

Risk Mitigation Prescribing Among Young People Who Use Drugs in the Context of COVID-19 and Overdose Emergency

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Background

- Across North America, overlapping overdose and COVID-19 emergencies are having a substantial impact on young people experiencing street-involvement and who have been diagnosed with an opioid use disorder (OUD).
- In 2020, a Risk Mitigation prescribing guidance was introduced in British Columbia, Canada, in order to allow people who use drugs to better self-isolate and decrease the risk of overdose and withdrawal. The guidance facilitated greater access to prescribed opioids, stimulants and benzodiazepines as well as alcohol.
- We examined how Risk Mitigation prescribing of opioids (namely, hydromorphone tablets) impacted young people's substance use and care trajectories, including their OUD treatment trajectories.

Methods

- We conducted semi-structured telephone interviews with 35 young people between the ages 14-24 and 10 addiction medicine physicians. Interviews were conducted April 2020-July 2021 and lasted 60-90 minutes.
- Young people were recruited from a primary youth-dedicated health centre in Vancouver (Foundry Vancouver Granville; FVG) and from a prospective cohort of over 1000 young people who use drugs (YPWUD) known as the At-Risk Youth Study (ARYS).
- All YPWUD participants had used fentanyl (2 or more times per week) at the time of their first interview. They had all encountered some form of opioid agonist treatment (OAT) over the course of their care trajectories before being offered Risk Mitigation prescriptions.
- Interviews were transcribed verbatim, anonymized and checked for accuracy. NVivo software was used to code and manage the data. A thematic analysis was conducted.

Results

- YPWUD described stockpiling hydromorphone tablets so that they could be used as an "emergency backup" when they were unable to procure illicit opioids. Those experiencing entrenched poverty described how this could allow them to avoid having to engage in rapid cycles of illicit income generation, including via drug dealing and sex work.
- Hydromorphone was often used to generate income for the purchase of illicit drugs and various necessities in the context of entrenched poverty.
- For some YPWUD, hydromorphone prescriptions were helpful when used alongside OAT, including during titration, to reduce withdrawal and cravings.
- Young people described how the provision of safe supply as a component of treatment programs would allow them to stabilize aspects of their lives and build trusting relationships with service providers while they considered other changes, such as going on OAT.

- Some physicians were wary of prescribing hydromorphone due to the lack of evidence for this new approach.
- YPWUD participants highlighted a disjuncture between Risk Mitigation prescriptions and the "safe supply" of unadulterated substances such as fentanyl, underscoring that having access to the latter is critical to reducing overdose-related risks and supporting self-identified treatment and recovery goals.

Like, even the safe drugs, it's only oral. I don't see the point in it because, like, it's not the drug you're addicted to. Same with the injectable heroin program. I'm not addicted to heroin and I'm not addicted to morphine. Like, I'm addicted to fentanyl, so they're not even giving me my drug of choice, and then they're making me fucking swallow it. That's why a lot of people use on [top of] it because it helps but it's not what they're really wanting. It pisses me off because they're, like, "We're trying to help you," and it's, like, "Give me my fucking drug of choice then." There are safe ways to do fentanyl. The reason the street fentanyl is so bad is because it's not mixed properly. But when it's, like, medical fentanyl, it is mixed properly. (Nora, a 21-year-old woman who preferred not to disclose her ethnicity)

Conclusions

- Our findings underscore the importance of providing young people with a safe supply of substances that continue to be heavily criminalized in our setting.
 - Safe supply options (i.e., pharmaceutical grade fentanyl) are needed to decrease the risk of overdose for young people who are not interested in treatment.
- While Risk Mitigation prescriptions had some benefits (slightly reduced financial pressures among YPWUD, the availability of an emergency back up of opioids):
 - They were not sufficient to meaningfully decrease withdrawal symptoms and cravings
 - They did not significantly reduce their reliance on illicit street opioids during this time period.
- Prescriptions of hydromorphone and other licit opioids can be useful for young people who are interested in engaging and re-engaging with OAT across time, as they can help reduce withdrawal symptoms and cravings and improve OAT adherence and titration.
- It is critical for prescribers and care teams to collaborate with YPWUD on their treatment and care.
 - YPWUD and their caregivers (including chosen family members) must be provided with information and education on safe supply options.
 - Safe supply programs should be low-barrier.

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