Perspectives on safer supply:
Insights from people who use substances in British Columbia

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- We are grateful to the peer research assistants many of whom are members of PEEP (Professionals for Ethical Engagement of Peers) who assisted in developing the survey and question guide, facilitated interviews & focus groups, and assisted in interpretation of findings. Thanks also to the participants for sharing their knowledge and insights

- We acknowledge the thousands of devastating and preventable deaths that have occurred in British Columbia due to the toxic illicit drug supply and the people that continue to suffer from the losses of their loved ones and community members.

BC Centre for Disease Control

UBC

PEEP
Professionals for Ethical Engagement of Peers

The authors have no conflict of interest to declare

- The interpretations in this presentation are those of the authors
- The funders had no input into data collection, analysis or interpretation

Full report and infographic are available at:

Report: https://towardtheheart.com/resource/substance-use-patterns-and-safer-supply-preferences-among-pwud-/open

Infographic: https://towardtheheart.com/resource/substance-use-patterns-and-safe-supply-needs-infographic-/open

FUNDING FOR DATA COLLECTION AND ANALYSES:

Quantitative data came from 2019 & 2021 **BC Harm Reduction Client Surveys,** funded by Health Canada *Substance Use and Addiction Program.* Administered to people aged 19 and over attending harm reduction sites across BC

Qualitative data were obtained through interviews and focus groups led by peer research assistants and the research coordinator under the ***Understanding substance use patterns, preferences and needs: Informing safer supply and safer use services*** (Patterns & Preferences) study funded by BC Ministry of Health, *Community Crisis Innovation Fund.* Participants were aged 16 and over and had used opioids or stimulant at least once in the month prior to the interview or focus group

BC Centre for Disease Control

Health Canada Santé Canada

BRITISH COLUMBIA Ministry of Health

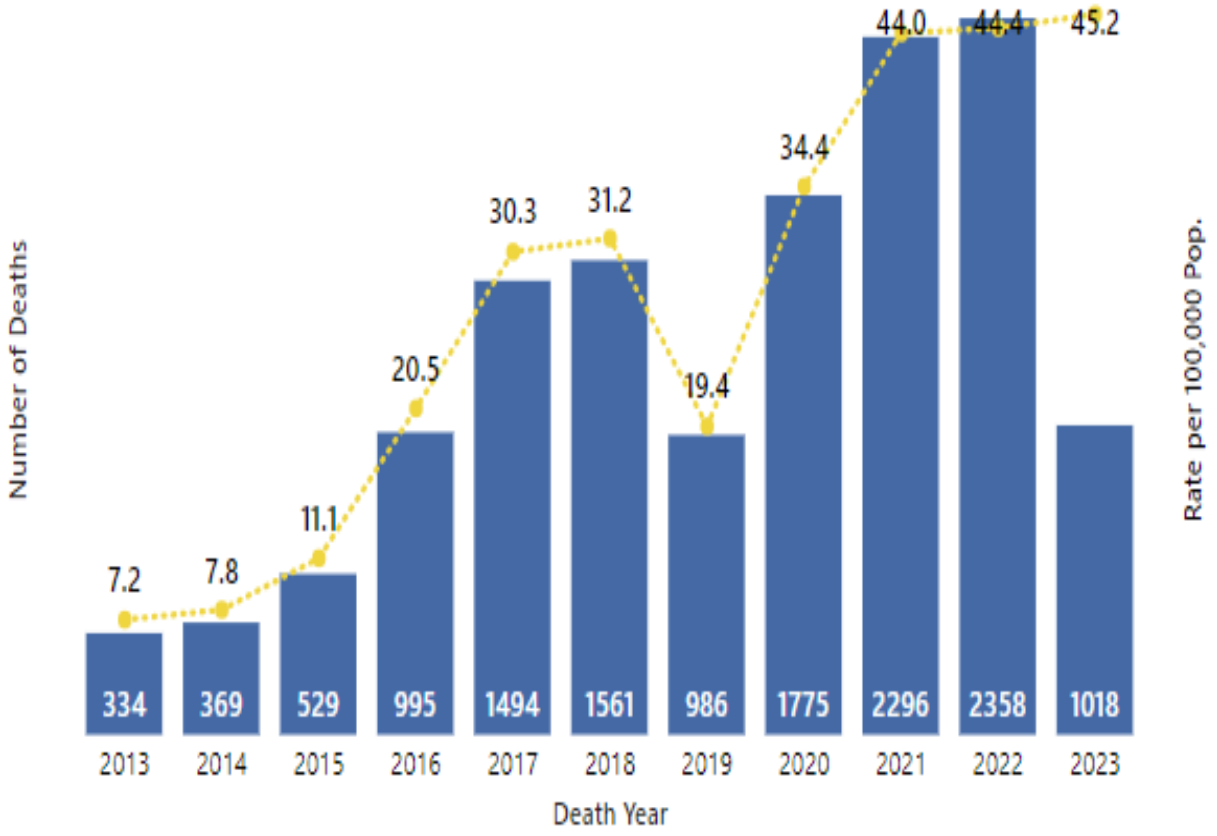
PRESENTATION OVERVIEW

- **Background**
  - Illicit drug toxicity deaths in BC
  - Safer supply context
  - Study rationale and aims
- **Our study**
- **Findings:**
  - **Opioids:** preferences, mode of use and preference for smoking opioids
  - **Stimulants:** stimulant and polysubstance use trends, preferences
  - **Benzodiazepines:** trends and concerns around contamination
  - **Prescribed safer supply:** access and associations
  - **Safer supply models:** needs and preferences
- **Policy and practice implications**
- **Recommendations**

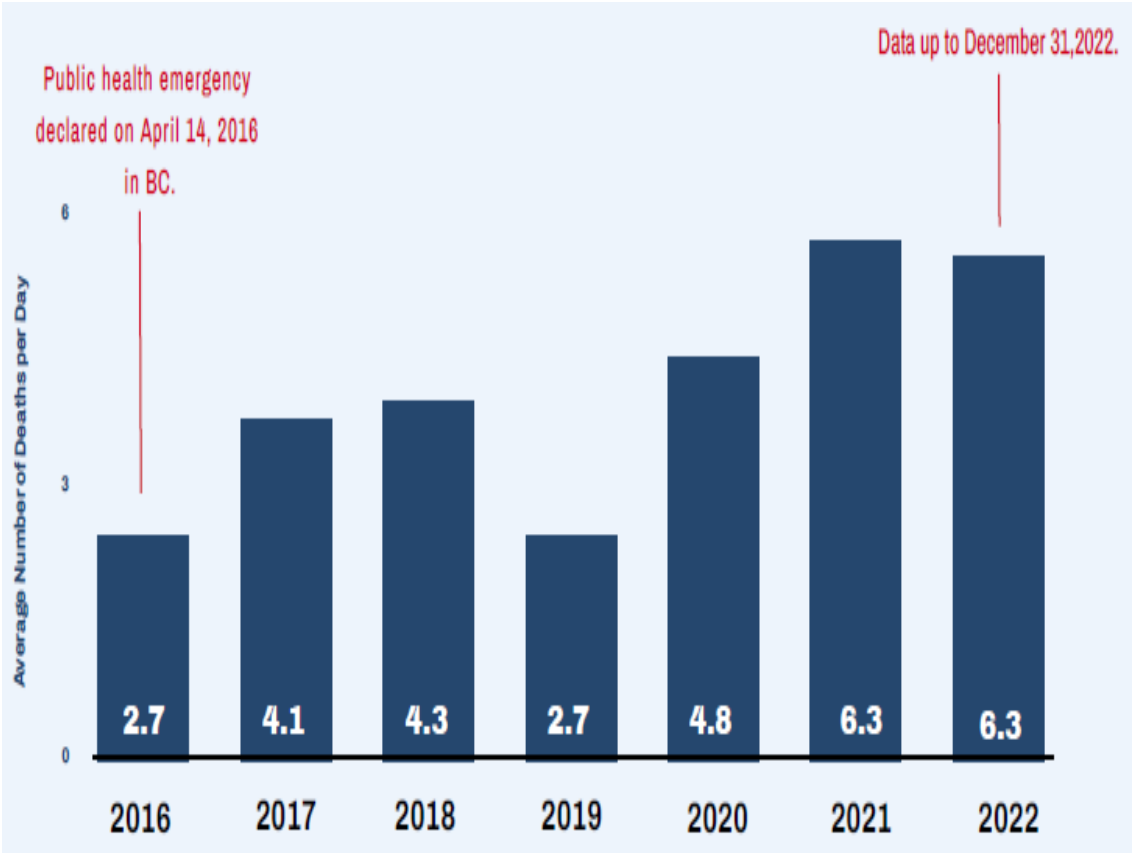
BACKGROUND: ILLICIT DRUG TOXICITY DEATHS

BRITISH COLUMBIA Coroners Service

BC annual illicit drug toxicity deaths & rate/100,000[1]



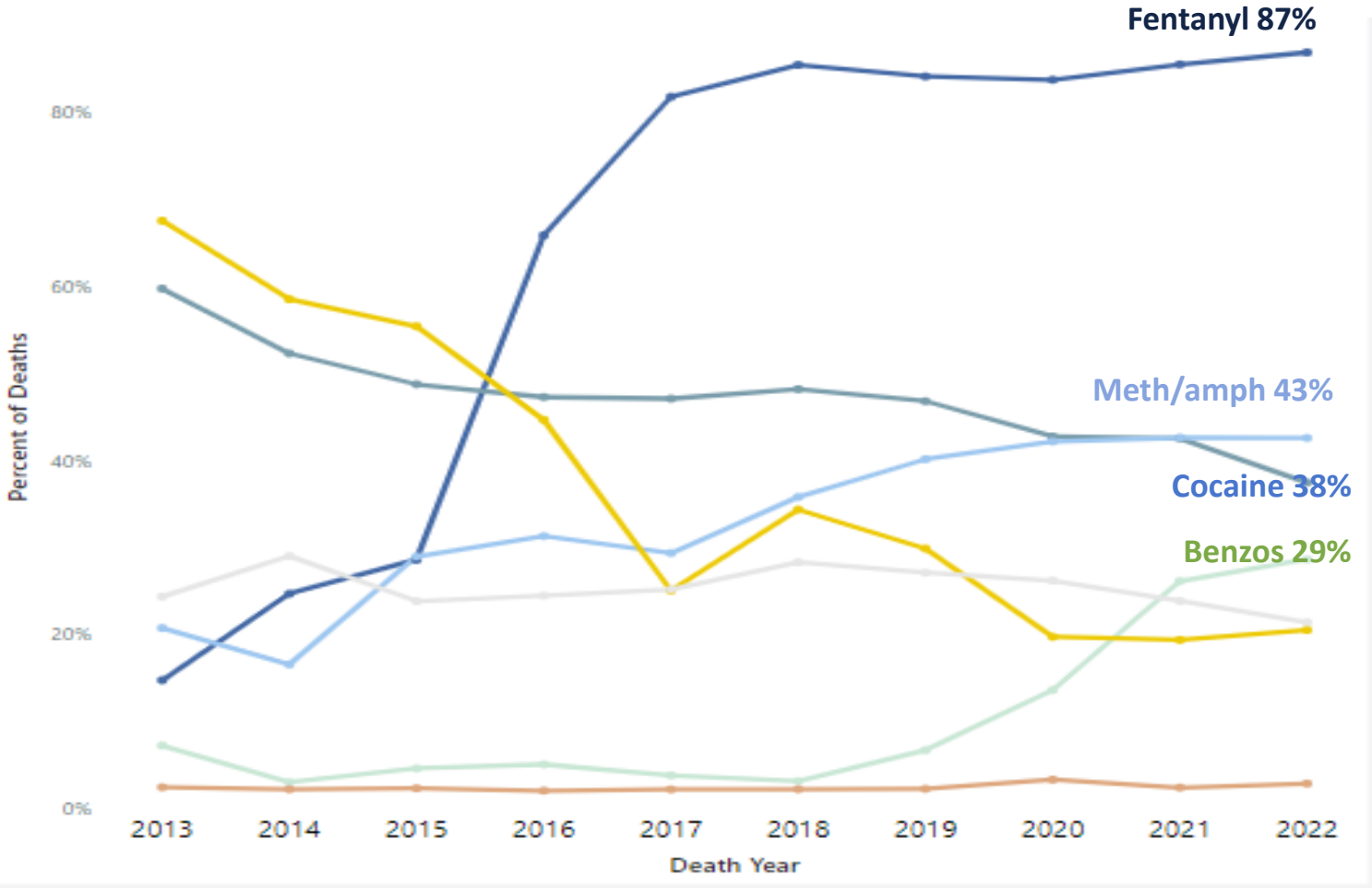
Average # of illicit drug toxicity deaths /day[1]



2000-2010 ; <250 deaths/year; <1 death/day

BCCS Illicit drug summary Infographic – posted Jun 19, 2023

BACKGROUND: ILLICIT DRUG TOXICITY DEATHS BY DRUG TYPES RELEVANT TO DEATH[1]



Trends:

- Fentanyl is main drug relevant to death
- Meth/amph use has increased
- Benzo-like substances increased - often found in illegal opioids
- Polysubstance use common

BACKGROUND: SAFER SUPPLY CONTEXT

- The unregulated (illegal) drug market in BC is becoming more toxic[1].
- Despite increasing interventions e.g. opioid agonist therapy, SCS/OPS and take home naloxone, overdose events and overdose deaths continue to rise[1].
- Many interventions to-date have focused on responding to overdose rather than preventing overdose by addressing the illegal drug supply.
- The term 'safer supply' was introduced to highlight that access to a supply of drugs of known content is possible by regulating the production and distribution of substances.

BACKGROUND: SAFER SUPPLY CONTEXT

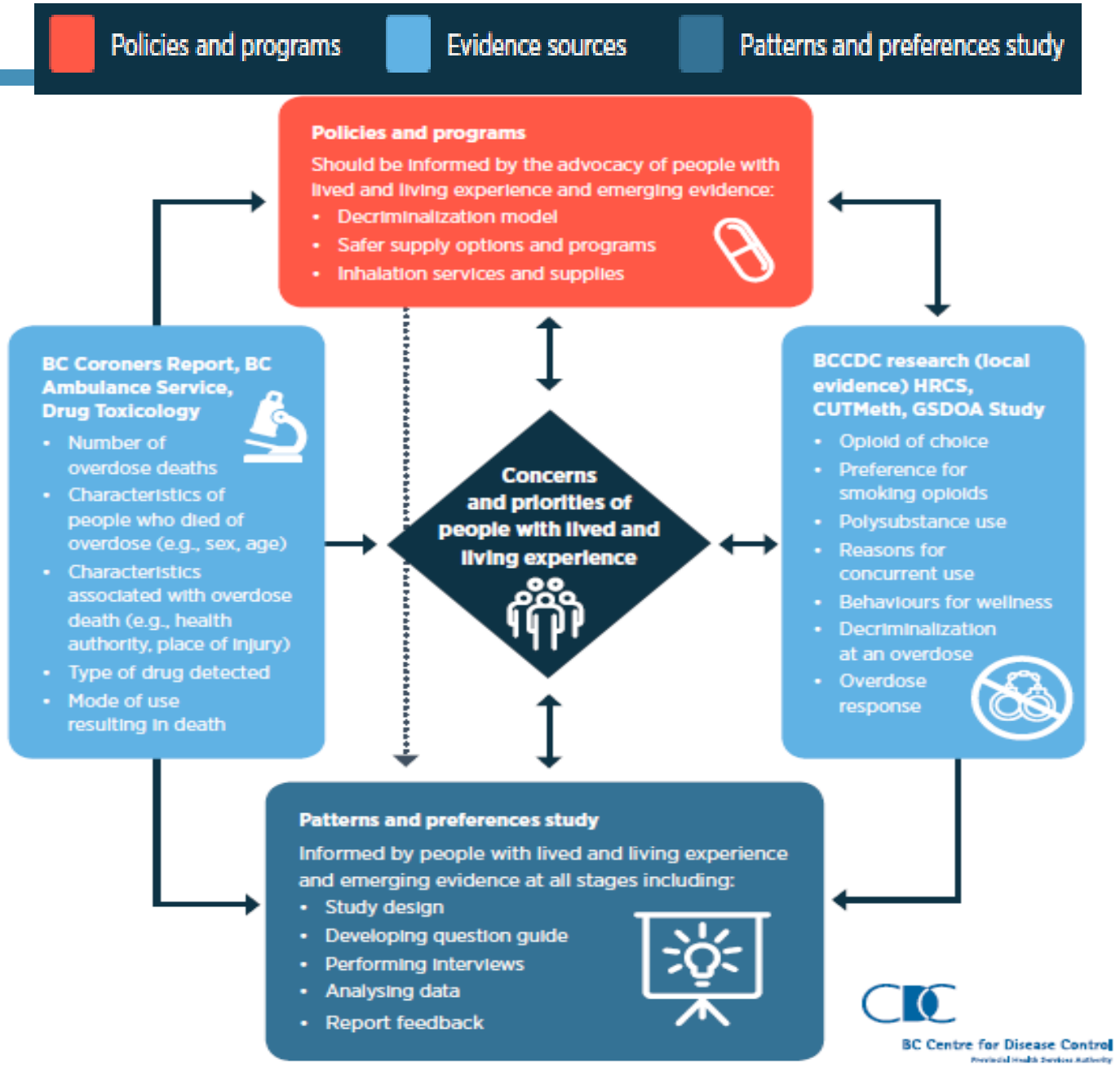
- We define safer supply based on the 2019 report released by the Canadian Association of People who Use Drugs[2], which states:

'Safer supply refers to a legal and regulated supply of drugs with mind/body altering properties that traditionally have been accessible only through the illicit drug market'

- At the time of the study, safer supply in the province mainly referred to substances offered under Risk Mitigation Guidance (Pandemic Prescribing)[3]:
  - Prescribed opioids e.g. hydromorphone (Dilaudid), morphine (M-Eslon) – with only a couple of programs across BC offering fentanyl or diacetylmorphine (heroin)
  - Prescribed stimulants e.g. dextroamphetamine (Dexedrine) & methylphenidate (Ritalin) – with no programs offering methamphetamines or cocaine
  - Most are oral formulations – very few programs offer injectable options and none offer inhalable options

BACKGROUND: STUDY RATIONALE

- The study was informed by evidence i.e. administrative data (coroners, ambulance service and drug toxicology) & research findings (client survey, GSDOA and methamphetamine studies)
- People who use substances provided input at all stages of the *Patterns and Preferences study* through peer advisory meetings that occurred on a regular basis from design to interpretation. Their concerns and priorities were at the center of the study



See full report for infographic above (P.19)

OUR STUDY: STUDY AIMS

The overarching aim of this project was to understand the needs and preferences of people who use illegal opioids and/or stimulants who can benefit from access to safer supply and safer use services. Specifically, we were interested in understanding:

If people who use opioids and/or stimulants were prescribed a continuous supply of pharmaceutical grade alternatives, which one(s) would they choose? Why?

What are people's experiences with concurrent substance use? What substances do they use concurrently and why?

How would people choose to use their preferred pharmaceutical alternative? Why?

As roughly half of illegal opioids currently contain benzodiazepine-like substances, are there concerns about benzodiazepine withdrawal upon a potential transition to safer supply and opioid agonist treatment?

OUR STUDY: QUANTITATIVE METHODS

Data Collection:

Cross-sectional surveys of people who use drugs attending harm reduction sites across BC[4].

2019:
22 sites
621 participants

2021:
17 sites
537 participants

2019 & 2021 surveys included same demographic questions but some questions differed e.g.

2019: If you use down what would you prefer to use?

2021: If you were prescribed a continuous supply of pharmaceutical grade down/opioids that is easy to access as an alternative to street opioids, which one would be your first choice?

Analysis:

Descriptive & multivariate logistic regression to understand preferences and associations

OUR STUDY: QUALITATIVE METHODS

Data Collection:

One-on-one interviews (n=47) and 6 focus groups (n=40) with people who use drugs across BC between November 2021-February 2022

Interviews and focus groups were facilitated by peer research assistants and the research coordinator, audio recorded and transcribed

Analysis:

Thematic analysis was conducted, using Nvivo, to identify patterns and relationships in the data

The peer advisory was involved at all stages, including reviewing the coding framework, deciding on themes and sub-themes and interpretations of the data

QUANTITATIVE FINDINGS (2019, 2021 HRCS) : OPIOID PREFERENCE

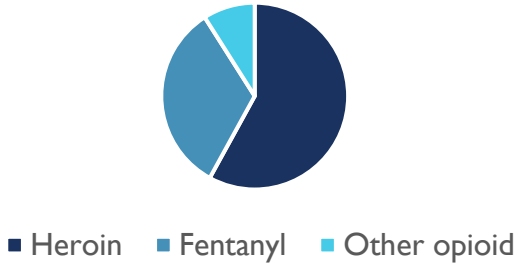
2019 Survey:

- Preferred opioid: 58% preferred diacetylmorphine (heroin); 33% preferred fentanyl[5]
  - Preference for heroin increased with age (<30y- 55% preferred heroin; ≥50y - 83% preferred heroin) and differed between geographic regions

2021 Survey:

- Preferred safer supply opioid: 47% preferred a safer supply of heroin, 23% preferred a safer supply of fentanyl powder
  - Differences were observed between geographic regions, genders and sexual orientations

If you use down (opioids), what would you prefer to use?

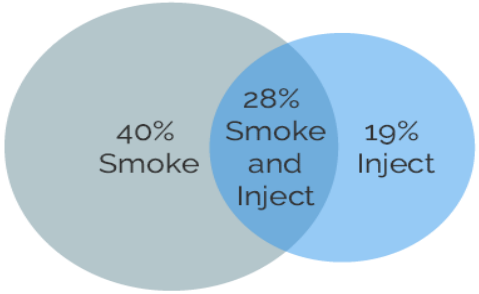


What would be your first choice for OAT and/or a safer supply of opioids?

QUANTITATIVE FINDINGS (2019, 2021 HRCS) : OPIOIDS & MODE OF USE

2019 Survey:

- Mode of use: 68% smoked their opioids; 40% exclusively smoked and 28% smoked and injected their opioids[6]
  - Participants who were younger (<30 y- 81%; ≥50y - 52%) and used methamphetamines were more likely report smoking opioids



*13% other mode

2021 Survey:

- Among people who indicated a preferred mode of use for a safer supply of opioids, 62% preferred to smoke it; 20% preferred to inject. 73% were currently smoking opioids[7]

QUANTITATIVE FINDINGS (2021 HRCS): PREFERENCE FOR SMOKING OPIOIDS[7]

Why do you prefer to smoke opioids compared to other methods (modes) of use? [a]

161 participants provided 349 responses

Reasons:		N	(%)[b]
Safety reasons **48%** of all reasons	Less likely to overdose	49	(14.0%)
	Less likely to get blood borne disease e.g. HIV/HCV	44	(12.6%)
	Less likely to get other infections e.g. abscess	39	(11.2%)
	Better able to control dosage	34	(9.7%)
Effects and preference for smoking **27%** of all reasons	Prefer the effects from smoking	45	(12.9%)
	Smoking is more social	25	(7.2%)
	Able to smoke with stimulants e.g. crystal meth	20	(5.7%)
	Prefer the practice of smoking	3	(0.9%)
Not able to or dislike injecting **26%** of all reasons	I don't like injecting	40	(11.5%)
	Never injected	27	(7.7%)
	Can no longer inject/cannot find vein	23	(6.6%)

[a] Participants were asked to select all that apply (could select >1) or specify other. Other reasons were allocated to categories.

[b] % of 349 responses

QUALITATIVE FINDINGS: OPIOID SAFER SUPPLY PREFERENCES

Many participants expressed a preference for a pharmaceutical grade supply of heroin and/or fentanyl as they met an individual's needs and objectives

> *"They [heroin, fentanyl] have the strongest analgesic effect and the strongest euphoric effect. I find that when I was prescribed Kadian morphine it was helpful in terms of mitigating withdrawal symptoms. But it's more of a safety or stabilizing sort of function..."* (Oscar, Vancouver)

Participants shared that existing safer supply options were limited, and did not reduce their reliance on the street supply

> *"Somebody using fentanyl, trying to replace that with dilaudid or hydromorph - they're using their whole supply in one shot in the morning and they're screwed by noon."* (Thomas, Quesnel)

> *"I'm on four M-Eslon 100's and 14 dilaudids....– I use probably - if I'm being honest, three, four points a day of heroin too– or fentanyl on top of that…I don't get high from it. I just feel normal."* (FG4 Participant)

QUALITATIVE FINDINGS: OPIOID SAFER SUPPLY PREFERENCES

Many participants were interested in a **safer supply of heroin.**

Reasons given: a longer lasting high, fewer undesirable side effects compared to other opioids, behavioral and physiological effects (e.g. higher functioning, less sleepy), unique euphoric properties:

"I don't like dope with fentanyl…I don't want to get high to go to sleep." (Focus Group 1 Participant, Vancouver)

"Heroin, you can do a little bit of heroin and get lots of energy…yeah, you can work a job…if you're just going to do fentanyl than you're going to have to be willing to…do what you have to do to get money every 10 minutes." (Focus Group 3 Participant, Vancouver)

Some participants were interested in a **safer supply of fentanyl.**

Reasons given: fentanyl perceived as providing better pain management compared to heroin, concerns that heroin was not strong enough given peoples' increased tolerance from fentanyl use, familiarity with fentanyl – some had never used pure heroin.

"Heroin's not the biggest pain medication where fentanyl is. You can use more heroin where fentanyl if you get a good decent supply…you're [snaps fingers] out of bed just like that. And whistling and doing dishes…" (Focus Group 5 Participant, Nelson)

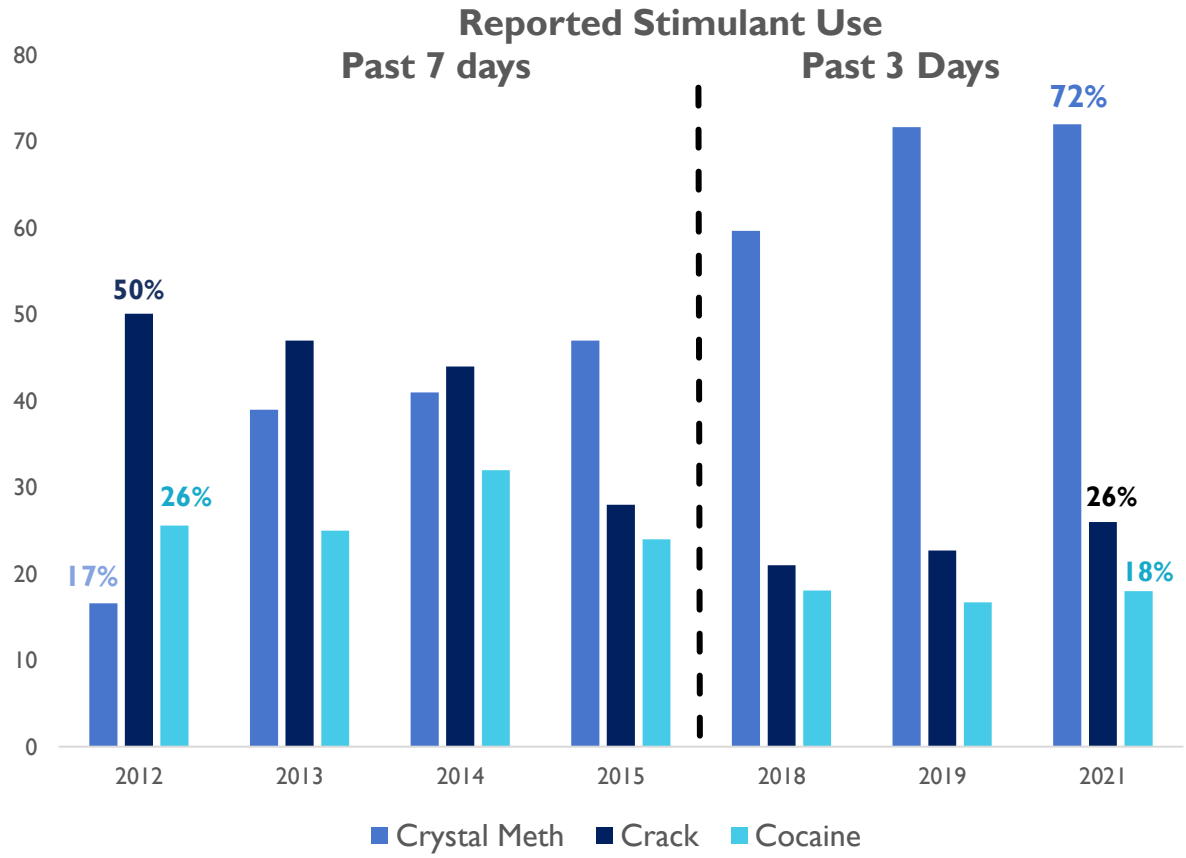
RECOMMENDATIONS BASED ON OPIOID AND MODE OF USE FINDINGS

1. **Include diacetylmorphine (heroin) in the Safer Supply Policy Directive. Implement and expand safer supply programs offering heroin.**
2. **Safer supply programs should offer various forms of fentanyl, including fentanyl powder.**
5. **Make injectable alternatives to oral forms of safer supply available.**
6. **Make inhalable forms of heroin and fentanyl, as well as other safer supply options (e.g. stimulants), available.**

QUANTITATIVE FINDINGS (2019, 2021 HRCS) : STIMULANT AND POLYSUBSTANCE USE

2012-2021 Survey:

- Changes in stimulant use trends [4]
  - Methamphetamine use increased
  - Crack and powdered cocaine use decreased

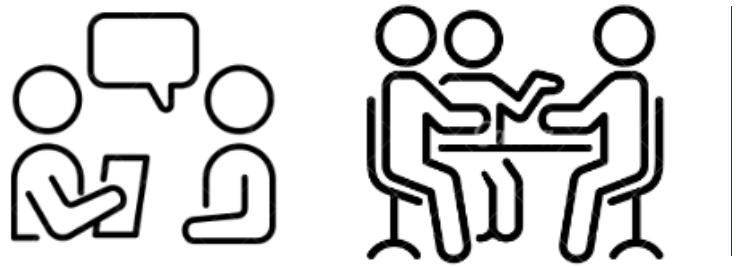


QUANTITATIVE FINDINGS (2021 HRCS): STIMULANT SAFER SUPPLY PREFERENCE

2021 Survey:

- Preferred stimulant safer supply: 59% methamphetamine; 26% cocaine (13% crack; 12% powder), 11% prescribed oral stimulants (6% Dexedrine 5% Ritalin), 4% MDMA (Ecstasy)
- Preference for methamphetamine (vs. other stimulants) for safer supply was associated with:
  - Being younger (<30y were 3X more likely than those ≥50y)
  - Identifying as a cis man (cis men were nearly 2X more likely than cis women)
  - Frequent drug use (those who use drugs every day were 15X more likely than those who use drugs a few times a month)

QUALITATIVE FINDINGS: STIMULANT PREFERENCES & SELF MEDICATING



Many report self-medicating to improve daily functioning, provide energy & productivity, and to manage physical, cognitive & mental health-related disabilities i.e. pain, ADHD, mental health issues

"I know because of my illness, I lack energy a lot of times. So when I used to smoke the crystal meth or the crack I would have the energy to do the things I couldn't do normally" (Focus Group 2 Participant, Quesnel)

Many who self-medicate report prescribed stimulants (e.g. Dexedrine/Ritalin) are not comparable to stimulants from the illegal supply and don't provide the effects some seek

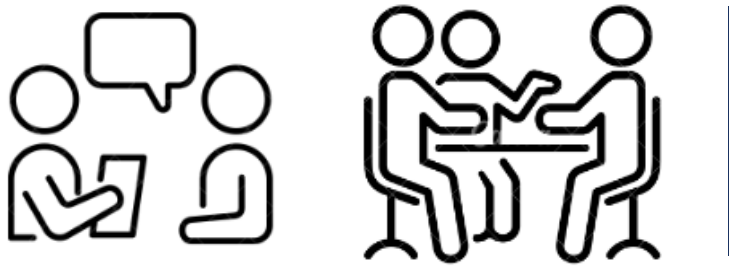
"I found it [Dexedrine] kept me awake a lot longer and it's really different than the meth. I would prefer the meth …I definitely don't like the way Dexedrine helps me 'cause it's not even close to the same" (Focus Group 4 Participant, Cranbrook)

Currently, stimulants are used by many to address some of the effects of fentanyl

i.e. extend period of well-being, cost saving, balance/level out, and some perceive concurrent use of stimulants with opioids will reduce the risk of opioid OD.

"It's like – you got your upper and it keeps you up and you have that mellow feeling from…the body pain goes away when I mix it with the down." (Focus Group 4 Participant, Cranbrook)

QUALITATIVE FINDINGS: STIMULANT PREFERENCES, AVAILABILITY AND COST



Some who preferred Dexedrine/Ritalin continued to use illegal stimulants as access to prescribed stimulants was restricted by prescribers e.g. denied due to mental health issues

> *"I was on Dexedrine and Ritalin my whole life, … They won't put me on back again, but I need it… apparently I'm going schizophrenic because I smoke too much meth. …. He [prescriber] said no to multiple clients…" (Focus Group 2 Participant, Quesnel)*

Different stimulants have different effects; people experience the same stimulant in different ways; thus stimulants were sought based on the effects a person required

> *"When it comes to cocaine I want cocaine right now. …. I don't want no-- prescribed alternative." (Focus Group 1 Participant, Vancouver)*

Current stimulant use may reflect availability and cost for some, and not necessarily preference e.g. cocaine was preferred over meth if the quality was *'what it used to be'* and *'affordable'*

QUALITATIVE FINDINGS: STIMULANT AND MODE OF USE PREFERENCES

Current prescribed stimulant alternatives are only offered in oral form.[3] Thus people may inject oral forms or continue to use from the illegal supply. Some participants smoked as perceived smoking as more social, associated with less stigma, and easier to set and clean up.

> *"Like I still smoke even though I don't get high, as a social thing, you know. Everybody else is smoking so—" (Focus Group 6 Participant, Nanaimo)*

> *"Smoking is just a quicker, easier method" (Samuel, Victoria)*

Others transitioned to smoking as developed issues with other modes of use (e.g., poor vein health for people who inject their substances or damaged nasal septum for people who snort their substances).

> *"I ended up having to start smoking because I just fucked up my nose so much that I literally couldn't snort anymore" (Focus Group 6 Participant, Nanaimo)*

RECOMMENDATIONS BASED ON STIMULANT AND MODE OF USE FINDINGS

3 Provide a regulated supply of stimulants people are accessing from the illegal supply (e.g. methamphetamine, cocaine, desoxyn), in addition to currently available prescribed alternatives (e.g. Dexedrine, Ritalin).

5 Make injectable alternatives to oral forms of safer supply available.

6 Make inhalable forms of heroin and fentanyl, as well as other safer supply options (e.g. stimulants), available.

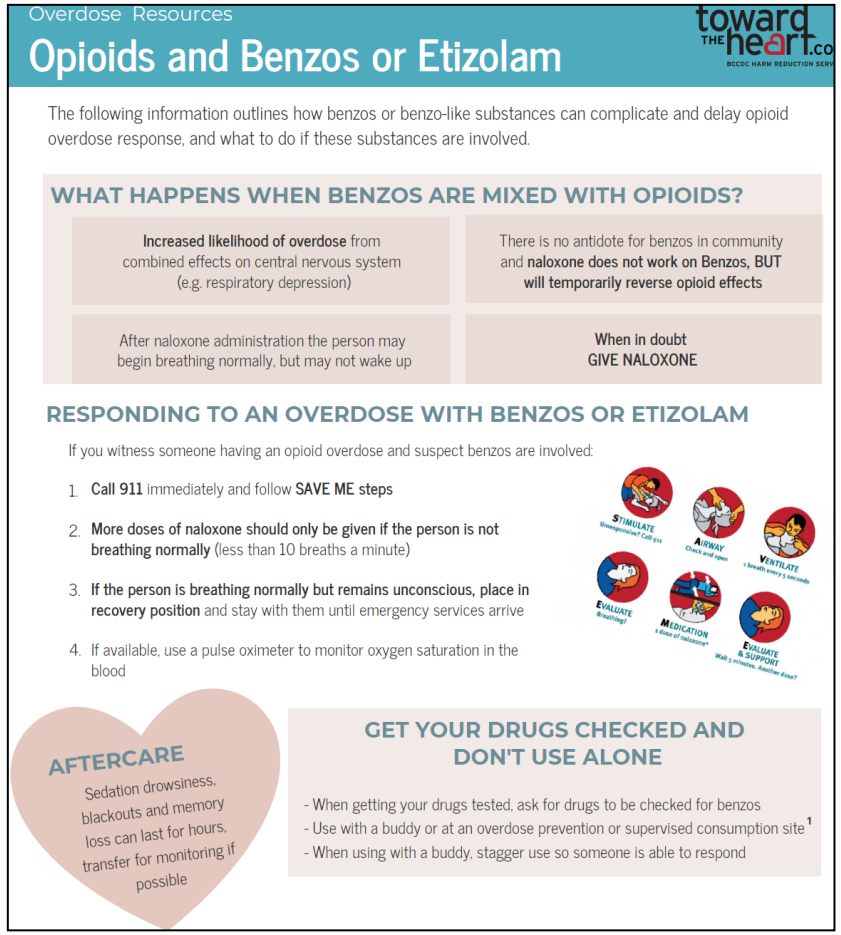
BACKGROUND: BENZODIAZEPINE-LIKE SUBSTANCES IN ILLICIT OPIOID SUPPLY

- **2020:** People who use opioids & OPS staff concerned re prolonged sedation due to benzo-like substances in illegal opioid supply

Data sources:

- HRCS: people who use opioids report unintentional benzo use
- Biologic samples from Coroners and LifeLabs
- Drugs – enforcement samples and community drug checking
  - NB: **Benzo test strips have limited sensitivity** - benzos/etizolam are not water soluble. Vigorous shaking may help but negative result can't rule out presence

- **2021**: Information sheets about benzo withdrawal, responding to an overdose with benzos/etizolam posted on Toward the Heart


Overdose Resources

Opioids and Benzos or Etizolam

toward the heart.ca
BCCDC HARM REDUCTION SERVICES

The following information outlines how benzos or benzo-like substances can complicate and delay opioid overdose response, and what to do if these substances are involved.

WHAT HAPPENS WHEN BENZOS ARE MIXED WITH OPIOIDS?

Increased likelihood of overdose from combined effects on central nervous system (e.g. respiratory depression)

There is no antidote for benzos in community and **naloxone does not work on Benzos, BUT will temporarily reverse opioid effects**

After naloxone administration the person may begin breathing normally, but may not wake up

When in doubt GIVE NALOXONE

RESPONDING TO AN OVERDOSE WITH BENZOS OR ETIZOLAM

If you witness someone having an opioid overdose and suspect benzos are involved:

1. **Call 911** immediately and follow **SAVE ME steps**
2. **More doses of naloxone should only be given if the person is not breathing normally** (less than 10 breaths a minute)
3. **If the person is breathing normally but remains unconscious, place in recovery position** and stay with them until emergency services arrive
4. If available, use a pulse oximeter to monitor oxygen saturation in the blood

STIMULATE
AIRWAY
VENTILATE
EVALUATE
MEDICATION
EVALUATE & SUPPORT

AFTERCARE

Sedation drowsiness, blackouts and memory loss can last for hours, transfer for monitoring if possible

GET YOUR DRUGS CHECKED AND DON'T USE ALONE

- When getting your drugs tested, ask for drugs to be checked for benzos
- Use with a buddy or at an overdose prevention or supervised consumption site[1]
- When using with a buddy, stagger use so someone is able to respond

https://towardtheheart.com/resource/how-to-respond-to-a-opioid-overdose-with-benzos/open

QUALITATIVE FINDINGS: BENZO-LIKE SUBSTANCES CONTAMINATING OPIOIDS

Interview and focus group participants raised concerns about illegal opioids being contaminated with benzodiazepines:

1. Benzodiazepines are a major adulterant contaminating the opioid supply

   "So I would say that I also have a benzo addiction. Because — it's really hard to get stuff down on the streets that does not have benzos in it" (Ariel, Kelowna)

2. Severe risks associated with benzodiazepine withdrawal

   "Once someone is dependent there's also the danger of them quitting cold turkey because quitting the benzos cold turkey can cause seizures" (Taylor, Maple Ridge)

QUALITATIVE FINDINGS: BENZO-LIKE SUBSTANCES CONTAMINATING OPIOIDS

3. Increased risk of overdose and sedative effects of benzodiazepines: loss of memory and consciousness, and being victimized (e.g. theft, physical or sexual violence)

"You have these little glimpses of the memory of what happened. And then you're… on a mat in a holding cell. It's, like, oh, that's not something that I think anybody intends to do when they're picking up any substance, right" (Evan, Kelowna)

"… if you do the benzos you're out and people can do anything with you when you're out on benzos" (Gabrielle, Victoria)

4. Many people now have a benzodiazepine dependency that forces them to seek out and use more illicit opioids to try to find opioids containing sufficient benzodiazepines (despite safer supply and/or OAT):

"A lot of people are wired to the benzos…If they get fentanyl without benzos in it, they're still sick." (Focus Group 3 Participant, Vancouver)

RECOMMENDATION BASED ON FINDINGS ABOUT BENZO-LIKE SUBSTANCES

4 **Safer supply programs need to include benzodiazepines and prescribers should consider providing a safer supply of benzodiazepines to those at risk of benzodiazepine withdrawal or health concerns that can be addressed with benzodiazepines.**

QUANTITATIVE FINDINGS (2021 HRCS): ACCESS TO PRESCRIBED SAFER SUPPLY (PSS)[10]

2021 Survey:

- Of HRCS respondents who reported using any illicit opioids, illicit stimulants or benzos in last 3 days
  - 16.5% reported receiving a prescribed supply of opioids, stimulants or benzos through PSS
- Compared to people who did not receive PSS, PSS recipients were:
  - More likely to both smoke and inject drugs in the last six months (46.9% vs 24.9%)
  - More likely to use substances daily (86.5% vs. 73.5%)
  - Be younger (35% <50y vs. 17% ≥ 50 y)
  - Be engaged in harm reduction services i.e.
    - Drug checking services, overdose prevention sites and opioid agonist treatment

QUALITATIVE FINDINGS: ACCESS TO SAFER SUPPLY

Beyond the need to expand the substances and modes of use available to make safer supply accessible, participants discussed barriers related to prescribed safer supply (e.g. prescriber willingness, prescriber practices, stigma in healthcare settings, inadequate dosages); models and requirements for pick-up and travel that are not appropriate for rural and remote communities as well as for people with limited mobility:

"Yeah, it also depends though — literally where you're at in B.C…you could literally go to a different city and be given, like, anything — opposed to, you know — what we have available here. And it doesn't make any sense whatsoever." (Focus Group 6 Participant, Nanaimo)

"I know that it can be problematic when it's not reaching people that are not able to get it in town to get on it…I'd like to see something that would be accessible…" (Focus Group 2 Participant, Quesnel)

QUALITATIVE FINDINGS: ACCESS TO SAFER SUPPLY

This also included barriers related to policies around missed doses that were inflexible and led to people being cut-off from their safer supply and undesirable program settings and requirements:

"But for me, like, using the safe supply would be having that safe supply there all the time. But it's not there all the time because — doctors shut you down after two days… why am I even on safe supply?" (Focus Group 5 Participant, Nelson)

"I could quite happily get heroin and get carries and you wouldn't see me. I'd pick up my carries. I'd be out working, doing whatever I wanted to do to get out of here…Like right now I take morphine, dillies and diacetylmorphine and fentanyl simply because I don't want to go to the fucking clinic three times a day anymore." (Focus Group 3 Participant, Vancouver)

RECOMMENDATION BASED ON FINDINGS RELATED TO SAFER SUPPLY PROGRAMS AND MODELS

11 Provide low-barrier models, that include virtual and mobile options, take-home dose options and flexible and appropriate policies around missed doses, to ensure access to safer supply programs.

12 Seek section 56 exemption from the federal government to legally develop, implement and evaluate non-prescriber safer supply models. Provincial governments have a role in supporting the implementation of non-prescriber safer supply models, including compassion clubs and co-op models.

13 Involve people with lived and living experience of substance use in the design and operation of safer supply programs to ensure programs are aligned with peoples' preferences and needs and increase access.

POLICY AND PRACTICE IMPLICATIONS FOR SAFER SUPPLY

Safer supply aims to provides people who use drugs with substances of known content as an alternative to the toxic illegal drug supply. For people to use safer supply it needs to meet their needs, and be acceptable and accessible

> *"Because I know that for most people…the existing options, the range of options, doesn't really satisfy peoples needs. Most users I know are still using some form of street drug." (Oscar, Vancouver)*

Current safer supply options don't meet the needs of people who use drugs in their effects, the prescribed doses and the preferred mode of use; therefore people continue to use substances from the toxic illegal street supply

Diverse opioid and stimulant options are needed to accommodate substance and mode of use preferences, and they need to be available in appropriate doses. Options should be accessible through various models, including low-barrier models

POLICY AND PRACTICE IMPLICATIONS FOR SAFER SUPPLY

- Expand the substances offered to include
  - Opioids: diacetylmorphine (heroin) and fentanyl
  - Stimulants: methamphetamine and cocaine
- Include inhalable formulations
- One size does not fit all
  - Preferences vary by age, gender, geography, and frequency of use
- Challenges of access – explore low-barrier prescriber models (e.g. take-home doses) and non-prescriber models
- Engage people who use substances to ensure diverse needs are identified and met. Ongoing input necessary to identify shifts
  - Substance and mode of use preference may change as safer supply options become available e.g.
    - Many primarily smoke for safety reasons; if an accessible safer supply is available some may prefer other modes of use e.g. injecting
    - Stimulants are used by many to balance the effects of fentanyl; stimulant use may change if heroin is available through a safer supply

13 RECOMMENDATIONS BASED ON STUDY FINDINGS

1. Include diacetylmorphine (heroin) in the Safer Supply Policy Directive. Implement and expand safer supply programs offering heroin.
2. Safer supply programs should offer various forms of fentanyl, including fentanyl powder.
3. Provide a regulated supply of stimulants people are accessing from the illegal supply (e.g. methamphetamine, cocaine, desoxyn), in addition to currently available prescribed alternatives (e.g. Dexedrine, Ritalin).
4. Safer supply programs need to include benzodiazepines and prescribers should consider providing a safer supply of benzodiazepines to those at risk of benzodiazepine withdrawal or health concerns that can be addressed with benzodiazepines.
5. Make injectable alternatives to oral forms of safer supply available.
6. Make inhalable forms of heroin and fentanyl, as well as other safer supply options (e.g. stimulants), available.
7. Expand existing overdose prevention sites to allow for supervised inhalation both indoors and outdoors.

8 Regulatory bodies, such as the College of Physicians and Surgeons of BC, should be transparent about audit processes and guidelines in place to monitor and detect harms resulting from the absence of safer supply prescribing.

9 Public health and harm reduction organizations should develop educational and advocacy tools to empower people who use drugs to seek out and advocate for the substances and modes of use they need, particularly when confronted with prescriber hesitancy.

10 Clarify the role of the provincial government in addressing prescriber hesitancy.

11 Provide low-barrier models, that include virtual and mobile options, take-home dose options and flexible and appropriate policies around missed doses, to ensure access to safer supply programs.

12 Seek section 56 exemption from the federal government to legally develop, implement and evaluate non-prescriber safer supply models. Provincial governments have a role in supporting the implementation of non-prescriber safer supply models, including compassion clubs and co-op models.

13 Involve people with lived and living experience of substance use in the design and operation of safer supply programs to ensure programs are aligned with peoples' preferences and needs and increase access.

FOR MORE INFORMATION

- **For full report and infographic:**

Report**:** https://towardtheheart.com/resource/substance-use-patterns-and-safer-supply-preferences-among-pwud-/open

Infographic**:** https://towardtheheart.com/resource/substance-use-patterns-and-safe-supply-needs-infographic-/open

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REFERENCES

1. BC Coroners Service. Illicit drug toxicity deaths in BC. Available: https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/illicit-drug.pdf

2. Canadian Association of People who Use Drugs (2019). Safe Supply Concept Document. https://vancouver. ca/files/cov/capud-safe-supply-concept-document.pdf

3. Risk mitigation in the context of dual public health emergencies. https://www.bccsu.ca/wp-content/uploads/2020/04/Risk-Mitigation-in-the-Context-of-Dual-Public-Health-Emergencies-v1.5.pdf

4. Harm Reduction Client Survey. BC CDC. http://www.bccdc.ca/health-professionals/data-reports/harm-reduction-client-survey

5. Ferguson et al (2022). Investigating opioid preference to inform safe supply services: A cross sectional study *Int J Drug Pol* https://www.sciencedirect.com/science/article/pii/S0955395921004928#

6. Parent et al (2021). Examining prevalence and correlates of smoking opioids in British Columbia: opioids are more often smoked than injected. *Subst Abuse Treat Prev Policy*, 16(1):79 https://doi.org/10.1186/s13011-021-00414-6

7. Kamal et al, (2023) Smoking identified as preferred mode of opioid safe supply use; investigating correlates of smoking preference through 2021 cross-sectional study in British Columbia. *Subst Abuse Treat Prev Policy* 18:27 https://rdcu.be/dcioF

8. Papamihali et al. (2021) Methamphetamine use in British Columbia, Canada: a cross-sectional study of people who access harm reduction services. *PLoS ONE*; 16(5):e0252090 https://doi.org/10.1371/journal.pone.0252090

9. Vancouver Island Drug Checking Project October 2022 monthly report https://substance.uvic.ca/blog/october-2022-monthly-report/

10. Identifying demographic, substance use, and health services characteristics associated with obtaining Prescribed Safer Supply: analysis from the Harm Reduction Client Survey (Knowledge Update). Vancouver, BC: BC Centre for Disease Control, 2022 http://www.bccdc.ca/health-professionals/data-reports/harm-reduction-client-survey

THANK YOU FOR LISTENING!

"Cause so many years I've used…street grade [drugs]. Which is pretty strong. [Safer supply options are] pharmaceutical grade…it doesn't adequately address the person's cravings…They want that rush…To me – they're going halfway with [safer supply]…they just go halfway then they draw the line and say, no, no, no. Well, then why do you have it?" (Elliot, Quesnel)