

## **'SAFER SUPPLY (SS) AND HCV MICRO-ELIMINATION DURING COVID 19' – PRESCRIBING NOVEL OPIOID AND STIMULANT ALTERNATIVES TO TOXIC ILLICIT DRUG SUPPLY IN VICTORIA, BRITISH COLUMBIA**

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**Background:** This study provides data on the first year of novel opioid and stimulant alternatives prescribed during the COVID 19 pandemic at an inner-city health centre and connected multi-site outreach program in Victoria, Canada, and the linkage of this prescribing to ongoing HCV elimination efforts with people who use drugs (PWUD).

**Methods:** Chart reviews provided data on sociodemographic information, medical histories, and engagement in HIV and HCV services among all clients prescribed novel opioid and stimulant safer supply (SS) from March 2020-April 2021 (n=549).

**Results:** Of the 549 clients prescribed SS, 196 (35.7%) were female, mean age 41.6, 409 (74.5) were recently homeless, 274 (49.9%) were provided COVID temporary shelter, and 136 (24.9%) had an overdose in last 6 months. In total, 27 (4.9%) were living with HIV and 254 (46.3%) were positive for HCV antibodies: 53 (9.3%) had cleared HCV, 165 (30.1%) started HCV treatment and 136 (24.8%) achieved HCV SVR. Overall, 502 (91%) were prescribed SS opioids. Medications included hydromorphone (n = 395), sustained-release oral morphine (n = 14), and oxycodone (n =93). The mean oral morphine equivalent max daily dose was 437mg/day. Stimulant SS was prescribed to 176 (31.7%). and included Dexedrine (n=121), methylphenidate (Ritalin) (n=44), lisdexamfetamine dimesylate (Vyvance) (n=8), and mixed amphetamine salts (Adderal) (n=3). After six months of follow up, 59.0% (n=296) of 502 clients were still receiving opioid SS and 45.4% (n=80) were still receiving stimulant SS. Further analysis will explore key variables correlated to SS adherence.

**Conclusion:** Daily dispensed SS linked to outreach primary care in temporary COVID sheltering sites provided opportunities for HCV screening and linkage to care for high-risk populations which had not been previously engaged by HCV community outreach elimination work. Further work is needed to understand the ways in which SS efforts can better engage highly marginalized populations.

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