

Characterizing safer supply prescribing of immediate release hydromorphone for individuals with opioid use disorder across Ontario, Canada

Background

In response to the ongoing opioid overdose crisis, some clinicians in Canada have started prescribing immediate release hydromorphone (IRH) to help prevent harm arising from the use of opioids from the toxic unregulated drug supply. This practice is often referred to as safer opioid supply and is considered a harm reduction measure.

What did we investigate?

Patterns of prescribing of IRH as safer supply by physicians and nurse practitioners in Ontario, as well as characteristics of people receiving IRH, duration of use, and associated prescriber attributes.

Key findings

- Safer supply IRH prescribing for people with opioid use disorder has increased since 2016 in Ontario, with the most rapid growth occurring since 2018. However, the prevalence of safer supply IRH prescribing in Ontario remains very low overall compared to the prescribing of opioid agonist therapy such as methadone, buprenorphine, and slow release oral morphine.
- People prescribed IRH commonly reside in urban, low-income neighbourhoods that are concentrated in regions with known safer opioid supply programs, and the majority have recently been prescribed opioid agonist therapy.
- Death while receiving IRH or within 7 days of discontinuation was rare.

How was the study conducted?

- This was a retrospective cohort study of people with opioid use disorder who received safer supply IRH between January 1, 2016 and March 31, 2020.
- We defined safer supply IRH prescribing using key prescribing characteristics (including dosage and daily dispensation) based on the Ontario-based safer supply guidance document and consultation with safer supply prescribers
- We summarized demographic, health, and medication use characteristics among people who received safer supply IRH, and examined select clinical outcomes including duration of use and death.
- We also described the characteristics of prescribers of safer supply IRH, and compared these between frequent and infrequent prescribers.



Results

- Between January 1, 2016 and March 31, 2020, there were 534 initiations of safer supply IRH courses among 447 people from 155 prescribers.
- The quarterly number of initiations of daily dispensed IRH was fairly stable between 2016 and the third quarter of 2018 (20 initiations or less), but began to increase in the final quarter of 2018. Initiations peaked in the third quarter of 2019 (103 initiations).
- The median age of people receiving safer supply IRH was 42 (interquartile range [IQR] 34-50), and most were male (60.2%), urban residents (96.2%), and in the lowest neighborhood income quintile (55.7%). Nearly 14% had experienced an opioid-related overdose in the previous year.
- Most recipients of safer supply (n=309, 69.1%) had been dispensed opioid agonist therapy in the year prior to starting safer supply, and this was more common among patients of frequent prescribers (n=244, 75.5%, p<0.001). Frequent prescribers were more likely to have also prescribed opioid agonist therapy during the study period (n=25, 96.2%) compared to infrequent prescribers (n=77, 72.6%, p=0.01).
- The median duration on IRH was 272 days (IQR 30-1,244) and opioid agonist therapy was co-prescribed in 62.9% of courses.
- Death while receiving IRH or within 7 days of discontinuation was rare (≤ 5 courses; ≤ 0.94 per person-year for each).

For more information

Young, S., Kolla, G., McCormack, D., Campbell, T., Leece, P., Strike, C., Srivastava, A., Antoniou, T., Bayoumi, A., & Gomes, T. (2022). [Characterizing safer supply prescribing of immediate release hydromorphone for individuals with opioid use disorder across Ontario, Canada.](#) *International Journal of Drug Policy.*