Canadian Drug Policy Coalition

Coalition canadienne des politiques sur les drogues

Imagine Safe Supply

SUMMARY OF FINDINGS, JUNE 2023

BACKGROUND

As of 2022, the drug toxicity crisis killed approximately 20 people a day in Canada, with rates remaining high (Government of Canada, 2023). This crisis is the result of over a century of prohibition-based policies that have made the current drug supply highly unpredictable and deadly. Safe supply seeks to reduce the risks of drug use and overdose by ensuring people can access or purchase legally regulated drugs that are of known content and strength. The goals of safe supply include increased health, stability, autonomy, and quality of life (CAPUD, 2019).

Emerging evidence points to the success of existing prescribed safe supply programs in contributing to reduced emergency department visits, hospital admissions, and healthcare costs (Gomes et al., 2022) as well as addressing drug poisoning risks through decreased engagement with the unregulated street drug supply (McNeil et al., 2022). People receiving safe supply have self-reported associations between safe supply and experiences of positive health and social outcomes, improved mental health, increased connection to health and social supports, and safer drug use practices (Victoria SAFER Initiative, 2022). Further, reporting from both the BC Centre for Disease Control (2022) and BC Coroners Service (2023) indicates there is currently no evidence to suggest that prescribed safe supply initiatives are contributing to illicit drug toxicity deaths.

However, the limited scale and scope of safe supply availability in Canada means that the vast majority of people using drugs are currently unable to access it. As a community-based research, Imagine Safe Supply explored the priorities of people who use drugs and frontline workers around participation in safe supply. The findings provide insight about value-based and implementation-focused priorities that centre drug user leadership in the development and expansion of community-specific safe supply models in Canada.

This research was undertaken through a partnership with Thunderbird Partnership Foundation, which stewards all data related to First Nations research participation in accordance with OCAP® Principles; First Nations data is not included in this set of findings.

FINDING 1: The community values of people who use drugs are essential to effective safe supply.

> *"I'm a substance user and this is how I contribute to my community, and this is what I have to offer. And I have value and I have connection and I have community and I'm loved, right. I'm worthy."*

We heard that in order for safe supply to be most effective, it would incorporate the local community values of people who use drugs. Highlighted values include community and relationship-building, autonomy and self-determination, mutual care, cultural inclusion, and trust. For example, a value-based approach would center the autonomy of each person to choose drug options with known content and potency, alongside mutual aid to support person-centered life goals. A focus on the values of cultural inclusion and trust would put attention towards ensuring representative leadership in safe supply design and delivery for people who face racism and exclusion within current healthcare and social services. We heard that a value-based approach has the potential to address current barriers to access and contribute to positive relational and health-based outcomes.

FINDING 2: A holistic array of program models, personnel, and supports are key.

> *"[S]ocial workers, just all those wraparound supports, counselling services, recovering services also there. Just all those different people under one roof would be helpful."*

Effective safe supply would include a range of models and strategies that can be scaled up across the country. Comprehensive safe supply design includes attention to who runs and staffs a program, methods for dispensing drugs, consumption preferences, confidentiality, physical settings and locations, social and economic supports, responsive feedback processes, and program evaluation. Safe supply should respond to the diverse needs and person-centred goals of PWUD; there is no one-size-fits-all model. For those who want it, support would include access to consensual and equitable detox, treatment and rehab, and holistic health, social, and housing services. We heard an association between the centering of people who use drugs within the leadership of safe supply programs, and the potential for empowerment, community building, and enhanced relationships.

FINDING 3: Adequate safe supply requires a range of choices around drug options and dosages.

> *"If you give me a choice, why don't you just give me what I want? Why don't I have the right to pick the molecule?"*

A prevalent barrier to safe supply is the lack of access to needed drug options, dosages, and methods of consumption. Because people often couldn't access the right drugs or dosages to meet their needs, they reported using safe supply in combination with illicitly sourced drugs. Without access to regulated drugs that address current drug use patterns and tolerances, people are still at

risk of the toxic drug supply. There was a preference for regulated heroin because hydromorphone and other opioid replacements aren't strong enough to match people's current level of tolerance. Some people buy fentanyl on the street to supplement prescriptions that aren't strong enough, and because it has become their drug of choice. In addition to opioid safe supply, the need for stimulant options such as cocaine and methamphetamine is critical, given the widespread toxicity of unregulated stimulants. Safe supply should also include desired drug combinations. Effective safe supply would respond to the various reasons people use drugs and include a range of desired drug options and dosages.

FINDING 4: Understandings on the sharing and resale of safe supply.

> *"I see people, if they don't get their script, they can call one of their buddies. Like our whole membership is all about, they can hand somebody a few extras of something like that. But people who are out in the community, trying to do it on their own, if [prescribed safe supply] doesn't go perfectly, it falls apart."*

The sharing and resale of prescriptions was discussed as an immediate life-saving step that people take to help address the toxicity of the unregulated street drug supply and as an essential way of keeping friends and family safe. Prescription medications that people saw repurposed included morphine sulfate (Kadian®), hydromorphone (Dilaudid®), methadone, buprenorphine/naloxone (Suboxone®), methylphenidate (Ritalin®) and pregabalin (Lyrica®). Participants said that it was not uncommon for people to repurpose their methadone and hydromorphone prescriptions.

The sharing of prescriptions was described as a way of community caretaking, aligned with drug culture values of mutual aid and support in a time of crisis. Sharing and resale allowed some people to get access to safer drugs when it was not possible to find a prescribing doctor. It also meant people could still access safe supply when they couldn't manage to pick up prescriptions, though the available dosages could be changeable from day to day.

Many people had experienced policies that are meant to stop sharing and resale, such as restricted carries, observed dosages, or the expectation to taper drug use. We heard that when these policies were enforced without mutual conversation about a person's goals and wishes, they felt coercive, limited autonomy, and undermined person-centeredness. In medical discourse, the notion of diversion often has the effect of placing the onus on people who use drugs for systemic issues resulting from prohibitionist drug policies and the toxic drug supply. The problem of diversion can be reframed as a gap in the ability of current opioid agonist therapy and safe supply to match the drug options and dosages people need.

FINDING 5: Limitations of medicalized safe supply.

> *"They end up saying, 'Come back to see me if you think that your life is really at risk, we will talk about [safe supply] again'. That is what my doctor said."*

Many participants in this research described concerns resulting from the limitations of medicalized safe supply. Participants shared how they often felt pressured to audition and convince prescribers that they satisfied notions of who is an appropriate and suitable candidate to receive safe supply prescriptions. Conditions for prescribed safe supply access included eligibility criteria that required potential candidates to demonstrate significant disadvantage and high levels of risk-taking behaviour. Research participants discussed how prescribers often oppose or discourage people using drugs from experiencing relief, pleasure, or satisfaction.

To address these barriers, we heard frequent mention that safe supply should centre meaningful leadership and staffing by people with lived experience of drug use. Desired interactions with frontline healthcare staff involved long-term and trusting relationships, with a preference for nurse practitioners. A suggestion to establish more mutual relationships between prescribers and people who use drugs within safe supply provision is to consider the ways in which prohibitionist drug policy is ingrained within medical practices and healthcare systems, and to re-centre the knowledge and community values of drug users.

FINDING 6: Impacts and outcomes of safe supply.

> *"I know that when we give people safe supply, they're more likely to go back to school or become employed and get stable housing and become, you know, contributing members of the community. And so, I think that would be one of the greatest gifts of safe supply."*

In addition to accounts linking safe supply to reduced overdoses, research participants thought that access to a regular safe supply of drugs would create a host of health and relational benefits, along with the stability and space to start planning for a future. Current and anticipated impacts included reduced anxiety and more balanced emotions, re-engaging in family relationships, finding meaningful employment, taking part in travel and pastimes, maintaining stable housing, experiencing safer ways of consuming, engaging in less survival crime, experiencing less withdrawal symptoms and infections, and a safer and better quality of life.

FINDING 7: Rural considerations for safe supply.

> *"Yeah it's getting to the point where it's dangerous for people using drugs, you know. There's a lot of vigilantes in [province] and people with strong opinions and it's not unusual for people to be targeted, they drive by the houses so yeah, we need to seriously reduce the stigma for people to be, to even access this kind of thing."*

Participants living in rural areas shared experiences that indicated specific inequities and issues hindering the accessibility of safe supply in these settings. These included infrastructure disparities (e.g., no local pharmacy), lack of supportive local prescribers, challenges accessing carries, significant travel distances and lack of transportation required to pick up prescriptions. There were also descriptions of targeted and pervasive social stigma. Rural participants indicated that public-facing harm reduction advocacy has been met by violence and harassment in some instances, making drug user leadership impractical and dangerous. To address these issues, careful confidentiality protocol and trusted frontline worker relationships are important considerations for safe supply planning in rural and remote areas. Rural participants mentioned multi-purpose or health program locations, as well as mail and mobile at-home delivery, as strategies to protect the confidentiality of people receiving safe supply.

FINDING 8: Cultural inclusion and meaningful leadership are essential to effective safe supply.

> *"The people closer to the pain need to be closer to the power."*

We heard a real desire to increase spaces and opportunities for people with lived experience of drug use to build and strengthen their relationships. Drug user leadership in safe supply advocacy includes a variety of roles, such as outreach to spread awareness and provide support around safe supply access, drug choices, and safer drug use. Empathy, gratitude, and mutual support were descriptors for community-involved roles. Still, stigma was mentioned as a challenge to community-building between people using drugs. For example, some people experienced classism and judgement around their choice not to be abstinent, or around their drugs of choice and methods of consumption. The value of cultural inclusion is important to address stigma, discrimination, racism, and colonial attitudes. The enactment of cultural inclusion involves diverse staffing and leadership models that give attention to gender, sexuality, class, age, ethnicity, Indigeneity, and experiences of trauma faced by different groups.

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