



Methodology and sample

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

Method: Web survey released during Winter 2022

Sample: 36 respondents

- 20 prescribers (15 physicians and 5 registered practical nurses)
- 16 pharmacists

Respondents' origin: Mostly from Montreal (n=16) and Quebec (n=9)

Principal drugs prescribed

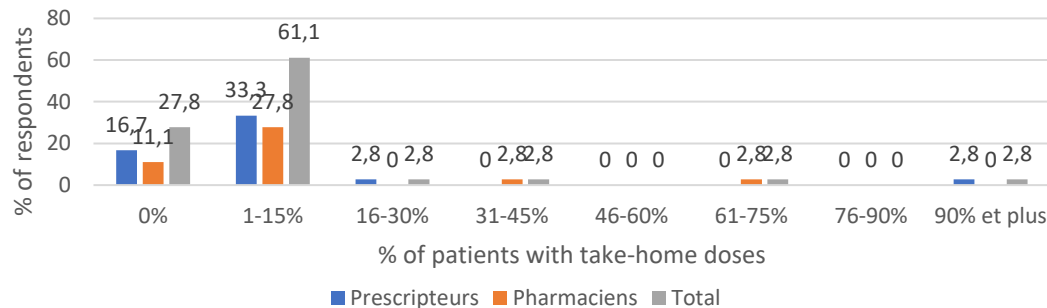
Opioids represent the main class of drugs prescribed in the context of safer supply

- Short-acting hydromorphone is the most common drug prescribed in the context of safer supply.
- The average daily dose of short-acting hydromorphone is 49,7 mg, with the maximum average dose being 93,3 mg daily
The drug classes, benzodiazepines (Xanax^{MC}, Ativan^{MC}, Valium^{MC}, and Rivotril^{MC}) and stimulants (Dexedrine^{MC}, Ritalin^{MC} et Adderall^{MC}) are also prescribed in the context of safer supply

Take-home doses

According to 61,1% of respondents (22/36), between 1 and 15% of their patients have take-home doses.

Proportion of patients with a safer supply take-home doses

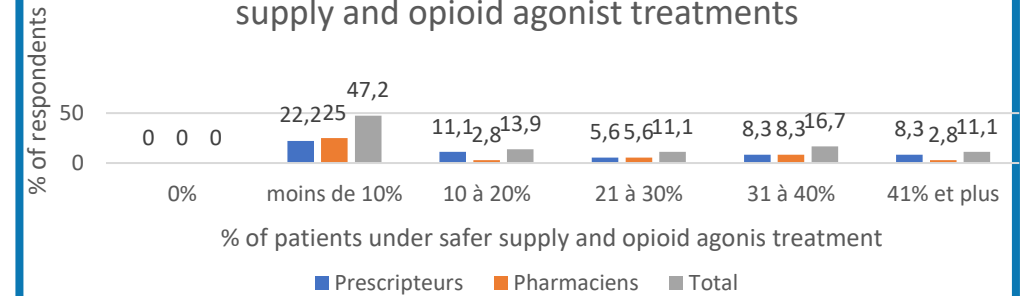


Approximate proportions of patients under safer supply and opioid agonist treatment vs safer supply only

Safer supply is usually prescribed in combination with an opioid agonist treatment

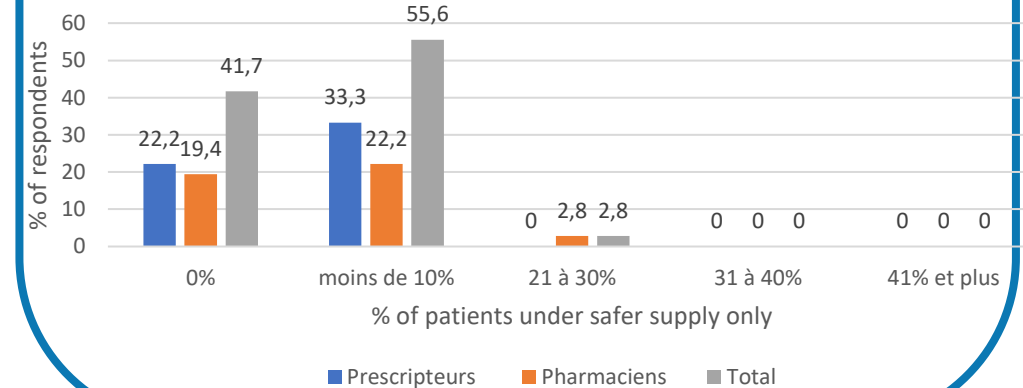
All respondents (n=36) report having patients that benefit from a combination of safer supply and opioid agonist treatments.

Proportion of patients under a combination of safer supply and opioid agonist treatments



58,4% of the respondents (21/36) report having patients that benefit from a safer supply prescription only

Proportion of patients under safer supply only



Benefits and issues of safer supply

Safer supply's main benefits

- Reduction in use of illegal market
- Appeal to new customers not otherwise attracted to this kind of treatment
- Improved treatment retention
- Social stability
- Reduction in overdoses

Potential issues raised in the practice of safer supply :

- Potential diversion
- Patients that sell their safer supply to obtain their substance of choice
- Escalation of doses
- The lack of a framework for practice
- The consequences of IV pills/tablets utilization

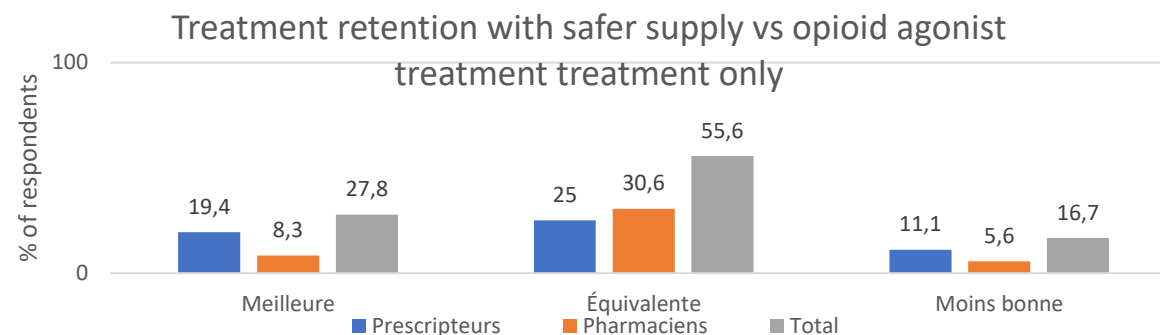
Improving access to safer supply

Modalities needed to improve access to safer supply

- Training
- Support and guidance from professional associations
- Human Resources
- The possibility of using intravenous drip formulation within the scope of safer supply
- Better communication between prescribers and pharmacies
- More evidence to support the practice of safer supply

Treatment retention

83,3% (30/36) of respondents believe that treatment retention is equivalent or better to an opioid agonist treatment



Withdrawal from the illegal market

44,4% (16/36) of respondents estimated that safer supply permitted the withdrawal of between 0 to 15% of their clients from the illegal market, and 55,6% (20/36) of respondents estimated this for 16% or more of their clients.

Proportion of patients withdrawing from illegal market with safer supply

