



First Nations Health Authority
Health through wellness

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

What is this study about?

This study examines whether combining opioid-prescribed safer supply (PSS) with opioid agonist therapy (OAT) increases the likelihood of continuing to receive their OAT.

Why conduct this study?

OAT (methadone, Suboxone) is the gold standard for treatment of opioid use disorder (OUD), reducing withdrawal symptoms and the use of toxic 'street' opioids. However, OAT dosing guidelines have not kept up with the strength of the street supply, like fentanyl, making it harder to meet people's opioid tolerance and prevent withdrawal. As a result, the rate of people retained on OAT has dropped dramatically in BC over the past decades.

In March 2020, the BC government introduced a form of PSS to support doctors and nurse practitioners to prescribe pharmaceutical alternatives to toxic 'street' drugs.

To help people stay on OAT and avoid toxic 'street' opioids, some BC clinicians co-prescribed opioid-PSS, like hydromorphone, with OAT. As PSS is relatively new, we examined if co-prescribing opioid-PSS with OAT helps people stay on OAT compared to OAT alone.

How was the study done?

This study looked at health records from March 2020 to August 2021 for people in BC who received OAT. People who had received opioid-PSS and OAT (4,636 people) were matched to people with similar characteristics (e.g., age, sex, region of residence) who were only receiving OAT (4,636 people) to see if opioid-PSS was associated with better retention on OAT.

KEY FINDINGS

- OAT saves lives, but retention rates in BC have dramatically declined, and fentanyl has made stabilization on OAT more challenging.
- People who received opioid-PSS and OAT were more likely to stay on OAT compared to those who only received OAT.
- Those who started opioid-PSS and OAT together were more likely to stay on OAT.
- The more often people received opioid-PSS with their OAT, the greater the likelihood they would stay on OAT.
- Opioid-PSS was most beneficial at the beginning for supporting OAT initiation.
- Prescribing opioid-PSS with OAT is a promising practice to reduce harms caused by toxic street drug use.

What are the results?



People who received opioid-PSS with their 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 their OAT.

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

1.3x

more likely to continue 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 continue 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.



People who started opioid-PSS and OAT together had the highest likelihood of staying on their OAT compared to people who only received their OAT (no-opioid-PSS).

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

1.6x

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

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

2x

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

Even for people who started opioid-PSS *after* beginning OAT experienced a benefit and were more likely to continue their OAT compared to those who only received OAT alone.

What do these results mean?

- **Opioid-PSS helped people stay on OAT:** Co-prescribing opioid-PSS and OAT increased the likelihood of continuing OAT, reducing reliance on street drugs.
- **Taking opioid-PSS more often weekly increased the likelihood of people continuing to receive their OAT:** The more often people received opioid-PSS in a week with their OAT, the greater the likelihood they stayed on their OAT.
- **OAT saves lives.** Receiving opioid-PSS significantly reduces death rates, as seen in a related study [here](#).

What are the study's limitations?

- This study cannot determine if opioid-PSS caused people to stay on OAT longer because it is observational and did not identify cause and effect.
- There may have been mistakes identifying who received opioid-PSS because the prescriptions weren't always labeled in the health records.
- The findings may not apply to areas outside of BC where the 'street' drug supply and health care resources may be different.

Resources on opioid agonist therapy and other substance use care options

- Browse the [list of opioid agonist therapy clinics in BC](#) accepting new patients.
- Learn about [opioid agonist therapy](#) and how to access it through FNHA's Health Benefits if you're First Nations.
- Learn about [FNHA's Virtual Substance Use and Psychiatry Service](#) and [available mental health and cultural supports](#).
- [Listen to the voices of people](#) with lived and living experience to learn about their substance use and wellness journeys.
- Browse [FNHA's Indigenous harm reduction webpage](#) to explore videos and resources on First Nations perspectives on harm reduction, connecting back to culture, and taking care of each other.
- Learn about how [eliminating stigma around substance use will save lives](#) and check out the FNHA's [Courageous Conversations on Substance Use Toolkit](#).
- Browse other FNHA-led research summaries and infographics on the [toxic drug response research page](#) and learn more about how [the toxic drug crisis is affecting First Nations people in BC](#).

Min JE, Guerra-Alejos BC, Yan R, Palis H, Barker B, Urbanoski K, Paulie B, Slaunwhite A, Bach P, Ranger C, Heaslip A, Nosyk B. Opioid co-prescription through Risk Mitigation Guidance and opioid agonist treatment receipt. *JAMA network open*. 2024;7:e2411389-e2411389.