National Safer Supply
Community of Practice

Safer Supply

Research, Practice and Advocacy

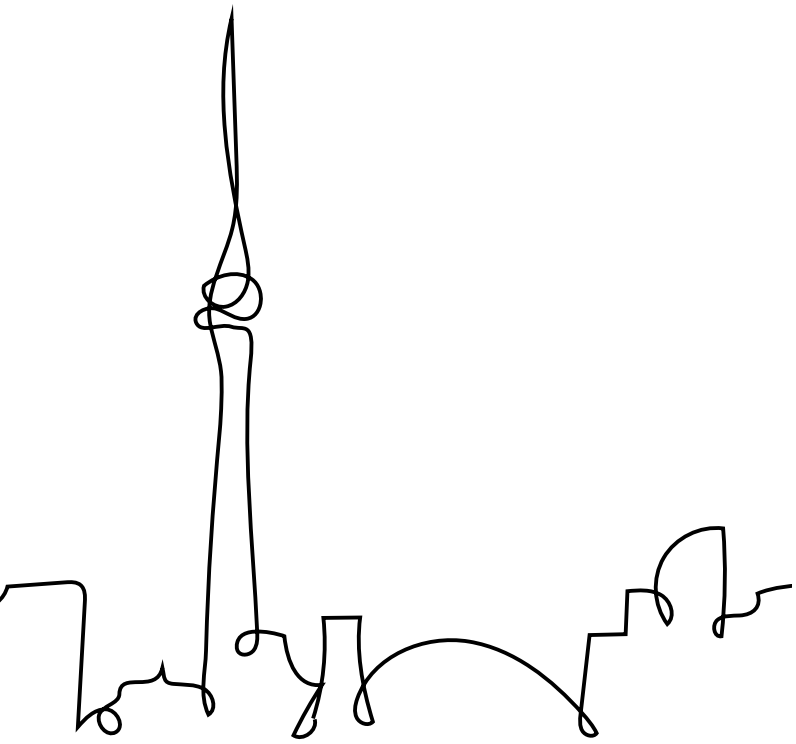
REFLECTING ON OUR PAST, PRESENT AND FUTURE

EVENT SUMMARY

Safer Supply:
Research, Practice, and Advocacy

EVENT SUMMARY

This report summarizes an event which took place on October 26, 2023, in Toronto and gathered people with lived and/or living experience, health care providers and administrators, researchers and advocates to discuss emerging evidence and future directions of safer supply in Canada.



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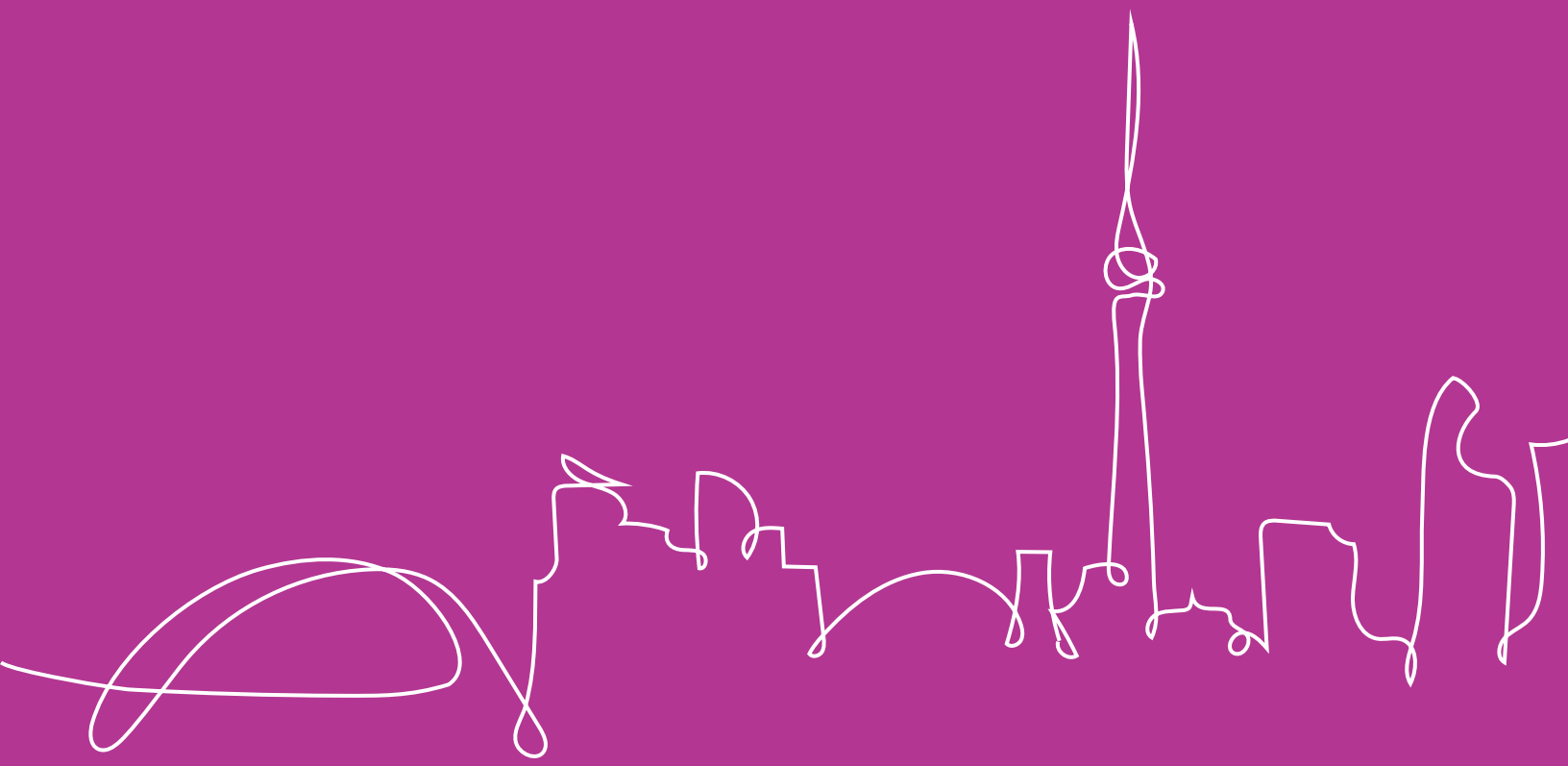


Acknowledgements

Land Acknowledgement

The Safer Supply Symposium was held at the 519 Community Centre in Tkaronto, now known as Toronto, which in Mohawk means *"where there are trees standing in the water"*. Tkaronto is located on the traditional territories of many First Peoples, including the Mississaugas of the Credit, the Anishinaabe, the Chippewa, the Haudenosaunee, and the Wendat peoples. These nations continue to experience ongoing colonization and displacement– where land acknowledgements are offered in place of land itself.

Tkaronto is covered under Treaty #13 and the Williams Treaties, and it is part of 'the Dish with One Spoon' wampum, a Treaty made between the Anishinaabe, Mississaugas, and Haudenosaunee, where nations entered into an agreement to protect the land and responsibly care for its resources in harmony together.

As settlers, newcomers, refugees, and Indigenous peoples, we have all been invited into these treaties in the spirit of peace, friendship, and respect. We are also mindful of broken treaties that persist across Turtle Island today and recognize our responsibilities as Treaty people to engage in a meaningful, continuous process of truth and reconciliation with all our relations. By being on this land, we are all responsible for upholding its treaties. Treaty agreements were made to last as long as *"the sun shines, the grass grows, and rivers flow."*

Tkaronto was built on stolen land and stolen labour of Black, Indigenous, and racialized people. We also recognize and remember those who came here involuntarily, particularly those brought to these lands as a result of the trans-Atlantic slave trade and slavery.

Many of us are involved in work that aims to address social and structural harms that are rooted in our colonial history and its enduring practices, institutions, and ways of thinking. We know that Indigenous people, as well as members of the African, Caribbean, and Black communities, are disproportionately harmed by drug policies that are rooted in racism and colonialism. In our work together, we look for ways to transform racist and colonial institutions and practices, to repair harms, prevent future harms, and create a more inclusive and equitable future.

People Who Use Drugs and the Ongoing War on Drugs

The war on drugs and people who use drugs inflicts mental health harms, physical harms, emotional harms, and social harms. In Canada in 2023, an average of 22 people died every day from opioid toxicity due to consuming drugs from the unregulated supply. Despite a public health emergency being declared in the province of British Columbia (BC) in 2016, almost 41,000 deaths had been recorded in Canada due to opioid toxicity as of June 2023 (1). For decades, people who use drugs have worked to help each other stay as safe as possible in the face of institutional and societal neglect, as well as ongoing colonization and systemic racism.

The concept of safe supply comes from people who use drugs. The current medicalized model for safer supply has arisen from collaboration between people who use drugs and health care professionals, in which health care professionals listened and learned from people who use drugs and committed to use their clinical expertise and social power to support people's access to a regulated pharmaceutical. Medicalized safer supply is part of the response to an unpredictable, contaminated, unregulated drug supply, and government refusal to legalize and regulate drugs.

Not only do we grieve the lives of beloved family members, friends, and colleagues who we've lost to the war on drugs, we also celebrate the advocacy, creativity, innovation, and care of people who use drugs.

Organizers and Funders

This event was organized by the National Safer Supply Community of Practice in collaboration with Drs. Adrian Guta and Carol Strike.

This event was supported by funding through a Canadian Institutes for Health Research Planning and Dissemination Grant (Grant #479051)(2) and funding from the Canadian Association of HIV Research, the Canadian Association for Global Health, and Health Canada's Substance Use and Addictions Program.

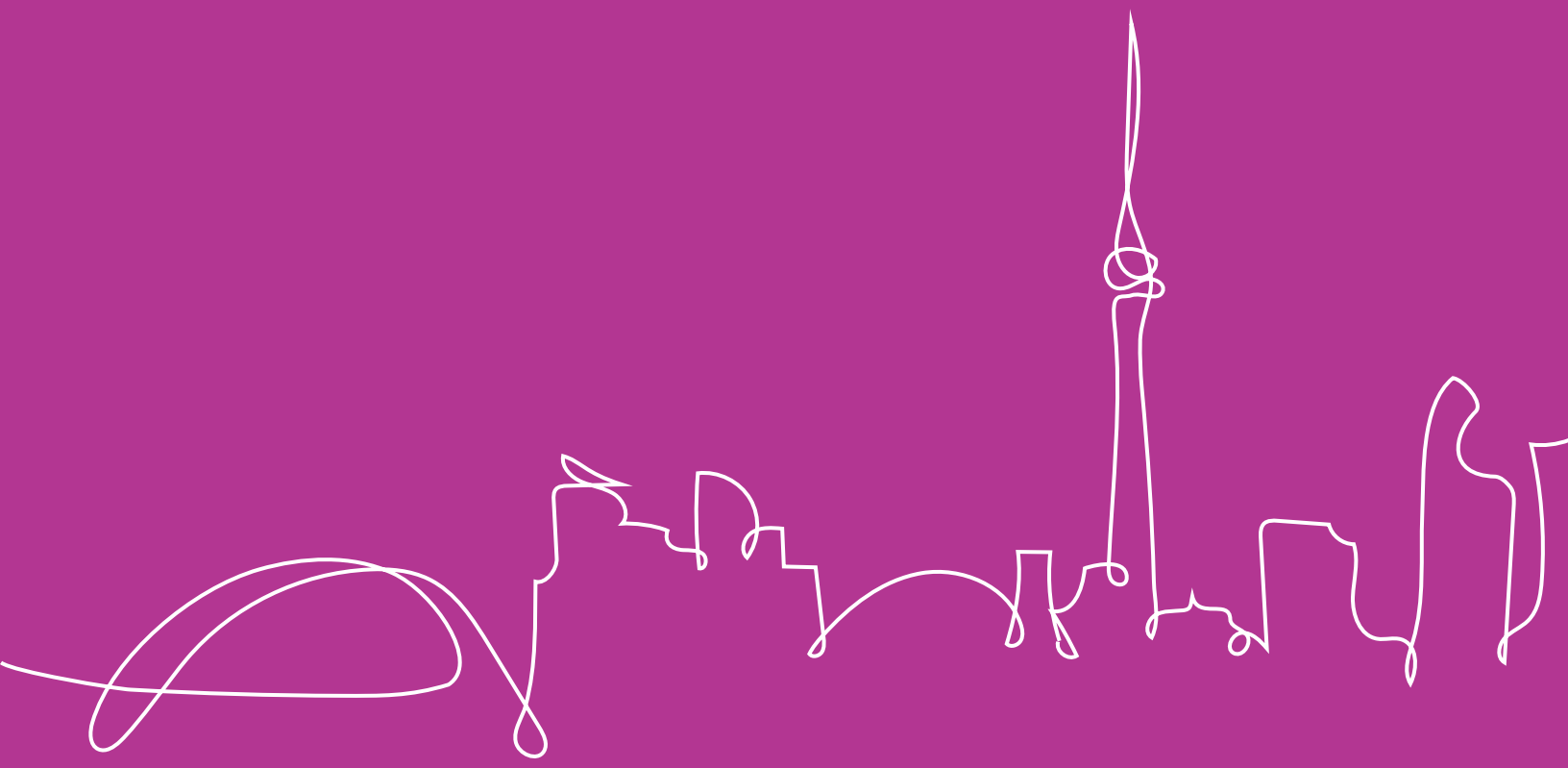
Production of this document has been made possible through a financial contribution from Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.

Purpose of this Document

This document summarizes event proceedings to provide to attendees, and others interested in safer supply research, and can be referenced when applying for funding.

Suggested Citation

Fajber, K., Penn, R., Strike, C., Guta, A. (2024). *Safer Supply. Research, Practice, and Advocacy: An Event Summary.* National Safer Supply Community of Practice.



The Event

Background and Objectives

Canada's overdose crisis is fueled by an unregulated, unpredictable, and toxic drug supply of fentanyl, fentanyl analogues, benzodiazepines, and other contaminants. In response, safer supply initiatives have provided an innovative option to reduce use of the unregulated drug supply and related harms including overdose deaths due to opioid toxicity. The Canadian Association of People Who Use Drugs (CAPUD) defines safe supply as "a legal and regulated supply of drugs with mind/body altering properties that traditionally have been accessible only through the illicit drug market" (3).

Despite the ongoing public health emergency, and research demonstrating the positive impacts of safer supply (4-22), the availability of prescribed safer supply in Canada has been highly scrutinized and politicized as an intervention (23). Since 2020, 24 prescribed safer supply programs have received federal funding from Health Canada's Substance Use and Addictions Programs (SUAP)(24), however many of those programs are scheduled to lose access to their funding as of March 31, 2024. In this climate of political tension and tenuous funding, researchers, practitioners, and people with lived and/or living experience came together to discuss advancements in safer supply, share new and emerging research findings, and plan future directions.

The specific objectives of the Safer Supply Symposium were to:

1. **Disseminate** research and practice knowledge from established and emerging safer supply research initiatives from across Canada;
2. **Dialogue** with event stakeholders about lessons learned from the first wave of safer supply initiatives;
3. **Plan** a future research agenda for safer supply across clinical, social science, public health, and community-based research; and
4. **Establish** an integrated safer supply research, policy, and advocacy agenda to ensure scalability and sustainability across Canada.

Attendees

The Safer Supply Symposium brought together a group of people with diverse experiences in safer supply research, practice, and advocacy from across Canada.

Among 98 attendees:

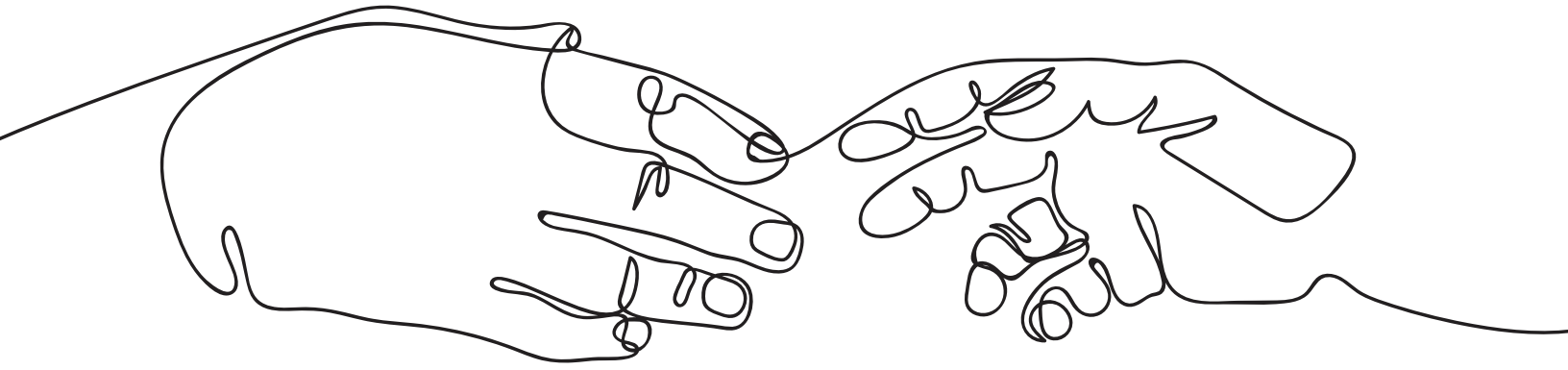
- 19% identified as a person with lived and/or living experience;
- 26% as researchers;
- 26% as clinicians;
- 24% as in a program operations role (e.g., manager)
- 9% as in a social care role; and
- 8% as in a knowledge exchange and translation role.

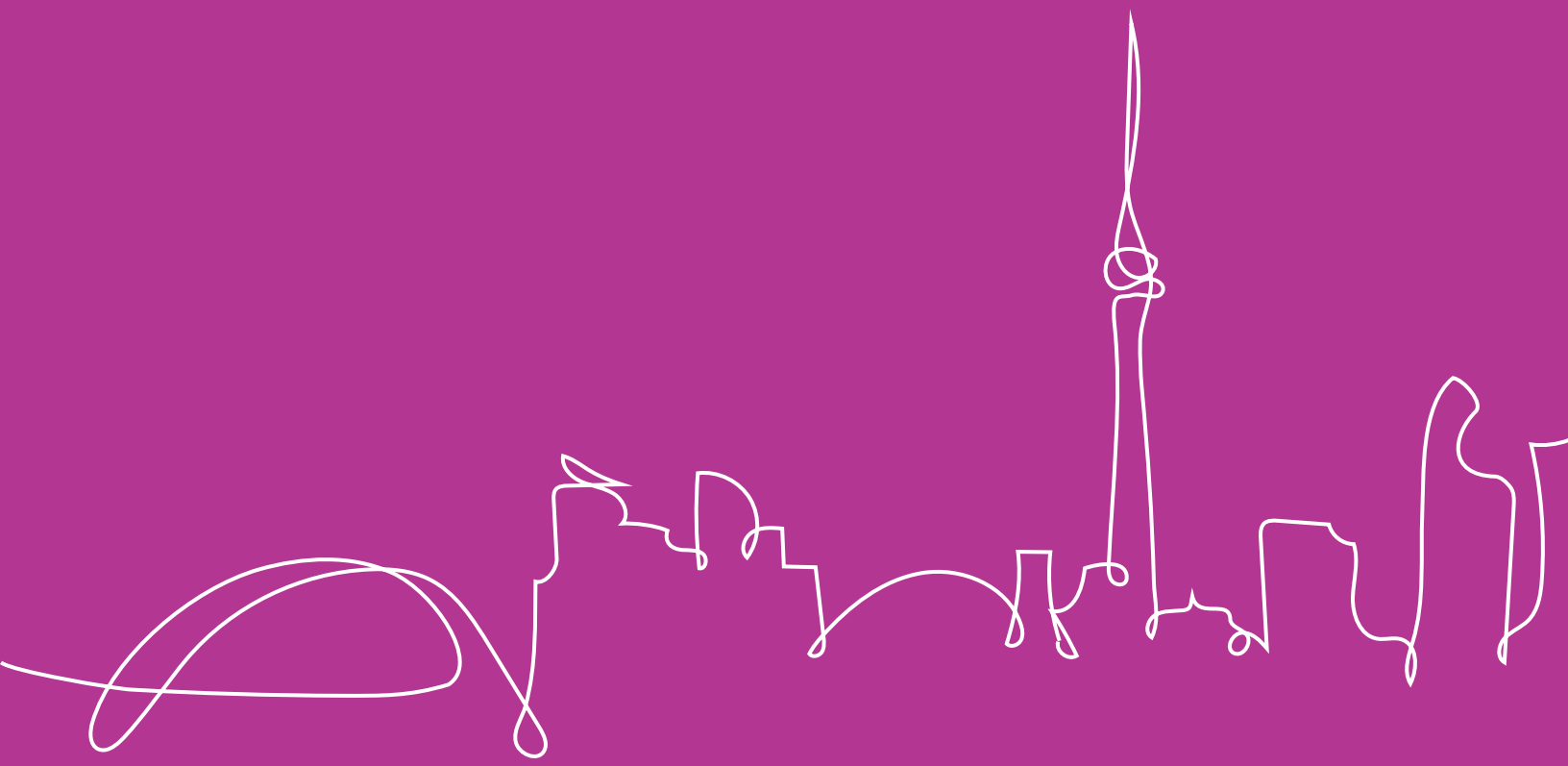
Note: some attendees identified multiple roles

Attendees came from 25 cities across five provinces (BC, Alberta, Ontario, Nova Scotia, and New Brunswick).

Community Safety Planning

Care was taken to make the day as comfortable, inclusive, and safe as possible for all attendees, including people with lived and/or living experience and people for whom this was their first time attending a conference. Event organizers reached out to all attendees prior to the event to elicit individual needs and develop individualized safety plans with appropriate support people and resources to ensure wellness while traveling to and participating in the event. Throughout the Symposium, specific personnel were present and available to offer individual support and contribute to a positive, respectful, and collaborative environment. Specific supports included a counsellor for debriefing, an equity, diversity, and inclusion specialist for facilitating the space, and overdose prevention workers who staffed a health room where all attendees could take a break or access support as needed.





What was discussed

Panel 1: Perspectives of People Who Use Drugs

The first panel grounded the conversation for the rest of the day in lived and living experience.

Moderator: **Tonya Evans**

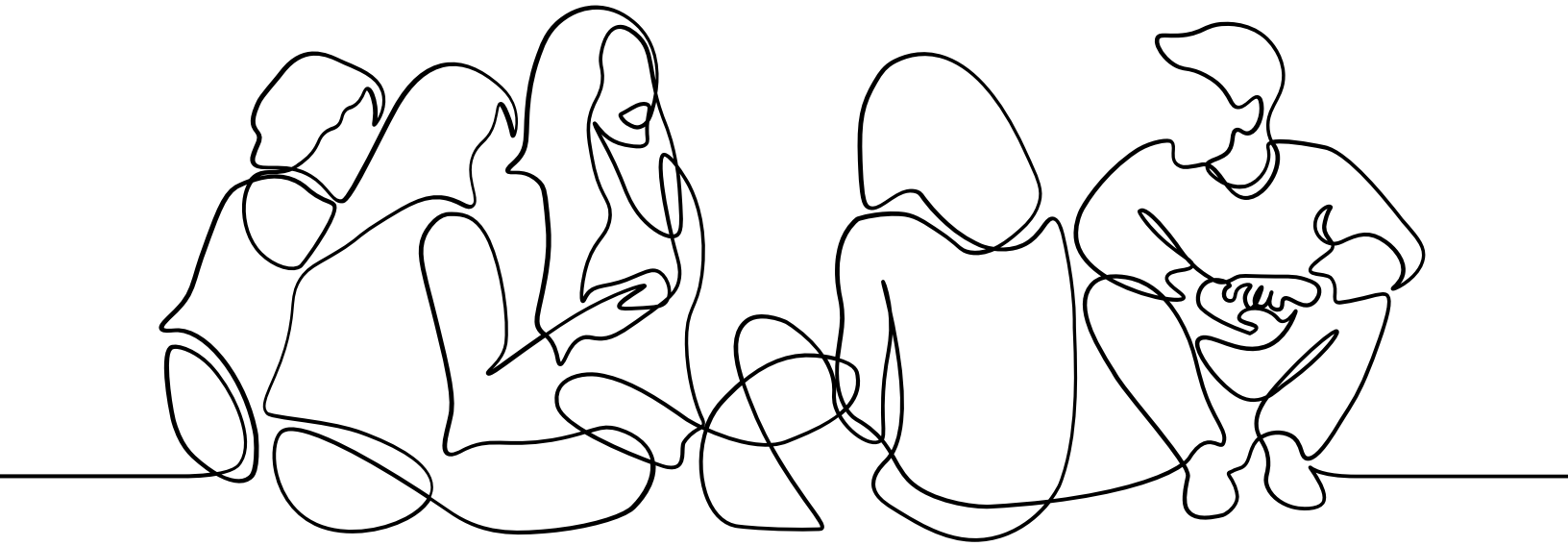
Panelists: **Phoenix Beck McGreevy**
Ashley Smoke
Andrzej Celinski
Frank Crichlow
Anonymous

Panelists expressed what safer supply meant to them and emphasized the role of regulated substances to reduce ongoing harms of the war against drugs and people that use them. Comments reflected having access to the right drug, dose, and formulation of safer supply in an accessible setting and at an acceptable cost to meet individual needs. Panelists highlighted that safer supply is a crucial harm reduction strategy that must be facilitated in multiple ways including and beyond medicalized safer supply; there remains opportunity to engage community models of distributing safer supply. For many, safer supply goes beyond having access to a regulated drug by providing that access alongside trusting relationships and wraparound services that also uphold culture and Indigeneity.

When asked about what safer supply *could* look like, panelists stressed the need for a radical paradigm shift in public perception of people who use drugs to destigmatize substance use and facilitate harm reduction at the system level. Current availability of safer supply in Canada is far from matching the level of need by people who use drugs in the community; there is a need for increased availability, more diverse models of delivery, and expansion of regulated options that include both opioids and stimulants. There was a call for heightened cultural competency and more racialized and Indigenous individuals in leadership positions to ensure that harm reduction efforts are inclusive of the diverse people who use drugs.

Discussion with the audience illuminated the critical work that people with lived and/or living experience–sometimes referred to as peers–do in their communities, with one panelist imploring anyone who works with peers to build roles around people instead of hiring people for fixed and rigid roles. Despite both advancements in and intentions of peer involvement, many peers continue to navigate inequitable employment conditions that require trade offs between positions that fully legitimize peer work and positions that are truly accessible to peers in varying circumstances and with differing accessibility barriers. The interlocking systems of oppression of stigma, capitalism, colonialism, and racism that people who use drugs constantly navigate create countless barriers to individuals engaging in safer supply and these larger systems must be dismantled to effectively move the work forward. Similarly, the drug toxicity crisis cannot be discussed out of context of the lack of available, accessible, and affordable housing for all. Housing is a human right, and the constant violation of this right exacerbates the drug toxicity crisis and its harms.

Finally, clinicians, researchers, and advocates were called on to effectively use their power to shift hearts and minds of colleagues, friends, family, and networks. Panelists reminded the audience to stay grounded in principles of harm reduction and lead with love.



Panel 2: Current Research

The second panel spotlighted six current and ongoing research projects.

BC Evaluation of Prescribed Safer Supply

Drs. Karen Urbanoski and Bernie Pauly
Canadian Institute for Substance Use Research,
University of Victoria

This presentation highlighted findings from a community-based participatory research project with people who use drugs in 2020-2021 to evaluate the Risk Mitigation Guidance (RMG) in BC. This mixed methods study used surveys, interviews, and administrative data to provide comprehensive findings regarding the implementation, outcomes, and perspectives of a population-level health intervention at the provincial level during dual public health emergencies.

Read the Paper: Effect of Risk Mitigation Guidance for opioid and stimulant dispensations on mortality and acute care visits during dual public health emergencies: retrospective cohort study (4)

Read the Policy: Risk Mitigation in the Context of Dual Public Health Emergencies (25)

Read the Study Methodology: Evaluation of the risk mitigation measures for people with substance use disorders to address the dual public health crises of COVID-19 and overdose in British Columbia: a mixed-method study protocol (26)

Safer Supply: Rural Considerations

Dr. Geoff Bardwell
School of Public Health Sciences, Faculty of Health,
University of Waterloo

This presentation shared research examining the social, geographical, prescriber and policy contexts for people who use drugs in rural and coastal communities in BC. Specifically, it used the analogy of the "goldfish bowl effect" to explain the heightened surveillance and exposure of people who use drugs in remote communities. Areas for future research include longitudinal studies, following individuals who are discontinued for various reasons, and how technology (e.g., tele-health, drone delivery) may be used to enhance medication delivery.

Read Paper: The "goldfish bowl": a qualitative study of the effects of heightened surveillance on people who use drugs in a rural and coastal Canadian setting (27)

Peer-Based Research Models

Phoenix Beck McGreevy
Person with lived experience,
Canadian Institute for Substance Use Research

This presentation shared a framework for how people who use drugs and academic researchers can effectively partner within community-based participatory research projects and is based on the experience conducting an evaluation of prescribed safer supply during dual public health emergencies in BC. Key points include engaging with peers in a meaningful and effective way by building roles around capacities, interests, and strengths; providing fair, equitable pay; and being reflexive, adaptive, and respectful team members.

Read the Paper: Doing community-based research during dual public health emergencies (COVID and overdose) (28)

Evaluation of Four Safer Supply Programs in Ontario

Rose Schmidt, PhD Candidate
University of Toronto

This presentation documented a mixed-methods, implementation science project examining four safer supply programs in Ontario: Parkdale Queen West, Street Health, South Riverdale Community Health Center, and London Intercommunity Health Center. Key findings were how safer supply programs save lives, offer adaptive and flexible care, improve clients' health and access to health and health care, improve clients' quality of life, and remain rewarding despite challenges. Recommendations include having more options for safer supply, offering different delivery models, advocating for affordable and appropriate housing, and scaling up and ensuring program sustainability.

Read the Report: A Prescription for Safety: A Study of Safer Opioid Supply Programs in Ontario (7)

Kitchener-Waterloo Safer Supply Evaluation

Kourteney King
Safer Supply Program: Sanguen Health Center, Kitchener-Waterloo

This presentation highlighted the collaborative model, a unique form of cross-sector, community-wide service delivery within which the safer supply program has been implemented in Kitchener-Waterloo, Ontario. The collaborative model facilitates person-centered and trauma-informed care, integrates medical and social care, uses an encrypted cross-agency communication platform, supports clients who may be difficult to reach, and leverages relationships to deliver collaborative care among interdisciplinary providers. Challenges include clarifying various provider and team members roles while offering collaborative care, negotiating coordination of care, navigating differing perspectives among organizations and providers, and facilitating timely client referrals and intake.

Read the Reports: Outcomes from the Kitchener-Waterloo Safer Supply Program (17) and The Kitchener-Waterloo Safer Supply Program: A Collaborative Model (29)

The Role of Research

Dr. Dan Werb
Li Ka Shing Knowledge Institute, St. Michael's Hospital, Toronto

This presentation spoke to the role of research in relation to policy, suggesting that research supporting harm reduction and human rights exists and now is the time to showcase what safer supply programs can look like. As advocates, attendees all have a role to play and there is a need to adapt the message about safer supply to strategically target different audiences within shifting political situations.

Panel 3: Hot Topics

The third panel of the day examined contentious issues regarding safer supply.

Human Rights and Drug Policy

Sandra Ka Hon Chu
HIV Legal Network, Toronto

This presentation spoke to the utility of human rights law in safer supply to both defend existing access and push for new models to expand access. Use of legal injunction to defend related rights have previously been used to keep Insite in operation in BC (30), maintain access to pharmaceutical heroin (diacetylmorphine or DAM) for clinical trial participants in BC (31), and most recently to protect access to prescribed hydromorphone following changes to Alberta's provincial regulation that restricted safer supply prescribing (32). Presenters spotlighted the pitfall in some legal cases of framing drug use as a personal "bad choice" and thus falling into the discourse of 'addiction-as-disease' versus promoting bodily choice and autonomy. Notably, a recent report from the UN Human Rights Council marks the first time a UN body has formally recognized responsible regulation as an appropriate and legitimate approach to drug markets (33).

Read the Court Case: Providence HCS vs Canada (AG), 2014 (31)

Read the Court Case: Canada (AG) v PHS Community Services Society, 2011 (30)

Read the Court Case: Black v Alberta, 2023 (32)

Read the UN Report: Human rights challenges in addressing and countering all aspects of the world drug problem (33)

Innovating Beyond Exclusively Medicalized Approaches

Corey Ranger
Canadian Civil Society Advancing Safe Supply Working Group

This presentation provided an overview of a policy brief written by the Canadian Civil Society Advancing Safe Supply Working Group (a coalition of national, provincial, and regional stakeholders) for the previous Minister of Mental Health and Addictions, Minister Bennett. The brief provides an overview of benefits and limitations of medicalized safer supply and makes recommendations for advancing safer supply through a range of policies to enable the expansion of medicalized options alongside the implementation of non-medicalized options.

Ready the Policy Brief: Innovating Beyond Exclusively Medicalized Approaches (34)

Ethics and Safer Supply

Dr. Daniel Buchman
Center for Addiction and Mental Health, Toronto

This presentation elicited the intersection of scientific evidence and ethical values, suggesting that current conversations about safer supply ethics focus on the clinical ethics (i.e., the relationship between service users and providers) over public health ethics (i.e., obligations of societies towards is members, specifically the least well-off). To address this gap, analysis is underway which applies the Public Health Agency of Canada COVID-19 decision making framework to safer supply.

Watch related webinar: Ethics of Prescribed Safer Supply

Diversion of Prescribed Safer Supply Medications

Dr. Carol Strike
University of Toronto

This presentation commented on the growing media attention spotlighting concerns about diversion of prescribed safer supply medications, which focuses public attention away from community experiences of overdose and toward political goals and stigmatizing narratives. Concerns about potential diversion of medications is a prominent critique of safer supply, yet there are a variety of complex reasons and contextual factors for selling, trading, and sharing medications. Diversion can be framed in different ways: as an unlawful use of regulated pharmaceuticals or as a way in which community takes care of each other in the context of structural barriers to meet their needs. Careful consideration must be put toward how to study, monitor, and explain both potential risks and benefits of diversion.

Read related resource: Reframing diversion for health care providers (35)

The Ban on Safe Supply

Patty Wilson and Dr. Kate Colizza
Clinicians, Alberta

This presentation discussed Alberta's Narcotics Transition Services (NTS), a provincial regulation that came into effect in October 2022, and which modified existing mental health services and dramatically restricted and changed the landscape of safer supply in Alberta. A policy analysis was conducted to articulate how the Alberta Government used intentional storytelling and narrative to pass NTS into law. This analysis revealed victims (people with addiction, communities), villains (people in safer supply programs, pharmaceutical industry), heroes (the Alberta Government), and shadow characters (the personification of safer supply). Deliberate use of storytelling and advocacy has paved the way for NTS regulation. Since the NTS, only one woman has been able to receive safer supply in the form of prescribed hydromorphone following a court injunction (32). Presenters urged the audience to be ready for similar storytelling tactics to be employed elsewhere, especially following a change in Federal government, and called for coming together as a coalition to pursue both legal action and a coordinated campaign to advocate for safer supply.

Read the Court Case: Black v Alberta, 2023 (32)

Read about the NTS: Narcotic transition services (36)

Watch related webinar: The Ban on Safer Supply: An Alberta Case Study

Panel Discussion

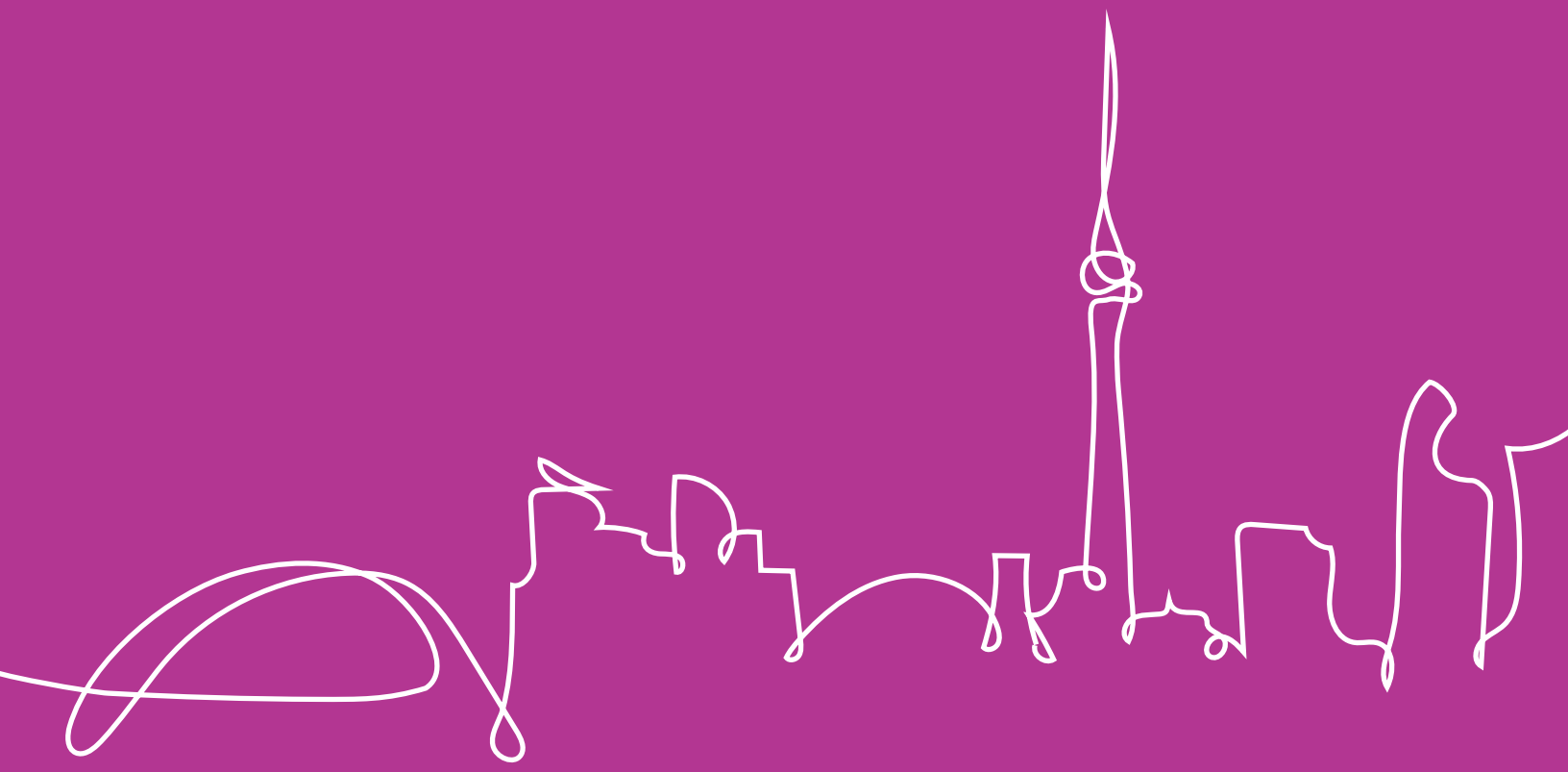
Discussion touched on **litigation as a strategy** for preserving safer supply access in Canada. It was noted that court cases are resource intensive and require an individual to be the principal applicant, which can be a burdensome and long-term commitment. There are also strategic choices to make about which court and which jurisdiction to pursue legal action. Historically, there are not as many examples to enforce a positive right (i.e., arguing access to safer supply should be established as a right) as there are examples of defending something that already exists and has been demonstrating positive outcomes (i.e., the continuation of safer supply).

There is opportunity for **resource sharing** as different provinces are at different points with establishing or losing access to safer supply. Evidence gathering and legal preparation for previous and/or ongoing court cases can be leveraged in other places. Policy makers without clinical expertise are writing health care policy which creates unique navigation challenges when making a case.

The question was raised about how to **preserve status quo** of safer supply availability in Canada **while simultaneously mobilizing to take legal action** against new policies that challenge safer supply, such as Black vs Alberta (32). This case was successful but limited – the complainant successfully filed for an injunction to continue receiving safer supply, but that injunction only applied to her individual care. This strategy was used as it was believed to be the legal approach most likely to succeed. Other court cases in Alberta include TAM vs Alberta (37) which was a constitutional challenge to policy enforcing oral medications. The case was not successful, though there was a lot of work to shape the narrative and demonstrate how inhibiting access to injectable Opioid Agonist Therapy (iOAT) was harmful.

Recent experiences in Alberta demonstrate how a **perpetuated culture fear and isolation** creates barriers to prescribing. If a clinician decides to prescribe, they are doing so in isolation, without knowing who else is prescribing and at risk of penalization. Furthermore, they require a pharmacist to be willing to dispense medications despites risk of hefty fine for going outside of NTS regulation, creating further prescribing barriers.

There is a need for simultaneous short-term action in the form of injunction coupled with long-term action of following individuals who are deprescribed from safer supply to demonstrate the harms of deprescribing. There is historical evidence of the harms that come from deprescribing that have been documented and must be leveraged in telling these narratives. Passive deprescribing can refer to how deprescribing happens by attrition, for example a prescription runs out and is not renewed, or people miss several appointments and get cut off their medications. Media stories that perpetuate fear and villainize prescribers, as well as peer pressure among prescribers, contribute to the trend of passive deprescribing.



Breakout Discussions

During the final segment of the day, attendees were asked to reflect on emergent ideas as well as next steps. The following questions were asked to the group:

1. **Emergent:** What are you thinking about? What are your reactions and responses?
2. **Next Steps:** What kind/type of evidence should we be generating to understand the benefits and challenges of safer supply?

Group discussions elicited the following ideas for future research and knowledge translation:

Shaping Narratives

- Coordinate a large-scale campaign to shape the narrative of safer supply at the national level and engage Public Relations personnel to support efforts to educate the public.
- Focus on how to share the existing and continuing research to counter popular narrative and to leverage different types of evidence for different audiences (i.e., governments, regulatory colleges, and prescribers) and points of tension within safer supply (i.e., diversion, opioid use among youth).
- Look to other coalitions and work that has successfully shaped narratives of contentious issues to borrow their strategies and provide simple narratives.

Strategic Use of Existing Research and Resources

- Center people with lived and/or living experience and their stories while avoiding putting all the onus for change on them.
- Draw upon stories of what safer supply means for individuals and community to humanize the conversation and challenge stigma that is rooted in ignorance.
- Educate voters and target people who are unaware, unsure, and don't yet have a firm stance on these issues.
- Compile all letters and signatures of support for safer supply that have been generated from organizations, researchers, clinicians, and activists over the years.
- Reinforce that the call for safer supply comes from varied sources and has been ongoing for years.

Contextualize Diversion

- Contextualize conversation about diversion by providing perspective on how and why safer supply medication are shared, traded, and sold.

Show Harms of Deprescribing

- Follow people who are deprescribed and discontinued from their safer supply medications over time to capture the impacts.
- Track individual and program outcomes following any loss of funding for safer supply programs.
- Draw on jurisdictions where deprescribing has already happened to inform study proposals and designs.

Diversify Research

- Draw on international and historical analyses and evidence of safer supply.
- Expand evidence base with more research that uses quantitative methods, longitudinal designs, and bigger sample sizes.
- Use stories to connect with people and humanize the research.

Seek Equity

- Investigate systemic barriers to safer supply by drawing on lived expertise.
- Decolonize research.
- Address culture of whiteness and racism in harm reduction.
- Support people with lived and/or living experience in positions of leadership.

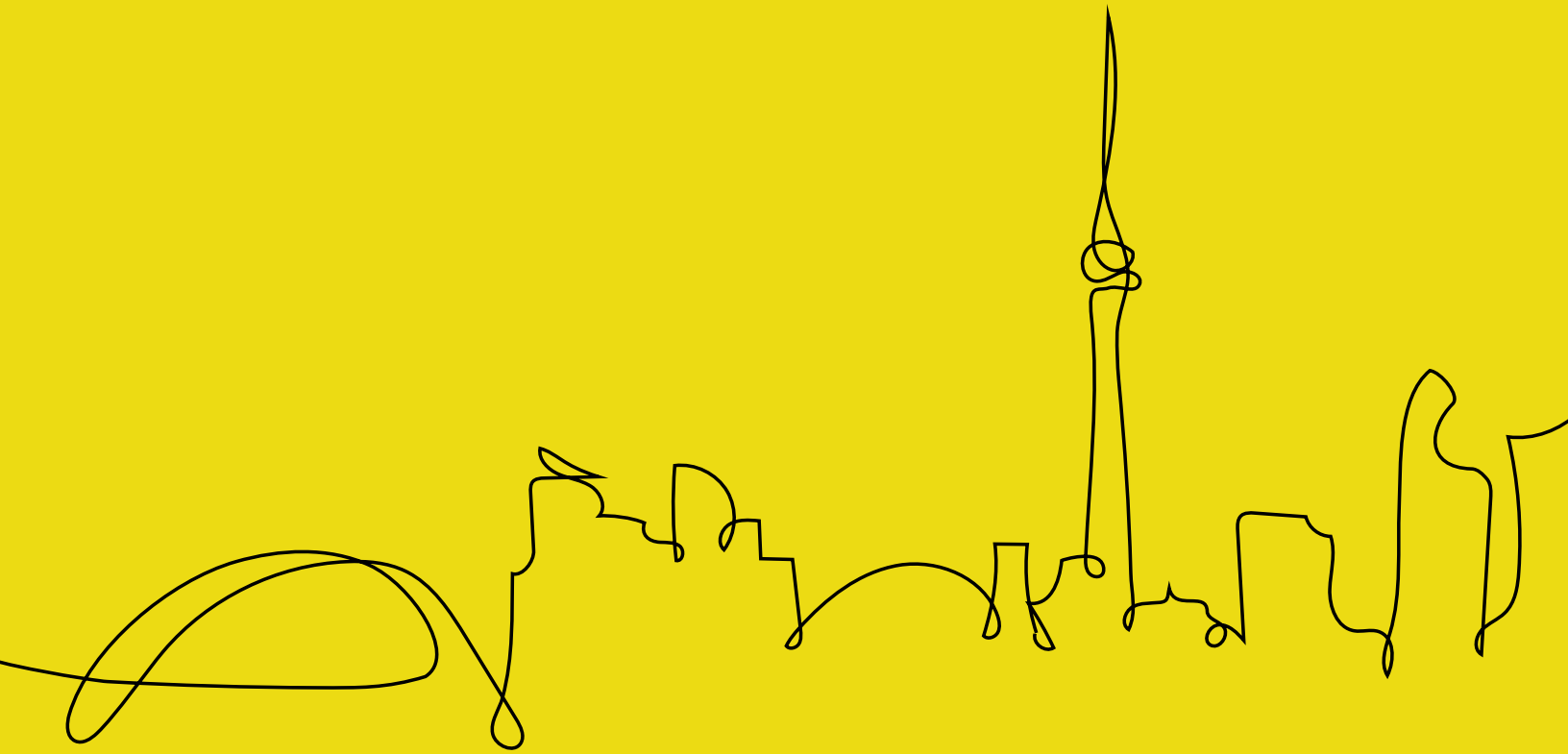
Promote Different Models and Options

- Remember that there is no "one size fits all" safer supply program or approach.
- Recognize the opportunity for different models (i.e., iOAT, compassion clubs, prescribed safer supply) within a continuum of supports.
- Advocate for pilot funding for non-prescriber models of regulated drug supply.
- Articulate which populations are being served by medicalized safer supply and which populations are not.
- Build case and evidence base for safer stimulants.

Event Evaluation

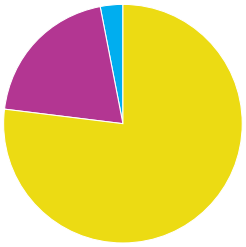
63% participation in our evaluation survey.

(62 RESPONSES OUT OF 98 ATTENDEES)



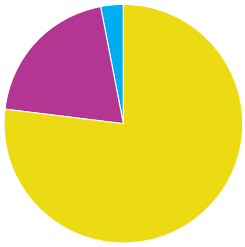
62 participants responded

to the evaluation survey and rated their agreement with the following statements:



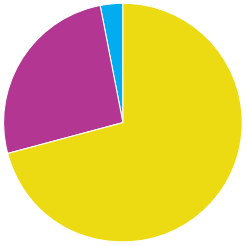
- **77%** said strongly agree
- **20%** said agree
- **3%** said neutral

"Participation in this session has increased my understanding of safer supply, the current evidence about safer supply, and what evidence might be needed."



- **77%** said strongly agree
- **20%** said agree
- **3%** said neutral

"I will consider incorporating the skills and knowledge learned during this session in my current projects and/or in future initiatives."



- **71%** said strongly agree
- **26%** said agree
- **3%** said neutral

"Participation in this session has improved my capacity (knowledge, skills, or abilities) related to safer supply and harm reduction and/or improve the health and well-being of people who use drugs."

- **35%** said strongly agree
- **36%** said agree
- **21%** said neutral
- **8%** said disagree

"Participation in this session has improved my capacity (knowledge, skills, or abilities) to prevent new HIV/HCV/STBBI infections and/or improve the health and well-being of people affected by HIV/HCV/STBBI in communities across Canada."

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