

List of O.A.T. Clinics



OAT stands for Opioid Agonist Treatment. It most commonly refers to the act of prescribing methadone or suboxone to patients as a substitution for other opioids to prevent withdrawal and reduce cravings, but can also include the prescribing of like Kadian (long-acting oral morphine), hydromorphone, and even the prescribing of diacetylmorphine (prescription heroin). Most of the clinics on this list are low barrier drop-in access programs that specialize in methadone and suboxone prescribing, but many doctors in Toronto are opening up to the idea of Safer Supply and kadian/hydromorphone prescribing.

ST. MICHAEL'S HOSPITAL RAPID ACCESS CLINIC (RAC)

www.stmichaelshospital.com/programs/mentalhealth/rapid-access-clinic.php

LOCATION: 30 Bond St. (between Queen & Shuter St., just east of Victoria St.) • 1st Floor Rotary Centre, Bond Wing

PHONE: (416) 864-3082

HOURS: Mondays, Wednesdays & Fridays 9 - 11 am

If you have been to RAC before, they are offering a virtual clinic. Call and leave a message to receive a callback with an appointment time. If it is your first time visiting, you must go in person during their clinic hours.

CODERIX MEDICAL CLINIC

www.coderixaddictiontherapy.to

LOCATION: 69 Queen St. E. (at Church St.) • First Floor

PHONE: (416) 640-2384 • **FAX:** (416) 981-8842

HOURS: Monday 8am - 4pm • Tuesday 8am - 7pm • Wednesday 8am - 4pm • Thursday 8am - 4pm* • Friday 8am - 4pm

*Women's Focused Clinic 8 am to noon on Thursdays

New patients must arrive 2 hours prior to close to be seen, early in the day is best.

TRUENORTH MEDICAL CENTRE

www.truenorthmedical.com

LOCATION: 24 Dalhousie St. (Between Queen & Shuter St., just East of Church St.) • 2nd Floor

PHONE: 1-888-TRUE(8783)-563 • **FAX:** 1-844-468-2444

HOURS: Monday 8am - 3:45pm • Tuesday 8am - 7:45pm • Wednesday 8am - 3:45pm • Thursday 8am - 3:45pm • Friday 8am - 3:45pm • Saturday 10am - 12:45pm • Sunday 10am - 11:45am

METRO DRUGS - BLOOR ST. WEST

www.metrodrugs.ca

LOCATION: 1290 Bloor St. W. (at Lansdowne Ave.)

PHONE: (416) 537-7000 (Doctor's Office) • (416) 538-9962 (Pharmacy) • **FAX:** (647) 362-4667

HOURS: Monday-Friday 9am - 5pm*

*New patients should call ahead to make an appointment to ensure that a doctor will be available to see them.

METRO DRUGS - DUNDAS ST. EAST

www.metrodrugs.ca

LOCATION: 129 Dundas St. E. (at Church St.)

PHONE: (416) 363-7300 **FAX:** (416) 363-0500

HOURS: Tuesday 9:30am - 12:30 pm

BREAKAWAY ADDICTION SERVICES - SATELLITE OPIATE TREATMENT CLINIC

www.breakawayaddictions.ca/satellite-opiate-treatment

LOCATION: 21 Strickland Ave. (near Dufferin & Queen)

PHONE: (416) 537-9346 (ext. 1) • (416) 537-3224 (to call collect) • **FAX:** (416) 537-2598

HOURS: Tuesday & Friday 10am - 12pm • Wednesday 4pm - 7pm*

NOT A DROP-IN CLINIC, call and make an appointment

Breakaway offers counselling and case management supports, food programs, nursing, and more alongside their methadone clinic. However, there may be a waitlist to become a client. They recommend calling or dropping by in person to speak to a staff member, who will speak with you to understand your needs, and support you to determine what services would be the best fit for you.

THE WORKS

LOCATION: 277 Victoria Street (near Dundas & Victoria)

PHONE: (416) 392-0520

NOT A DROP-IN, call for appointment



Here are some tools that you can use to advocate for your own family physician or methadone/suboxone doctor to prescribe you with a safer supply of opioids:

1. Letter from the Minister of Health regarding treatment and safer supply – August 24, 2020

Retrieved from: <https://www.canada.ca/en/health-canada/services/substance-use/minister-letter-treatment-safer-supply.html>

2. Letter from Director General, Control Substances Directorate, Health Canada regarding access to controlled substances while people adhere to social distancing guidance March 19, 2020

Retrieved from: CDSA_Exemption_and_interpretive_guide_for_controlled_substances.pdf

3. Canadian Association for Safe Supply: Safe Supply Prescribing. April 2, 2020.

Retrieved from: www.bit.ly/CASSPatientSupport.

4. A safer drug supply: a pragmatic and ethical response to the overdose crisis.

CMAJ August 24, 2020-09-03 Retrieved from: <https://www.cmaj.ca/content/192/34/E986>

5. Alliance for Healthier Communities: Harm Reduction, Decriminalizations, and Safe Supply

Retrieved from: <https://www.allianceon.org/Harm-Reduction>

Letter from the Minister of Health regarding treatment and safer supply

Retrieved from: <https://www.canada.ca/en/health-canada/services/substance-use/minister-letter-treatment-safer-supply.html>

August 24, 2020

Dear Colleagues:

I am writing to you today to express my deepest concern about the ongoing and increasing harms experienced by Canadians who are suffering from problematic substance use. I am seeking your support to take concrete action to help address these increasing harms and to better protect the health, safety and lives of these Canadians.

As you know, the overdose crisis has been one of the most significant public health crises in recent Canadian history. Between January 2016 and December 2019, nearly 15,400 Canadians lost their lives from apparent opioid-related causes.

Tragically, in many regions of the country, the 2019 novel coronavirus (COVID-19) pandemic is worsening the overdose crisis, as well as other acute substance use-related harms. There are numerous indications that the street supply is growing even more unpredictable and toxic as supply channels are disrupted. The risks this poses to people who use drugs are further exacerbated by the current strain on support services during the COVID-19 pandemic.

We are now seeing the devastating impact of these compounding crises. For example, in June 2020, the British Columbia Coroners Service reported 175 illegal drug toxicity deaths, the highest number of fatalities ever recorded for a single month in that province's history. To put this in perspective, this is the same amount of people who have died in British Columbia from COVID-19 over the past six months. In Ontario, there was a 25 percent increase in overdose deaths from March to May 2020 compared with the same period last year. Alberta Health Services has also reported a major increase in the number of calls for opioid-related emergencies in May of this year. There are daily news reports of an increase in overdoses in communities across the country.

We need immediate action from all levels of government and health care practitioners to prevent further deaths from the contaminated illegal drug supply and COVID-19.

I am reaching out to you, Ministers of Health, regulators of health professions and organizations representing health care practitioners, to ask you to do all you can to help provide people who use drugs with a full spectrum of options for accessing medication, depending on their individual circumstances, that will help them avoid the increased risks from the toxic drug supply. This includes your support for programs that provide greater access to a safer, pharmaceutical-grade alternative to the toxic street supply.

Established [best practices for treating problematic opioid use](#) involve a variety of oral medications, including buprenorphine/naloxone, methadone and slow-release oral morphine. For patients who do not respond well to these traditional opioid agonist therapies, prescription injectable hydromorphone and diacetylmorphine (pharmaceutical-grade heroin) have been successful in helping to stabilize and support the health of some patients with opioid use disorder in a clinical context.

Evidence from these programs in Canada, Switzerland, Germany and the United Kingdom has shown significant beneficial health outcomes through improvements in the physical and mental health of patients. The Canadian Research Initiative in Substance Misuse (CRISM) has developed guidance on [injectable opioid agonist treatment](#), and the Canadian Agency for Drugs and Technologies in Health has published a [Rapid Review of clinical evidence](#) and cost effectiveness of injectable opioids agonist treatment for patients with opioid dependence.

Health Canada has moved to make these medications more accessible. In May 2019, the Department approved the use of injectable hydromorphone by qualified health care practitioners as a treatment for adults with severe opioid use disorder. In April 2019, upon the recommendations of Canada's Chief Public Health Officer, Dr. Theresa Tam, diacetylmorphine (prescription-grade heroin) was added to the List of Drugs for an Urgent Public Health Need, making it possible for all provinces and territories to import this drug for the treatment of opioid use disorder. Diacetylmorphine

has been approved for treatment in a number of countries, including Switzerland, the United Kingdom, Germany and the Netherlands.

Providing a pharmaceutical-grade alternative to the toxic street supply (i.e. a safer supply), both in the context of treatment or as a harm reduction measure, can support people who use drugs by reducing their risk of overdose, infection and withdrawal. At the start of the pandemic, Health Canada issued a temporary exemption to the *Controlled Drugs and Substances Act* to facilitate prescribing with flexible treatment options (e.g. allowing prescribers to use verbal prescriptions for narcotics and allowing pharmacists to extend and renew prescriptions) to help patients adhere to social distancing and self-isolation guidance. Originally set to expire at the end of September 2020, I am pleased to inform you that Health Canada has extended this exemption to September 30, 2021, given the ongoing nature of the COVID-19 pandemic.

The Department is also funding a number of safer supply pilot projects across the country through the Substance Use and Addictions Program. These innovative projects will be evaluated to build the safer supply evidence base to support the scaling up of effective models.

Despite the foregoing efforts, the Department still hears from many stakeholders that barriers remain to accessing pharmaceutical-grade alternatives to the toxic street drug supply, whether it be for treatment or harm reduction purposes. Many people who use drugs are not able to find practitioners to provide them with the treatment or access to a safer supply. Some physicians indicate they do not feel supported by their regulatory colleges or sufficiently informed, and medication costs can be a barrier to some.

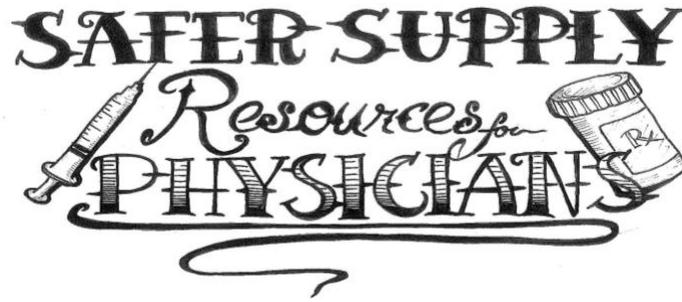
I encourage you to look at your sphere of influence and work to remove barriers to implementing a safer supply during this unprecedented time. Consider steps you could take to allow service providers in your jurisdiction to take advantage of the regulatory flexibility that is in place at the federal level and improve access to pharmaceutical-grade alternatives for people who use drugs. I know important measures have been put in place to curtail unnecessary opioid over-prescribing, which are commendable and needed. However, we must balance this objective with the needs of people at a high risk of overdose, by ensuring health professionals feel equipped and supported to prescribe medication for treatment or harm reduction without fear of reprisal.

There are many resources available to guide providers as they move into this area, such as the CRISM guidance documents noted above and their [six national rapid guidance documents](#) developed to address the urgent needs of people who use substances, service providers and decision makers in relation to the COVID-19 pandemic. Health Canada has also assembled a [toolkit](#) to provide clarity on prescribing for the treatment of substance use disorder and/or to provide a safer supply.

It is vital that we recognize substance use disorder is a health and social issue, and that we treat people who use drugs with compassion and give them the support that they need. Please be assured that I am ready to work collaboratively to advance these issues so that we can achieve the common goal of saving lives and preventing harm. Please accept my best wishes.

Yours sincerely,

The Honourable Patty Hajdu, P.C., M.P.



What is Safer Opioid Supply (SOS)?

Safer Opioid Supply is an extension of the traditional harm reduction model that is offered to populations who use street level substances and who are at high risk of harm (including death) due to the toxic illegal drug supply. It's a community-level approach in which physicians and nurse practitioners prescribe oral hydromorphone tablets to clients to replace the illegal market of toxic supply that they rely on.

Safer Opioid Supply is in alignment with Health Canada's opioid crisis strategy. Some of the other organizations that support SOS include:

- City of Toronto (Toronto Overdose Action Plan)
- British Columbia Centre for Substance Use
- Toronto Overdose Prevention Society
- London Police
- BC Public Health and City of Vancouver
- CAPUD

Why is SOS a useful approach?

There has been a rapid increase in fatal and non-fatal overdoses related to the illegal drug supply, and this has been exacerbated by the COVID-19 pandemic. Providing a safer supply of pharmaceutical grade opioids to those most vulnerable members of our community reduces risk of overdose, poisoning, infectious disease transmission, and death.

Preliminary results¹ demonstrate positive client health outcomes and psychosocial impacts:

- Increased engagement in primary care
- Increased engagement in HIV and HCV treatment
- Increased engagement in social supports
- Reduction in homelessness
- Reduction in sex work, crime, and incarceration
- Zero overdose deaths and overall reduction in overdoses
- Reduction in fentanyl exposure
- Reduction in infections
- Reduction in hospital admissions and emergency room visits.

¹ Based on chart reviews from London InterCommunity Health Centre's SOS program

Why are traditional opioid replacement therapy programs (e.g., methadone and suboxone) ineffective for some people?

People who use substances procured from the illegal drug supply often face many barriers to success with traditional addictions models.

- Methadone doesn't sufficiently suppress withdrawal symptoms for some people
- Methadone doesn't fulfil the cravings for some people
- Methadone side effects can be intolerable
- The goal of methadone is typically abstinence, while the goal for Safer Opioid Supply is stability, harm reduction, and increased access to health and social services.

What evidence-based practices support SOS?

- NAOMI (NEJM Aug 2009) – North American Opiate Medication Initiative (NAOMI) conducted in Montreal and Vancouver from March 2005-July 2008
- SALOME (JAMA Psychiatry 2016) – The Study to Assess Longer-term Opioid Medication Effectiveness (SALOME) was conducted in Vancouver between 2011-2013
- Portland Hotel Society Program (Vancouver 2019) – Safe Supply Program, TiOAT Program (Tablet injectable Opioid Agonist Treatment)

SOS RESOURCES FOR PHYSICIANS

There are many resources created for physicians who are interested in learning more about Safer Opioid Supply programs, prescribing guidelines, benefits, and how to go about prescribing a life-saving safer supply of drugs:

CLINICAL GUIDELINES

Safer Opioid Supply Programs (SOS): A Harm Reduction Informed Guiding Document for Primary Care Teams
<https://bit.ly/3dR3b8m>

Risk Mitigation in the Context of Dual Public Health Emergencies:

Published March 2020 by the British Columbia Centre on Substance Use, this guidance document was developed to provide clinical guidance around the prescribing of Safer Supply in the context of the COVID-19 pandemic.

www.bit.ly/BCCSURiskMitigation

COMMUNITIES OF PRACTICE

Safer Opioid Supply Ontario Community of Practice (SOS-ON-CoP)

- Supported by the Alliance for Healthier Communities
- Bi-monthly clinical teach-ins related to prescribing SOS
- Network of healthcare providers involved in SOS programming

Contact: safersupplyON@gmail.com

Safe Supply Working Group

- Canadian Drug Policy Coalition working group

Contact: scott_bernstein@sfu.ca

Reports and literature about Safer Opioid Supply

Possible benefits of providing safe supply of substances to people who use drugs during public health emergencies such as the COVID-19 pandemic. Ontario HIV Treatment Network. Retrieved from: OHTN <https://www.ohtn.on.ca/rapid-response-possible-benefits-of-providing-safe-supply-of-substances-to-people-who-use-drugs-during-public-health-emergencies-such-as-the-covid-19-pandemic/>