Knowledge Update

BC Centre for Disease Control
Provincial Health Services Authority

Topic	Opioid and stimulant prescribed alternative preferences: results from the 2022 Harm Reduction Client Survey
Date	May 24th 2024
Data source	Harm Reduction Client Survey
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Key messages

- Respondents reported their one most preferred opioid and one most preferred stimulant prescribed alternative. Responses were selected from a list that included both substances that are (e.g. Ritalin (methylphenidate) and are not (e.g. methamphetamine) currently available as prescribed alternatives in BC.
- Of all respondents who reported a primary opioid preference, 32.9% reported fentanyl powder as the prescribed alternative opioid they would most prefer, followed by heroin (29.6%), fentanyl liquid (10.7%), fentanyl patch (8.6%), or oral OAT medications (methadone: 7.8%; buprenorphine: 2.1%). No respondents (0%) listed tablet hydromorphone as their most preferred prescribed alternative opioid.
- Of all respondents who reported a primary stimulant preference, 57.5% of respondents reported methamphetamine as their most preferred prescribed alternative stimulant, followed by crack cocaine (17.7%), cocaine powder (11.8%), Ritalin (methylphenidate) (5.6%), Dexedrine (dextroamphetamine) (3.7%), and MDMA (2.8%).
- Respondents most preferred smoking as their mode of administration for both opioids (68.9%) and stimulants (57.2%), followed by injection (opioids: 25.1%, stimulants: 18.6%)
- The opioids (i.e. heroin and fentanyl powder) and stimulants (i.e. methamphetamine and crack cocaine) people report that they would prefer the most are not widely available in British Columbia.

Introduction

Study Objective: To describe the preferred drug types and modes of administration for opioid and stimulant prescribed alternatives of Harm Reduction Client Survey (HRCS) respondents.

- Opioids and stimulants are the most commonly detected substances among people who die of illicit drug toxicity in British Columbia (B.C.), with fentanyl detected in 85.7% of deaths, cocaine detected in 38.7% and methamphetamine/amphetamine detected in 43.7% of deaths in 2022 (1).
- In the context of an unregulated drug supply, there is increasing advocacy and policy direction that supports prescribing alternatives to the toxic drug supply (also known as safer supply).
- Prescribing alternatives to the toxic drug supply is a new practice, and it is important to identify which prescribed alternatives patients would prefer, since access to preferred drug type and dose is expected to be associated with important outcomes like retention (2, 3).
- This study has been conducted in collaboration with people with lived and living experience of substance use, who have advised on the approach to defining and grouping opioid and stimulant prescribed alternative preferences, and on interpretation of results.

Study Design and Methods

- The data source is the 2022 Harm Reduction Client Survey, collected from people who use substances (N=503) at Harm Reduction Sites (N=29) across all five health regions in B.C.
- Analysis of reported opioid and stimulant medication preferences was derived from responses to two separate questions: 1) "*If you could get access to a continuous supply of prescribed pharmaceutical grade down/opioids, which ONE of the following drugs would you prefer to use?" and 2) "If you could get access to a continuous supply of prescribed pharmaceutical grade stimulants, which ONE of the following drugs would you prefer to use?"* Participants who did not report a preference, and those who reported more than one medication preference, were excluded from the analysis.
- Preferences for mode of administration for opioid use and for stimulant use were derived separately, based on any reported preference for the following modes: smoking, injection, swallowing, snorting, on the skin (i.e. a patch), or other.

  - Participants could select more than one preferred mode of administration, and as such, the number of administration preferences is greater than the number of participants included in the analysis.

- The analyses presented in this knowledge update are from two separate samples: people who reported a primary opioid preference (i.e. no more than one preferred opioid prescribed alternative) (N=243), and people who reported a primary stimulant preference (i.e. no more than one preferred stimulant prescribed alternative) (N=322).

Findings

- Of all HRCS respondents (N=503), 48.3% (N=243) reported a primary prescribed alternative opioid preference, and 64.0% (N=322) reported a primary stimulant prescribed alternative preference.
- Of people who reported a primary opioid preference (N=243), nearly one third reported fentanyl powder (32.9%) and heroin (29.6%) as the prescribed alternative opioid they would prefer. The remaining respondents indicated they would prefer fentanyl liquid (10.7%), fentanyl patch (8.6%), or oral OAT medications (methadone: 7.8%; buprenorphine: 2.1%). No one reported a primary preference for tablet hydromorphone (0%) (See Table 1).

- Smoking (57.2%) was the most commonly reported opioid mode of administration preference, followed by injection (25.1%), swallowing (12.3%), snorting (6.6%), and on skin (7.0%) (See Table 2).

- Of those who reported a primary stimulant preference (N=322), methamphetamine (57.5%) was the prescribed alternative stimulant that the most respondents indicated they would prefer, followed by crack cocaine (17.7%), cocaine powder (11.8%), Ritalin (5.6%), Dexedrine (3.7%), and MDMA (2.8%) (See Table 3).

- Smoking (68.9%) was the most commonly reported stimulant mode of administration preference, followed by injection (18.6%), snorting (15.8%), swallowing (13.7%), and other (1.6%) (See Table 4).

Interpretation

- The opioids and stimulants that respondents most commonly indicated they would prefer are not widely available as part of prescribed alternatives in BC. Increasing access to preferred substances through prescribed alternatives (where this can be done in a manner that attends to potential intended and unintended impacts) could improve patient-centered care.

- Smoking was the most commonly preferred mode of administration, followed by injection. Currently, the prescribed alternative approach in B.C. primarily offers oral options (i.e. substances that are meant to be swallowed, but that may be crushed and injected or smoked) which do not match preferences of the majority of HRCS respondents.

Limitations

- The 2022 HRCS is a convenience sample representing respondents from select harm reduction sites throughout the province, and therefore is not representative of all people who use substances in B.C.

- The survey is cross-sectional and self-reported, making it difficult to determine the sequence of events and recall bias may be present.

- We report on primary opioid and stimulant preferences (i.e. responses to the question as posed, about each respondent's ONE most preferred opioid, and ONE most preferred stimulant). As such, approximately 20% of people who reported an opioid preference, and approximately 17% of people who reported a stimulant preference were excluded.

- We describe preferences among excluded respondents in the table footnotes, and separate analyses were conducted including these respondents. These analyses revealed no major differences in patterns for most and least preferred opioids and stimulants. In consultation with PEEP (a peer advisory group of people with lived and living experience of substance use), future surveys will not ask for only one preference since people's preference may change or people may prefer to use more than one opioid or stimulant at a time.

Supporting Information

Document citation

[Palis, H., Xavier, C., … Kinniburgh, B., Crabtree, A.]. [Opioid and stimulant prescribed safer supply preferences: results from the 2022 Harm Reduction Client Survey]. Knowledge Update. Vancouver, BC: BC Centre for Disease Control, [2023].

Acknowledgements

As of 2022, this project is made possible with funding from the Ministry of Mental Health and Addictions. We would also like to acknowledge the Professionals for the Ethical Engagement of Peers (PEEP) consultation and advisory board, Health Authorities, participating harm reduction distribution sites, and the participants who shared their experiences.

References

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Tables and Figures

Table 1: Reported opioid prescribed alternative medication preference (N=243)

Opioid prescribed alternative type	N (%) N=243
Fentanyl (powder)	80 (32.9)
Fentanyl (liquid)	26 (10.7)
Fentanyl (patch)	21 (8.6)
Heroin	72 (29.6)
Methadone	19 (7.8)
Morphine	8 (3.3)
Oxycodone	8 (3.3)
Buprenorphine	5 (2.1)
Hydromorphone- injectable	4(1.6)
Hydromorphone- tablet	0(0)

Footnote: Of all HRCS respondents (N=503), 321 (63.8%) reported one or more opioids they would prefer; 16 were excluded for reporting they did not use opioids or would not use a pharmaceutical grade opioid in Q17 or Q19.

Of the remaining 305 respondents, an additional 62 (20%) of respondents were excluded given they reported more than one opioid preference. Of those reporting more than one opioid preference (N=62), reported preferences were: Heroin (N=41); Fentanyl powder (N=30); Fentanyl liquid (N=27); Tablet hydromorphone (N=25); Fentanyl patch (N=21); Injectable hydromorphone (N=20); Morphine (N=18); Injectable morphine (N=15); Oxycodone (N=14); Note, all of those who reported morphine injection reported more than one preference, and as such it is not listed in the primary preference table above.

Table 2: Reported mode of administration preference for opioid prescribed alternatives

Mode of administration preference	N (%) N=269
Smoke	139 (57.2)
Inject	61(25.1)
Swallow	30(12.3)
Snort	16(6.6)
Skin	17(7.0)
Other	1(0.4)

Footnote: 269 mode of administration preferences reported, participants could report more than one preferred mode of administration. The "other" mode of administration was selected, but the mode was unspecified.

Table 3: Reported stimulant prescribed alternative preferences

Stimulant type	N (%) N=322
Methamphetamine	187(58.1)
Crack cocaine	57(17.7)
Cocaine powder	38(11.8)
Ritalin	18(5.6)
Dexedrine	12(3.7)
MDMA	9(2.8)
Different Drug	1(0.3)

Footnote: Of 503 HRCS respondents, 403 reported one or more stimulants they would prefer, 13 people were excluded for reporting that they did not use stimulants in Q20. Of the remaining 390 respondents, an additional 68 (N=17.4%) were excluded for reporting more than one preferred stimulant. Of those reporting more than one stimulant (N=68) the reported stimulant preferences were: Methamphetamine (N=52) Crack cocaine (N=39); Cocaine powder (N=40); Ritalin (N=15); Dexedrine (N=12). The "different drug" specified was Ephedrine.

Table 4: Mode of administration preference for stimulant prescribed alternative

Mode of administration preference	N (%) N=382
Smoke	222 (68.9)
Inject	60 (18.6)
Swallow	44(13.7)
Snort	51(15.8)
Other	5(1.6)

Footnote: More than one mode of administration could be reported, N=382 total

Figure 1: Participating harm reduction sites