

Knowledge Update

Topic	Receipt and access of prescribed alternatives and opioid agonist treatment among respondents from the 2022 Harm Reduction Client Survey
Date	May 24, 2024
Data source	Harm Reduction Client Survey
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Key messages

- One-third of Harm Reduction Client Survey respondents had a prescription for Opioid Agonist Treatment [OAT] or prescribed alternatives within the past six months (37%; n=187). Among respondents who were prescribed one or more medications, 58% received methadone as OAT, 47% received hydromorphone as prescribed alternative opioids, and 15% received prescribed alternative stimulants.
- Half of respondents were prescribed OAT and prescribed alternatives within the past six months (51%; n= 95). Few received only prescribed alternatives (18%; n=33). Most respondents who received prescribed alternative stimulants also received OAT and/or prescribed alternative opioids. These patterns suggest that both prescribed alternative opioids and stimulants were more accessible to respondents with an opioid use disorder who are receiving OAT.
- 40% (n=74) of respondents reported stopping prescribed alternatives or OAT for at least seven days. The most common reasons for stopping OAT and/or prescribed alternatives were because buying street drugs was easier/less complicated (26%) and being cut off/not being able to renew the prescription (23%). These findings indicate important limitations to the current prescribed alternatives and OAT programs which impact accessibility of medications to people who rely on the toxic drug supply.

Introduction

Objectives: To describe: 1) Receipt of prescribed alternatives or Opioid Agonist Treatment, and 2) Reasons respondents stopped medications for more than 7 days.

- Opioid agonist treatment (OAT) is prescribed for opioid use disorder to prevent withdrawal and reduce cravings associated with opioid dependence. The [Guideline for the Clinical Management of Opioid Use Disorder](#) has recommendations for prescribing OAT, and includes information for prescribing OAT and prescribed alternatives at the same time to support people with opioid use disorder.
- Prescribed safer supply (PSS) is an approach to prescribing supported by government policy for opioids and stimulants implemented in July 2021, the British Columbia (BC) government released [Access to Prescribed Safer Supply in British Columbia: Policy Direction](#). The policy allows prescribed alternatives of opioids and stimulants for people who are at risk of drug poisoning or substance related harms. This includes people who use substances intermittently and do not meet the criteria for substance use disorder. The specific medications available to clients may vary by clinical programs and a complete list is not included in the policy.
- This study aims to understand the types of pharmaceutical alternatives being prescribed to people accessing harm reduction sites across BC. This work was a collaboration between the BCCDC Harm Reduction and Substance Use Services team and Professionals for the Ethical Engagement of Peers (PEEP), who guided the survey question development, and interpretation and contextualization of the results.

Study Design and Methods

- The 2022 Harm Reduction Client Survey (HRCS) was administered at 29 harm reduction sites in BC among adults who reported use of unregulated substances, OAT, or prescribed alternatives in the last 6 months. Data were self-reported and collected between November 2022 and mid-January 2023 across all health regions of BC. Respondents received a \$15 honorarium for completing the survey. A total of 503 people responded to the HRCS.
- The study sample for this analysis were respondents who reported receiving OAT or prescribed alternatives (n=187): *“Please tell us which drug(s) you had a prescription for in the last six months, and if you were getting them as opioid agonist treatment (OAT), prescribed safer supply (PSS) [prescribed alternatives], or for another reason (pain or other medical reason).”* Responses to this question were categorized as:

OAT	Any reported OAT or prescribed alternative for methadone (Methadose, Metadol), buprenorphine, buprenorphine/naloxone (suboxone, Sublocade), diacetylmorphine (heroin) injectable, or Kadian (morphine) in the last six months
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Prescribed alternative opioids	Any reported prescribed alternative or OAT for hydromorphone (Dilaudid), oxycodone (OxyNeo), morphine M-Eslon, or fentanyl (Sufentanil, Sufenta, Fentora) in the last six months
Prescribed alternative stimulants	Any reported prescribed alternative for dextroamphetamine (Dexedrine) or methylphenidate (Ritalin) in the last 6 months
Prescribed alternative benzodiazepines	Any reported prescribed alternative for diazepam (Valium), clonazepam (Klonopin), alprazolam (Xanax), or lorazepam (Ativan) in the last six months

- Analyses also include respondents who reported stopping medications for at least seven days (n=74) based on responses to: *“In the last six months, did you stop taking any of the drugs in the list above for at least seven days?”*. Because most respondents were prescribed both prescribed alternatives and OAT, we could not analyse by type of medication, and OAT and prescribed alternatives were pooled for these findings.
- In addition to the responses to those questions, we described the demographic characteristics (age, gender, health authority) of all HRCS respondents and respondents who received OAT or prescribed alternatives in the last six months.

Findings

- In the 2022 HRCS, 37% of respondents had a prescription for OAT or prescribed alternatives in the last six months (187/503).
 - Among respondents who were receiving prescribed alternatives and OAT, 41% were cis women.
 - A higher proportion of cis men received only prescribed alternatives or only OAT (Table 1).
- The majority of respondents were prescribed the following OAT or prescribed alternative opioids (Table 2):
 - 58% received OAT methadone (n=108)
 - 47% received prescribed alternative hydromorphone (n=88)
 - 26% received OAT Kadian (morphine) (n=49)
- A small proportion of respondents were prescribed the following prescribed alternative stimulants (Table 2):
 - 10% received prescribed alternative dextroamphetamine
 - 9% received prescribed alternative methylphenidate

- Among respondents who received prescribed alternative opioids, alone or in combination with OAT or other prescribed alternatives (n=117), 75% reported receiving hydromorphone (n=88) (Table 2).
- Most people reported receiving more than one type of medication - usually a combination of OAT and a prescribed alternative opioid (Figure 1).
 - Among all respondents prescribed medications (n=187), 82% received OAT in the past 6 months (n=154) (Table 2).
 - Among all respondents prescribed medications (n=187):
 - 51% were prescribed OAT and at least one type of prescribed alternative (n=95)
 - 32% were prescribed OAT but not prescribed alternatives (n=59)
 - 18% received prescribed alternatives but not OAT (n=33) (Table 1)
 - Among respondents prescribed medications except for prescribed alternative benzodiazepines (n=171), most received prescribed alternative opioids and OAT (n=65) or only prescribed alternative opioids (n=24).
 - Six respondents received prescribed alternative stimulants but no other medications (Table 3).
- Very few respondents received prescribed alternative benzodiazepines (n=16). Among this group, most were prescribed benzodiazepines together with OAT and other types of prescribed alternatives (n=14). Two respondents received prescribed alternative benzodiazepines with other types of prescribed alternatives.
- Among respondents receiving prescribed alternatives or OAT in the last 6 months, 40% reported stopping medications for at least 7 days (n=74). Respondents answered the question about reasons for stopping medications as follows (Table 4):
 - It was easier / less complicated to buy street drugs (26%)
 - Got cut off my prescription or could not get it renewed (23%)
 - The dose was too low (16%)
 - Could not get the drug I wanted (16%), or
 - Did not want to take that drug anymore (16%)
- The reasons respondents stopped taking medications were collapsed into broader categories (Table 4). Among respondents that received prescribed alternatives or OAT and stopped taking medications for at least 7 days:
 - 51% stopped due to clinic or program related barriers.
 - 45% stopped due to medication related reasons.
 - 12% stopped due to stigma related reasons.

- While the number of respondents from each health authority who discontinued prescribed alternatives was small, a higher proportion of respondents from sites in Northern Health reported stopping prescribed alternatives or OAT due to clinic or program barriers (Table 5).

Interpretation

- Most respondents received prescribed alternatives in combination with OAT, even though the PSS guidance indicates that prescribed alternatives are available to people who are at risk of drug toxicity and does not require a substance use disorder diagnosis. These findings indicate that access to prescribed alternatives, including access to prescribed alternative stimulants, may rely on access to OAT prescriptions. Access to prescribed alternative stimulants may also rely on opioid use. Not all people who could benefit from prescribed alternative opioids have a preference for OAT and many people who use stimulants do not use opioids concurrently.
- Overall, the medications that respondents were prescribed in the last six months differed from their preferred substances. In the Knowledge Update *Opioid and stimulant prescribed alternative preferences: results from the 2022 Harm Reduction Client Survey*, results show that among people who reported a prescribed alternative opioid preference, 0% (n=0) reported a primary preference for hydromorphone tablets (Palis et al, 2024). Yet, 75% of respondents who received prescribed alternative opioids reported receiving hydromorphone. These findings indicate that the current prescribed alternative medication options may not be meeting the preferences or needs of people relying on the toxic drug supply.
- The reasons respondents stopped medications highlight some limitations with the current prescribed alternative and OAT programs, including difficulty accessing prescribed alternatives and OAT medications, limitations in the type and dosage of medication options, barriers in accessing prescribers or clinics, and challenges getting prescriptions renewed. These results are consistent with findings from qualitative research about access and barriers to prescribed alternatives (Hall et al. 2021; Karamouzian et al. 2023). In addition, the findings outline areas that need attention to ensure equitable access to medications across the province for people who rely on the toxic drug supply.

Limitations

- The 2022 HRCS is a convenience sample and is not representative of all people who use substances and receive prescribed alternatives or OAT, therefore these findings do not reflect all perspectives of people accessing prescribed alternatives and OAT in BC. Additionally, the HRCS survey is cross-sectional and self-reported so we cannot assess temporality and there may be recall bias from participants.
- A small number of respondents reported receiving only prescribed alternative opioids or only prescribed alternative stimulants (n=31); therefore we could not compare differences in demographic and medication access barriers between this population and respondents receiving OAT. Additionally,

most respondents received more than one type of OAT or prescribed alternative, so it was not possible to know which access barriers were associated with which type of medication.

Supporting Information

Document citation

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Tables and Figures

Table 1: Demographic characteristics of respondents who received prescribed alternatives or Opioid Agonist Treatment (OAT) medications in the last 6 months

Characteristic	N	Overall ¹	OAT ² only	OAT ² and prescribed alternatives ³	Prescribed alternatives ³ only
Total		187 (100%)	59 (32%)	95 (51%)	33 (18%)
Age	185				
under 30 years		27 (15%)	10 (17%)	12 (13%)	5 (15%)
30 to 39 years		61 (33%)	16 (28%)	35 (37%)	10 (30%)
40 to 49 years		47 (25%)	13 (22%)	27 (29%)	7 (21%)
50 years or more		50 (27%)	19 (33%)	20 (21%)	11 (33%)
Gender	176				
Cis man		108 (61%)	35 (65%)	53 (58%)	20 (67%)
Cis woman		67 (38%)	19 (35%)	38 (41%)	10 (33%)
Trans and gender expansive		1 (0.6%)	0 (0%)	1 (1.1%)	0 (0%)
Health authority of survey	187				
Fraser		41 (22%)	17 (29%)	17 (18%)	7 (21%)
Interior		47 (25%)	16 (27%)	24 (25%)	7 (21%)
Island		34 (18%)	12 (20%)	12 (13%)	10 (30%)
Northern		44 (24%)	5 (8.5%)	33 (35%)	6 (18%)
Vancouver Coastal		21 (11%)	9 (15%)	9 (9.5%)	3 (9.1%)

¹Total number of respondents receiving prescribed alternatives or OAT in the last 6 months.

²OAT includes Methadone, Buprenorphine, Heroin (diacetylmorphine), and Kadian (Morphine).

³Prescribed alternatives includes Hydromorphone, Oxycodone, M-Eslon (Morphine), Fentanyl, Dextroamphetamine, Methylphenidate, Diazepam, Clonazepam, Alprazolam, and Lorazepam.

Table 2: Respondents receiving prescribed alternatives or OAT in the last 6 months, by medication type¹

Medication Type	Overall, N = 187 ²	Proportion within medication type
Any OAT³	154 (82%)	
Methadone (methadose, metadol)	108 (58%)	70%
Kadian (Morphine)	49 (26%)	32%
Buprenorphine or Buprenorphine/Naloxone (suboxone, sublocade)	27 (14%)	18%
Heroin (diacetylmorphine, DAM)	22 (12%)	14%
Any Prescribed Alternative Opioids³	117 (63%)	
Hydromorphone (dilaudid, dillies)	88 (47%)	75%
Fentanyl, Sufentanil (Sufenta), Fentora	29 (16%)	25%
Oxycodone, OxyNeo	22 (12%)	19%
M-Eslon (Morphine)	17 (9%)	15%
Any Prescribed Alternative Stimulants³	28 (15%)	
Dextroamphetamine (Dexedrine, Dexies)	18 (10%)	64%
Methylphenidate (Ritalin)	17 (9%)	61%
Any Prescribed Alternative Benzodiazepines³	16 (9%)	
Diazepam (Valium)	13 (7%)	81%
Clonazepam (Klonopin)	11 (6%)	69%
Alprazolam (Xanax)	7 (4%)	44%
Lorazepam (Ativan)	2 (1%)	13%

Table 3: Respondents receiving prescribed alternative opioids or stimulants in the last 6 months, with OAT

Receipt of Prescribed Alternatives, excluding Benzodiazepines	N = 171 ¹
OAT ² only	59 (35%)
Prescribed Alternative Opioids ³ or Stimulants ⁴ only	31 (18%)
Opioids only	24 (14%)
Stimulants only	6 (4%)
Opioids and stimulants	1 (0.6%)
Prescribed Alternative Opioids or Stimulants <u>and OAT</u>	81 (47%)
Opioids	65 (38%)
Stimulants	3 (2%)
Opioids and stimulants	13 (8%)

¹Total number of respondents receiving prescribed alternatives or OAT in the last 6 months, excluding benzodiazepines.

²OAT includes Methadone, Buprenorphine, Heroin (diacetylmorphine), and Kadian (Morphine).

³Prescribed alternative opioids includes Hydromorphone, Oxycodone, M-Eslon (Morphine), and Fentanyl.

⁴Prescribed alternative stimulants includes Dextroamphetamine and Methylphenidate.

Table 4: Reasons for stopping prescribed alternative or OAT medications¹

Reasons for stopping medication	N = 74²
Clinic or program barrier	38 (51%)
Easier/less complicated to buy street drugs	19 (26%)
Got cut off/couldn't get prescription renewed	17 (23%)
Services too hard to access (hours inconvenient, wait time, distance, going too often)	11 (15%)
Clinic charged fee to be a patient	6 (8%)
Couldn't use drug where I wanted to	4 (5%)
Medication related reason	33 (45%)
Dose was too low	12 (16%)
Couldn't get drug I wanted	12 (16%)
Didn't want to take that drug anymore	12 (16%)
Couldn't get the drug in form I wanted	7 (9%)
Other drug related reason	5 (7%)
Stigma related reason	9 (12%)
Didn't like how I was treated by pharmacy/clinic staff	8 (11%)
Worried about being treated badly by police, family services, etc.	3 (4%)
Other reasons	19 (26%)
Missed dose or forgot	6 (8%)
Went to jail or prison	1 (1%)
Other	13 (18%)

¹Includes prescribed alternative opioids, stimulants, or benzodiazepines, and OAT.

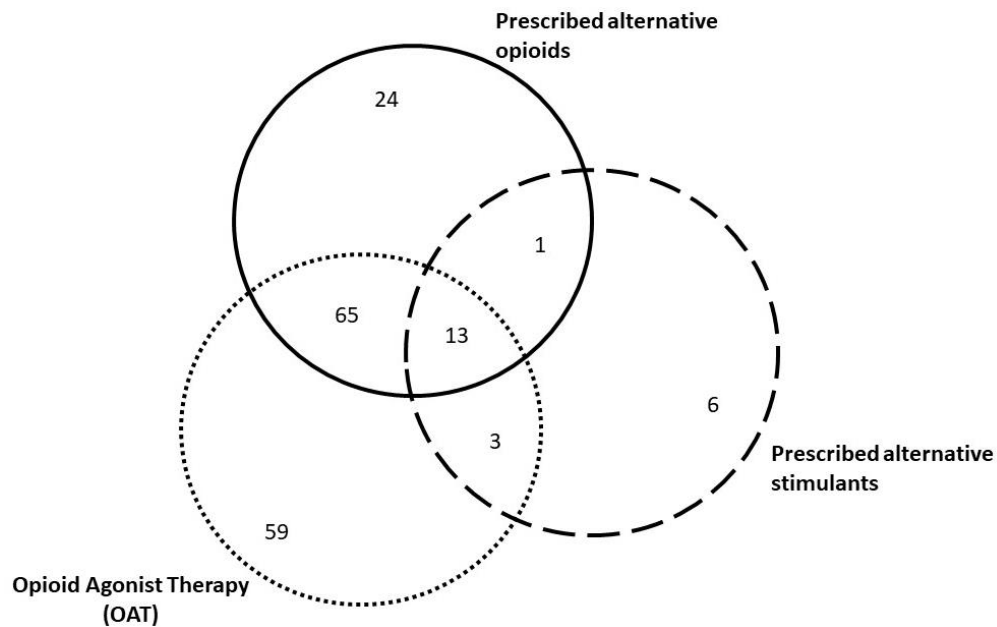
²Of respondents who received OAT or prescribed alternatives in the last 6 months, the number of respondents who stopped medication for at least 7 days.

Table 5: Reasons respondents stopped OAT or prescribed alternative medications¹ by health authority of survey

	Overall, N = 74	Fraser, N = 18	Interior, N = 12	Island, N = 14	Northern, N = 19	Vancouver Coastal, N = 11
Medication related						
Yes	33 (45%)	12 (67%)	3 (25%)	9 (64%)	5 (26%)	4 (36%)
No	41 (55%)	6 (33%)	9 (75%)	5 (36%)	14 (74%)	7 (64%)
Clinic/program barrier						
Yes	38 (51%)	6 (33%)	6 (50%)	7 (50%)	15 (79%)	4 (36%)
No	36 (49%)	12 (67%)	6 (50%)	7 (50%)	4 (21%)	7 (64%)
Stigma related						
Yes	9 (12%)	0 (0%)	1 (8.3%)	3 (21%)	2 (11%)	3 (27%)
No	65 (88%)	18 (100%)	11 (92%)	11 (79%)	17 (89%)	8 (73%)
Other reason						
Yes	19 (26%)	4 (22%)	3 (25%)	4 (29%)	5 (26%)	3 (27%)
No	55 (74%)	14 (78%)	9 (75%)	10 (71%)	14 (74%)	8 (73%)

¹Includes prescribed alternative opioids, stimulants, or benzodiazepines, and OAT.

Figure 1: Number of respondents receiving prescribed alternative opioids or stimulants, or OAT in the last 6 months¹



¹Respondents who received prescribed alternative benzodiazepines were excluded. Prescribed alternative opioids include Hydromorphone, Oxycodone, M-Eslon (Morphine), and Fentanyl; Prescribed alternative stimulants include Dextroamphetamine and Methylphenidate; and OAT includes Methadone, Buprenorphine, Heroin (diacetylmorphine), and Kadian (Morphine).