TiOAT Preliminary Data (80 clients)

September 2019

TiOAT Program

TiOAT is a program based on a model of "as needed" medication for treatment of opiate use disorder, an alternative to traditional iOAT

- No titration schedule necessary
- Target is the same = using medication to reduce harm ie. overdoses, criminal behaviour, HIV/HCV transmission

Route of TiOAT

- Oral only 25/80 (31%)
- Injection only 37/80 (46%)
- Oral & Injection 18/80 (23%)

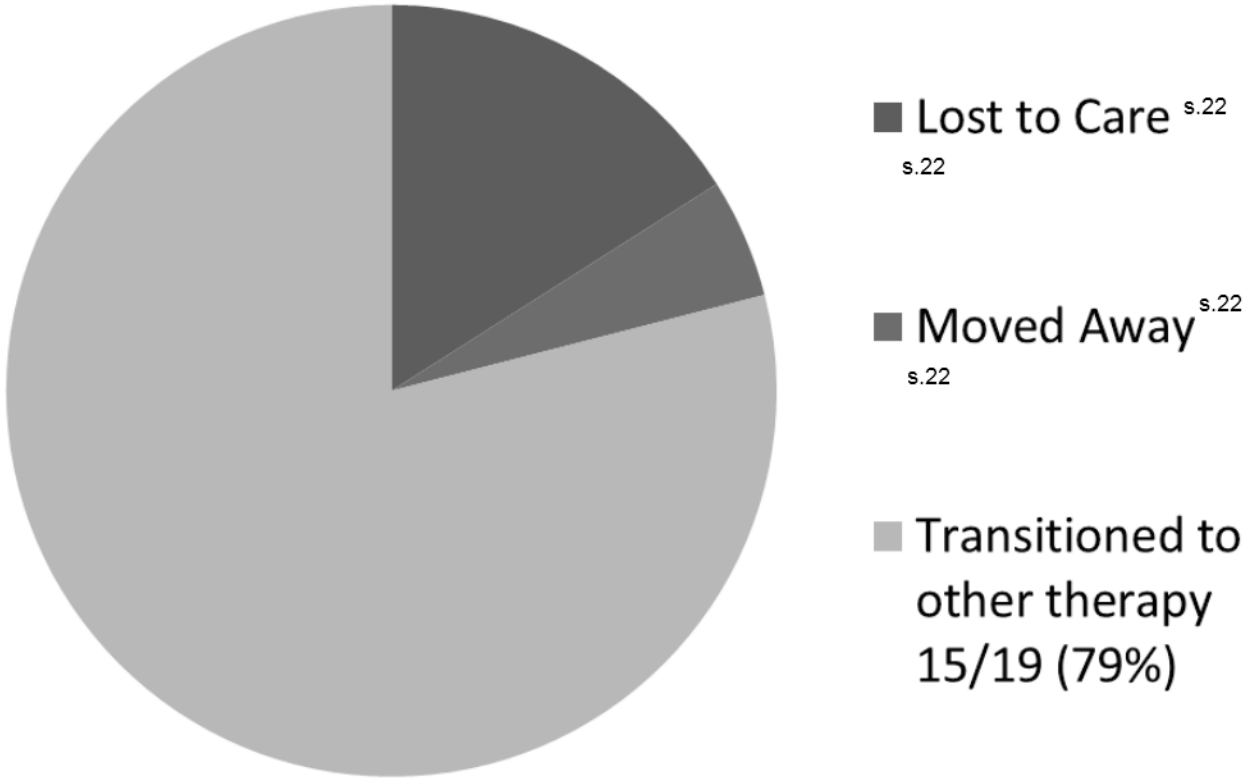
Note: [redacted] s.22 of clients switched to liquid iOAT when space became available

Vancouver CoastalHealth

Retention

- Proportion of clients retained on treatment? **61/80 (76%)**
- Of those still on **active treatment**, using Aug 31 as the cut-off date, average number of days: **145 days**
- Combined (active & non-active treatment, excluding the 3 cases noted above): Average **135 days**
- Combined (active & non-active treatment, including the 3 cases noted above): Average **133 days**
- Of those **not retained in treatment**, average number of days spent in the program: **96 days** (Note: 2 cases were excluded as only the month for end date was given but no exact date. If included, and using the middle of the month as the end date, the average number of days of retention is **92**).

Discontinued Clients



Proportion of clients discharged from program: 19/80 (24%)

79% transitioned to long-acting daily medication (traditional OAT)

Vancouver CoastalHealth

Successful Transition to Stabilized Treatment

Transitioned to oral OAT
12 clients

Transitioned to iOAT
s.22

Transitioned to other treatment
s.22

Average time clients spent in program before transitioning to OAT?

- For the 15 clients who transitioned, including 1 case where exact date is unknown, the average time spent in the program before transitioning: **96 days**
- For 15 clients, excluding the 1 case noted above, the average time clients spent in the program before transitioning: **99 days**

Many of the clients enrolled in the program where disengaged to the health system are now accessing primary care.

Vancouver CoastalHealth

OAT within TiOAT

Clients on OAT & TiOAT: 73/80 (91%)

Clients on TiOAT only s.22

91% of client engaged in OAT while accessing TiOAT

Housing

Additional notes:

Housed: 80% (64/80)

- active & housed: 49 (80% of active clients; 77% of housed clients)
- discontinued & housed: 15 (79% of discontinued clients; 23% of housed clients)

Not Housed: 20% (16/80)

- active & not housed: 12 (20% of active clients; 75% of not housed clients)
- Discontinued & not housed: s.2 2 s.22 of discontinued clients; s.22 not housed clients)

Injection Complication

History of Cellulitis/abscesses: s.22

Hospitalization: none

Opportunity to support high risk population of injection comorbidity in community and prevent costly ED visits and lengthy hospitalization

Vancouver CoastalHealth

Pharmaceutical Alternatives to the toxic drug supply

Briefing for Joint Steering Committee on BC's Overdose Response

November 19, 2019

BRITISH COLUMBIA | Ministry of Mental Health and Addictions

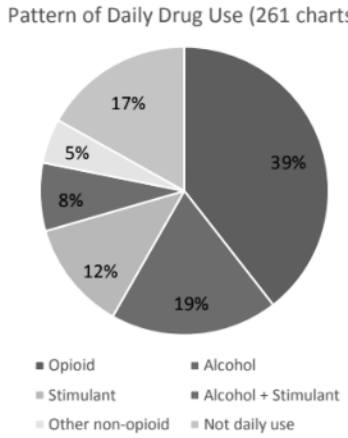
Background

- Since early 2019, illicit drug deaths in BC have decreased as directly compared to the extremely high mortality experienced in 2017 and 2018, however drug-related mortality remains extremely high relative to longer-term historical trends, and remains the highest in Canada
- Trends in paramedic-attended overdose events are increasing (largely non-fatal)
- Increasing severity of patient presentation upon paramedic arrival
- Increasing concern regarding acquired brain injury and poorer patient outcomes resulting from non-fatal opioid overdose
- At least 55,470 people are diagnosed with OUD (many more undiagnosed). Existing system is not equipped to treat all those who require it.
- Existing iOAT program delivery models require significant financial resources and infrastructure, limiting scalability and reach (i.e. rural and remote):
  - iOAT: 20 patients = $1.6M-$1.9M ($80,000 per person/year)
  - TiOAT: 200 patients = $850k ($4,250 per person/year)
  - SAFER: 700 patients = $1.5M ($2, 143 per person/year)

Evidence

- Initiatives that support access to pharmaceutical alternatives are built on the strong evidence available for the effectiveness of reducing harm through the provision of regulated pharmaceutical-grade opioids to people who use illegal opioids under the supervision of health care providers (eg. OAT, iOAT, emerging evidence from TiOAT).

- VCH Chart Review of opioid deaths in 2017: 61% of people who died were intermittent opioid users (mild-moderate OUD) and therefore would not be eligible for existing treatment programs (OAT and iOAT). More flexible models of pharmaceutical alternative programs can separate this high risk, underserviced population, from the illicit drug supply.



Evidence

- OUD is a chronic relapsing condition. Pharmaceutical alternatives create a safety net for those who traditional treatment methods have been unsuccessful.

- Support for pharmaceutical alternatives are echoed elsewhere:
  - Provincial Health Officer, addiction and public health physicians
  - Chief Medical Health Officer Dr Patty Dally (2019 report)
  - City of Vancouver Task Force
  - The Federal government (Stream II: Increasing access to pharmaceutical grade medications funding call),
  - Vancouver Police Department (2017 position paper),
  - The BC Overdose Action Exchanges Reports
  - Community Action Teams
  - BCCDC
  - BCCSU
  - National and provincial groups of people who use drugs and people with lived and living experience of drug use (i.e. CAPUD, SOLD, VANDU, BCYDWS etc)

Approaches for a Continuum of Care

- There is a continuum of care for addressing social and health concerns related to the use of substances that is inclusive of harm reduction approaches, addiction treatment approaches, recovery services and pharmaceutical alterative programs.

- Similarly, pharmaceutical alternatives within the current regulatory and legislative frameworks exist along a continuum, anchored at one end by programs designed with as few barriers as possible (e.g., flexible eligibility requirements, unobserved dosing), and highly-clinical models of opioid agonist treatment on the other end (e.g., multiple witnessed daily doses, illegal drug abstinence).

- Within the current context, pharmaceutical alternative programs will need to be designed within the following criteria:
  - Within existing legislative framework
  - Linkages to the health system, including regulatory bodies, with government support and oversight
  - Prescriber/healthcare oversight
  - Independent health care and research ethical review
  - Involvement of people with lived and living experiences
  - Include people with lived experience and seek to hear from those most affected
  - Independent evaluation

OUD Treatment: Approaches for a Continuum of Care

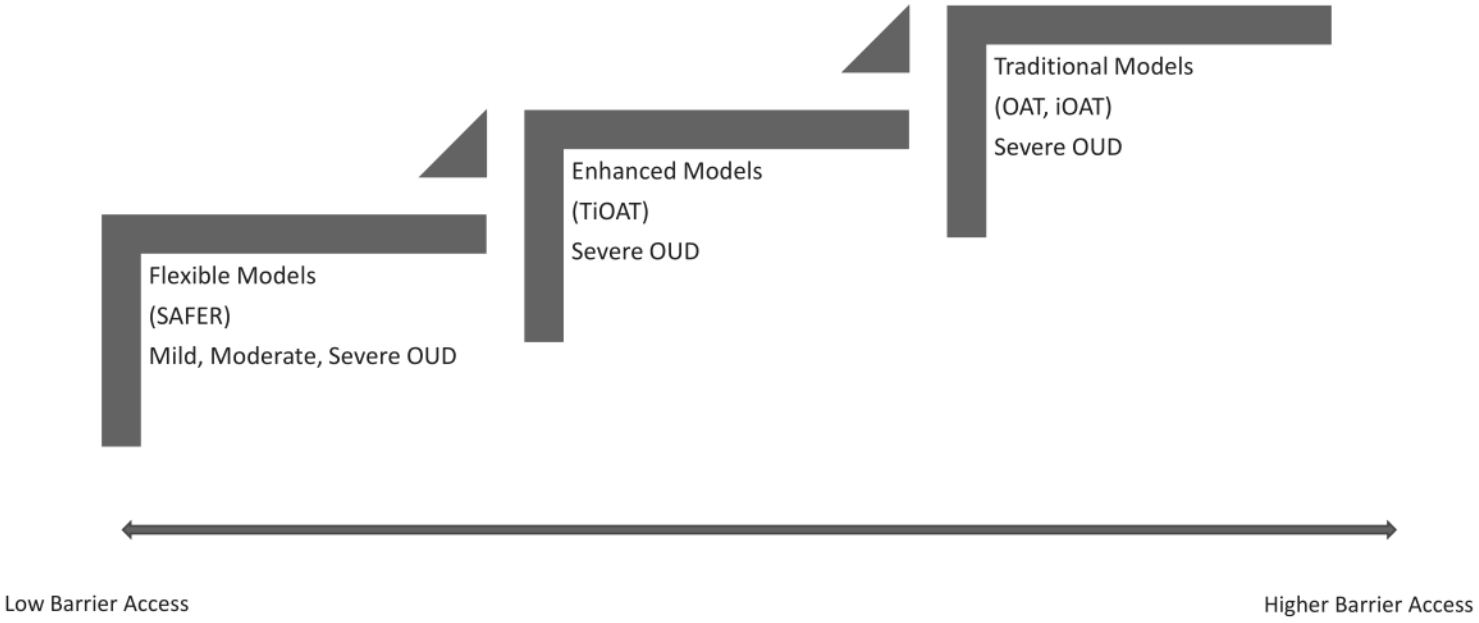


Figure 1: Approaches to pharmaceutical alternatives permissible within current regulatory and legislative framework.

Table 1-1 - Approaches to safer supply programs

	Models that can be implemented within existing legislative framework			Other models (out of scope)
	Traditional	**Enhanced**	**Flexible**	**Without prescriber oversight**
Target Population	People with substance use disorder who are seeking treatment.	People with substance use disorder, for whom traditional treatment has been unsuccessful.	People who use illegal substances, whose needs are not met by highly-structured models.	People who use opioids or stimulants.
Models	OAT; iOAT Multiple models.	Adapted iOAT/Tablet iOAT (TiOAT) for safer supply. Multiple options: 1. Comprehensive/dedicated (Crosstown) 2. Integrated/embedded (PHS, MOP); 3. Pharmacy model; Observed consumption. Lower threshold entry to iOAT model of safer supply. These may also include the prescription of regulated stimulants.	Daily dispensed; low threshold; self-titrated; observed and unobserved consumption; hub and spoke (rural areas). Already being done informally in private and primary care practices. Any proof of concept project that meets the requirements of appropriate prescriber involvement (e.g., a medical model) and permissible within the current regulatory and legislative frameworks.	Non-medicalized buyers clubs / compassion clubs.
Evidence	Adheres to current clinical guidelines.	iOAT as treatment has a strong evidence base; TiOAT as lower barrier treatment is being piloted. iOAT and TiOAT as safer supply models require further evaluation.	Requires pilot testing and evaluation to develop an evidence base.	
Characteristics	Medicalized; embedded in addiction treatment and primary care systems; uses contingency management.	Medicalized; embedded in addiction treatment and primary care systems; can require multiple visits a day for observed dosing; contingency management; wrap-around care.	Low threshold, harm reduction and public health informed approach. Embedded in primary care, SCS/OPS/CTS, or housing with pathways to health, social, and addiction treatment services.	Non-medicalized; public health approach.
Goals	Patient led goals: e.g. reduce/stabilize drug use, work towards abstinence.	Patient led goals around reducing illegal drug use or stabilizing use, if desired.	Reduce illegal drug use and related risks.	Provide safer supply of regulated drugs.
	Reduce risks of overdose and harms; increase engagement with health, social services; provide primary care; reduce petty crime, sex work; reduce reliance on illegal market. Engage with highly marginalized/at risk people who typically do not access health and social services.			

Enhanced Model: TiOAT

- "Tablet injectable opioid agonist treatment " (TiOAT) is a program model of "as needed" medication for treatment of opioid use disorder and is a lower barrier alternative to traditional iOAT.
- The TiOAT program in Vancouver is a partnership between the PHS Community Services Society and VCH, and takes place within the Molson Overdose Prevention Site.
- What's different about TiOAT?
  - No titration schedule necessary
  - No missed dose protocol
  - Lower barrier
- How it TiOAT similar to iOAT?
  - Same objective of using medication to reduce harm i.e. overdoses, criminal behaviour, HIV/HCV transmission, etc.
  - Both programs using the observed dosing model
  - Inclusion and exclusion criteria
- A preliminary evaluation was conducted using TiOAT program data (VCH chart review) involving 80 clients from January 21, 2019- August 31, 2019

Chart Review Findings

Route of TiOAT Administration

- Oral only: 25/80 (31%)
- Injection only: 37/80 (46%)
- Oral & Injections: 18/80 (23%)

Oral OAT within TiOAT

- Clients on Oral OAT & TiOAT: 73/80 (91%)
- Clients on TiOAT only (declined OAT)s.22 (9%)
- 91% of client engaged in oral OAT while accessing TiOAT

TiOAT Program Retention

- Proportion of clients retained in TiOAT program: 61/80 (76%)
- Proportion of clients who discontinued TiOAT: 19/80 (24%)
- Of the 19/80 who discontinued TiOAT, s.22 were lost to care s.22 , s.2 moved aways.22 and 79% transitioned to other therapy (15/19).
  - 12 Clients transitioned to oral OAT
  - s. clients transitioned to iOAT
  - s. client transitioned to other treatment

Injection Complication and Adverse Events

- History of cellulitis/abscesses: s.22 30)
  - The cause of these infections is unclear and could possibly be related to injecting stimulants and other substance outside the clean environment of the program.
- Overdoses (fatal and non-fatal): None
- Hospitalization: None

Connecting High Risk Individuals to Health Care

- Chronic Disease Management and Engagement
  - Hep C & HIV Treatment
  - COPD & Heart Failure Management
  - Optimizing Hypertension Treatment
- Addictions Care
  - Other substance use disorder treatment
  - Rapid OAT titration
  - Harm Reduction
- Social Factors
  - Outreach support
  - Housing
  - Income
- Preventative Care
  - Vaccinations
  - Overdose prevention services
  - Colon cancer screening

Withheld pursuant to/removed as

s.17

SAFER (**S**afer **A**lternatives **F**or an **E**mergency **R**esponse**)**

- s.17
- Primary applicant: Vancouver Coastal Health
- Primary Partners:
  - Portland Hotel Society: medical oversight and clinical service delivery
  - BCCSU: networking and administrative support for SUAP application, if funded, independent scientific evaluation
- Model endorsed and developed in collaboration with by PWUD with 20 letters of support, including a letter of support from Hon. Minister Judy Darcy
- Meets all requirements set by Health Canada and PHO's office
- Sustainability:
  - VCH has indicated they would consider transitioning investments from other high acuity programs (i.e. iOAT, OPS) to support sustainability
  - Contingent on scientific evaluation results

SAFER Project Objectives

- Reduce overdose deaths and related harms (i.e. non-fatal overdose, anoxic brain injuries)
- To connect individuals that have not been reached by traditional substance use services and treatment along the full continuum
- To generate evidence for flexible safer supply models

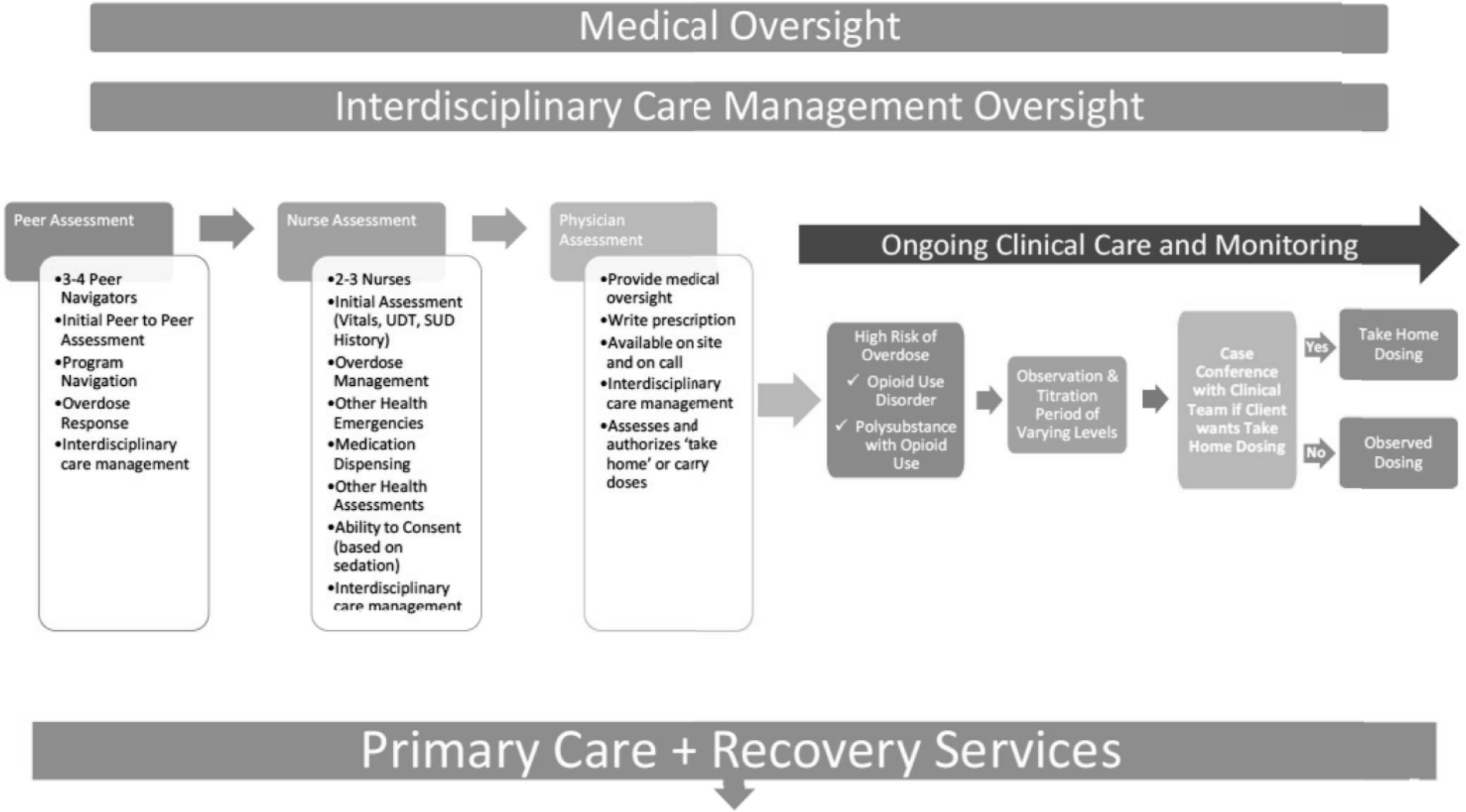
SAFER Eligibility and Inclusion

- Those living with opioid addiction (or another substance use disorder) who are using illegal opioids;
- Those who are deemed at risk for an overdose by a detailed clinical assessment
- Those whose treatment has not yet been optimized, despite access to evidence-based addiction treatment

Those **NOT** eligible include:

- Under the age of 18
- No history of addiction or substance use disorder

Figure 3: SAFER Work Flow



SAFER Next Steps

s.13; s.16; s.17

VCH/BCCSU Regional Guideline for Prescribing Controlled Drugs

The guideline will provide an overview of:

- Research evidence (where it exists) and expert consensus for prescribing controlled drugs and substances as a means to reduce harm among people who use illegal drugs. The focus will be on targeted interventions that increase availability of medically-prescribed pharmaceutical-grade opioids to people at high risk of overdose, including:
  - Oral and injectable opioid agonist treatment (OAT)
  - Tablet injectable opioid agonist treatment (TiOAT) programs
  - Prescription-based pharmaceutical-grade opioid replacement programs
  - Flexible models to meet needs of those at high risk of overdose and maximize public health benefits (e.g., low-barrier/low-threshold, unsupervised and take-home dosing, and enhanced treatment models; programs for intermittent opioid users)
- Clinical recommendations for prescribers, pharmacists, nurses and program staff
- Meaningful involvement of people with lived and living experience (PWLE)
- Ethical, legal and policy considerations
- Program models and operational requirements
- Approaches to program evaluation

Systemic Barriers

- Regulatory hurdles (college of nursing and pharmacy)
- Existing drug laws
  - Controlled Drugs and Substances Act.
- Discrimination and stigma

Next Steps + Recommendations

- As the public health emergency continues, the OERC is recommending that:
  - TiOAT programs are scaled.
    - Phase one expansion approved: VCH/PHS Molson (200 patients), VCH/BCCDC (100 patients), Interior Health (35 patients)
    - Phase two expansion proposed: Fraser Health, Surrey (50 patients), Abbotsford (30 patients); Island Health (SUAP)
  - Rigorous TiOAT program evaluation (Funded through CIF)
  - Endorse a "flexible" approach to be piloted (i.e. SAFER initiatives)
  - Expedite the review of the VCH/BCCSU regional guidelines for prescribing opioids during a public health emergency regional guideline and consider the opportunity for provincial scope

Discussion