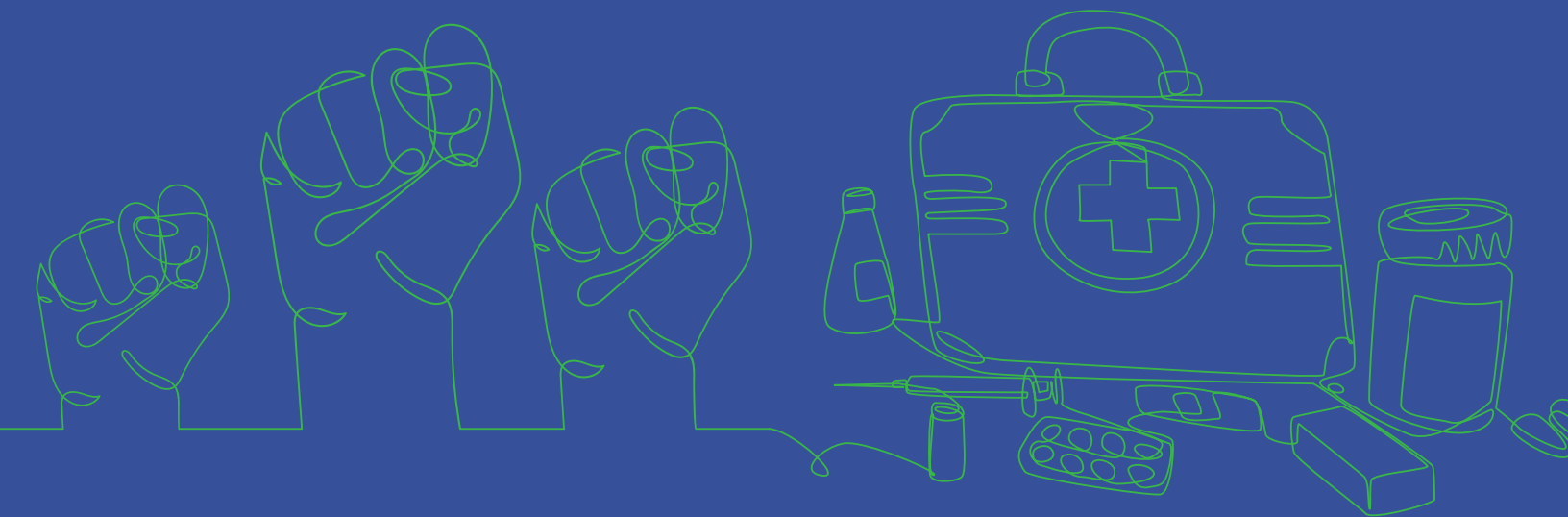




**National Safer Supply**  
Community of Practice

# SAFER SUPPLY

**OPIOID AGONIST TREATMENT & HARM REDUCTION**



**NATIONAL ADVOCACY TOOLKIT (NOVEMBER 2022)**

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# INTRODUCTION:

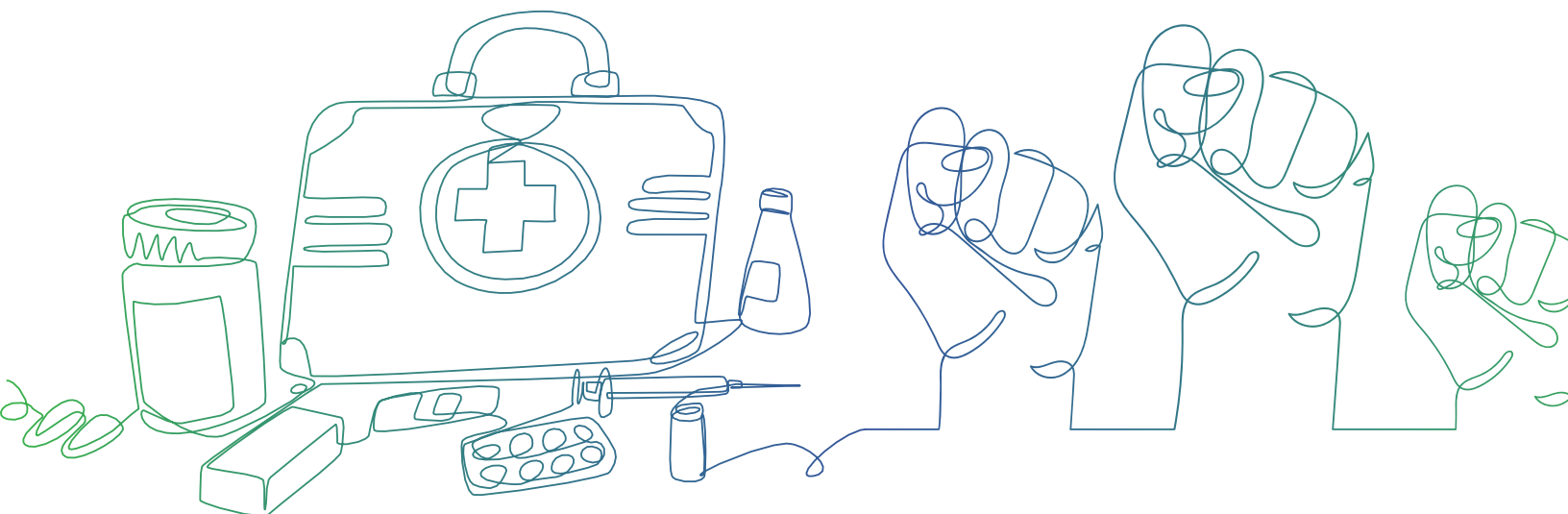
## Who and what is this document for?

Are you currently...

- Looking for information about safer supply and/or Opioid Agonist Treatment (OAT) for yourself or for your health care provider(s)?
- Searching for resources about how you can self-advocate and engage with your health care provider(s) in conversations about safer supply and OAT practice?
- Trying to find specific safer supply, OAT, and harm reduction services in your region?
- Supporting a family member or loved one who uses drugs and searching for resources and information?

This toolkit is intended for people who use drugs and their health care providers. A glossary of terms used throughout the document can be found on page 6. Following this, the first section of the toolkit provides information about safer supply and offers health care providers resources for navigating their own safer supply practices. The second section contains resources and tools for self-advocacy for people who use drugs, particularly in medicalized settings. The third section includes a non-exhaustive directory of safer supply, OAT, and harm reduction services by region that people who use drugs can access.

This toolkit was developed by the collaborative People Who Use Drugs Working Group - Action for Safer Supply - as part of the National Safer Supply Community of Practice (NSS-CoP). This toolkit was adapted by Safer Opioid Supply Advocacy Tool Kit put together by staff and stakeholders from Street Health and Parkdale Queen West CHC in Toronto, Ontario. Action for Safer Supply aims to expand access to safer supply for people who use drugs across the country. It also strives to ensure people who use drugs are justly included in programming, practices, and guidelines concerning safer supply.



# DEDICATION



We dedicate this advocacy toolkit to all the people we love and have lost to drug poisoning, and to all those who are organizing tirelessly to keep their communities alive.

We know that our current drug policies kill people. Policies rooted in colonialism, racism, and oppression harm, surveil, control, and sanction the social murder of our friends, family members, loved ones, and community members across Turtle Island and throughout the world.

We are painfully aware of the impact of the slow and cumbersome response to an urgent and ongoing drug poisoning crisis. This includes lives lost to preventable overdose stemming from the toxic drug supply; lack of a regulated safer supply of drugs; lack of safe and accessible spaces for people to use drugs and practice harm reduction; inequitable access to health, housing, and social services; and all of the harms resulting from criminalization, of which there are simply too many to list here.

People who use drugs deserve to live, to thrive, to access support and joy, and to experience dignity to its fullest extent. We mourn and honour those we've lost. We remember that despite the overwhelming display of our current drug policy crisis as one of statistics, we must not lose sight that every person lost to the violence of prohibition and criminalization was a unique person worthy of recognition, care, and love. We stand with their communities, those close to them, and the groups of people who use drugs and their allies fighting ceaselessly to end the drug poisoning crisis.

We sincerely hope that this advocacy toolkit will be helpful for people who use drugs across the country. We know that this toolkit is just one small part of the resources needed to make safer supply a true reality for all people who use drugs. We stand in solidarity with you and are committed to working together towards a wide range of safer supply models, the implementation of decriminalization, the establishment of a regulated drug supply, and the liberation of all people who use drugs.

# IN MEMORIAM

This advocacy toolkit would not have been possible without the dedication and labor of all of our working group members. Deeply beloved and sorely missed are two of our working group members - **Randy Roberts** and **Alexandra de Kiewit**.

Their work in harm reduction, drug policy, and drug user activism was and will continue to be essential in our struggle moving forward. We continue our shared and collective work in honour and memory of their work, passion, and commitment.

We leave the space below blank, so you can add the names that you want to remember and honour as we unite together in the fight for safer supply and the liberation of all people who use drugs.



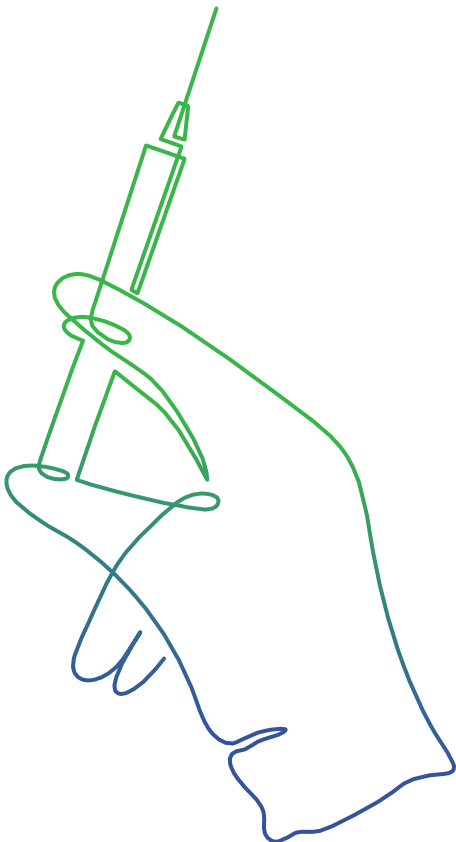
# GLOSSARY OF TERMS



<b>CAPUD</b>	<b>CANADIAN ASSOCIATION OF PEOPLE WHO USE DRUGS</b>
<b>CATIE</b>	<b>CANADIAN AIDS TREATMENT INFORMATION EXCHANGE</b>
<b>CDPC</b>	<b>CANADIAN DRUG POLICY COALITION</b>
<b>FTIR SPEC</b>	<b>FOURIER-TRANSFORM INFRARED SPECTROSCOPY</b>
<b>HAT</b>	<b>HEROIN ASSISTED TREATMENT OR HEROIN ASSISTED THERAPY</b>
<b>HCV</b>	<b>HEPATITIS C VIRUS</b>
<b>HIV</b>	<b>HUMAN IMMUNODEFICIENCY VIRUSES</b>
<b>HR</b>	<b>HARM REDUCTION</b>
<b>IOAT</b>	<b>INJECTABLE OPIATE AGONIST THERAPY OR INJECTABLE OPIATE AGONIST TREATMENT</b>
<b>NORS</b>	<b>NATIONAL OVERDOSE RESPONSE SERVICE</b>
<b>NSS-COP</b>	<b>NATIONAL SAFER SUPPLY COMMUNITY OF PRACTICE</b>
<b>OAT</b>	<b>OPIOID AGONIST TREATMENT OR OPIOID AGONIST THERAPY</b>
<b>OPS</b>	<b>OVERDOSE PREVENTION SITE OR OVERDOSE PREVENTION SERVICE</b>
<b>PSMS</b>	<b>PAPER-SPRAY MASS SPECTROMETRY</b>
<b>RAAM</b>	<b>RAPID ACCESS ADDICTION MEDICINE</b>
<b>SCS</b>	<b>SUPERVISED CONSUMPTION SITE OR SUPERVISED CONSUMPTION SERVICE</b>
<b>SIS</b>	<b>SUPERVISED INJECTION SITE OR SUPERVISED INJECTION SERVICE</b>
<b>SOS</b>	<b>SAFER OPIOID SUPPLY</b>
<b>STI</b>	<b>SEXUALLY TRANSMITTED INFECTION</b>

# SECTION 1: ADVOCATING FOR SAFER SUPPLY, OAT, AND HARM REDUCTION WITH PRIMARY HEALTH AND SOCIAL CARE PROVIDERS

If you already have an OAT provider (e.g., your methadone or suboxone doctor) or if you have a primary care provider (e.g., family doctor or nurse practitioner), you can talk to them about safer supply. Here are some tools that you can use to advocate for your own healthcare provider to prescribe you with a safer supply of drugs. These tools include answers to common questions asked by potential prescribers, clinical guidance documents, prescriber resources, and emerging evidence on safer supply. You can share these tools with your healthcare or OAT provider. You can also ask a safer supply team member to speak with your provider to advocate for you to receive a safer supply prescription.



## Section 1.1: What is safer supply?

Because the illegal drug supply has become so toxic, people who rely on it are at a higher risk of harm and drug poisoning. Safer supply extends long-established harm reduction models. It is a community-level approach in which physicians and nurse practitioners prescribe oral hydromorphone (Dilaudid®) tablets, often in addition to a slow-release oral morphine (Kadian® or M-Eslon®) “backbone,” to replace the toxic supply that people must otherwise rely on.

Safer supply is a harm reduction approach intended for adults who already rely on the toxic illegal drug supply. Safer supply is in alignment with Health Canada’s strategy to address the drug poisoning crisis.

“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.”

- [Letter from The Honourable Patty Hajdu](#), Minister of Health, August 24, 2020  
“Naloxone access and training, supervised consumption sites and safer supply programs, are saving lives. Without these interventions in harm reduction, the number of overdose deaths would be exponentially worse.”
- [Statement by The Honourable Carolyn Bennett](#), Minister of Mental Health and Addictions, December 15, 2021

### Section 1.2: Who supports safer supply?

Beyond Health Canada, some of the other organizations that support safer supply include:

- City of Toronto (Toronto Overdose Action Plan)
- British Columbia Centre for Substance Use
- Toronto Overdose Prevention Society
- Canadian Association of Chiefs of Police
- BC Public Health
- Toronto Public Health
- City of Vancouver
- Canadian Association of People Who Use Drugs
- Canadian Drug Policy Coalition
- Alliance for Healthier Communities
- Moms Stop the Harm
- Substance User Network of the Atlantic Region
- Blood Ties Four Directions (Yukon)

### Section 1.3: Why not just use methadone or other conventional opioid substitution therapies?

Methadone and buprenorphine, the usual first-line treatments, work well for many people but not for everyone. A [meta-analysis](#)<sup>1</sup> reports that mean retention in treatment after 4-6 months was 57.3% for buprenorphine and 65.5% for methadone. For some people,

- Methadone does not sufficiently suppress withdrawal symptoms or pain
- Methadone does not fulfill cravings or desire of euphoria
- Methadone side effects such as constipation, nausea, sleep and appetite changes, restlessness, and itchy skin can be intolerable.

People who use substances procured from the illegal drug supply often face many barriers to success with traditional addictions' medicine models. Such programs are often time-consuming, have rigid rules, and have limited clinic hours. In general, they are not designed with participant input or with participant needs in mind.



### Section 1.4: Why is safer supply a useful approach?

Safer supply provides additional options for people for whom methadone and other first-line drug substitution treatments (i.e., OAT) have not been successful. The goal of methadone programs is typically eventual abstinence, while the goal for safer supply recipients is often stability, harm reduction, and increased access to health and social services.

There has been a rapid increase in fatal and non-fatal drug poisoning overdoses related to the toxic illegal drug supply, and this has been exacerbated by the enduring COVID-19 pandemic. Pandemic-related restrictions on communal spaces have led more people to use drugs alone, with no one available to respond if they overdose. Providing a safer supply of pharmaceutical grade drugs reduces risk of drug poisoning, infectious disease transmission, and death.

### Section 1.5: What evidence supports safer supply?

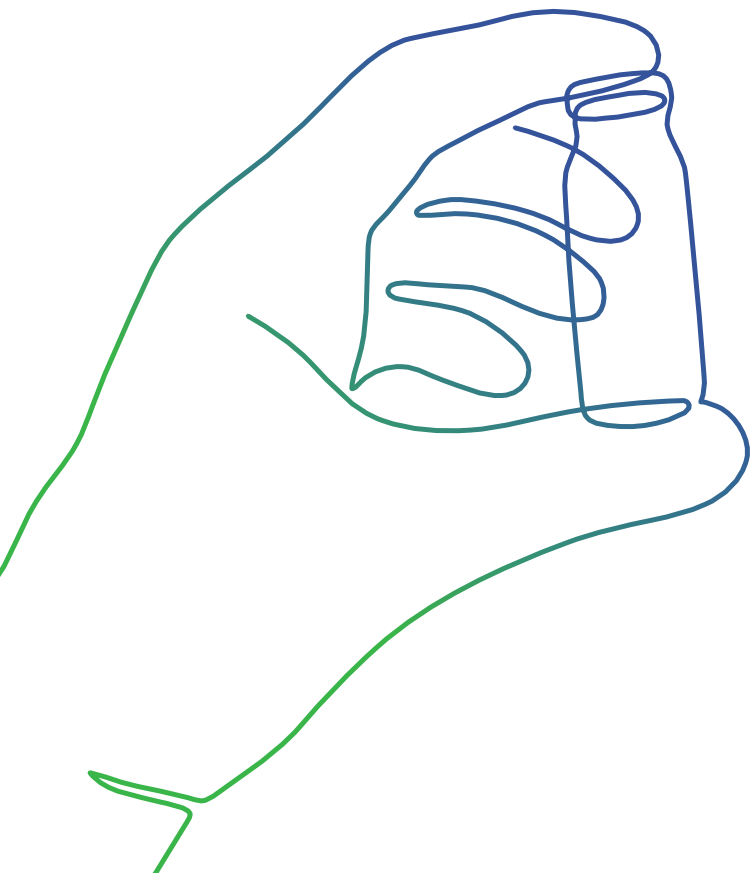
We have an obligation to evaluate internal and external sources of evidence and information, to determine whether we have accurate information about options and their effects in the short and long term, and to act on the best information available.

There is a substantial body of evidence on OAT and heroin assisted treatment (HAT) built over the past 30+ years based on programs in Canada, the United Kingdom, and Europe. Safer supply providers draw on this evidence, existing clinical guidance, and best practices for harm reduction.

Evidence-based research on the successes and challenges of safer supply programs is emerging and currently underway. Emerging research from safer supply programs demonstrate positive health outcomes and psychosocial impacts for safer supply recipients.<sup>2,3,4,5</sup>

- Improvements in health and social well-being
- Increased access to and engagement with health and social services
- Reductions in drug poisoning and overdose risk
- Reductions in emergency department visits and hospitalizations
- Improved relationships with family members, friends, and community
- Reductions in fentanyl use and other street-acquired drug use
- Reductions in contact with law enforcement
- Reductions in illegal activities

For a more in-depth review of the emerging evidence on safer supply, please consult the full [NSS-CoP Evidence Brief on Safer Supply](#).



## Section 1.6: What about diversion?

Diversion is the voluntary or involuntary “selling/trading, sharing or giving away of prescription medications to others”<sup>6</sup>. The context of drug prohibition, combined with the current medical model of safer supply, has forced undue focus on the potential harms of diversion and ignored the demonstrated benefits. Drug sharing and diversion practices occur for a variety of unique and valid reasons. Breaking down the social and economic context around diversion moves us towards more shared, accurate, and compassionate understandings of diversion practices:

- **Compassionate sharing:** Sharing doses with partners, friends, and community members who need pain relief and/or withdrawal symptom relief.
- **Survival or subsistence sharing:** Sharing, exchanging, and/or selling doses to meet needs such as a place to sleep, basic physical necessities (food, water, showers, more adequate medications/substances, etc.), and/or a safe place to store doses.
- **Coerced or forced diversion:** Sharing, exchanging, and/or selling doses in response to threats of violence, theft, conflict, etc.
- **Unintentional or inadvertent diversion:** Diverting doses to others accidentally or involuntarily because of loss, violence, theft, lack of safe places to store doses, etc.

Health care provider emphasis on diversion practices can create distrust, damage prescriber-client relationships, and result in disengagement from health care services.<sup>7</sup> Health care providers and service providers must move beyond the tensions concerning diversion and its harm-reducing versus harm-producing effects toward forms of health care and promotion that focus on the needs, perspectives, and priorities of people who use drugs.<sup>8</sup>

For a more in-depth consideration of diversion practices, see the [NSS-CoP FAQ on Reframing Diversion for Health Care Providers](#).

## Section 1.7: Resources to support health and social care providers

### National Safer Supply Community of Practice

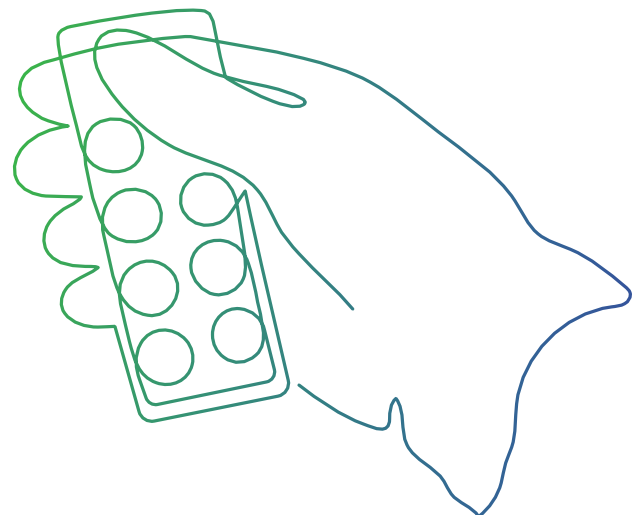
The [NSS-CoP](#), a collaboration between the [London InterCommunity Health Centre](#), the [Alliance for Healthier Communities](#), and the [Canadian Association of People who Use Drugs](#) (CAPUD), has formal and informal prescriber mentoring available.

Physicians and nurse practitioners can access the NSS-CoP [Prescriber Hotline](#). A health care provider experienced in prescribing safer supply will be happy to answer your call.

Weekly drop-in meetings on Thursdays at 12pm EDT/EST are open to all NSS-CoP members (clinicians, pharmacists, program staff, people who use[d] drugs, and others). Participants discuss clinical questions, community updates, and relevant news.

A collection of over 700 resources related to safer supply is available on the NSS-CoP website: <https://www.nss-aps.ca/resources>. The NSS-CoP has also developed a document that addresses prescriber questions and concerns. You can access the full document here: [In Brief: Safer Supply for Health Care Providers](#).

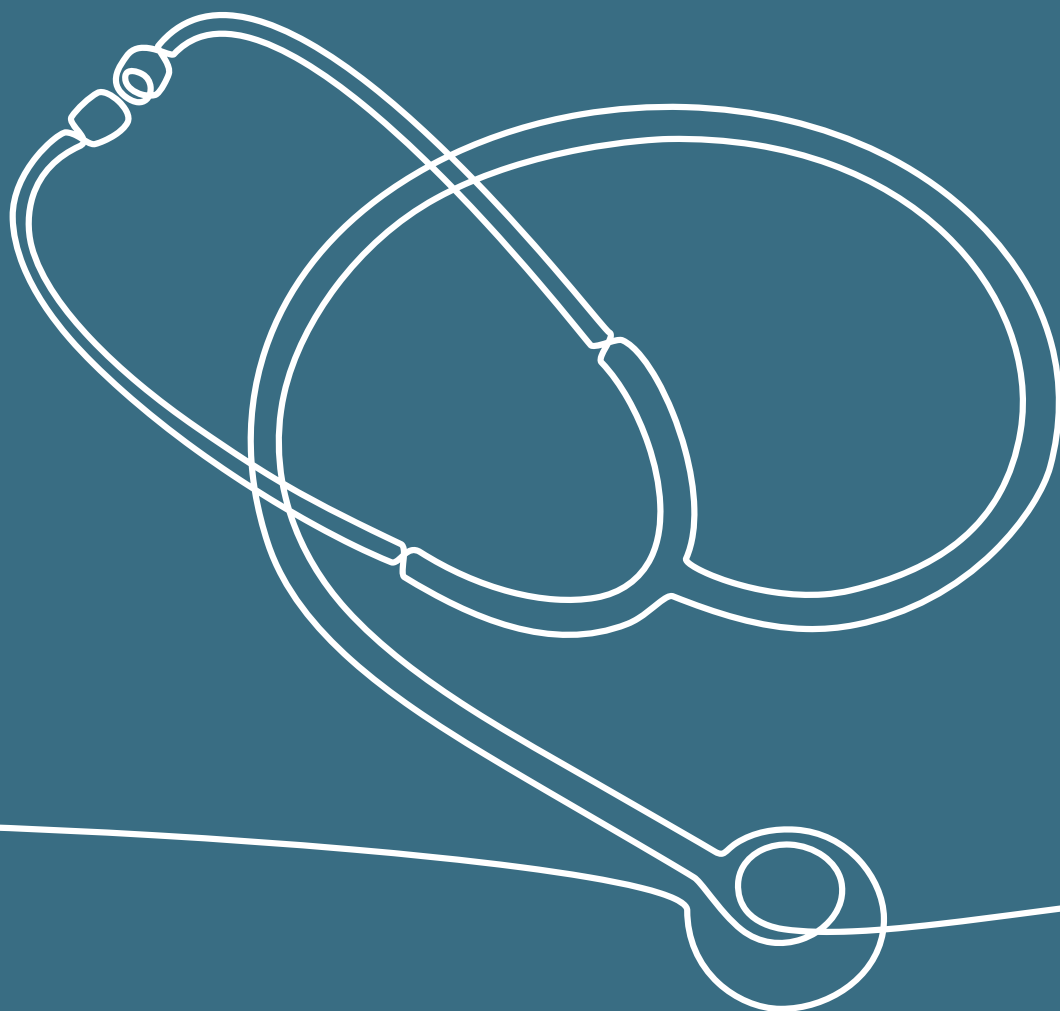
Join us! You can join the NSS-CoP via its website: <https://www.nss-aps.ca/> and submit any questions to: [info@nss-aps.ca](mailto:info@nss-aps.ca).



## Clinical Guidance

1. [Safer Opioid Supply Programs \(SOS\): A Harm Reduction Informed Guiding Document for Primary Care Teams](#) | Hales et al., 2020 (updated version coming later in 2022): This consensus document represents the clinical experience of the authors. It aims to inform the experience and clinical knowledge of clinicians in working with people who use drugs.
  - Supporting people who use substances in shelter settings during the COVID-19 pandemic
  - Telemedicine support for addiction services
  - Supporting people who use substances in acute care settings during the COVID-19 pandemic
2. [Safer Opioid Supply Program Protocols: Parkdale Queen West Community Health Centre, Toronto, Ontario](#) | Waraksa et al., 2022: This document compiles clinical and operational protocols developed by staff of the PQWCHC SOS Program, and it will continue to change and grow as the SOS Program evolves. Not all workflows are included here. For more information, and for the most recent version of any of the protocols, please be in touch with the PQWCHC Program Manager, Gab Laurence, at [glaurence@pqwchc.ca](mailto:glaurence@pqwchc.ca).
  - Medications and other clinical approaches to support physical distancing for people who use substances during the COVID-19 pandemic
  - Strategies to reduce SARS-CoV-2 transmission in supportive recovery programs and residential addiction treatment services
  - Harm reduction worker safety during the COVID-19 global pandemic
3. [Risk Mitigation in the Context of Dual Public Health Emergencies and Opioid Use Practice Update](#) | [British Columbia Centre on Substance Use](#), 2022: Updated in 2022, these guidance documents were developed to provide clinical guidance around the prescribing of safer supply in the context of the COVID-19 pandemic. Both documents, an FAQ, several recorded webinars, and other resources are available.
4. [National Guidance Documents](#) | [Canadian Research Initiative in Substance Misuse](#) (CRISM), 2019 onward: CRISM produced six national rapid guidance documents addressing urgent needs of people who use substances, service providers, and decision makers in relation to the COVID-19 pandemic. CRISM also has a [national injectable opioid agonist treatment guideline](#) (see bottom of webpage for supplementary materials). Additional resources are available for most of the guidance documents. Topics include:
  - Supporting people who use substances in shelter settings during the COVID-19 pandemic
  - Telemedicine support for addiction services
  - Supporting people who use substances in acute care settings during the COVID-19 pandemic
  - Medications and other clinical approaches to support physical distancing for people who use substances during the COVID-19 pandemic
  - Strategies to reduce SARS-CoV-2 transmission in supportive recovery programs and residential addiction treatment services
  - Harm reduction worker safety during the COVID-19 global pandemic
5. [Health Canada Toolkit: COVID-19 and Substance Use](#) | [Health Canada](#), 2020: This toolkit was assembled to support the development of safer supply programs. It includes an FAQ about the legislative and regulatory requirements for substance use disorder treatment/safer supply, a list of all relevant exemptions that have been issued under the Controlled Drugs and Substances Act, and details of formulary coverage under drug plans of medications used for treatment and as pharmaceutical grade alternatives to the illegal supply.
6. [Guide to Using Slow-Release Oral Morphine \(Kadian®\) in Opioid Agonist Therapy \(OAT\)](#) | [Équipe de soutien clinique et organisationnel en dépendance et itinérance](#) at the [Institut universitaire sur les dépendances](#) (IUD) of the CIUSSS du Centre-Sud-de-l'Île-de-Montréal, 2021: This Québec recommendation guides the use of slow-release oral morphine in cases where opioid agonist therapies with methadone or buprenorphine have been proven ineffective, unacceptable, or are contraindicated.

**PHYSICIANS AND NURSE PRACTITIONERS CAN ACCESS  
THE NSS-COP PRESCRIBER HOTLINE. A HEALTH CARE  
PROVIDER EXPERIENCED IN PRESCRIBING SAFER SUPPLY  
WILL BE HAPPY TO ANSWER YOUR CALL.**



# SECTION 2: SELF-ADVOCACY TOOLS AND RESOURCES FOR PEOPLE WHO USE DRUGS

## Section 2.1: Self-Advocacy Essentials

### What is Self-Advocacy?

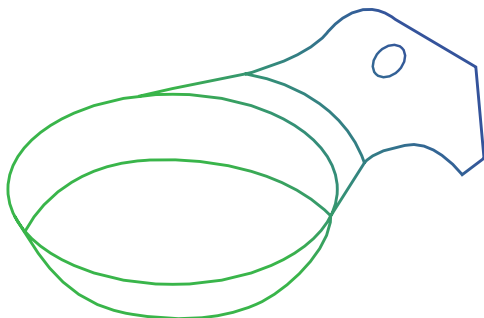
Self advocacy is about gaining the knowledge, learning the skills, and developing the confidence to communicate what's important to you.<sup>9</sup>

Self-advocacy means you are able to speak up for yourself, ask for what you need and want, and tell people about your thoughts and feelings. This is important because you know you best and people need to listen to you if you are not happy, or you want something to change.<sup>10</sup>

Self-advocacy means you know your rights and responsibilities, and you are able to make choices and decisions that affect your life. The goal of self-advocacy is for YOU to decide what you want then develop and carry out a plan to help you get it.

Speaking up for yourself means you will be able to:

- Take responsibility for yourself
- Make sure people are listening to you
- Say what you think and feel
- Speak up for your rights and the things you believe in
- Make choices and decisions that affect your life
- Decide what you want and then plan to get it.<sup>11</sup>



### Top Tips for Self-Advocacy

- **Shift Your Perspective:** Try to view your situation as something you can change and take control of.
- **Be Resourceful:** Search for information about your rights and supports that exist that can help you get the things you need.
- **Connect With Community:** Getting involved in your community will help you connect with others who may have had similar experiences.
- **Ask For Help:** Seek out help and ask someone you feel comfortable with to help you get started. This might be a family member, friend, community support member, professional advocate, and/or online resources.
- **Be Prepared:** Prepare for important conversations and interactions. Have a clear plan of the issues you want to raise and the best way to get them across.
- **Be Clear:** People don't need to know everything about you, just what you need them to know. Make sure you clearly voice your concerns, wants and needs, so people can help you to the best of their ability.
- **Ask Questions:** Only end conversations with your healthcare provider until you are sure you have understood everything. Ask questions to clarify and avoid miscommunication.

- **Learn to Negotiate:** Consider what's essential to you. Can you compromise on what you need or want? Be clear on what can and can't be changed and begin to negotiate if you can't reach your desired outcome.
- **Keep Going:** Self-advocacy is an ongoing long term process - don't give up! Practice self-care and make sure you have what you need to sustain your hard work.
- **Build Confidence:** Confidence takes time to grow - be kind and patient with yourself and allow it to happen naturally.

### Effective Communication

- Show positive body language
- Think before you speak
- Listen actively and engage
- Stick to the point
- Be confident about what you are saying
- Be open to feedback and constructive criticism
- Consider your tone of voice
- Avoid interrupting others
- Avoid confrontational or abusive behaviour

### Finding What You Need to Know:

- Ask advocacy organizations and other professionals for the information
- Look online for resources using a search engine
- Contact an advice-giving service
- Ask others (friends, community supports, etc.) who share your experiences
- Ask for help at the local library

### Section 2.2: Tools for Self-Advocacy

The following tools and resources are intended to help support you in your self-advocacy process.

- [The Essential Self-Advocacy Toolkit](#): In this toolkit, you will find tips and ideas to help you speak up for yourself and start your self-advocacy journey. It was created by a group of people who all have personal experience of struggling to be heard when trying to get the services and information they need. The toolkit focuses on becoming a self advocate within the health and social care world, but the tools and approaches can also help you to speak up, be heard, and be respected in every area of your life. The toolkit has five sections:
  - [Introduction to Self-Advocacy](#)
  - [Section One: Knowledge](#)
  - [Section Two: Skills](#)
  - [Section Three: Confidence](#)
  - [Section Four: Tools](#)



- [“How to Be in the Room” Training Modules](#) - [Canadian Association of People Who Use Drugs \(CAPUD\)](#):
  - [Drug Policy 101 - A Guidebook Preparing People Who Use\(d\) Drugs for Engaging in Drug Policy Processes](#): This guide is for PWUD who want to become involved with policy and decision-making processes.
  - [How to Be in the Room - Modules for People Who Use Drugs to be Engaged in Effective Drug Policy](#) (Long Version): CAPUD created a set of training modules from a booklet about how to better engage PWUD in effective drug policy. This is the long version.
  - [How to Be in the Room - Modules for People Who Use Drugs to be Engaged in Effective Drug Policy](#) (Short Version): CAPUD created a set of training modules from a booklet about how to better engage PWUD in effective drug policy. This is the short version.
- Templates and Example Documents for Record Keeping:
  - Templates: [Meeting Preparation Sheet](#), [Meeting Notes](#), [Cue Cards](#), [Important Contacts](#), [Contact Journal](#), [To Do List](#), [Weekly Planner](#) (Pages 3 to 9)
  - Templates: [Contact Record](#), [Contact List](#), [Sample Advocacy Plan](#), [Sample Advocacy Letter](#) (Pages 14 to 21)
  - Template Letter: [Service Provider Response to Children’s Aid Society Request to Obtain Client Urine Drug Screening Results](#): This letter is a template for people who are involved with Children’s Aid Society (CAS). If CAS is asking you or your health and/or social service provider for your urine drug screening results, you can give this letter template to your service provider, and they can personalize it to advocate with you and on your behalf.

## Section 2.3: Information and Resources on Safer Supply

### [National Safer Supply Community of Practice \(NSS-CoP\)](#)

- [Weekly Group Discussions](#): Join the NSS-CoP as a member for access to our weekly interdisciplinary group discussions on safer supply, happening on Thursdays at 12pm EDT/EST.
- [Our Resources](#): Essential resources, guides, FAQs, and toolkits on safer supply in Canada.
- [Searchable Resource Library](#): Searchable online library of over 700 resources including academic journal articles, grey literature, knowledge translation materials, clinical practice guidelines, and more.
- [Archived Webinars and Workshops](#): Hot topic webinars and workshops on safer supply, decriminalization, harm reduction, wound care, and more.

### [Canadian Association of People Who Use Drugs \(CAPUD\)](#)

- [Safe Supply Concept Document](#): This report is a general outline of the safe supply concept, of what safe supply is, and the role of safe supply in drug policy. The purpose of this document is to provide clarity to what is meant by the term safe supply with a mind to keeping conversations on point when safe supply and drug policy are being discussed.

### [Canadian Drug Policy Coalition \(CDPC\)](#)

- [Safe Supply and Harm Reduction Information and Resources](#): This is a list if you are looking for mental health and harm reduction supports in Canada.

## Section 2.4: Harm Reduction and Overdose Prevention Services and Tips

### Using Alone and Virtual Spotting

If you are using drugs alone, try to make sure that people can find you. When possible, leave your door unlocked or slightly open. Let people know to check on you - tell someone that you are going to use and make a plan for them to check on you. This [instructional video from CAPUD](#) walks you through the step-by-step process of virtual spotting - an overdose prevention method done by phone or video call.

- National Overdose Response Service (NORS) - 1-888-688-6677:** [NORS](#) is a nation-wide virtual overdose prevention hotline operating 24/7. The service is completely confidential and non-judgmental peers are available to provide support. If you are using drugs and cannot do so at a supervised consumption site or with another person, consider calling NORS while using at 1-888-688-6677.
- Brave App:** [Brave App](#) is a virtual overdose prevention application available for Apple and Android users. Brave App users are connected with someone who can send help while using drugs alone. Users set up an overdose plan that puts them in control, detailing how, when, and who is sent for help. Supporters activate the plan if an overdose is detected.
- Lifeguard Digital Health:** [Lifeguard App](#) is a virtual overdose prevention application available for Apple and Android users. The cell phone application will automatically contact emergency responders if a person becomes unconscious or unable to function in the event of an overdose.
- Safer Use Peer Support Line - 1-888-233-5633:** The [Safer Use Peer Support Line](#) is a support and spotting service so that people do not have to use drugs alone. It is free, non-judgmental, and operated by people who use drugs as part of the Krasman Centre. They have been operating in York Region, but are now encouraging anyone in the Greater Toronto and Hamilton Area to use their service. The Safer Use Peer Support Line is available every night from 10pm-3am.
- Grenfell Overdose Prevention Hotline - 1-888-853-8542:** [Grenfell Overdose Prevention Hotline](#) is a free, peer-developed overdose prevention hotline that operates 24/7. It is operated by Grenfell Ministries.

### Drug Checking and Drug Testing

When possible, try to get your drugs checked by a [service in your region](#). Drug checking services are an important component of harm reduction. These services can be used to determine whether drug samples contain the substance an individual wants to use, determine the purity level of a substance, identify toxic contaminants and unexpected substances, and track drug use patterns. Most harm reduction organizations supply drug testing strips free of charge. You can also order drug testing reagent kits and testing strips online in order to test your drugs at home:

- Drug identification kits from [DanceSafe](#) and [TestKitPlus](#)
- Drug purity test kits from [TestKitPlus](#)
- Fentanyl test strips from [DanceSafe](#)

Follow the instructions carefully and remember that drug testing does not mean that your drugs are safe. This is because it is possible to get false negatives and you may not know what drugs or how much of a drug is in your sample. Drug testing should be paired with other harm reduction strategies, such as not using alone, staggering drug use with another person, starting low and going slow, and carrying naloxone.



### Safer Supply and OAT Harm Reduction Tips

Tablet medications contain fillers (e.g. coatings and powders) that can cause harm when injected, such as serious infections, abscesses, and damage to the veins, skin, heart, and lungs. These risks can be reduced by using sterile harm reduction supplies, including sterile filters. The following list includes brochures, infographics, videos, and other resources with helpful safer supply harm reduction information.

- [Safer Tablet Injection: A resource for anyone who is injecting tablet medications \(pills\) and would like to do so more safely](#) - BC Centre for Disease Control
- [Safer Injection](#) - Vancouver Coastal Health
- [Sharp Shooters: Harm Reduction Info for Safer Injection Drug Use](#) - Canadian AIDS Treatment Information Exchange (CATIE)
- [Video Series on Injecting Tablet Medication](#) - Provincial Health Services Authority
- [Guidance for Injecting Tablet Medication](#)
  - [Preparing Your Drugs](#)
  - [How to Filter \(General Tips\)](#)
  - [Option One: Sterifilt FAST 15mm \(Recommended\)](#)
  - [Option Two: Sterifilt BASIC 10mm](#)
  - [Option Three: Cotton Filter](#)
- [Safer Smoking](#) - Vancouver Coastal Health
- [Safer Crack Smoking](#) - Canadian AIDS Treatment Information Exchange (CATIE)
- [Safer Crystal Meth Smoking](#) - Canadian AIDS Treatment Information Exchange (CATIE)
- [Online Street Degree - Advanced Overdose Response](#) - Provincial Health Services Authority

### Section 2.5: Advocating for Peer-Led and Non-Medical Models of Safer Supply

The medical model of prescribed safer supply is only one possible model of safer supply provision. Other models include low barrier peer-led programs that work closely with safer supply prescribers, and compassion clubs grounded in non-medicalized, non-prescribed forms of safer supply provided within communities of people who use drugs. There might be a group like this advocating and organizing in your region, or you can advocate with your community to start one.

#### Low Barrier and Peer-Led Models

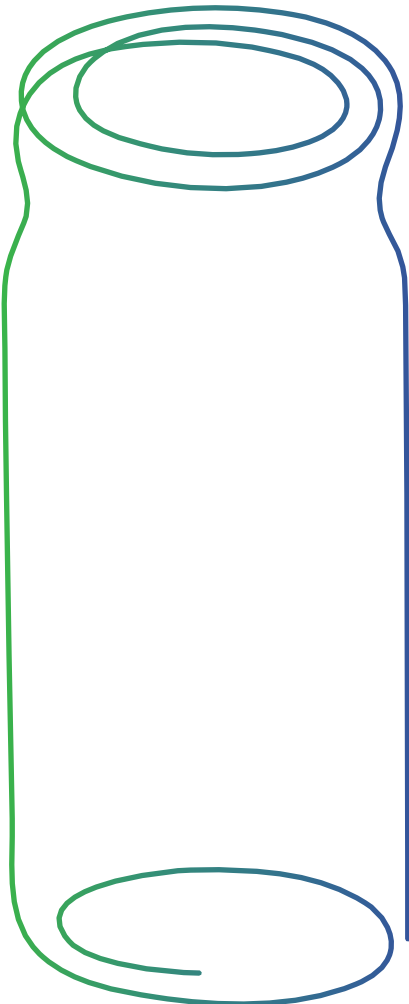
Low barrier peer-led programs work closely with safer supply prescribers. For example, the [MySafe Society](#) operates a limited number of dispensing machines that provide hydromorphone (OHM) tablets to participants on a predetermined schedule. All potential participants undergo a complete evaluation of their drug use, health status, and social situation. There are regular follow-ups with a health care provider and an opportunity to connect with support workers at any time.

This offers a model that is scalable, relatively inexpensive, and is designed to open up the safer supply option for many people who would not be able or willing to enroll in a medically supervised program. It also creates opportunities for consistent monitoring, education, and assistance to manage their drug use.

MySafe Society dispensing machines are currently located in [four community-based organizations in British Columbia](#).

### Non-Medical Compassion Club Models

Compassion club models provide a non-medicalized safer supply of drugs to people at high risk of dying from the toxic illegal drug supply. Compassion clubs are a cooperative approach. Drugs are legally (or illegally) obtained from a pharmaceutical manufacturer. Upon receiving the substances, members conduct tests to determine the main active ingredients, fillers or cutting agents, and the presence of any unexpected drugs. Substances are then carefully weighed, properly labeled, and securely distributed to club members. The club also conducts scientific evaluation to assess impacts.<sup>12</sup>



Compassion clubs prefer to purchase pharmaceutical-grade drugs from a properly licensed and regulated producer. However, this method is not possible under Canada's current regulatory framework. In the absence of legal ways to obtain substances, groups like the [Drug User Liberation Front](#) (DULF) and the [Vancouver Area Network of People Who Use Drugs](#) (VANDU) search for and obtain substances in the illegal market through community connections and darknet markets, sourcing from vendors in Canada. Purchasing online has the benefit of reducing interactions and potential violence from buying in-person, and due to the nature of these darknet markets, vendors remain anonymous.<sup>13</sup>

The DULF and VANDU are one example of an episodic compassion club located in the Downtown Eastside of Vancouver. These episodic compassion clubs have historically been run on major anniversaries related to the provincial health emergency. Currently, they are working towards providing a community-based, peer-led, non-medical safer supply that can be accessed daily by club members.

Below are some resources on low barrier peer-led models and non-medical compassion clubs models for safer supply. There might be a group like this advocating and organizing in your region, or you can advocate with your community to start one.

### **MySafe Society**

- [MySafe Society](#) Website
- [MySafe Project](#) - We Have An Alternative: Brief explainer video of how MySafe projects operate in community-based organizations in Vancouver and Victoria.

### **British Columbia Centre on Substance Use**

- [Report on Heroin Compassion Clubs](#): This report describes a heroin compassion club model that has the immediate potential to reduce the number of toxic drug poisoning deaths and the impacts of organized crime.

### **DULF and VANDU**

- [DULF](#) Website
- [VANDU](#) Website
- [Evaluative Compassion Club](#): A Strategic Framework for Preventing Overdose Deaths due to the Unpredictable Illicit Drug Supply: A framework outlining how a permanent (daily access) safer supply compassion club model could be operated and evaluated.
- [The 5 W's of Episodic Compassion Clubs](#): A two-page explainer covering the five W's (who, what, why, where, when) of episodic compassion clubs.
- [Community-Led Compassion Clubs](#): The Logical Next Step in Harm Reduction: A webinar by DULF co-founder Jeremy Kalicum on community-led compassion clubs.
- [Drug Users Liberation Front of BC](#): A presentation session hosted by Moms Stop the Harm Webinar, featuring DULF co-founder Jeremy Kalicum.
- [Problems with Medicalized Safer Supply](#): A webinar co-hosted by the NSS-CoP and CAPUD, featuring DULF co-founders Jeremy Kalicum and Eris Nyx.
- [Crackdown Podcast - Episode 30 - DULF](#): DULF co-founders Eris Nyx and Jeremy Kalicum tell the story of how the DULF has stepped up to do what the policy makers refuse to do themselves: offer people a safe version of the drugs they already use.

**SELF-ADVOCACY MEANS YOU KNOW YOUR RIGHTS AND RESPONSIBILITIES, AND YOU ARE ABLE TO MAKE CHOICES AND DECISIONS THAT AFFECT YOUR LIFE. THE GOAL OF SELF-ADVOCACY IS FOR YOU TO DECIDE WHAT YOU WANT THEN DEVELOP AND CARRY OUT A PLAN TO HELP YOU GET IT.**



# SECTION 3: REGIONAL SAFER SUPPLY PROVIDERS, OPIOID AGONIST TREATMENT PROVIDERS, AND HARM REDUCTION RESOURCES

This directory contains a non-exhaustive list of regional safer supply providers, OAT providers, and harm reduction resources. If you can't find what you're looking for here, or if you're looking for more resources in your community, these national resources might be useful:

## [CATIE “Where To?” Directory](#)

This website is for people looking for HIV, hepatitis C, sexual health or harm reduction services in Canada, with additional resources to support their journey to health and wellness.

## [Government of Canada Interactive Map - Canada's Response to the Opioid Overdose Crisis](#)

Use this map to find federally funded locations of opioid-related activities taking place in communities across the country.

## [Canadian Drug Policy Coalition - Canadian Harm Reduction Map](#)

Use this interactive map to find harm reduction services in your region.

## [Dope Policy Find Harm Reduction Services Map](#)

Use this interactive map to find harm reduction services in your region.

## [PIVOT Legal - Canada's Supervised Consumption and Overdose Prevention Sites Map](#)

Use this interactive map to find supervised consumption and overdose prevention sites in your region.



### Section 3.1: British Columbia (BC)

Please [click here](#) to view the directory for BC.

To download a PDF version of this section, please [click here](#).

### Section 3.2: Yukon (YT), Northwest Territories (NT), Nunavut (NU)

Please [click here](#) to view the directory for YT, NT, and NU.

To download a PDF version of this section, please [click here](#).

### Section 3.3: Alberta (AB)

Please [click here](#) to view the directory for AB.

To download a PDF version of this section, please [click here](#).

### Section 3.4: Saskatchewan (SK)

Please [click here](#) to view the directory for SK.

To download a PDF version of this section, please [click here](#).

### Section 3.5: Manitoba (MB)

Please [click here](#) to view the directory for MB.

To download a PDF version of this section, please [click here](#).

### Section 3.6: Ontario (ON)

Please [click here](#) to view the directory for ON.

To download a PDF version of this section, please [click here](#).

### Section 3.7: Quebec (QC)

Please [click here](#) to view the directory for QC.

To download a PDF version of this section, please [click here](#).

### Section 3.8: Nova Scotia (NS)

Please [click here](#) to view the directory for NS.

To download a PDF version of this section, please [click here](#).

### Section 3.9: New Brunswick (NB)

Please [click here](#) to view the directory for NB.

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### Section 3.10: Prince Edward Island (PEI)

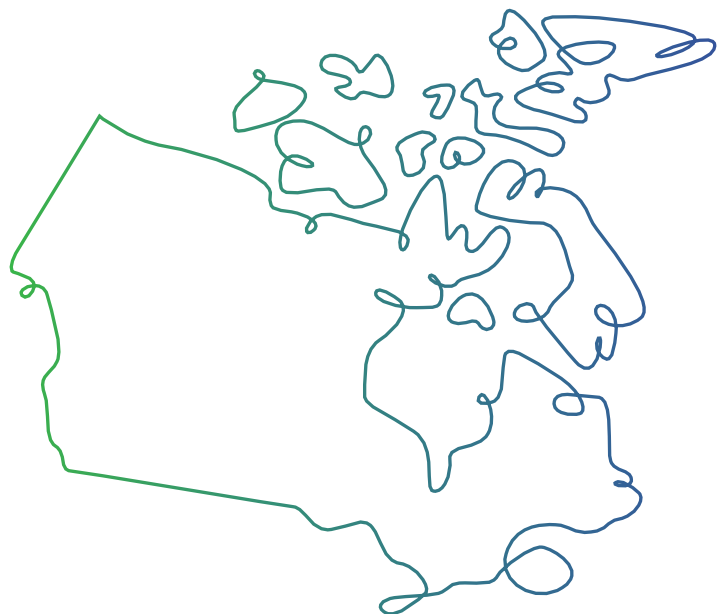
Please [click here](#) to view the directory for PEI.

To download a PDF version of this section, please [click here](#).

### Section 3.11: Newfoundland and Labrador (NL)

Please [click here](#) to view the directory for NL.

To download a PDF version of this section, please [click here](#).



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## National Safer Supply Community of Practice

This toolkit was developed by the collaborative People Who Use Drugs Working Group - Action for Safer Supply - as part of the National Safer Supply Community of Practice (NSS-CoP). This toolkit was adapted by Safer Opioid Supply Advocacy Tool Kit put together by staff and stakeholders from Street Health and Parkdale Queen West CHC in Toronto, Ontario.

Please visit <https://www.nss-aps.ca/> to learn more.

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