

The effect of opioid prescribed safer supply on opioid agonist treatment continuation among BC residents who use opioids

What we found

People who received opioid-prescribed safer supply (PSS) with opioid agonist therapy (OAT) were more likely to continue OAT compared to those who were only receiving OAT. The more frequently they received opioid-PSS with OAT, the greater the likelihood of staying on OAT.

People who received opioid-PSS 1-3 days per week with their OAT were:

1.3x

more likely to still be on OAT the next week compared to those who were not receiving opioid-PSS

People who received opioid-PSS 4+ days per week with their OAT were:

1.5x

more likely to still be on OAT the next week compared to those who were not receiving opioid-PSS



People who received opioid-PSS for 6 months were 18% more likely to stay on OAT compared to those who did not receive opioid-PSS.

ABOUT THIS RESEARCH

- The objective of the study was to examine whether combining opioid-PSS with OAT increases the likelihood of continuing to receive their OAT.
- People who received opioid-PSS and OAT were compared to people who received only OAT.
- Used BC health records from March 2020 to August 2021.

WHAT IS OPIOID AGONIST TREATMENT (OAT)?

- OAT (methadone, Suboxone) is the gold standard for treatment of opioid use disorder, reducing withdrawal and the use of toxic 'street' opioids.
- The increasing strength and unpredictability of the street drug supply has made it challenging for OAT to meet the needs of people who use opioids.

WHAT IS PRESCRIBED SAFER SUPPLY (PSS)?

- In March 2020, the Government of BC introduced a form of Prescribed Safer Supply (PSS), to support doctors and nurse practitioners to prescribe pharmaceutical alternatives to toxic 'street' drugs.
- Examples of opioid-PSS include: hydromorphone (Dilaudid) and slow-release oral morphine (M-Eslon).
- Some doctors in BC have been prescribing PSS-opioids with OAT to better meet people's needs.

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People who started opioid-PSS and OAT together were more likely to continue receiving OAT the following week. This was even the case for people who started their opioid-PSS after starting their OAT.

People who received opioid-PSS 1-3 days per week and started opioid-PSS and OAT together were:

1.6x

more likely to receive OAT the next week compared to those who were not receiving opioid-PSS

People who received opioid-PSS 4+ days per week and started opioid-PSS and OAT together were:

2x

more likely to receive OAT the next week compared to those who were not receiving opioid-PSS

What do these numbers mean?

- Co-prescribing opioid-PSS and OAT can improve the likelihood of people staying on OAT and reducing 'street' drug use.
- The more frequently people received opioid-PSS, the more likely they were to stay on OAT.
- Starting opioid-PSS and OAT at the same time had the greatest benefit for OAT continuation.

FNHA SERVICES TO SUPPORT SUBSTANCE USE

[OAT support](#) – learn how to access OAT through FNHA's Health Benefits

[Virtual Doctor of the Day](#) – visit our webpage or call 1-855-344-3800 to learn more and book an appointment

[Virtual Substance Use and Psychiatry Service](#) – visit our webpage to learn more

[Available mental health and cultural supports](#)

LEARN MORE

[OAT clinics in BC](#) accepting new patients

Learn about [how eliminating stigma around substance use will save lives](#)

[Courageous Conversations on Substance Use Toolkit](#) – toolkit to guide conversations about substance use

[FNHA's Indigenous harm reduction webpage](#) - videos and resources on First Nations perspectives on harm reduction and connecting back to culture

[Toxic drug crisis response research webpage](#)