



Methodology and sample

Purpose: To paint a portrait of safer supply practices in Quebec

Method : Web survey released during Spring 2023

Sample :

- 66 prescribers responded. 42 said they offered Safer Supply
- 30 respondents completed the survey
 - 25 physicians and 5 specialized nurse practitioners (SNP)
 - Only data from the 30 respondents who completed the entire survey have been analyzed in this document.

Respondents' origin : Mostly from Montreal 50% (15/30), Capitale-Nationale 10% (3/30), Mauricie et Centre-du-Québec 10% (3/30)

Objectives of Safer Supply use

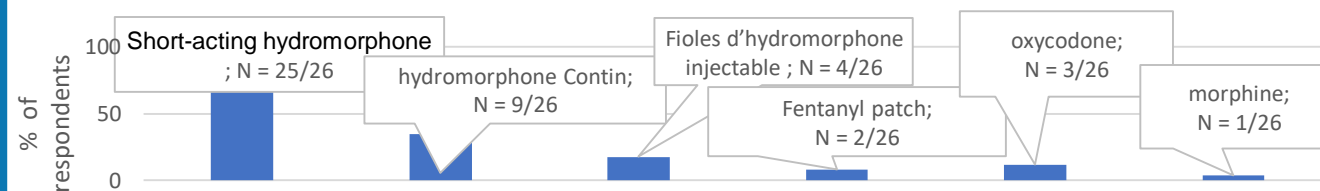
For what purposes is Safer Supply prescribed (N=30)

- Treatment initiation / OAT induction / microdosing / OAT adjustment (6/30)
- Harm reduction / avoid overdose (12/30)
- Harm reduction + therapeutic maintenance / OAT not sufficient (9/30)
- Severe and/or refractory use disorder (2/30)
- Other (1/30)

Safer opioid supply

26/30 of respondents offer Safer opioid supply

Short-acting hydromorphone is the main molecule prescribed for Safer Supply (25/26 of respondents who prescribe Safer opioid supply)



- The average prescribed daily dose of short-acting hydromorphone is 52.8 mg, and the average maximum dose is 97.5 mg daily.
- On average, 87.9% of patients on Safer opioid supply also have an OAT.

Benzodiazepines and stimulants Safer Supply

12/30 prescribe benzodiazepines Safer Supply

- Clonazepam (Rivotril™) is the most prescribed molecule (9/12 of respondents), with an average dose of 3 mg and an average maximum dose of 5.6 mg.
- The second most prescribed molecule is diazepam (Valium™) (7/12 of respondents), with an average dose of 25 mg and an average maximum dose of 75 mg.

12/30 prescribe stimulants Safer Supply

- Vyvanse™ is the most prescribed molecule (11/12 of respondents), at an average dose of 52 mg and an average maximum dose of 73.6 mg.
- The 2nd and 3rd most prescribed molecules are Ritalin™ (8/12 of respondents) and Concerta™ (7/12 of respondents).

Trend in the number of patients on Safer Supply

In the last 12 months, the number of patients benefiting from PSA per prescriber has:

- Increased: 60% (18/30)
- Remained the same: 36.7% (11/30)
- Decreased: 3.3% (1/30)

Supervision of Safer Supply intake in community pharmacies

On average, 76.9% of patients on Safer Supply must visit the pharmacy every day.

Among patients who do not visit the pharmacy every day, the most frequent maximum interval for take-home doses (12/22) is once a week. Some respondents prescribe up to 1 month of take-home doses (2/22).

Reasons for a reduction or cessation of Safer Supply in an individual

29/30 of respondents gave the following reasons, in order of priority:

- Deterioration of the person's condition / absence of positive effect
- Reaching comfort dose of OAT / Stabilization
- At the person's request
- Absence from appointments
- Suspected resale

Benefits and issues of safer supply

Safer supply's main benefits in order of priority (N=30) :

- Improved treatment retention
- A more transparent therapeutic relationship
- Reduction in overdoses
- Reduction in use of illegal market
- Improving quality of life

Potential issues raised in the practice of safer supply in order of priority (N=30) :

Escalation of doses

- Suspected resale
- Stable patients on regular OAT wanting to transfer to Safer Supply
- Deterioration of the patient's mental and/or physical health
- The consequences of IV pills/tablets utilization

Ways to improve access to Safer Supply

Ways to improve access to PSA, in order of priority (N=26):

- Training and supervision
- Human resources, more prescribers
- Evidence-based data
- Availability of supervised injection sites and supervised consumption sites
- Reaching out to remote areas
- Awareness/destigmatization
- Support from professional orders and partners