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 lives in a tent behind Chapman’s Pharmacy.
- He buys Dilaudid daily from people in the Safe Supply Program.
- He panhandles and commits 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.
• 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

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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