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Executive Lay Summary Report

Knowledge Synthesis: COVID-19 in Mental Health and Substance Use

Synthesis Title:

Securing Safe Supply During COVID-19 and Beyond: Scoping Review and Knowledge Mobilization

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Target/priority population(s) in synthesis:

Our scoping review targets several audiences: healthcare providers; federal and provincial health policy-makers; regulatory colleges of physicians, pharmacists, and nurses; and, people who use(d) drugs (PWUD). Our aim is to synthesize knowledge from existing literature (both published and grey literature) alongside the perspectives of PWUD and medical prescribers.

What is the issue?

Despite advocacy for the implementation of a regulated supply of drugs, Canada continues to observe a concerning trend in the prevalence of deaths and other harms resulting from the unregulated drug supply among PWUD. Amid the coronavirus disease 2019 (COVID-19) pandemic, social distancing and other public health measures have exacerbated health risks among PWUD. Although preliminary steps taken during COVID-19 (e.g., take-home dosing of controlled substances) have improved access to drugs in principle, it is not clear whether they are sufficient to reduce the many harms that PWUD endure. In fact, several Canadian provinces have seen an increase in fatal overdoses and other harms resulting from the toxic and unregulated drug supply during the pandemic. In the context of the current pandemic, other emergencies, and the everyday circumstances of PWUD, there is a fundamental need to understand the many barriers and potential facilitators of a safe supply of drugs. However, existing knowledge about these barriers and facilitators of safe supply has never been synthesized.

Key messages (max 100 words):

- Safe supply programs must be tailored to the specific political, social and cultural contexts of geographic settings
- The needs and preferences of PWUD are not adequately addressed by existing safe supply programs or trials
- Restrictive laws and fear of discipline by professional bodies appear to limit access to safe supply
- Regulatory exemptions alone are insufficient to improve access to safe supply
- There are some important differences between the literature reviewed and the insights and expertise of PWUD regarding the barriers to implementing safe supply
- To ensure the disconnect between two bodies of knowledge does not misdirect resources toward initiatives that do not respond to the barriers that are encountered, PWUD should be represented and included in efforts to improve access to safe supply

How was the synthesis conducted?

The scoping review followed an established scoping review method. It involved systematic searches of published academic literature and non-peer reviewed literature about barriers and facilitators to the provision of regulated, pharmaceutical drugs in pandemic or other public-health emergencies. Three reviewers contributed to a two-stage data screening process, whereby literature was scanned for inclusion/exclusion based upon pre-defined criteria, and themes about barriers and facilitators to accessing and/or prescribing safe supply were abstracted. Barrier and facilitator themes were coded and analyzed iteratively.

As part of an overarching approach to the project, the research team collaborated with PWUD throughout the entire research process. To do this, an expert PWUD advisory committee was formed to provide input about the research protocol, preliminary findings, and the draft scoping review. Safe supply prescribers were also consulted regarding the findings.

What did the synthesis find? Provide a lay summary of the outcomes (max 300 words):

Literature searches yielded 169 studies that meet our inclusion criteria (135 peer-reviewed literature and 36 non-peer reviewed literature). Of these, study designs were primarily randomized control trials (28, 17%), followed by qualitative studies (24; 14%), and secondary analyses (24; 15%). Most studies originated from Canada (43, 26%). From 119 studies, we identified 35 themes related to barriers/facilitators to prescribing safe supply or opioid agonist treatment (OAT). Few studies (n=24) focused on emergency or pandemic contexts. Broadly, barriers and facilitators spanned the user-level, prescriber-level, programmatic level, policy-level, and societal-level. Among the most frequently reported barriers were restrictive laws or policies (n= 33; 28%), alongside other frequently mentioned barriers such as funding (17; 14%) and practical barriers (15; 13%). The most frequently cited facilitator was temporary legal or regulatory exemptions (n= 16; 13%). Further stakeholder consultations enhanced our understanding of barriers/facilitators to accessing and prescribing safe supply absent in the reviewed literature. PWUD reported barriers that were not identified in the literature included lack of access to desired substances, concerns about child apprehension, and a lack of cultural competency within safe supply and/or OAT programs. In addition, prescribers reported barriers including regional differences in service delivery, colleague support, and a lack of, or disagreement between, clinical guidance documents.

While not a primary focus of the synthesis, the literature used various alternative terms to refer to safe supply. Discussions among PWUD involved in this project further highlighted the inconsistent use of the term.

What are the implications of this synthesis?

- Inter-sectoral collaboration at all levels of society is necessary to prevent and respond to the harms caused by the toxic and unregulated supply of drugs
- Medical institutions or medical regulatory bodies may need to consider educational initiatives to support healthcare providers in overcoming barriers to prescribing and/or administering safe supply

- Safe supply models need to be tailored to the needs of PWUD, local capacities, and political or social landscapes of the geographic region. Emergency preparedness is necessary to ensure these services are resilient to interruptions caused by mass events such as pandemics.
- The generation of scientific evidence on safe supply should shift focus towards a retrospective examination of the most effective delivery model after scale-up is achieved. In short, the emerging syndemic of the North American opioid overdose epidemic and the COVID-19 pandemic requires public health responses that prioritize limiting the exposure of PWUD to these twin risks. As such, the focus of public health systems should be on urgently scaling up safe supply programs for opioids, stimulants and benzodiazepines while retrospectively assessing the best model for delivery and considering temporary or complementary approaches to reduce barriers to OAT (e.g., low-barrier maintenance programs, take home doses, no urine drug screen analysis).

List up to 10 keywords specific to this synthesis to facilitate website search filters and sorting:

(e.g. depression, virtual care, autism, opioids, racism, chronic pain, sleep, etc.)

- safe supply
- People Who Use Drugs
- COVID-19
- opioids
- heroin
- hydromorphone
- pandemic
- diacetylmorphine
- drug regulation