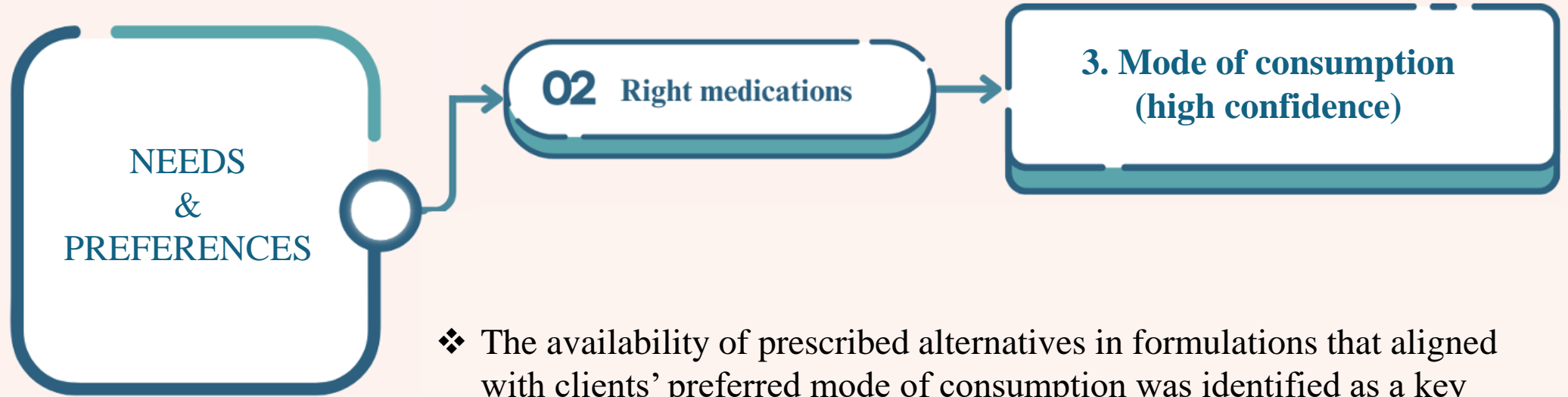
- ❖ Some clients reported that hydromorphone tablet was insufficient as an alternative to fentanyl, which resulted in continued reliance on unregulated drugs and ongoing risk of overdose. These clients expressed the need for additional opioid medications to adequately meet individual needs and preferences.

Results



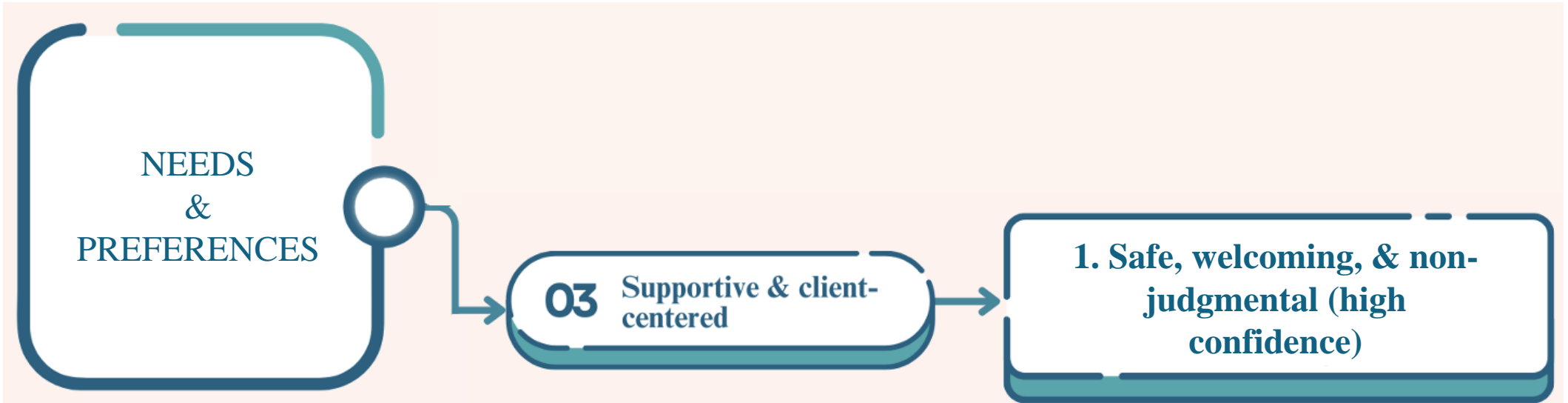
- ❖ Reaching and maintaining an optimal dosage was crucial for addressing clients' needs and preventing use of unregulated drugs. For those receiving hydromorphone tablets as a safer alternative, achieving an adequate dose that met their individual needs was key.

Results



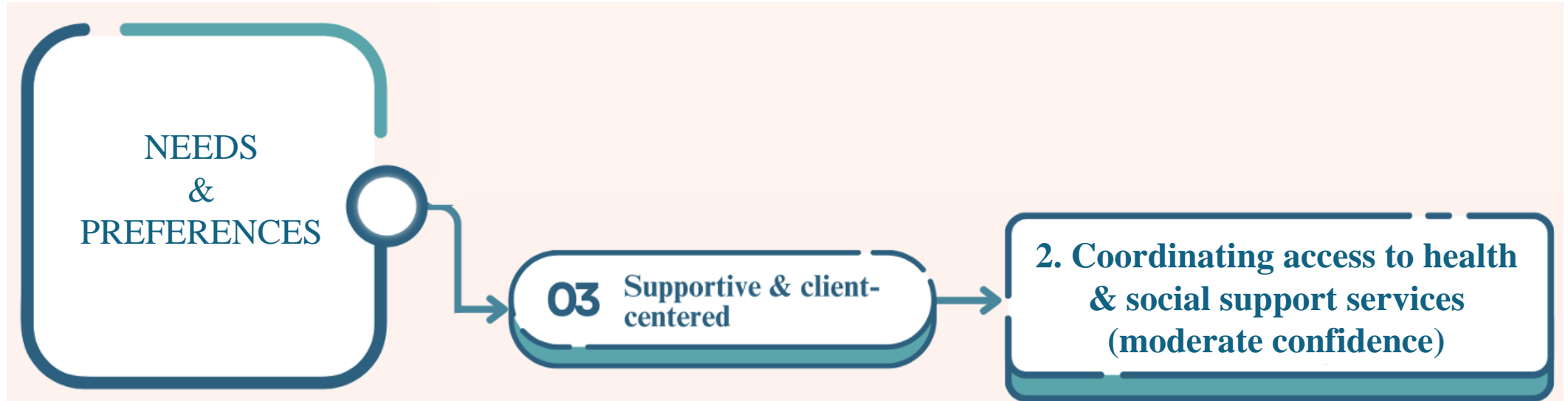
- ❖ The availability of prescribed alternatives in formulations that aligned with clients' preferred mode of consumption was identified as a key factor in achieving optimal therapeutic effects.

Results



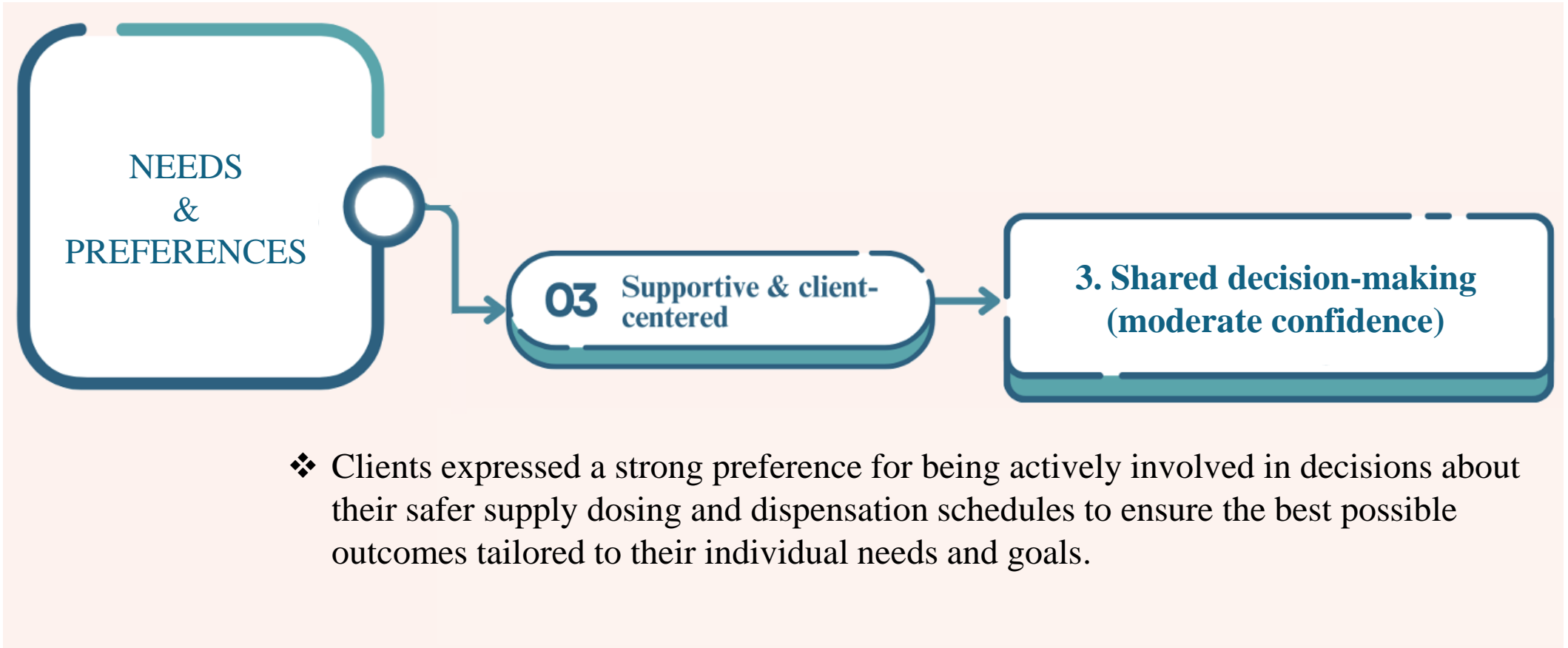
- ❖ Clients characterized safer supply programs as welcoming and non-judgmental, contrasting them with their previous experiences of feeling judged and mistrusted in conventional treatment programs (e.g., OAT). Clients valued the compassionate, respectful, and caring approach of safer supply staff.

Results

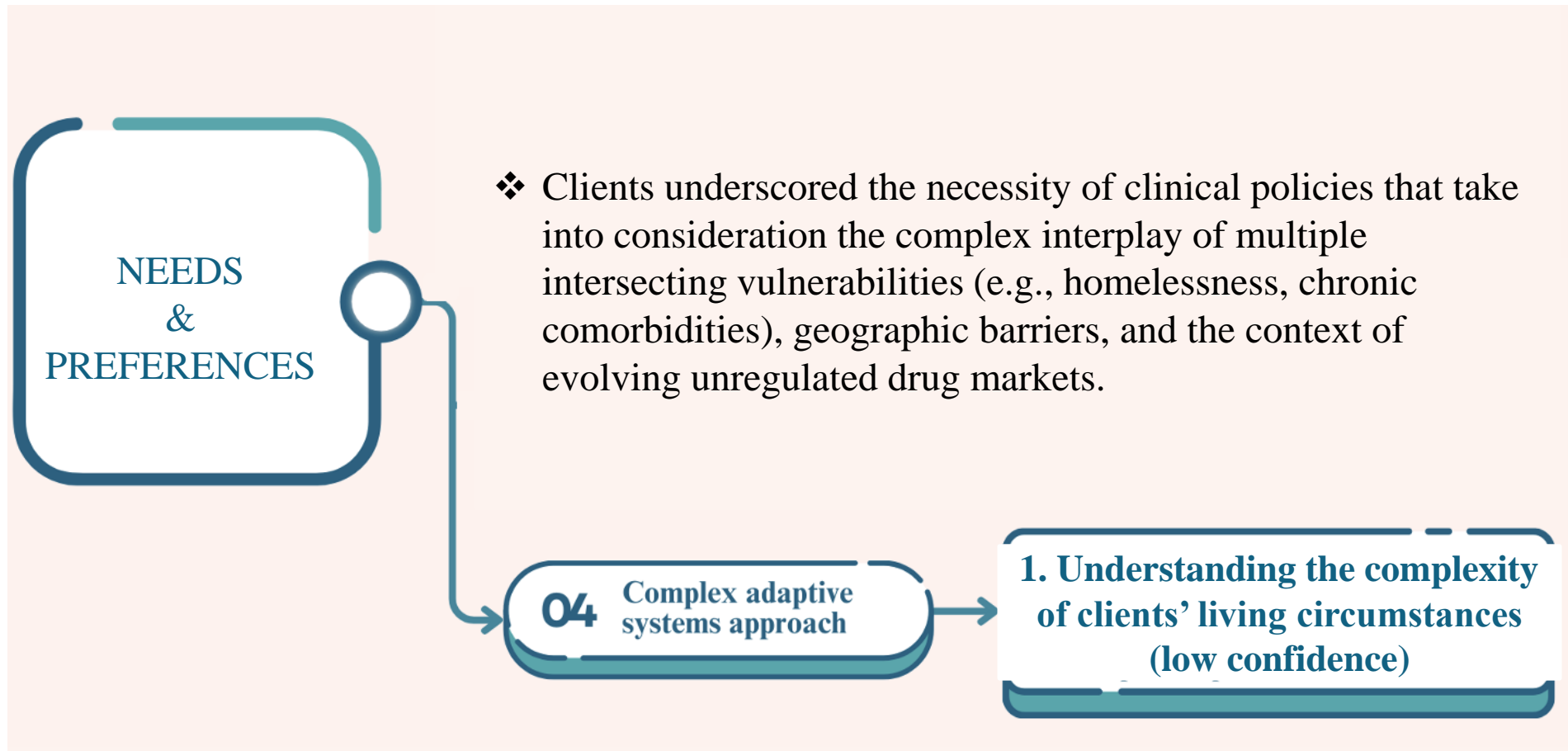


- ❖ Clients participating in integrated safer supply models valued the access to a multidisciplinary team of care providers delivering a number of primary health care services alongside the prescription of opioid medications.

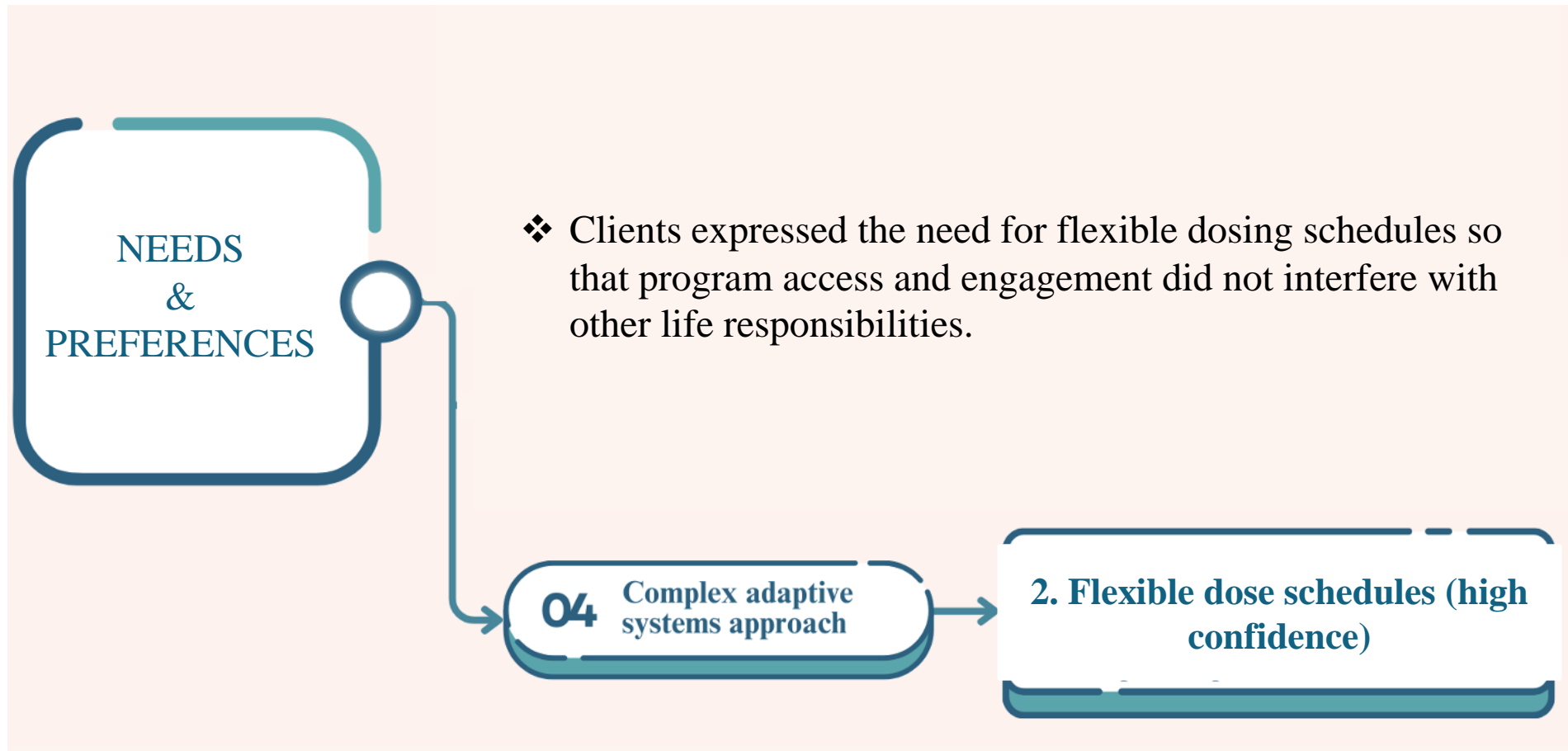
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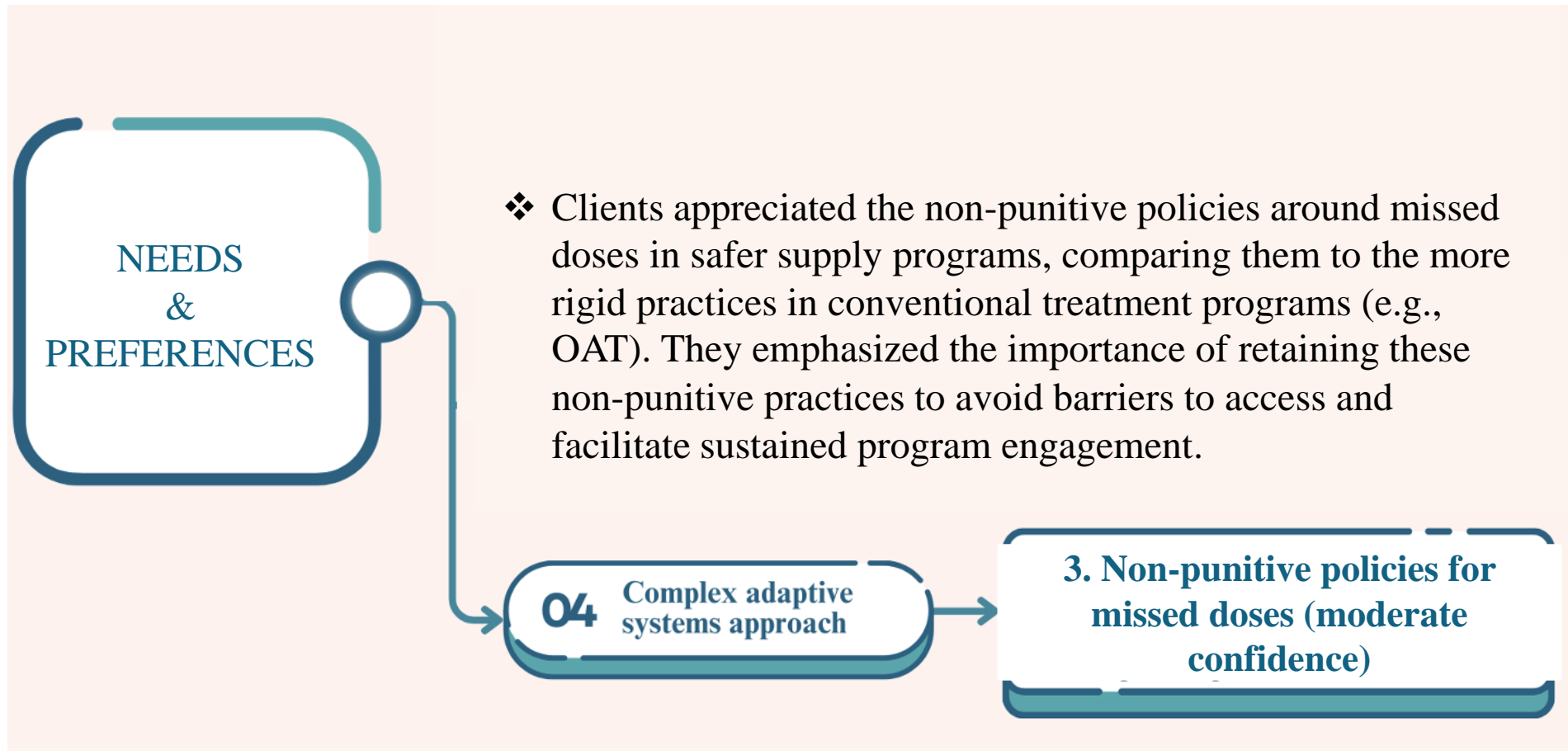
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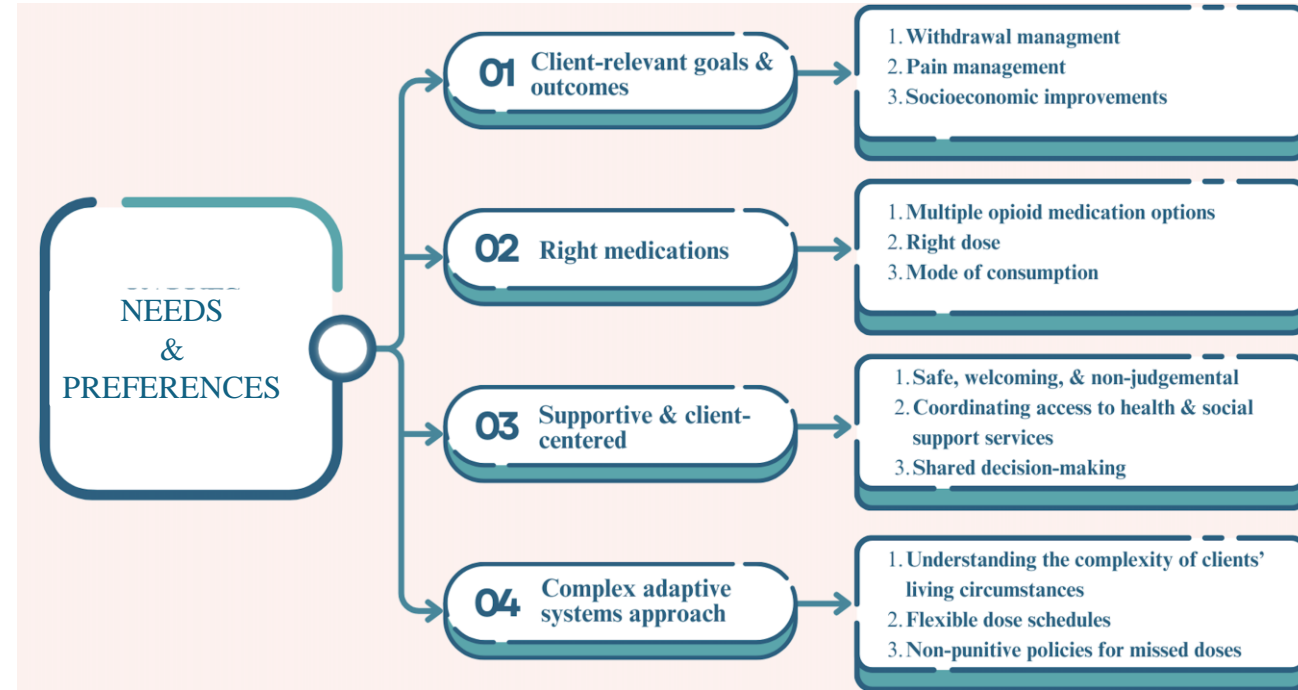


Results



Summary

- ❖ Need for wider range of opioid medications & formulation options to adequately support clients' varied & evolving needs.
- ❖ Client-centered and adaptive care approach—tailoring care to meet individual client needs & preferences rather than a uniform approach
 - Goal-setting
 - Medications
 - Dosing & dispensation schedule



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Thanks so much for listening

Questions?

