

# Prescribing Dilaudid for “ Safe Supply” Program

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# Declaration

No Conflict of Interest

# Dr Sharon Koivu Disclosures

- Grants/Research Support: none
- Speakers Honoraria: none
- Consulting: none
- Patents: none

# Case 1

- Linda is a 38 yo female
- History of trauma, sexual abuse
- Long history of polysubstance use disorder
- HIV positive, history of multiple admissions for infections including endocarditis
- She is not compliant with HIV treatment
- Homeless,
- Works as a street level worker to pay for her drugs, she rarely uses a condom as it pays less

# Case 1

- Use includes Oxycontin, Cocaine, HydroMorph Contin
- When he presents she is injecting Crystal Methamphetamine daily and opioids daily
- Her opioid include whatever she can get but usually HydroMorph Contin and Fentanyl

# Case 1

- Linda is enrolled in a “ Safe Supply” Program.
- She is started on Dilaudid
- She is given daily dispensing
- Her dose is increased to Dilaudid 8 mg 12/ day
- She decrease her street work
- Uses a condom regularly
- Is compliant with her HIV treatment as it is dispensed with her Dilaudid

# Case 1

- She feels the program has helped her enormously

## Case 2

- Pauline is a 49 year old women
- History of trauma, sexual abuse
- Long history of opioid use disorder
- She usually injects Hydromorph Contin 12mg  
2-3 times per pay
- She has had endocarditis and cellulitis of both  
legs



## Case 2

- Pauline is enrolled in a “ Safe Supply” Program.
- She is started on Dilaudid her dose is increased to 15 per day.
- Because of her difficulty walking she is prescribed 30 every 2 days
- She male partner usually picks up her prescription and gives her 10. He take some and sell the rest
- If she picks them up he is violent

## Case 3

- Chris is a 35 year old man
- He is homeless
- Long history of polysubstance use disorder
- He is injecting Kadian and fentanyl
- He hears of the Safe Supply program
- It is not available in Hamilton so he moves to London
- He is not able to get into the program

## Case 3

- Chris live in a tent behind Chapman's Pharmacy
- He buys Dilaudid daily from people in the Safe Supply Program
- He pan handles and crime to support this.
- He steals bicycles almost daily
- He injects all his Dilaudid

## Case 3

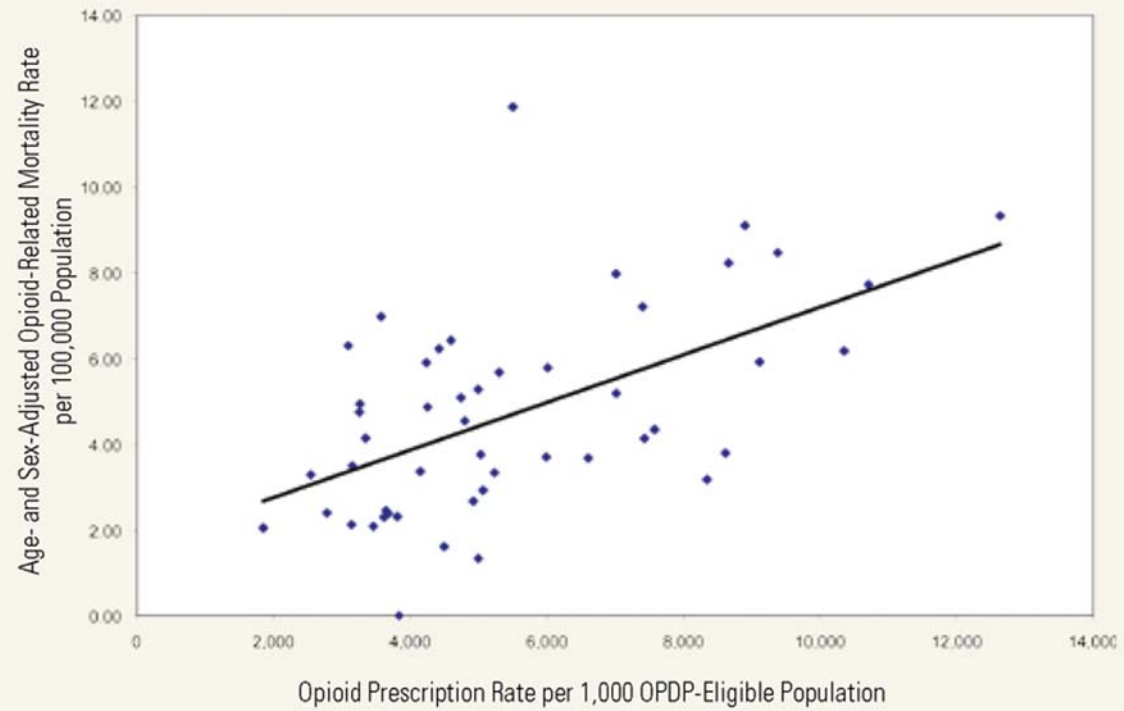
- He gets cleans supplies occasionally but often shares with the other in the area
- He rarely makes it to SIS

# Case 3

- Chris develops severe back pain
- He presents to ER at Victoria Hospital
- After waiting 10 hours to be seen he leaves
- 3 days later he can't walk and goes to ER by ambulance
- He has severe discitis and epidural abscess
- He is paraplegic, believes to be permanent

- Prescribing opioids leads to overdose

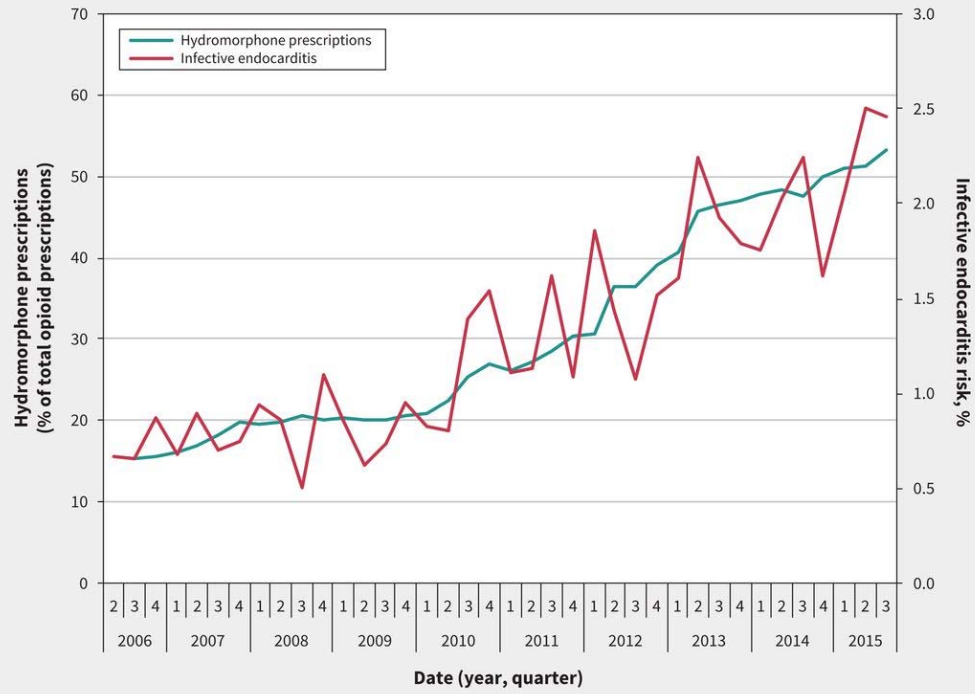
**Figure 1. Relationship between opioid prescribing rate (per 1,000 OPDP-eligible population) and opioid-related mortality rate (per 100,000 population) among Ontario counties**



OPDP = Ontario Public Drug Program.

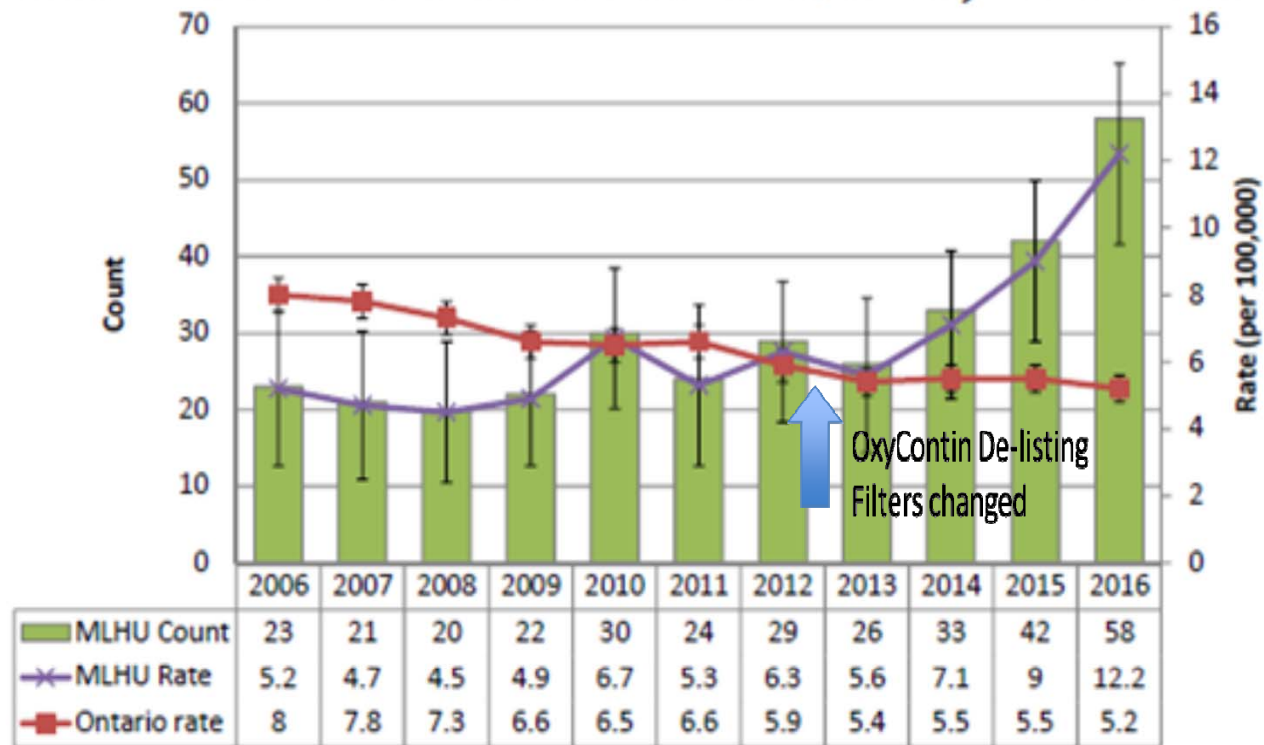
- Prescribing HydroMorph Contin leads to endocarditis





- Prescribing HydroMorph Contin leads to HIV

## Reported count and rate of new HIV cases in Middlesex-London and Ontario, 2006-2016



Source: Public Health Ontario Infectious Diseases Query, data extracted January 6, 2017

Prescribing Dilaudid leads to.....

- I think we will find discitis, osteomyelitis, epidural abscess, endocarditis etc