

PRACTICE DEVELOPMENT **WEBINARS**

Safer opioid supply: Spotlight on the vital role of pharmacists in harm reduction programs

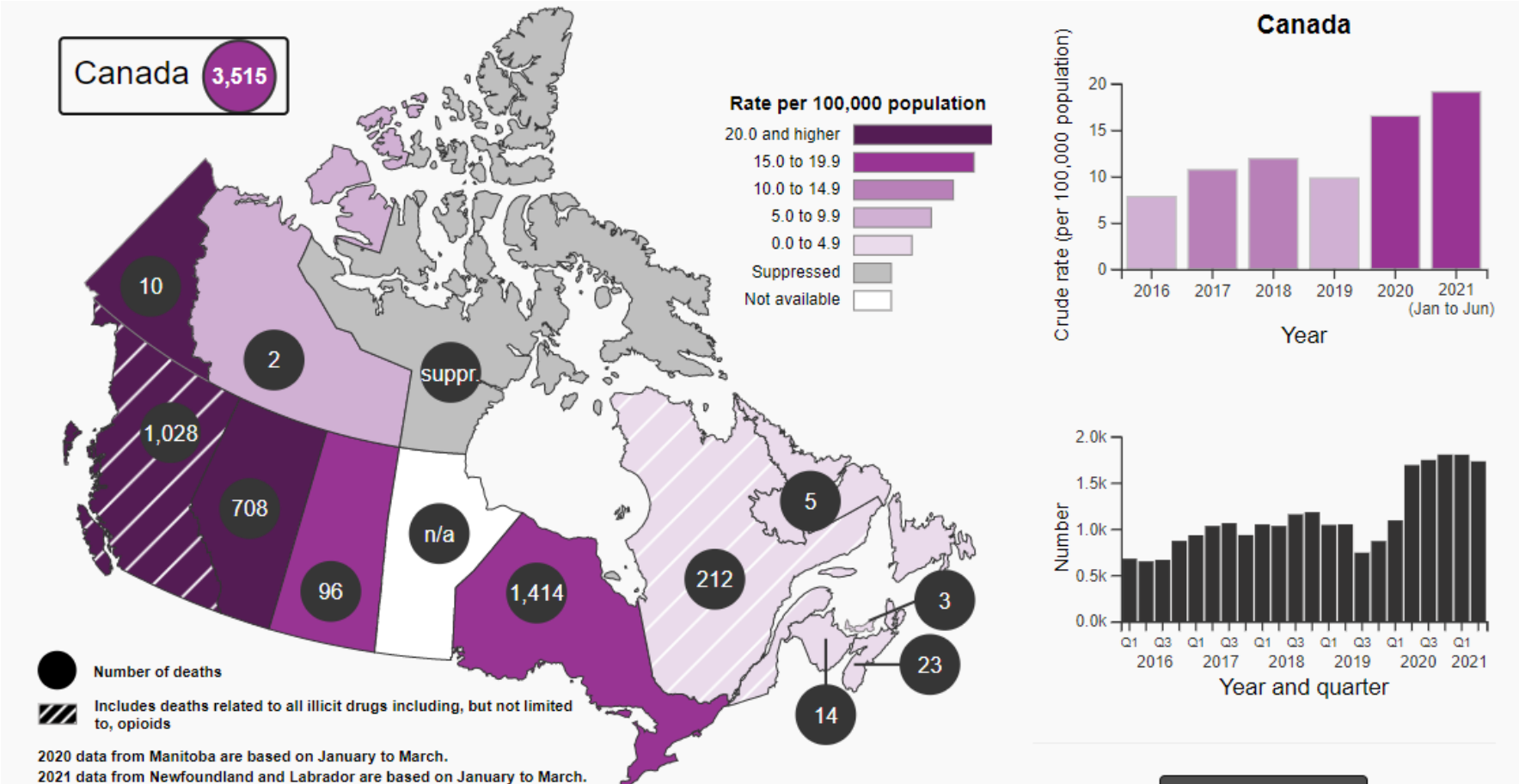
March 2, 2022 | 1:00pm–2:00pm ET



Canadian
Pharmacists
Association

Association des
pharmaciens
du Canada

Opioid Toxicity Deaths (January to June 2021)



Dual Pandemic

- Canada's Public Health response to co-occurring pandemics
- Vulnerable population: COVID-19 and overdose risk
- Restricted Access to Health Services
- A “poisoned” or “toxic” illicit drug supply
- Safer supply



What is Safer Supply?

- The Canadian Association of People Who Use Drugs (CAPUD) defines safe supply as “a legal and regulated supply of drugs with mind/body altering properties that traditionally have been accessible only through the illicit drug market.”¹
- Safer Supply is not the same as Opioid Agonist Treatment (OAT)
 - Safer supply is intended to reduce the harms associated with the illicit drug supply
- Safer supply can also connect people who use drugs to other health and social services.²



Who is eligible for Safer Supply?

- For some services, participants require a diagnosis of substance use disorder. Others are open to anyone using illegal drugs, because of their high risk of overdose.
- In British Columbia eligibility includes:
 - People at risk of COVID-19 infection or who are suspected of being infected.
 - People with a history of ongoing active substance use.
 - People at high risk of withdrawal, overdose, craving or other harms related to drug use.
 - Youth under the age of 19 who provide informed consent and receive additional education.



Where is Safer Supply accessed in Canada?

- Despite federal support, guidelines and many potential models of safe supply, uptake has been limited across Canada (the federal government has supported pilot projects in B.C., Ontario and New Brunswick) ¹
- Political will and funding have been the largest barriers²
- Public drug plans do not cover all potential substances (e.g. diacetylmorphine, or injectable hydromorphone in some regions)
- Regulatory bodies have been slow to provide guidance²
- Physicians have expressed concerns about their professional liability²

Medications and Doses: Opioids (BCCSU Guidelines)

- **hydromorphone** 8mg tablets (1-3 tabs q1h prn up to 14 tabs/day)
- **long acting morphine** (12 hour formulation) 80mg to 240mg BID
- can be used together with or without opioid agonist treatment



Medications and Doses: Stimulants (BCCSU Guidelines)

Dextroamphetamine:

SR formulation: 10-20 mg BID (max dose 40 mg)

IR formulation: 10-20mg IR BID-TID with a maximum dose of 80mg per day)

Methylphenidate:

SR formulation: 20-40 mg PO BID (max dose 100 mg every 24hr)

IR formulation: 10-20 mg PO OD (max dose 100 mg every 24hr)

The above can be used in various combinations where needed

Medications and Doses: Benzo's, Tobacco and Alcohol (BCCSU Guidelines)

- **Benzo's:** Consider long acting BZD (e.g. clonazepam, diazepam)
 - Start with lower dose and up titrate
- **Tobacco:** Nicotine replacement
- **Alcohol:** medications for alcohol withdrawal management, abstinence or managed alcohol consumption program where available

Safer Supply Programs in the Pharmacy

- Regular assessments by the pharmacist are important for treatment optimization and risk management
 - follow-ups for continued illicit drug use, side effects
- Transition of care (hospitals, other pharmacies/cities)
- Support local prescribers of safer supply medications
- Reduce barriers for people looking for safer supply
- Ensure everyone on safer supply has a naloxone kit



Limitations of Safer Supply

- Not enough people living with opioid use disorder are accessing safe, prescribed alternatives to street drugs.
- Not enough doctors are prescribing to patients.
- The medications available to prescribe are no longer strong enough to compete with illicit drugs.
- Greater choice in both the number of medications on safer supply formularies and expanded accepted routes of administration ¹



Safer Supply

- The overdose crisis has killed 1,200 more British Columbians than COVID-19 has in the past two years and replacing toxic street drugs with a regulated legal supply is the “single most important thing we can do,” according to the chief medical health officer at Vancouver Coastal Health. ¹
(Dr. Patrica Daly, October 22, 2021)





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Thank you

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