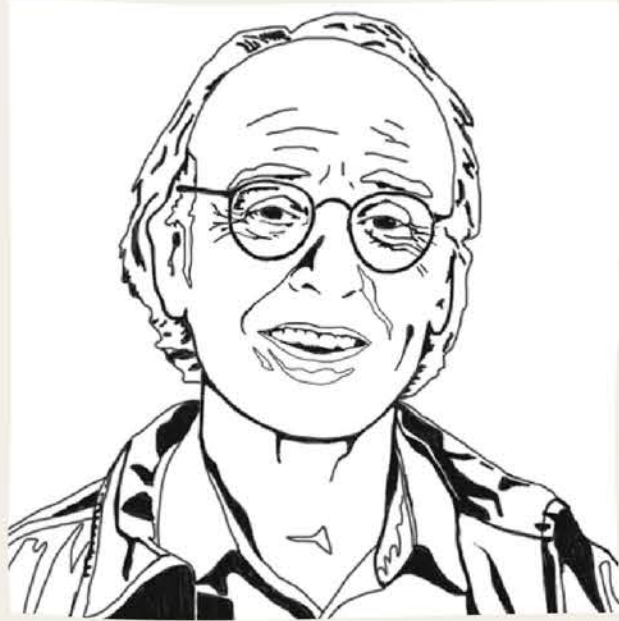


IMAGINE SAFE SUPPLY

ALIGNING SAFE SUPPLY WITH THE
COMMUNITY VALUES OF PEOPLE WHO
USE DRUGS

MEET THE TEAM



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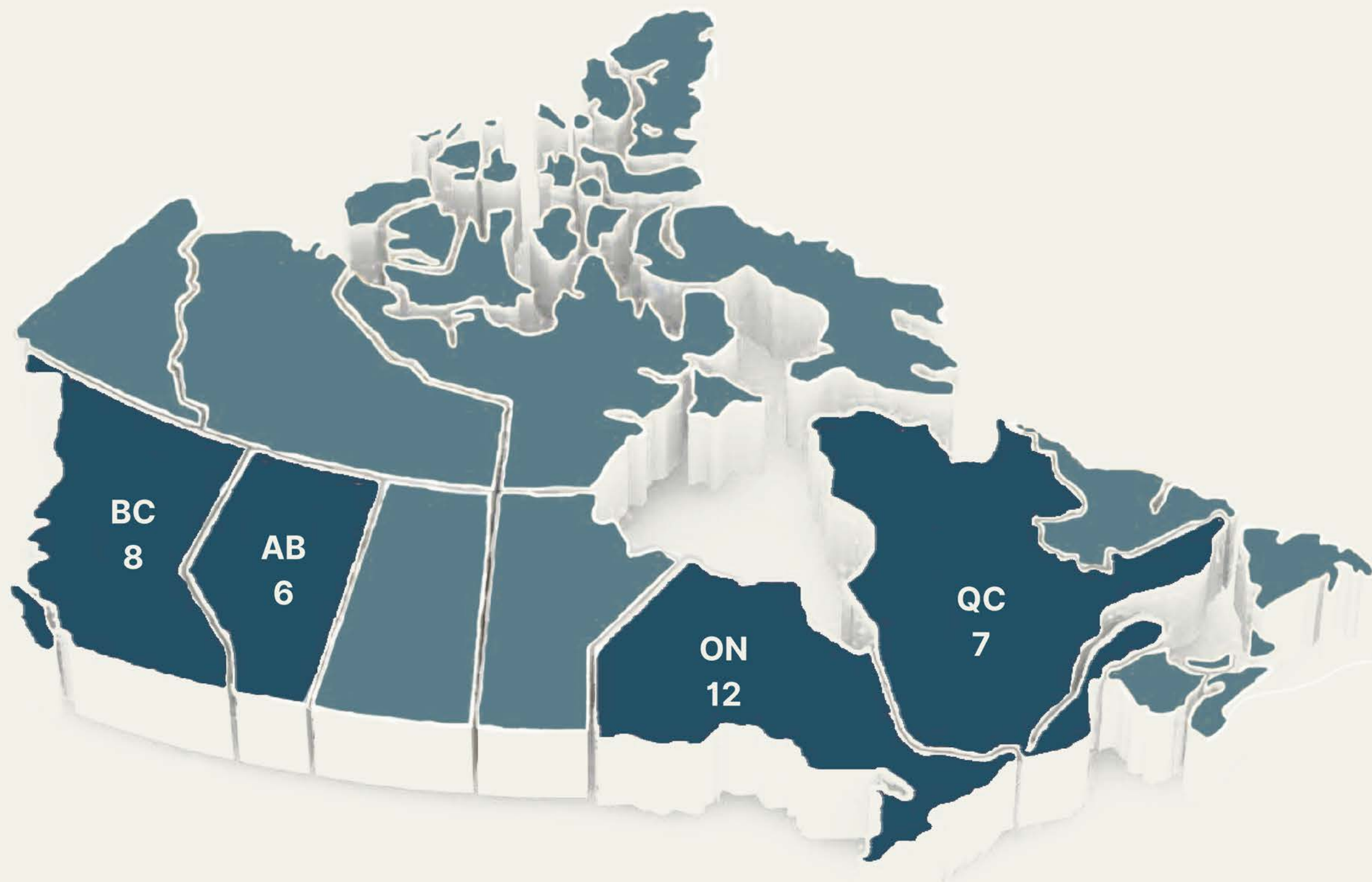
Canadian Drug
Policy Coalition
Coalition canadienne
des politiques
sur les drogues

RESEARCH QUESTION

What are attitudes and perceptions about *participation* in safe supply, for people who use drugs and frontline workers who directly support people who use drugs?



COUNT OF PARTICIPANTS PER PROVINCE



COUNT OF PARTICIPANT ROLES

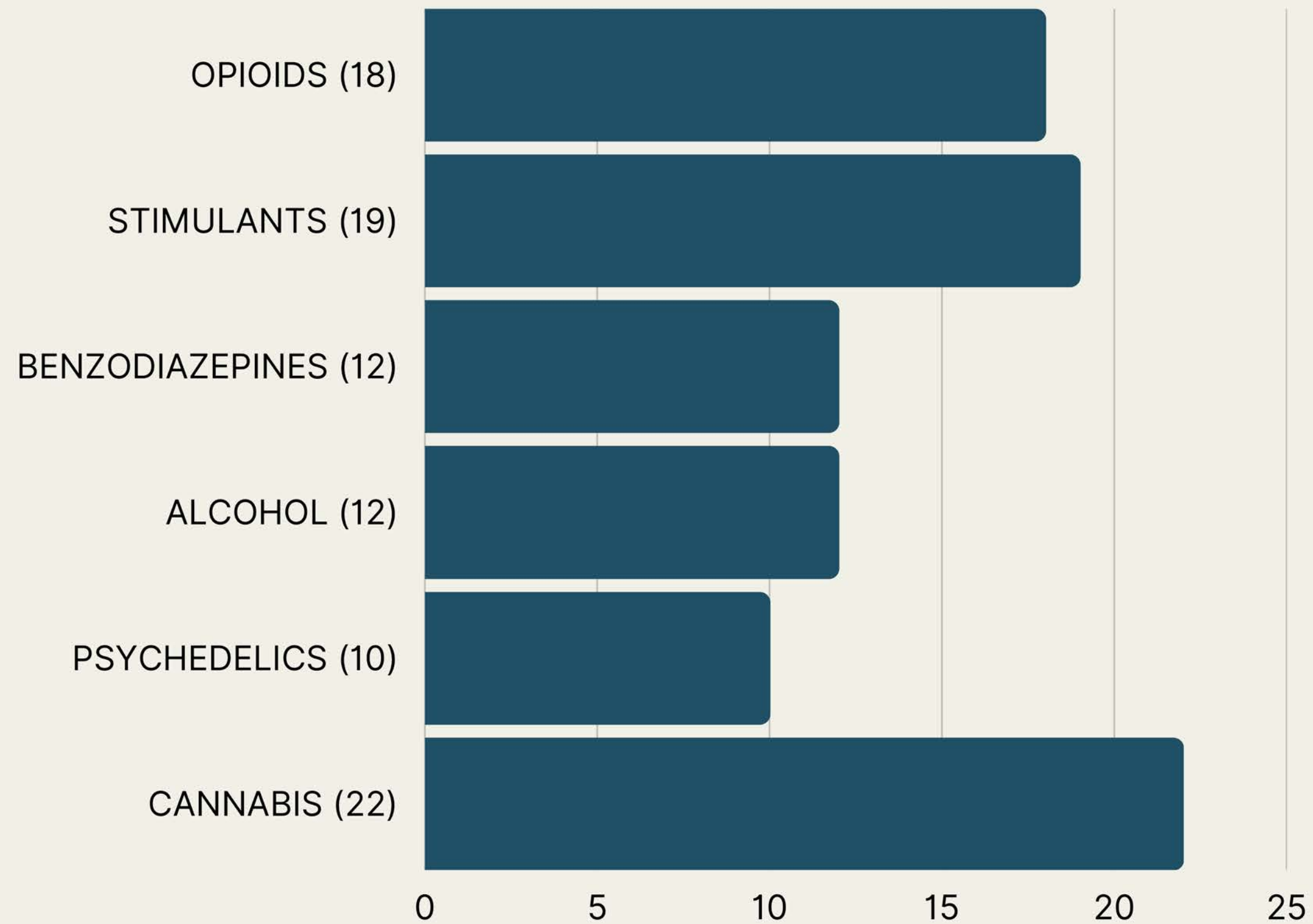


**PWUD + FRONTLINE
WORKER = 23**

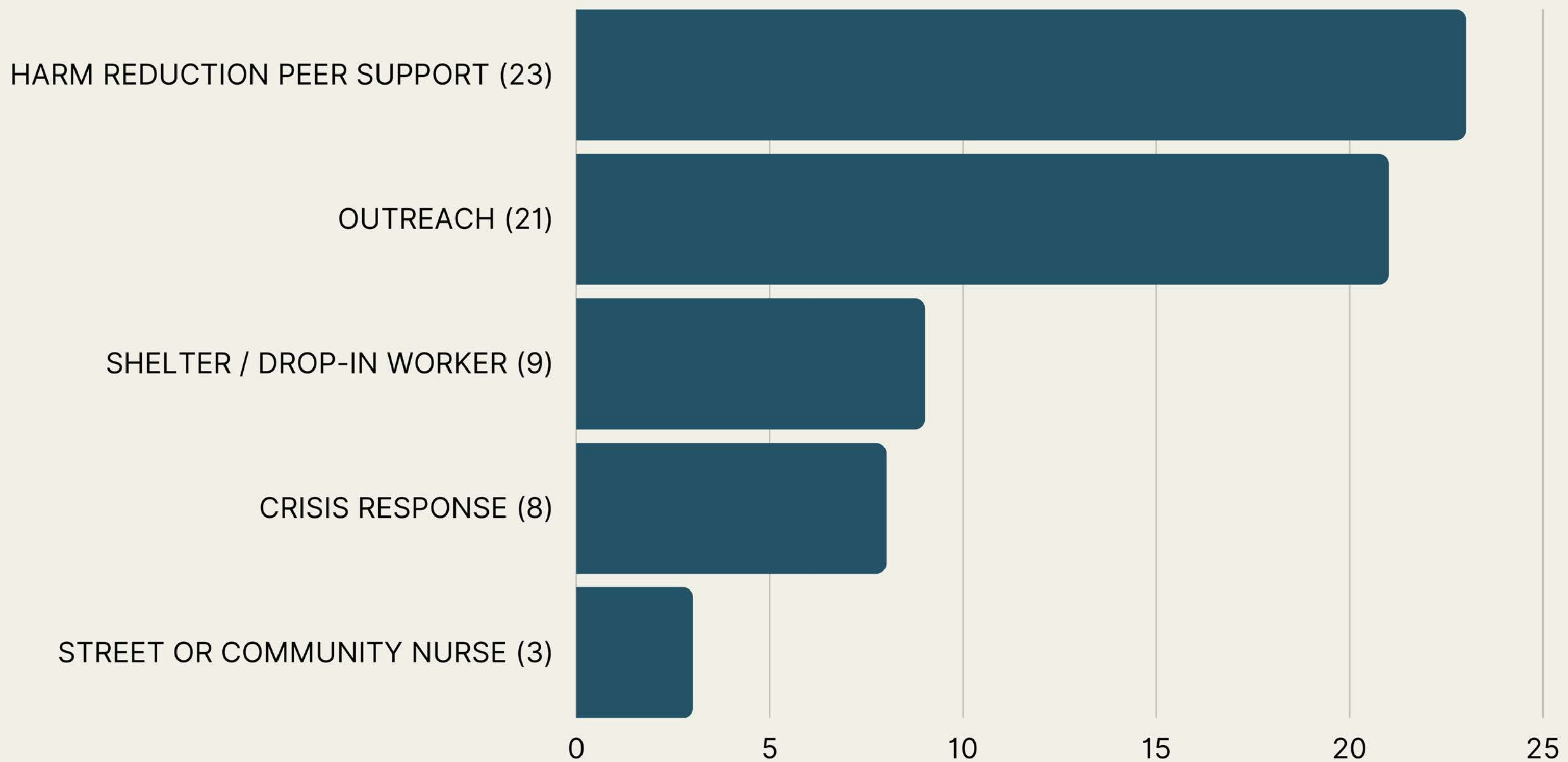
**FRONTLINE
WORKER = 7**

PWUD = 3

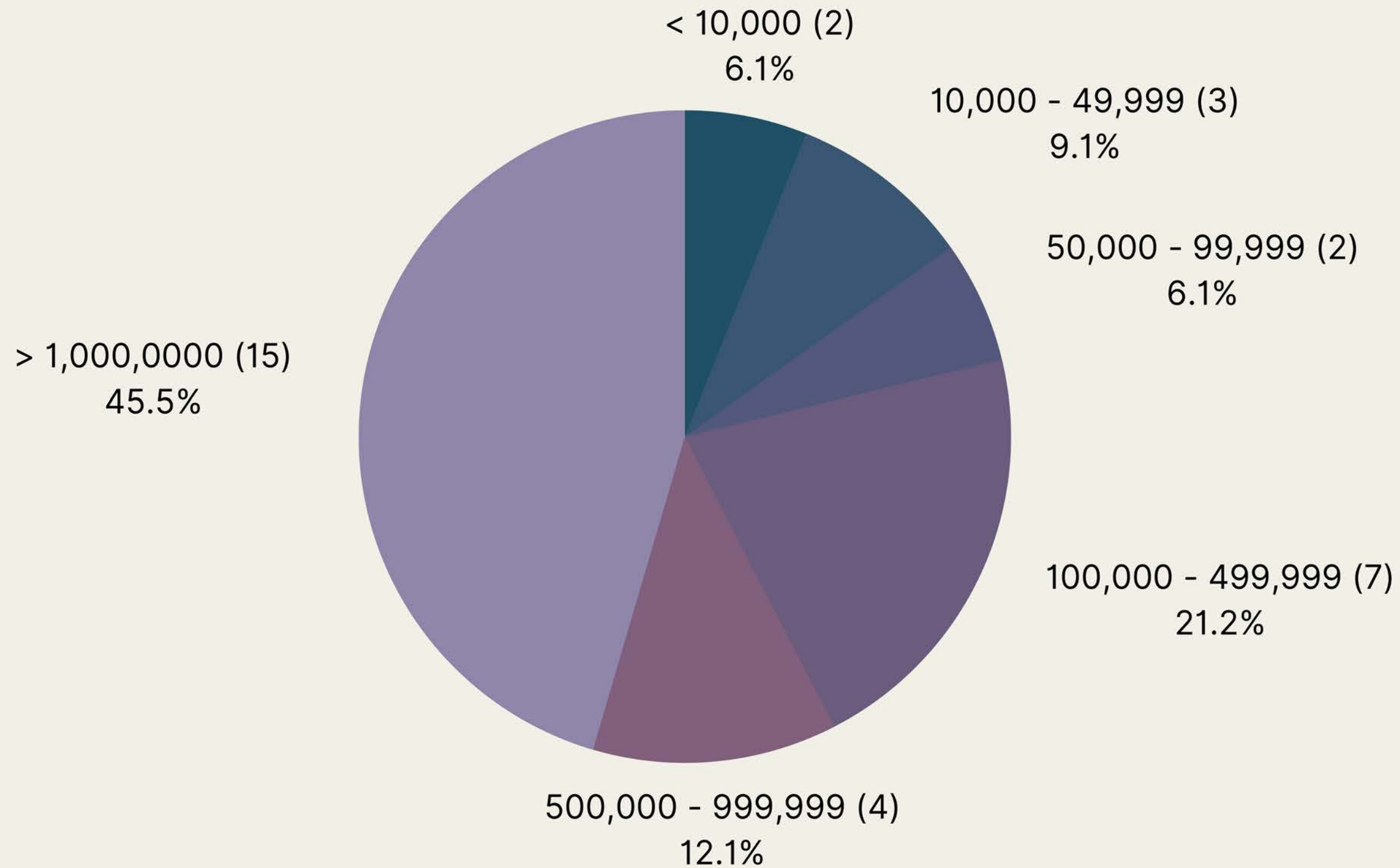
COUNT OF DRUGS OF CHOICE



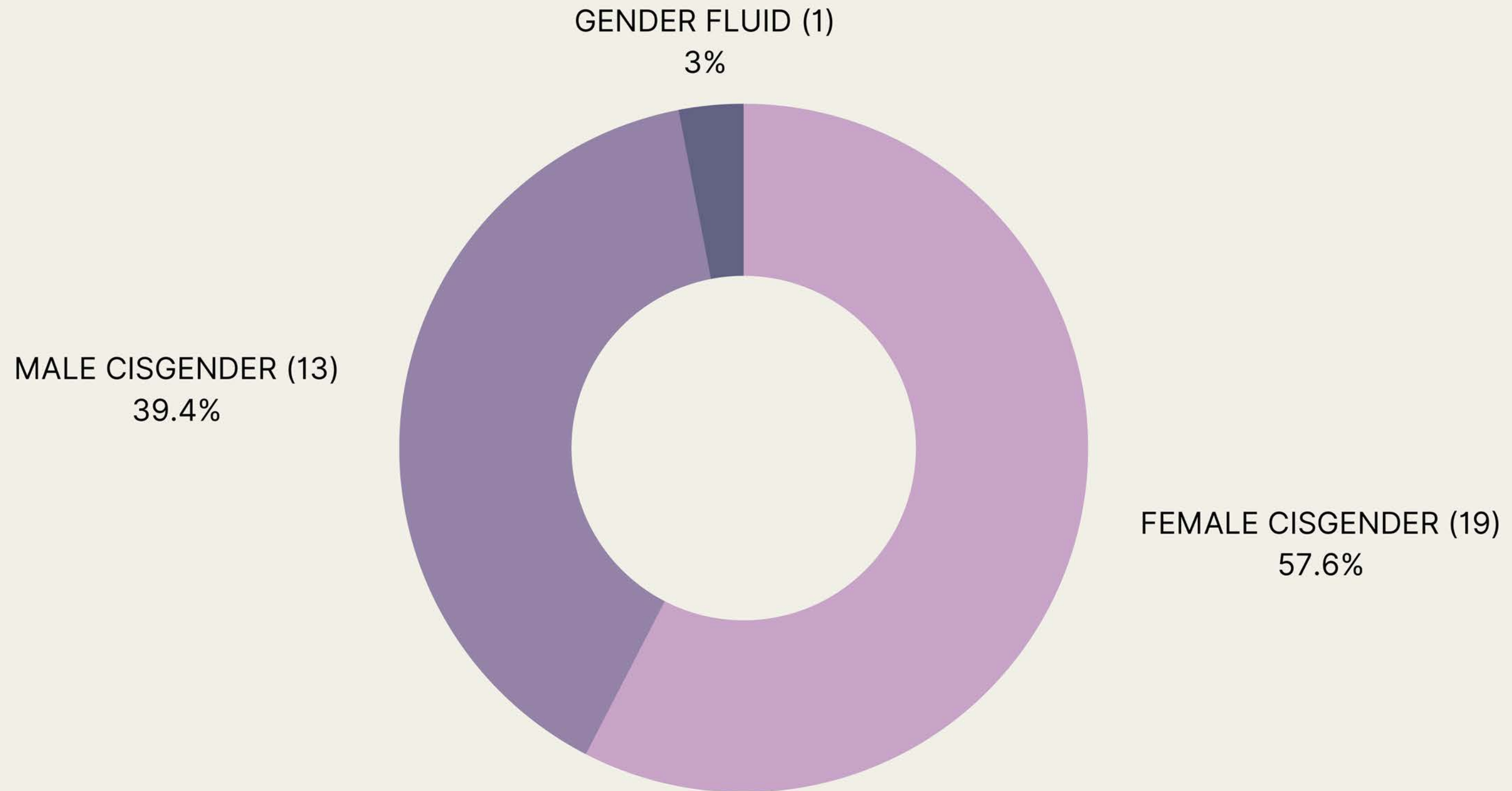
COUNT OF FRONTLINE WORKER ROLES



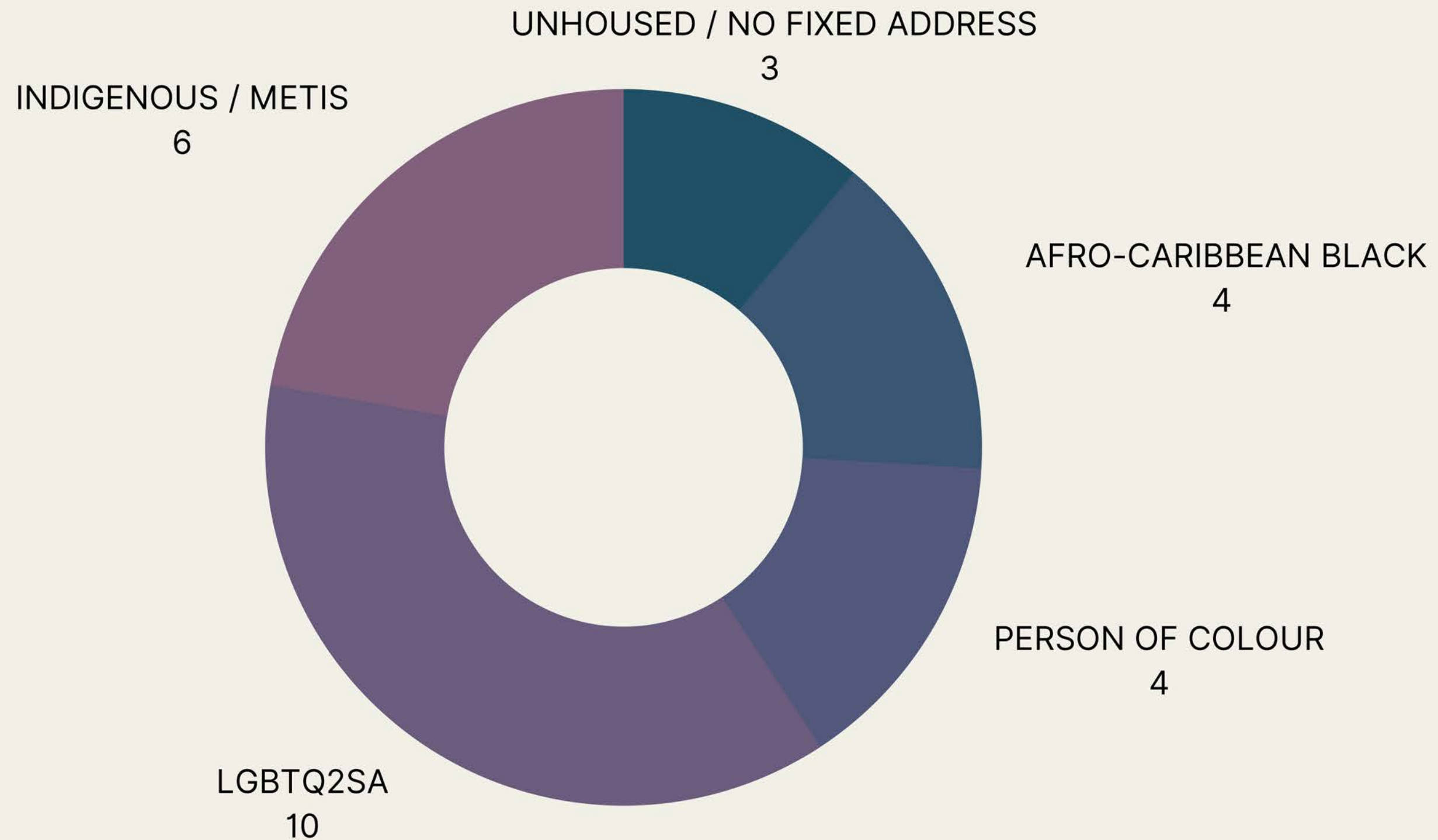
COUNT OF CITY/TOWN RESIDENCE POPULATION SIZE



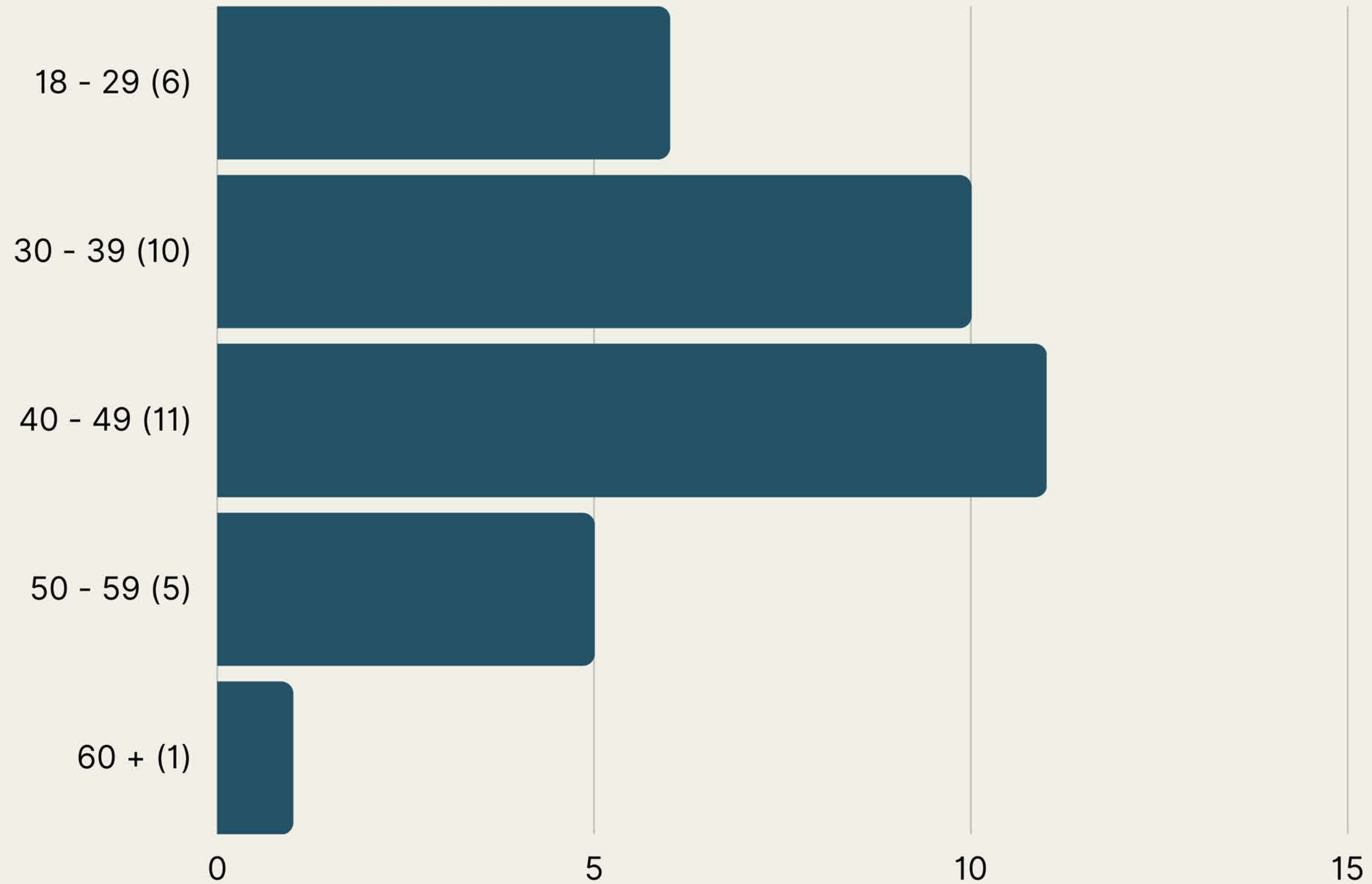
COUNT OF GENDER IDENTITY



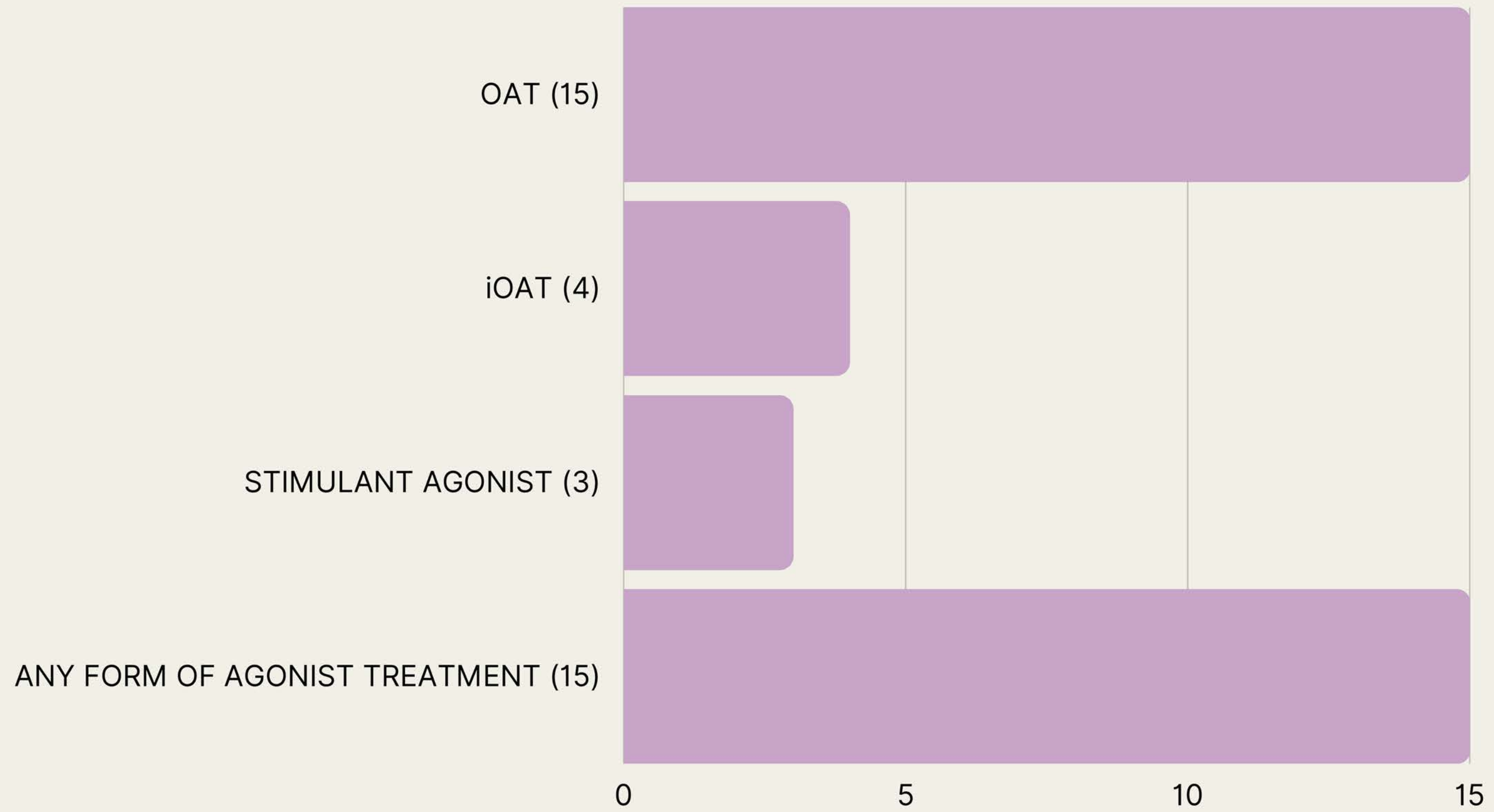
COUNT OF SUBGROUPS



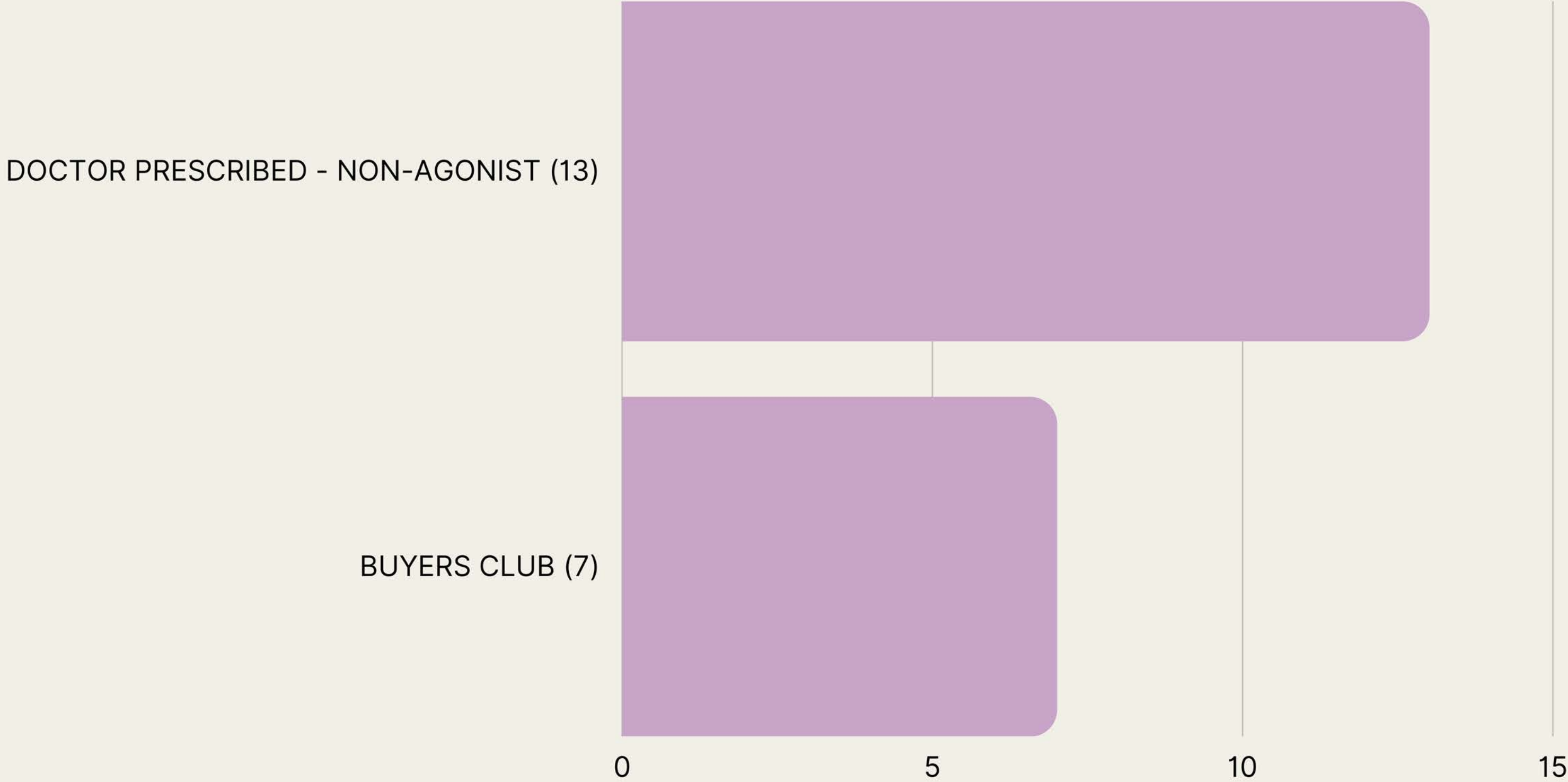
PARTICIPANT AGE



AGONIST REPLACEMENT PARTICIPATION



SAFE SUPPLY PARTICIPATION



Drug Use Community Values

Community & Relationship Building

Autonomy & Self Determination

Cultural Inclusion

Trust

Mutual Care

**How can we align safe supply
with the community values of
people who use drugs?**





Current & Desired

Drug Options

Methods of Consumption

Drug Dosage

Program Locations

Eligibility

Pickup & Delivery

Program Design

'How it feels'

REMOVING THE BOX

- 1) Repurposing & Resale of Prescribed Drugs
- 2) Safe Supply Eligibility
- 3) Prescriber Relationships with
People Who Use Drugs

Repurposing & Resale of Drugs

CURRENT BARRIERS

- Current policies feel coercive, limit autonomy, and undermine patient-centeredness.
- Prescribed safe supply programs drive repurposing and resale by not sufficiently meeting drug user needs.

Repurposing & Resale of Drugs

COMMUNITY VALUES

- Repurposing is needed in order to maintain retention in prescribed safe supply programs.
- Repurposing is a form of initial engagement with prescribed safe supply for those without current access.

Repurposing & Resale of Drugs

COMMUNITY VALUES

- Repurposing is a form of mutual aid and support in a time of crisis.
- We can look at repurposing as a positive, life-saving intervention, not a negative personal behaviour.

Repurposing & Resale of Drugs

RECOMMENDATIONS FOR REMOVING 'THE BOX'

- Reframe 'diversion' as a limitation of program models rather than a problem with the person.
- Look at repurposing in terms of community relationships and values e.g. mutual care, community-building, & empowerment.

Repurposing & Resale of Drugs

RECOMMENDATIONS FOR REMOVING 'THE BOX'

- Consider how resale and repurposing give us good perspectives about the role of community networks in safe supply education and uptake.

“ I really want to push prescribers off of this issue of diversion. Like, come on. If somebody is using something that didn't come off the street and is actually pharmaceutical grade, that's a win right? And also, to do things differently, and respond to the crisis with the speed and gravity that is called for. I mean, there's many jurisdictions where we've lost more people to overdose than to COVID. So let's go.

”

Safe Supply Eligibility

CURRENT BARRIERS

- Expectation to demonstrate enrollment in drug use treatment to be eligible for safe supply.
- Perceived requirement to perform & audition to access prescribed safe supply, including unrealistic onus to demonstrate disadvantage.

Safe Supply Eligibility

CURRENT BARRIERS

- Aspects of stability such as housing and employment were experienced as detractors for eligibility.

“

[Safe supply] needs to be actually out of the hands of the medical system. It's utterly my belief. Because every interaction that people have with the health care system as it is currently, it's very often an audition [...] and there can get to be a kind of an antagonistic relationship that happens. Do you deserve this? My help, my attention, my, you know. And I honestly think for safe supply that having prescribers as the intermediary, won't do.

”

Safe Supply Eligibility

COMMUNITY VALUES

- Overwhelming desire for universal access to safe supply; imperative that nobody is excluded.
- Desire to prioritize personal and relational goals in safe supply intake, and avoid drug use reduction and treatment-related goals.

Safe Supply Eligibility

RECOMMENDATIONS FOR REMOVING 'THE BOX'

- Consider holistic approach to eligibility that focus on acceptance, inclusion, and desired supports.
- Separate safe supply eligibility from drug use treatment, to allow for autonomy and choice-making.

Safe Supply Eligibility

RECOMMENDATIONS FOR REMOVING 'THE BOX'

- Include PWUD in program intake process and delivery, for conversations focused on drug use preferences, needs and life goals.
- Consider the roles and equitable strategies of prescribers in advocating for a regulated drug supply.

“ I really think that anybody who is at risk of overdose should be eligible for safe supply no matter their age, or socio-economic status. If they're homeless or they're housed with a job, I don't think it matters. ”

“ [...] And as for criteria to stay on, I think if they’re showing you know, improved outcomes in any area, that should be enough criteria to stay on. If their health has improved, if they’re rebuilding relationships with family, if they’ve gained housing since being on safe supply, any of those indicators that [...] they’re becoming stable and it’s working well for them, that should be enough to keep them on.”

Prescriber - PWUD Relationships

CURRENT BARRIERS

- Power imbalances between prescribers and PWUD are part of 'auditioning' for care, regardless of people's drug use goals.
- Frequent experiences with prescribers who stigmatize and discourage drug use for pleasure.

Prescriber - PWUD Relationships

CURRENT BARRIERS

- Most prescribers are not engaging in safe supply; many are unwilling or hesitant.
- An expressed concern for the liability of supportive prescribers in the context of safe supply prescribing.

Prescriber - PWUD Relationships

RECOMMENDATIONS FOR REMOVING 'THE BOX'

- Ensure drug user leadership and decision-making (not just consultancy) in safe supply design and implementation.
- Consider what drug options and dosages will provide satisfaction and pleasure.

Prescriber - PWUD Relationships

RECOMMENDATIONS FOR REMOVING 'THE BOX'

- Accommodate people's unique circumstances.
- For those who desired interactions with prescribers, they wanted it to be inclusive, curious, compassionate, non-punitive, empathetic, collaborative.

“ You want someone that is going to be be supportive, and non-judgmental, and compassionate [...] I wouldn't want to just invite anyone [to prescribe safe supply]. ”

*Positive aspects of current prescriber relationships include accountability and responsiveness to PWUD.

Drug Use Community Values

Community & Relationship Building

Autonomy & Self Determination

Cultural Inclusion

Trust

Mutual Care



How can we align safe supply with the community values of people who use drugs?

We can enact a shared goal to build safe supply communities focused on practices of care and inclusion *with and for* people using drugs.

ETHICAL STANDARDS

- How does this program prioritize drug user organizing, leadership, connection, and community-building?
- How is this program based on inclusive processes for decision-making and feedback, and how can these processes be improved?

ETHICAL STANDARDS

- How does this program create options around confidentiality and desire, to respect the rights and needs of all people?
- In what ways, if any, does this program center cultural inclusion?
- How does this program respond to the different reasons that people use drugs?

ETHICAL STANDARDS

- How does this program address racism and discrimination?
- In what ways does this program involve personalized and collaborative approaches to safety and care?

ETHICAL STANDARDS

- Who leads and staffs this program, what is their level of decision-making power, and what is their relationship to local PWUD?

DIALOGUE

- 1) What would a 'safe supply community' look like in your area or region, based in community values and leadership of PWUD?
- 2) How do you see the reformed role of prescribers in a 'safe supply community', if at all?
- 3) What would be processes of accountability to PWUD?