PAN Members & Safe Supply

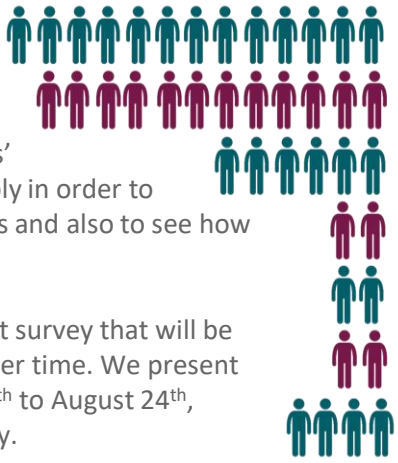
Results from the Summer 2020 Safe Supply Survey

Pacific AIDS Network

In March 2020, amidst the growing COVID-19 pandemic, provincial guidance on safe supply (also referred to as "pandemic prescribing" or "risk mitigation") was released in BC. While PAN members began adjusting their services to help clients access safe supply, requests have come for PAN to collect information about organizations' experiences with the implementation of safe supply in order to focus on stories about success, challenges, impacts and also to see how PAN could support our members' work.

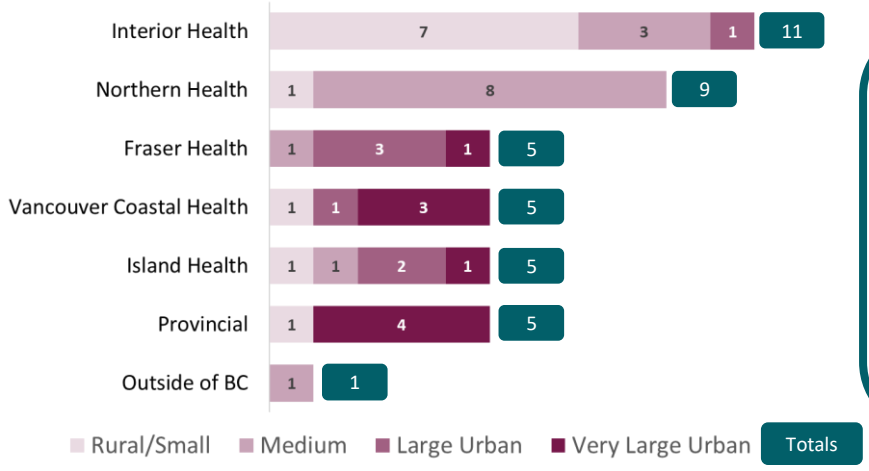
In response to this request, PAN developed a short survey that will be circulated every three months to track changes over time. We present here the results from the first round, from July 16th to August 24th, 2020. We had a total of 41 responses to the survey.

Who responded to the survey?



- **13** Executive Directors
- **12** Program managers/coordinators
- **6** Support/Harm Reduction/Outreach Workers
- **2** Peer Worker/Navigator
- **2** Community-based Educator/Health Promotion
- **2** Community Health Nurse/Health Outreach Nurse/Clinician
- **4** Other (e.g. Board Member, Consultant, CEO)

Population size breakdown by region



Population size definitions

Rural/small: less than 29,999
(e.g. Cranbrook or Quesnel)

Medium: 30,000-99,999
(e.g. Nanaimo or Prince George)

Large Urban = 100,000-199,999
(e.g. Abbotsford or Kelowna)

Very Large Urban = more than 200,000
(e.g. Vancouver or Victoria)

Key takeaways

In general, PAN members surveyed think that safe supply is an essential part of the response to the overdose crisis.

However, people agree that there are many things that must be improved to see the potential benefits.

There is inequity in service delivery across community sizes, health regions, and for people who regularly experience stigma and associated barriers in health care.

Calls to action

Peers should be involved in leading the process to ensure the system is accessible and successful. They require support and resources to do this important work.

Prescriptions options should be increased so that the safe version is equivalent to the drug sought by the client, i.e. access to prescription fentanyl, heroin, etc.

The base of prescribers needs to be increased and prescribers need support, education, and clinical guidance to reduce stigma, and improve their comfort and skill for prescribing safe supply.

Wrap-around support is needed for clients accessing safe supply.

Knowledge about safe supply

While most of the respondents rated their knowledge about the roll-out of the Clinical Guidance on safe supply as Good, they rated their clients'/people who use drugs' knowledge as fair. This suggests that **information may not be as accessible or reaching clients and people who use drugs** as readily as it is with staff within community organizations. Similarly, respondents rated **their ability** to have questions answered as higher than **their clients'** ability to have questions answered regarding safe supply.

While information appears to be more accessible to staff rather than clients, respondents indicated the amount of information available was in general quite good. However, responses did seem to indicate a gap between information available and practical application of the guidance.

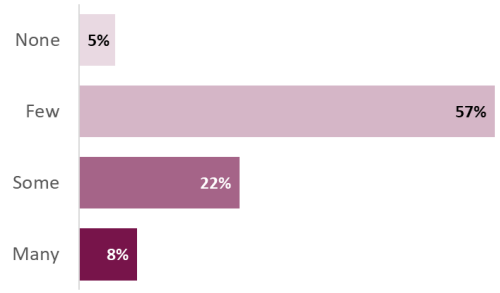
It is important to note here that while respondents (staff at PAN member organizations) rated their knowledge and information access as quite good, we also heard that **knowledge amongst prescribers is lacking**. In addition to stigma, this lack of prescriber training and knowledge about addiction care acts as a barriers for safe and sufficient access to safe supply.

Connecting clients with prescribers

While most of the respondents indicated that they can usually or sometimes connect a client/member with safe supply, **only 15% (5/33) of all respondents indicated that they could always connect a client/member with a prescriber** when requested. Twenty-one percent (7/33) of respondents indicated that they could rarely connect a client/member with a prescriber.

Most of the respondents from all health regions indicated that they have clients currently accessing safe supply and are engaging with a provider (76%, 25 out of 33 responses).

Most respondents indicated there were few prescribers in their community



Respondents from the **Northern Health** region (78%, 7 out of 9 responses) were most likely to report few prescribers in their community.

In addition, two respondents from Interior Health indicated there were **no prescribers** in their communities (one from a small population centre, and one from a medium population centre).

Support while on safe supply

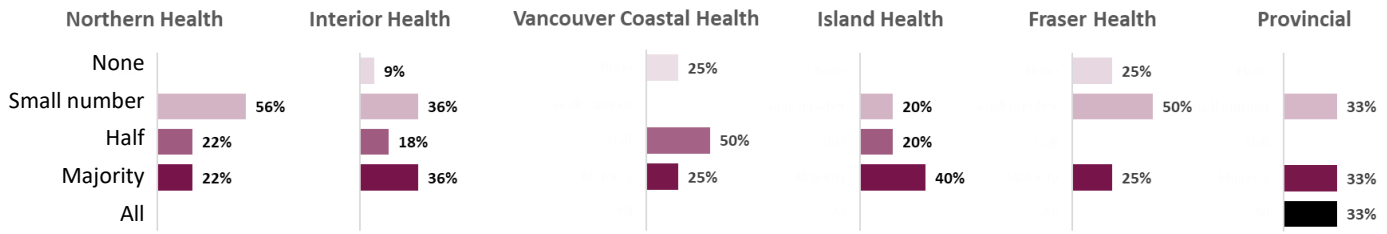
Overall, the highest number of respondents indicated that clients/members **were rarely** getting the health care and clinical supports needed while accessing safe supply (33%, 11/34). Qualitative responses indicate that as community-service providers, they do not have adequate resources to support their clients.

Also concerning were responses around client's ability to make decisions about their own care as it relates to safe supply. While many (29%) indicated that clients are **usually** able to make decisions about their own care, the majority (53%) are struggling with autonomy, indicated by responses that clients were only **sometimes** (27%) or **rarely** (27%) able to make decisions about their care as it relates to safe supply. Only 9% (3/34) of respondents indicated that their clients could **always** make decisions about their own care.

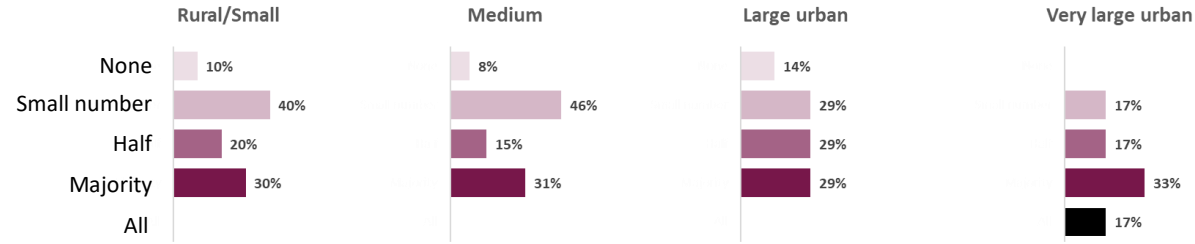
Requests and access to safe supply

When asked about how many clients who use drugs are **requesting safe supply,** responses varied, mostly ranging from "a small number" to "the majority of my clients" are requesting safe supply. This variety was seen across health regions and when comparing urban vs rural settings.

Requests for safe supply by health region

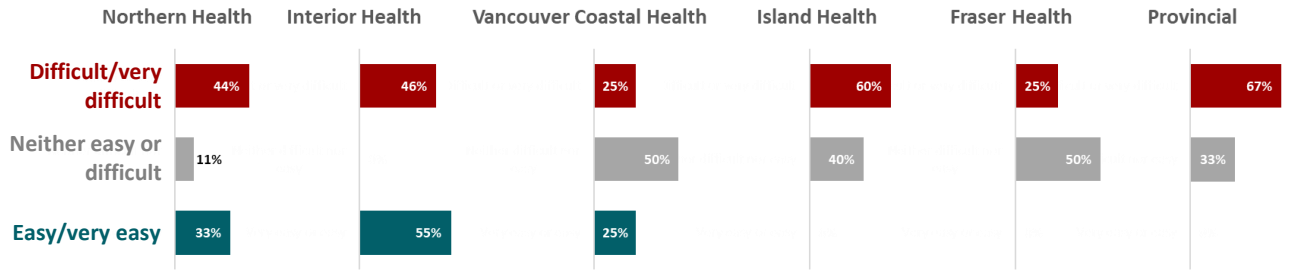


Requests for safe supply by urban vs rural



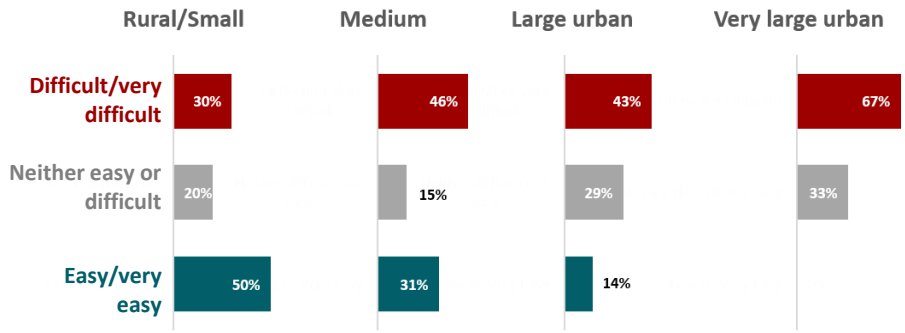
However, when respondents were asked about their clients' **ability to access safe supply**, we saw differences between health regions and also between urban and rural settings. Responses from those in Fraser Health and Island Health illustrate their clients' difficulty accessing safe supply. Out of 4 respondents in Fraser Health, 5 respondents in Island Health, and 5 respondents provincially, no respondents described access as either Easy or Very Easy.

Ability to access safe supply by health region



Ability to access safe supply by population size

Responses from *Very large urban centres* illustrate clients' difficulty in accessing safe supply. Out of 6 responses from *Very large urban centres*, no respondents described access as either *Easy* or *Very easy*. And out of 7 responses from *Large urban centres*, 1 respondent described access as *Very easy*. Responses from *Medium* and *Small* population centres had responses that were more varied.



It is important to remember that these results are based on a small number of respondents. Another consideration is the potential variety between PAN member organization's scope and mandate between urban and rural settings.

Successes and challenges

Stability, health and wellness

While the safe supply guidance had only been in place for four months when this survey was completed, several respondents did describe initial success for their clients. One of the important successes discussed was how accessing safe supply affects people's stability. If someone is being prescribed what they need to feel well, then they have more time to focus on other health and wellness goals including securing housing or medication adherence.

"Access to safe supply has been reducing experiences of withdrawal, struggles pertaining to accessing drugs during shortages, improved financial resources (more food), some people have completely replaced their use and are now engaging in recovery programming. Much stabilization."

Peer-led initiatives

Some respondents spoke directly to the success of peer-led initiatives that support people's access to safe supply. Many peers have mobilized across the province providing education work, advocacy, and directly connecting people with safe supply.

While many described the important leadership role that people who use drugs/peer organizations are playing in their communities, responses from some indicated the need for peer support in their communities, and the support and funding needed to support this type of work in more places.

"There needs to be more support for peers bringing these issues forward to address the stigma."

People also discussed, how support is needed to support the working relationship between peer organizations and prescribers, to advocate, educate and reduce stigma towards people who use drugs.

"Peers and people who use drugs are leading action re: safe supply. They need funding to do this. They are creating pathways to safe supply that meet the needs of people left out of clinical guidelines."

Prescriber challenges

Respondents discussed a variety of reasons that prescribers may be reluctant to provide safe supply, including not having sufficient information or training, being fearful about causing harm, stigma and moral concerns, lack of clinical guidance and fear of their licenses being revoked. Another barrier discussed was pushback from pharmacists.

"Barriers at every level – doctors are unwilling to prescribe because of stigma and lack of clinical guidance, pharmacists similarly unwilling to dispense prescription."

We heard how barriers to accessing safe supply are especially pronounced for new patients, patients who do not have a family doctor, as well as people that regularly face barriers to accessing health care like Indigenous people, people engaged in sex work, transgender people and people who are homeless.

"Access to safe supply doesn't negate how unsafe healthcare is, generally – these groups already experience tremendous stigma and discrimination within healthcare, barriers to safe supply are more pronounced."

Prescription challenges

A challenged discussed by several respondents is how the options provided do not meet everyone's needs, which limit's people's desire to participate and success in doing so. Specifically referenced is how people who use fentanyl or stimulants have not found a suitable replacement in the current safe supply options and how the therapeutic dose being prescribed is insufficient.

"Many are not really interested in safe supply as they like fentanyl and its effects."

"They have been limited in terms of successes, with stimulants in particular. Most prescribers willing to provide safe supply will not touch stimulants."

We heard that for some who are not having their needs met through prescription, they may sell their safe supply to access drugs of their preference on the street. While this means that they are again at risk of contaminated drug supply, the safe supply that they are selling may meet someone else's needs in a safer way than what they otherwise might find on the street. Additionally this may allow those selling their safe supply to purchase illicit drugs they need without resorting to less safe income generation activities (e.g. crime, sex work, etc.).

Other challenges

People fear that there is an end date linked to COVID-19 as the guidance has been presented and interpreted as "pandemic prescribing".

"Clients are very pleased to be offered this treatment but express concerns that it will be abruptly terminated at the end of COVID 'season'."

In both qualitative and quantitative responses, we saw people point to a lack of resources. Respondents indicated that in addition to few prescriber options, there is also a lack of support services for people while they are accessing safe supply. Respondents discussed lack of wraparound services, housing access to treatment and prevention as contributing to prescribers' reluctance in prescribing safe supply to their patients.

We did hear from one respondent that they have seen an increase in people restarting drug use through safe supply who had otherwise not been using drugs at that time.

Want more information? *Please do not hesitate to get in touch with PAN's Executive Director, Evin Jones: evin@pacificaidsnetwork.org*