



Prescribed Fentanyl Safe Supply: Team Perspectives

National Safe Supply Community of Practice
SAFER Knowledge Translation & Exchange (KTE)

January 24th 2023

Land Acknowledgement

SAFER KTE does work with individuals and organizations across all of Turtle Island and honour the lifeforce of Indigenous Peoples who have had their land stolen and who continue to resist ongoing genocide. Addressing the root causes of the toxic drug supply is deeply connected to decolonization

Acknowledgement of Lived/Living Experience

The content discussed today is made possible by people with lived/living experience of drug use sharing their knowledge and experience. Without their generosity, vital life-saving harm reduction initiatives would not exist.



Agenda

- SAFER KTE
- A Brief History of Prescribed Safer Supply in BC
- Project Update
- Expectations vs Realities
- Perspectives of Operators
- Lessons Learned
- Panel Introduction
- Panel Discussion

SAFER KTE

- Federally funded through Health Canada's Substance Use and Addictions Program (SUAP)
- Capacity building, developing a community of practice and sharing lessons learned
- Resource development
- Collaborating on research and evaluation
- Navigating barriers and unique challenges for programs looking to scale up PSS

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A History
Lesson of
PSS in BC

RISK MITIGATION

IN THE CONTEXT OF DUAL
PUBLIC HEALTH EMERGENCIES

INTERIM CLINICAL GUIDANCE



What have we been doing?

6 SUAP-funded programs

3 Community-based pharmacies

2 'One-off' supports

Writing and/or reviewing prescribing protocols

1:1 consultation

Evaluation and reporting plans

Training

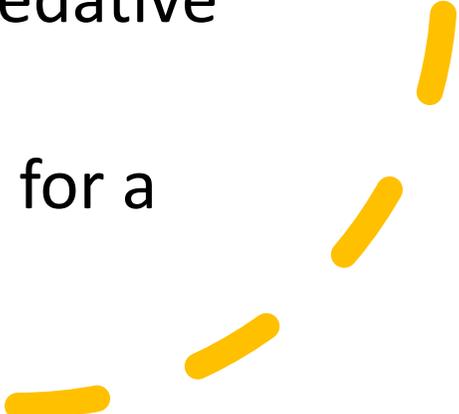
- TIPS
- Protocol-specific
- Navigating psychosocial supports & barriers
- Nurse workshop

Needs assessments and evaluation surveys

Perspectives of Operators re: Barriers

- “Addiction Medicine, & subsequent prescriber hesitancy.”
- “Building capacity for physicians to truly embrace a flexible model for safe supply. We've encountered a lot of underlying beliefs about safe supply that are rooted in abstinence-based thinking and the medical model.”
- “Timelines - it feels as if we can't move fast enough. The overarching pressure of the toxic drug supply crisis, and working to scale up in a under resourced community has been challenging. Also, the funding structure - have the pressure to get results, have high intake numbers, success stories, and reportable targets is a weight that never leaves the shoulders of everyone on the team. On top of a looming end date and no commitment of continuation funding.”

Lessons Learned

- The problematic nature of precarious funding and pilot studies
 - Incrementalism
 - The tensions between addiction medicine and harm reduction
 - Program/project capacity and reach
 - Pharmaceutical options don't match needs or realities of the unregulated supply
 - Benzodiazepine and non-benzo sedative contamination
 - Metrics for success and the need for a robust body of evidence
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Lessons Learned Part II

- Every program ends up looking different, even with shared protocols
 - Dependent on setting, community, resources, staffing, hours of operation, history and relationships, and so much more
- There is a knowledge gap and comfort gap between what we say and what we do
- Supply chain is a bigger issue than we acknowledge
- Staff with lived/living experience are highly sought after and chronically underutilized
- PSS is one piece of a continuum that has not yet been invested in
- Clinical vs prescriber vs operational support needs
- The next step must be to scale up and out of programmatic settings

Panel Introduction

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Panel Discussion

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Do you want
support with your
PSS program?

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