Changemark
RESEARCH + EVALUATION

MySafe Impact Report

Lessons from a Biometric Dispensing Model of Care

Presented By:
Changemark Research + Evaluation

Date:
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Land Acknowledgement

With gratitude, we reaffirm that Changemark is located on the stolen land of the xʷməθkwəy̓əm (Musqueam), Sḵwx̱wú7mesh Úxwumixw (Squamish), and səl̓ílwətaɬ (Tsleil-Waututh) Nations. With humility and gratitude, our work also takes place on sovereign Indigenous lands and traditional territories across Turtle Island.

Changemark recognizes that an acknowledgement of territory is not enough but is an important social justice and decolonial practice that promotes Indigenous visibility and serves as a reminder that we are on settled Indigenous Land. We give thanks to the Peoples of these territories for their ongoing stewardship of the land since Time Immemorial and keeping it healthy and strong for future generations.

The Raven's design represents change, they bring an imminent and constant change as gatekeepers of the dark void. Raven's carry messages from the ancestors in the spirit world and raven medicine helps bring light to people on earth.

- Words and logo by Margaret August, Coast Salish Artist

Today's Speakers

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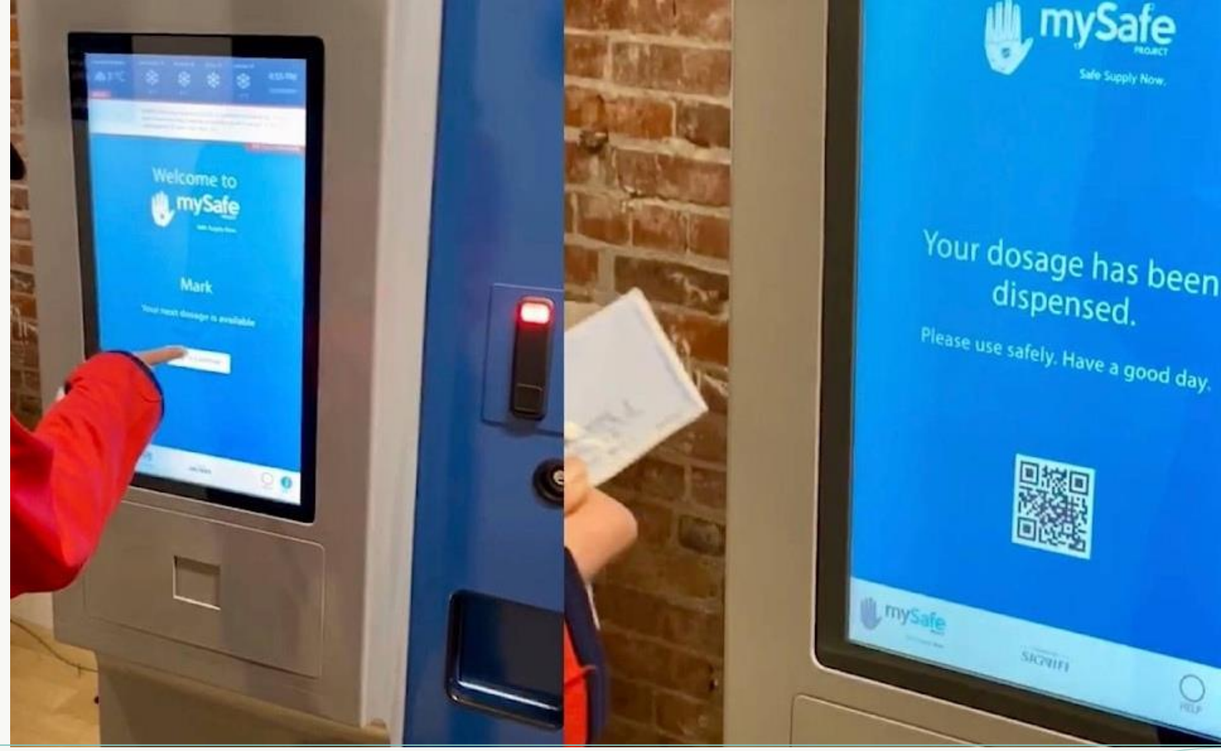
Agenda

- Background
- Evaluation Methods
- Evaluation Participants
- Key Findings
- Lessons Learned
- Calls to Action
- Closing Reflections + Q&A

Background

Canada’s first biometric safer supply (prescribed alternatives) program (2019–2024).



- My Safe used palm-scan dispensing machines to provide hydromorphone tablets.
- Aimed to reduce reliance on toxic drug supply, increase autonomy, and lower barriers.
- Operated at five sites across Canada in supportive housing, OPS, and health centres.

Evaluation Approach

Focus:

- Impacts while operating: What benefits did clients and providers see?
- Impacts of closure: What happened when access was cut off?
- Lessons for the future: What can we learn for scaling or sustaining similar models?

Methods:

Recruitment:

Clients and providers across 4 sites.

Demographic Survey

Captured who was served by the program. Included questions on housing, income, substance use.

Interviews:

40+ in-depth discussions with clients + service providers about their experiences before and after program closure.

Compensation

All participants were compensated for their time and expertise.

Who Participated

Participants

- 38 clients: median age 46, 71% men, 45% Indigenous.
- Many experiencing housing instability and financial precarity.
- Most used fentanyl and methamphetamine alongside hydromorphone.
- 6 providers: peers, coordinators, managers.

HOUSING

53% living in SRO or housing with supports

SUBSTANCE USE

92% using fentanyl
89% methamphetamine
50% crack cocaine
50% benzodiazepines

ACCESS TO PRESCRIBED ALTERNATIVE/ OAT

50% were not accessing PR or OAT at the time of the interview.

ACCESS TO BASIC NEEDS

24% always had money for necessities like food or toiletries.

OVERDOSE HISTORY

24% experienced at least one overdose in past 6 months.

SOURCES OF INCOME

50% reported engaging in illegal or survival based income generating activities

MySafe Sites

Sites included in the evaluation:

- Overdose Prevention Society (Vancouver)
- Atira – The Luggat (Vancouver)
- Atira – Carl's Room (Vancouver)
- Cool Aid Society (Victoria)

Key Findings - Autonomy

During MySafe:

- Self-dosing and discretion → avoided stigma of observed dosing.
- 24/7 access → independence and ability to structure their own day.
- Clients described greater dignity and control over their lives.

After Closure:

- Rigid schedules and observed dosing returned → disempowerment.
- Many disengaged from care altogether.
- Autonomy replaced with surveillance and mistrust.

Key Findings - Accessibility & Continuity

During MySafe:

- Predictable and reliable supply reduced withdrawal risk.
- Co-located in familiar spaces → housing and OPS felt safe and trusted.
- Created bridges into wraparound supports (primary care, counselling, housing).

After Closure:

- Fragmented care, longer travel distances, missed or skipped doses.
- Increased withdrawal symptoms and relapse to street supply.
- Return of stigma and negative interactions with providers.

Key Findings - Stability & Functioning

During MySafe:

- Health: reduced withdrawal, improved sleep, better nutrition.
- Finances: fewer street purchases, more money for food and rent.
- Housing: greater stability, less eviction risk.
- Routines: structured days, ability to work or volunteer.

After Closure:

- Rapid decline in health and wellbeing.
- Financial instability returned — higher costs for unregulated supply.
- More housing instability and fractured routines.

Key Findings - Transition Experience

Context to Program Closure:

- Funding from Health Canada ended abruptly 2024, with no renewal or transition plan.
- Political and regulatory shifts made prescribed alternatives increasingly controversial.
- Rising media attention and diversion concerns led prescribers and pharmacies to withdraw support.

Transition Experience:

- Site closure was abrupt and poorly coordinated.
- Lack of communication created fear and uncertainty.
- Few pathways to alternative programs or prescribers.
- Clients described loss of trust and hope in health systems.

Key Findings - Lessons Learned

What worked well:

- **Autonomy matters:** Clients thrived with self-dosing and dignity.
- **Trust-based relationships:** Peers and coordinators built strong rapport with clients.
- **Biometric technology was effective:** Reliable (mostly), low-barrier, and scalable.
- **Placement mattered:** Sites in housing and OPS were accessible and safe.

What challenges emerged:

- **Precarious funding:** Short-term grants created fragility.
- **Restrictive policies:** Prescribing rules limited scale and flexibility.
- **Fragmented research oversight:** Missed opportunities for robust, long-term evaluation.
- **Political shifts:** Programs vulnerable to changes in government priorities.

Calls To Action

For policy makers:

- Commit to stable, multi-year funding to ensure continuity.
- Embed continuity safeguards so pilots don’t end abruptly.
- Strengthen accountability for decisions that impact vulnerable populations.

For health providers & researchers:

- Scale up biometric dispensing models for other medications in trusted community settings.
- Integrate wraparound supports (housing, health care, peer navigation).
- Design evaluations with coordination across sites for stronger evidence.

For communities:

- Ensure meaningful involvement in design, operation, and evaluation.
- Use platforms like MySafe to advance broader harm reduction and wellness goals.

Questions or feedback?

We want to thank all the participants, providers, and community partners who took part in this evaluation. Your experiences and insights were candid, sometimes difficult, and always deeply valuable. This report, and the lessons within it, were shaped by what you shared.

Thank you.

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