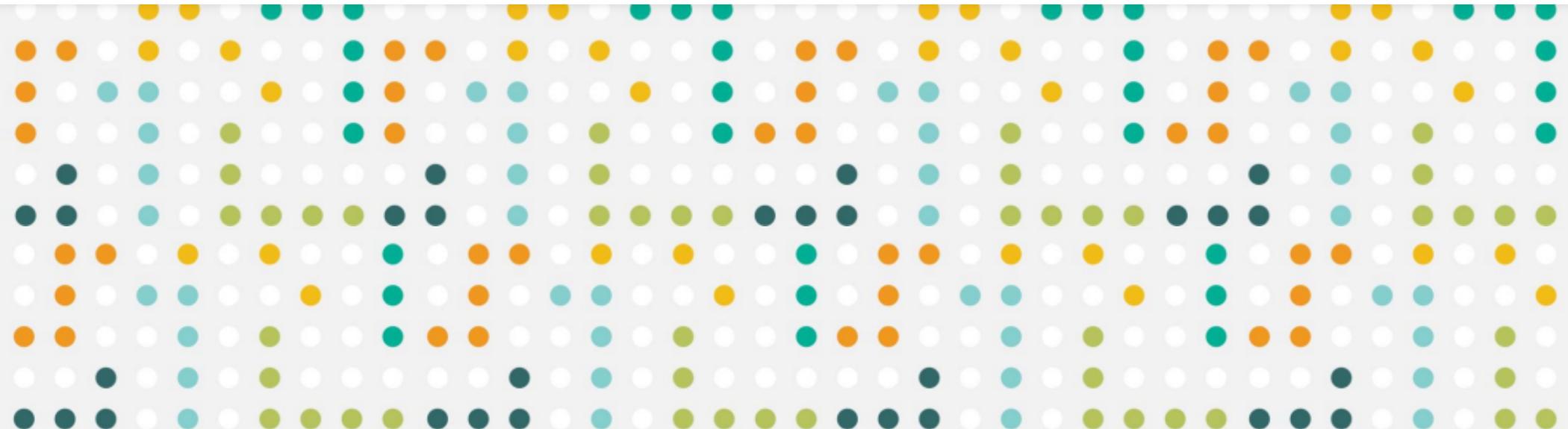




# Community Action Teams (CAT): Safer Supply Project Toolkit

Engaging partners, developing relationships and improving providers' support with safer supply programs





# Acknowledgements

This toolkit was developed by a multi-CAT working group, to leverage intercommunity collaboration for the provincial spread of safer supply (see poster). Diverse representation allowed for insightful discussion on the specifications for a project toolkit and on innovative CAT project activities.

We would like to acknowledge and thank all those who contributed to the development of this resource. Working group members were from Abbotsford, Comox Valley and Penticton, including peers from the Sunshine Coast. The group met seven times from October 2022 to January 2023, with coaching and drafting support from the CAT Knowledge Exchange (Health Quality BC, formerly the BC Patient Safety & Quality Council). There was also partner support from the Overdose Emergency Response Centre, the Community Action Initiative, the National Safer Supply Community of Practice, and with engagement from local safer supply prescribers.

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# Community Action Teams (CAT): Safer Supply Project Toolkit

- **The toolkit can support CAT members to take the next steps towards improving safer supply in their communities.**
- **The toolkit is focused on engaging partners, developing relationships and improving providers' support with safer supply programs.**

## Accompanying resource links:

1. [Clinician and Physician Engagement Primer](#): A short resource that provides key considerations for engaging physicians.
2. [How to Collaborate With Municipalities: A Practical Guide for Public Health Actors](#) (including a [webinar](#))
3. [ATTIC \(Activities for Transforming Teams and Igniting Change\)](#): Interactive activities that can help you foster teamwork, develop communication skills, enable creative thinking, and explore systems.

### Safer Supply Overview Handout

An overview of what safer supply is, who can access it and program success factors.

### Safer Supply Project Activities to Improve Access

Four project activity examples that consider objectives and guide implementation.

### Safer Supply Talking Points for Health Providers

How to address commonly heard concerns in your engagement with health providers.

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# Community Action Teams (CAT): Safer Supply Overview Handout

An overview of what safer supply is, who can access it and program success factors, as well as a comprehensive guide to additional information.

## Safer Supply Overview Handout

An overview of what safer supply is, who can access it and program success factors.

## Safer Supply Project Activities to Improve Access

Four project activity examples that consider objectives and guide implementation.

## Safer Supply Talking Points for Health Providers

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# Community Action Teams (CAT): Safer Supply Overview Handout

## What is safer supply?

Safer supply refers to regulated pharmaceutical drugs of known content, quantity, quality, and potency that provide the mind and body altering properties of drugs that are currently only available through illegal markets and not available through traditional opioid agonist therapies (CAPUD, 2019). The illegal drug supply is unpredictable and toxic. As a result, over 10,000 people in BC have died from toxic drugs since the Province declared it a public health emergency in 2016.

Opioid agonist therapy (OAT) prevents withdrawal and reduces cravings as well. Safer supply can be used as an adjunct to OAT, which may improve OAT retention.

Health Canada currently [funds 22 pilot programs](#) which use medical models of safer supply. The most common settings for safer supply are health centres, primary care clinics, and onsite pharmacies (Glegg et al., 2022).

Medical models require a prescription (prescribed safer supply), with many programs using witnessed consumption and urine drug testing to manage diversion. Diversion is the unintended use of the drug by another party. To improve access, a variety of service models are possible.

**“In an emergency situation, introducing measures to reduce deaths are essential, but with evaluation embedded so we can continuously make adjustments and improve outcomes.”**

**- Dr. Reka Gustafson  
Provincial Health  
Services Authority**

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## Innovative Models

Replacing illicit drug distribution with a regulated supply, while keeping the users paying for the drugs, can target the root cause of the illicit toxicity. PHS Community Services Society in Vancouver has a medical model using a fentanyl powder prescription with ongoing client payments. PHS's model could effectively manage diversion and dosing without the increased burden and barriers of ongoing witnessing and testing. Centralized prescribers may be able to cover wider and less-accessible regions in partnership with local pharmacies.

Non-medicalized models are also being explored, such as DULF and KISS (Kootenay Insurrection for Safe Supply), which do not require prescriptions and use client payment. These are based off models of compassion clubs, which can manage membership and source safer drugs.

Overall, no single safer supply model is best for all people and every context. Implementing innovation is vital, with ongoing evaluation and community engagement, to equitably spread access and reduce deaths.

## Who can access safer supply?

Current safer supply programs have very limited capacity. One program estimated 6,000 people in their region would benefit from safer supply, but they are only able to serve 300 people (McMurphy & Palmer, 2022). Safer supply programs currently prioritize those who are at the highest risk of death from overdose (Young et al., 2022) and who are marginalized from health care services, including traditional opioid agonist therapies (ESCODI, 2022).

Typical safer supply inclusion criteria include DSM V defined opioid use disorder. Retention rates in safer supply programs are very high (McMurphy & Palmer, 2022; Kolla et al., 2022; Haines et al., 2022; ESCODI, 2022; Selfridge et al., 2022).

**“[N]ot all people who use opioids are interested in treatment, nor is conventional treatment suitable for all people who use opioids.”**

**- Ivsins et al., 2020a**

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## What does the evidence show?

Initiators of safer supply in Canada have drawn on the extensive literature of international OAT studies, European Heroin Assisted Treatment (HAT) studies and Canadian iOAT. There are many safer supply research and evaluation studies underway, with evidence emerging to show:

- **No increased risk of overdose and death:** Short-term deaths among people receiving safer supply were rare (Young et al., 2022; Gomes & Kolla, 2022) and they had fewer overdoses (ESCODI, 2022; Haines et al., 2022; McNeil et al., 2021; Selfridge et al., 2020).
- **Improvements in physical and mental health:** Improved chronic disease management, medication adherence, pain management, sleep, nutrition, and energy level (Kolla et al., 2022; Klaire et al., 2022; Ivsins et al., 2021; McMurchy & Palmer, 2022; Haines et al., 2022; Selfridge et al., 2020; Gomes & Kolla, 2022).
- **Fewer hospital visits:** Fewer emergency department visits, inpatient hospital admissions, and mental health and substance use disorder-related hospital visits (Gomes & Kolla, 2022).
- **Reduced use of drugs from the unregulated street supply** (thereby reducing overdose risk from the toxic drug supply) and, in some cases, reducing drug use overall or ceasing the use of drugs by injection (Kolla et al., 2022; McNeil et al., 2021; ESCODI, 2022; Haines et al., 2022; Selfridge et al., 2020; Ivsins et al., 2020b).
- **Improved control over drug use:** The flexibility and autonomy of safer supply programs, coupled with certainty about dose strength, enabled participants to avoid withdrawal symptoms and manage pain (McNeil et al., 2021; Ivsins et al., 2020b, Selfridge, 2020).
- **Engagement and retention in programs and care:** Increased access to health and social services, including primary care, OAT, counselling, and housing support; and improved relationships with providers (Brothers et al., 2022; Kolla et al., 2022; McMurchy & Palmer, 2022; Selfridge et al., 2020; Selfridge et al., 2022).

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## What does the evidence show? (continued)

- **Improvements in social well-being and stability:** Economic improvements (Ivsins et al., 2020; Selfridge et al., 2020; Haines et al., 2022), reduced inequities stemming from the intersection of drug use and social inequality (Ivsins et al., 2021), better control over time leading to engagement in employment, hobbies, and interests (McMurchy & Palmer 2022; Haines et al., 2022), decreased involvement in and exposure to violence, criminal activities and legal issues (Kolla et al., 2022; McMurchy & Palmer, 2022; Haines et al., 2022; Ivsins et al., 2020b), improved general social stability (ESCODI, 2022), improved housing access (Haines et al., 2022) and improved relationships with family members and friends (Kolla et al., 2022; McMurchy & Palmer, 2022; Selfridge et al., 2020). Safer supply prescriptions have provided harm reduction to young people as well, but more robust programs are urgently needed (Giang et al.).
- **Decline in health care costs:** Safer supply program participants had lower costs for health care not related to primary care or outpatient medications in the year after program initiation, with no corresponding change observed in a matched group of individuals who did not access the program (Gomes & Kolla, 2022).

## Success factors for safer supply programs

- **Comprehensive ancillary services:** Populations served by safer supply benefit from health and social supports delivered alongside safer supply (Gomes & Kolla 2022; Haines et al., 2022, 2023; Selfridge et al., 2020).
- **Program flexibility** (Ivsins et al., 2020b; Haines et al., 2022; McMurchy & Palmer, 2022) and adaptability (Glegg et al., 2022; McMurchy & Palmer, 2022).
- **Low-barrier, client-centred design** (Ivsins et al., 2020b; McMurchy & Palmer, 2022).
- **Ability to provide pharmaceuticals that meet people's needs** (dose, formulation, type) (Selfridge et al., 2022).
- **Community-centred approach**, foregrounding the leadership and engagement of people who use drugs (Ranger et al., 2021).

**“Safer supply is just one part of more equitable access to health and well-being. Providing safer supply is a harm reduction entry-point to addressing other basic needs and priorities. Secure housing, livable income, access to health care, and a caring community to feel a part of, are all necessities. . . .**

**The overarching approach to providing safer supply services should be grounded in the community and centred on input from people with lived experience in program co-design, planning and implementation.”**

**- McMurchy & Palmer, 2022**

## **For further information**

### **National Safer Supply Community of Practice Resources:**

- [Reframing Diversion for Health Care Providers: Frequently Asked Questions \(2022\)](#)
- [Safer Supply for Health Care Providers: Frequently Asked Questions \(2022\)](#)
- [Safer Supply: A Review of the Literature \(2022\)](#)
- [Safer Supply, Opioid Agonist Treatment & Harm Reduction: National Advocacy Toolkit \(2022\)](#)

### **Reports:**

- [Assessment of the Implementation of Safer Supply Pilot Projects \(McMurchy & Palmer, 2022\)](#)
- [London InterCommunity Health Centre's Safer Opioid Supply Program Evaluation – Full Report \(Kolla et al., 2022\)](#)
- [Cool Aid Community Health Centre Report on Risk Mitigation Guidance Prescriptions: Providing Safer Supply in CAMICO Sheltering Sites, Outreach and Primary Care Practice \(Selfridge et al., 2020\)](#)

### **Protocols and Guiding Documents:**

- [Safer Opioid Supply Programs \(SOS\): A Harm Reduction Document for Primary Care Teams \(Hales et al., 2020\).](#)
- [Safer Opioid Supply Program Protocols. Parkdale Queen West Community Health Centre \(Waraksa et al., 2022\)](#)
- [Victoria SAFER Initiative: Safer Supply Protocols \(AVI Health and Community Services, 2022\)](#)
- [Access to Prescribed Safer Supply in BC: Policy Direction \(Ministry of Mental Health and Addictions, 2021\)](#)
- [BC Risk Mitigation: In the Context of Dual Public Health Emergencies - Clinical Guidance \(BCCSU 2022\)](#)

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► Reviewed medical records of all 77 COVID-19 isolation hotel shelter residents during May 2021.

Canadian Association of People Who Use Drugs. (2019). Safe Supply Concept Document. Canada: Canadian Association of People Who Use Drugs. <https://zenodo.org/record/5637607#.YwUxcezMLop>

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► Survey of 20 prescribers and 16 pharmacists in Québec.

Giang et al. (2023) Risk mitigation guidance and safer supply prescribing among young people who use drugs. *International Journal of Drug Policy*.

Glegg, S. et al (2022). "COVID just kind of opened a can of whoop-ass": The rapid growth of safer supply prescribing during the pandemic. *International Journal of Drug Policy* 106, Article 103742. <https://doi.org/10.1016/j.drugp...> ► Mixed methods national environmental scan at two time points.

Gomes, T., Kolla, G., McCormack, D., Sereda, A., Kitchen, S., & Antoniou, T. (2022). Clinical outcomes and health care costs among people entering a safer opioid supply program in Ontario. *Canadian Medical Association Journal*, 194(36), e1233-e1242. <https://doi.org/10.1503/cmaj.220892>

► Interrupted time series analysis with 82 exposed individuals demographically and clinically matched to 303 unexposed individuals.

Haines, M., Tefoglu, A., & O'Byrne, P. Safer Supply Ottawa Evaluation: Fall 2022 Report. (2022). Ottawa, Canada. <https://safersupplyottawa.com/research/>

► Chart review for all safer supply participants (n=425) plus a qualitative study including interviews (n=30) and surveys.

Haines, M., & O'Byrne, P. Safer opioid supply (2023). Ottawa, Canada. <https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-023-00776-z>

Hales, J., Kolla, G., Man, T., O'Reilly, E., Rai, N., & Sereda, A. (2020) Safer Opioid Supply Programs (SOS): A Harm Reduction Informed Guiding Document for Primary Care Teams-April 2020 update. Canada. <https://bit.ly/3dR3b8m>

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➤ 42 qualitative interviews plus 100 hours of ethnographic observations.

Kasper, K. J., Manoharan, I., Hallam, B., Coleman, C. E., Koivu, S. L., & Weir, M. A. (2019). A controlled-release oral opioid supports *S. aureus* survival in injection drug preparation equipment and may increase bacteremia and endocarditis risk. *PloS ONE* 14(8): eo219777. <https://doi.org/10.1371/journal.pone.0219777>  
➤ Examined used injection drug preparation equipment (n=87).

Klaire, S., Sutherland, C., Kerr, T., & Kennedy, M. C. (2022). A low-barrier, flexible safe supply program to prevent deaths from overdose. *Canadian Medical Association Journal*, 194(19), e674-e676. <https://doi.org/10.1503/cmaj.211515>  
➤ Case study.

Kolla, G., Long, C., Perri, M., Bowra, A., & Penn, R. (2022). Safer Opioid Supply Program: Summary Report. London, Ontario: London InterCommunity Health Centre. [https://www.nss-aps.ca/sites/default/files/resources/2022\\_LIHC\\_SOS\\_Prog...](https://www.nss-aps.ca/sites/default/files/resources/2022_LIHC_SOS_Prog...)  
➤ Findings from a mixed-methods evaluation examining the scale up of the safer supply program at LIHC from 112 to 248 clients.

McMurphy, D., & Palmer, R. W. H. (2022). Assessment of the Implementation of Safer Supply Pilot Projects. Ottawa, Ontario: Dale McMurphy Consulting. [https://www.nss-aps.ca/sites/default/files/resources/2022-03-safer\\_supply...](https://www.nss-aps.ca/sites/default/files/resources/2022-03-safer_supply...)  
➤ Qualitative assessment of 10 time-limited safer supply pilot projects in British Columbia, Ontario, and New Brunswick.

McNeil, R., et al. (2022). Implementation of Safe Supply Alternatives During Intersecting COVID-19 and Overdose Health Emergencies in British Columbia, Canada, 2021. *American Journal of Public Health* 112, s151-s158. <https://doi.org/10.2105/AJPH.2021.306692>  
➤ 40 qualitative interviews.

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➤ Literature review.

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► Chart review (n=313).

Selfridge, M., Card, K., Kandler, T., Flanagan, E., Lerhe, E., Heaslip, A., Nguyen, A., Moher, M., Pauly, B., Urbanoski, K., & Fraser, C. (2022). Factors associated with 60-day adherence to “safer supply” opioids prescribed under British Columbia’s interim clinical guidance for health care providers to support people who use drugs during COVID-19 and the ongoing overdose emergency. *International Journal of Drug Policy* 105, Article 103709. <https://doi.org/10.1016/j.drugpo.2022.103709>.

► Chart review (n=286).

Silverman, M., Slater, J., Jandoc, R., Koivu, S., Garg, A. X., & Weir M. A. (2020). Hydromorphone and the risk of infective endocarditis among people who inject drugs: a population-based, retrospective cohort study. *The Lancet Infectious Diseases* 20(4): 487-497. [https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(19\)30705-4/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(19)30705-4/fulltext) ► Retrospective cohort study (n=60 529) using linked health administrative databases.

Special Advisory Committee on the Epidemic of Opioid Overdoses. (2022). Opioid- and stimulant-related harms in Canada. Ottawa: Public Health Agency of Canada. <https://health-infobase.canada.ca/substance-related-harms/opioids-stimulants> (accessed 2022 Sept 27).

Young, S., Kolla, G., McCormack, D., Campbell, T., Leece, P., Strike, C., Srivastava, A., Antoniou, T., Bayoumi, A. M., Gomes, T. (2022). Characterizing safer supply prescribing of immediate release hydromorphone for individuals with opioid use disorder across Ontario, Canada. *International Journal of Drug Policy* 102, Article 103601. <https://doi.org/10.1016/j.drugpo.2022.103601>

► Using provincial health data, examined 534 initiations of safer supply (447 distinct individuals) from 155 prescribers.

## About this handout

This handout was developed using material from the National Safer Supply Community of Practice. (2023). Prescribed Safer Supply Programs: Emerging Evidence. Canada. <https://www.nss-aps.ca/evidence-brief>. Version: January 2023.

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# Community Action Teams (CAT): Safer Supply Project Activities to Improve Access

Here are four project activity examples to get you thinking about how you can bring people together to improve access to safer supply in your community. These projects utilize the other parts of the Safer Supply Project Toolkit.

Consider these questions to help you to develop your safer supply project in a way that best suits your specific community:

1. What do CAT members think about safer supply? Is there an opportunity for better alignment?
2. Who are the different health providers in your area and what is their connection with safer supply?
3. What are the assets of your community and how could existing safer supply services be improved?
4. Who could you reach out to for advice and ideas when engaging partners?

## Safer Supply Overview Handout

An overview of what safer supply is, who can access it and program success factors.

## Safer Supply Project Activities to Improve Access

Four project activity examples that consider objectives and guide implementation.

## Safer Supply Talking Points for Health Providers

How to address commonly heard concerns in your engagement with health providers.

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## Activity 1: Safer Supply CAT Roundtable

### Consider organizing a facilitated event for CAT members to:

1. Recognize different perspectives to increase understanding among CAT members.
2. Reflect on how the CAT could support improvement and spread awareness.
3. Develop team goals.

### What to do:

- Engage with members to determine if there is a desire for this event and identify objectives.
- Create an event and invite members, describing the objectives and providing background information - see our [Safer Supply Overview Handout](#).
- Measure the effectiveness of the event with pre- and post-questioning for the objectives.
- To prepare for the facilitation you can:
  - Create a short presentation on the background information.
  - Use the [Safer Supply Talking Points for Health Providers](#) to support the discussion.
  - Invite an experienced safer supply provider and a person who has benefited from using safer supply to present and contribute to the discussion.
    - Meet with speakers beforehand to prepare and to determine how to support them.
  - Explore the ATTIC resources and choose to do one of the activities as a group. For example:
    - [Six Thinking Hats](#) to reconcile different perspectives.
    - [Look Before You Leap](#) to assess team goals.
- Remember to send out a summary of the meeting with any decisions made, follow-up items and deadlines.

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## Activity 2: Safer Supply Partnerships

### Consider arranging individual meetings with potential community partners to:

1. Empathize and assess the needs of communities, health providers and people who use drugs.
2. Demonstrate the benefits of safer supply and improve engagement with the CAT.
3. Create a shared purpose and develop mutual goals.

#### Who are potential partners?

Clinical Providers    Health Authorities  
Municipalities        Local Associations

### What to do:

- Develop a plan for this engagement:
  - Prioritize specific providers and organizations that have the potential to improve and spread safer supply.
  - Determine specific objectives for these meetings and the aim of the partnerships.
  - Research available community services and assets to inform the potential partner when you meet.
- Create personalized invitations to meet using the principles from:
  - [Clinician and Physician Engagement Primer](#)
  - [How to Collaborate With Municipalities: A Practical Guide for Public Health Actors](#)
- Prepare one or two members for the meeting, including a peer. You may want to rehearse with a supportive provider.
  - Use the [Safer Supply Talking Points for Health Providers](#) and the [Safer Supply Overview Handout](#) to support the conversation.
- Measure the effectiveness of the meetings by evaluating responses and achievement of the objectives.

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## Activity 3: Safer Supply Provider Dialogue

**Consider organizing a facilitated event for CAT members & community providers to:**

1. Develop relationships with prescribers who are not yet involved with safer supply.
2. Demonstrate the benefits of safer supply to CAT members and new prescribers.
3. Reflect on how the community and experienced providers can support new prescribers.
4. Identify community goals, such as increasing the number of safer supply prescribers.

### What to do:

- Engage with CAT members and the community to determine if there is a desire for this event and identify objectives.
- Create an event and invite CAT members and community providers, describing the objectives and providing background information - see the [Safer Supply Overview Handout](#).
- Measure the effectiveness of the event with pre- and post-questioning for the objectives.
- To prepare for the facilitation you can:
  - Create a short presentation on the background information. Research available community services and assets to inform the provider when you meet.
  - Use the [Safer Supply Talking Points for Health Providers](#) to support the dialogue with prescribers.
  - Invite 2-3 speakers (experienced safer supply prescribers, pharmacists or other experienced providers), including persons who have benefited from using safer supply, to present and contribute to the discussion.
    - Meet with speakers beforehand to prepare and to determine how to support them.
  - Explore the ATTIC resources and choose to do one of the activities as a group. For example:
    - [Three Ws](#) to improve communication during a dialogue.
- Remember to send out a summary of the meeting with any decisions made, follow-up items and deadlines.

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## Activity 4: National Safer Supply Community of Practice (NSS-CoP)

Consider coordinating group registration to an NSS-CoP members virtual drop-in meeting to:

1. Demonstrate the benefits of safer supply to CAT members and other community partners.
2. Determine how the NSS-CoP can support your CAT and community partners.
3. Reflect on how the CAT and community partners can support improvement and spread awareness.
4. Create a shared purpose and develop mutual safer supply goals.

### What to do:

- Engage with members to determine if there is a desire for this meeting and identify objectives.
- Invite members or community partners to become an NSS-CoP member, describing the objectives and providing background information - see the [Safer Supply Overview Handout](#).
- Connect with the NSS-CoP facilitator to determine which meeting would be appropriate to attend as a group.
  - Using NSS-CoP as the host to have your CAT and community partners learn more about safer supply.
  - [SAFER Knowledge Translation & Exchange \(KTE\)](#) organized by AVI in Victoria may be another potential host.
- Measure the effectiveness of the meeting with pre- and post-questioning for the objectives.

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# Community Action Teams (CAT): Safer Supply Talking Points for Health Providers

**The following pages may help you address commonly heard concerns in your conversations with health providers.**

## What we hear:

1. Health providers say they often feel pressure to be cautious and minimize any harm from doing safer supply.
2. Learning to support safer supply can be difficult for health care providers, especially in an evolving area of practice and with post-COVID challenges.
3. Health providers say that they believe practicing safer supply may risk professional standards of practice.

### **Safer Supply Overview Handout**

An overview of what safer supply is, who can access it and program success factors.

### **Safer Supply Project Activities to Improve Access**

Four project activity examples that consider objectives and guide implementation.

### **Safer Supply Talking Points for Health Providers**

How to address commonly heard concerns in your engagement with health providers.

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## What we hear:

# Health providers say they often feel pressure to be cautious and minimize any harm from doing safer supply.

The following talking points may help you address commonly heard concerns about safer supply in your conversations with health providers.

- **Strong positive evidence** from established programs like SAFER Victoria, which are continually providing evaluation, reported that 90% of program participants reduced their use of illicit supply, 86% improved mental health, 83% increased connection to health care, 66% improved overall functioning and 79% increased connections to social supports. There is no evidence that safer supply has contributed to any overdose death. [[SAFER Impacts](#)] [[Safer Research Projects](#)] [[CMAJ Study](#)]
- **Acting appropriately in a crisis** is based on fundamental ethical principles. Dr. Reka Gustafson, Vice President, PHSA says that “in an emergency situation, introducing measures to reduce deaths are essential, but with evaluation embedded so we can continuously make adjustments and improve outcomes.” [[BC Centre for Disease Control, Safer Supply](#)]
- **Clear guidelines** introduced by the BC Ministry of Mental Health and Addictions and the BC Centre on Substance Use enables health care professionals to prescribe safer alternatives. The top recommendation from the BC Coroner’s Death Review Panel is to “ensure a safer drug supply to those at risk of dying from the toxic illicit drug supply.” [[BC Coroners Report](#)]
- **Care delivery can adapt to diversion** with minimal evidence of community harms. Limiting diversion improves the effective and efficient use of resources but it should not increase an individual’s barriers to access. It is not appropriate to approach prescribing with an assumption of diversion. This can be an opportunity to initiate dialogue if a participant or community’s needs are not being met. [[Reframing Diversion](#)] [[SAFER Practice Brief](#)]

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## What we hear:

# Learning to support safer supply can be difficult for health care providers, especially in an evolving area of practice and with post-COVID challenges.

The following talking points may help you address commonly heard concerns about safer supply in your conversations with health providers.

- **Support other safer supply prescribers** by accepting their current clients who have stabilized to allow safer supply programs to enrol new clients or taking clients who do not meet the programs' eligibility criteria. Connect with local substance use clinics and providers to explore opportunities, including with call-group support. [[Page 51 - Assessment of the Implementation of Safer Supply Pilot Projects](#)]
- **Stabilize your complex patients**, improving their connection to health care, prenatal care, routine bloodwork, and less reliance on the street economy. Patients start to work on other aspects of their life. [[Page 36 - Assessment of the Implementation of Safer Supply Pilot Projects](#)]
- **Motivated community partners**, such as outreach teams, can do pre-screening and appointment follow-up, as well as other social services that can further support your complex patients. [[AVI Victoria SAFER Initiative](#)]
- **Experienced mentorship and up-to-date resources** for providers are freely available with the SAFER Knowledge Translation & Exchange (KTE) BC, as well as the National Safer Supply Community of Practice. [[NSS-CoP](#)] [[SAFER KTE](#)]
- **A variety of options are available**, with a range of medication guidance from the BC Centre on Substance Use, as well as different distribution and program structures, including telehealth, to meet your needs. [[BCCSU Prescribed Safer Supply](#)]

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## What we hear:

# Health providers say that they believe practicing safer supply may risk professional standards of practice.

The following talking points may help you address commonly heard concerns about safer supply in your conversations with health providers.

- **Harm reduction saves lives:** Redefine success with improving stability and relationships. There is no evidence that increasing access to safer drugs will increase future addiction rates. [[BCCSU OUD Practice Update](#)][[Pharmacist Roundtable](#)]
- **Safer supply supports team-based care (TBC),** elevating professional practice while supporting complex patients with clear roles for clinical and community partners, such as pharmacists. TBC fosters trust and longitudinal care, producing long-term health and wellness benefits. [[Health Canada Early Findings](#)]
- **Improve the quality of your care** across broad dimensions, including safety, appropriateness, respect, accessibility, equity and efficiency. [[BC Health Quality Matrix](#)]
- **CMA Code of Ethics and Professionalism** prohibits discrimination of patients on the grounds of their medical condition, such as substance use disorder. The College of Physicians and Surgeons of BC does not prevent safer supply and lays out the professional responsibilities of physicians in relation to opioid prescribing; some of these responsibilities are being met on a provincial level, i.e. the AVI Victoria SAFER Initiative. [[College of Physicians and Surgeons BC - Prescribed Safer Supply](#)][[AVI Victoria SAFER Initiative](#)][[Human Rights Case for Safer Supply](#)]
- **BC Legislature Select Standing Committee** is urgently engaging regulatory colleges to identify and resolve barriers to providing a prescribed safer supply. [[BC Legislative Assembly - Expanding the Response](#)]

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