

RESEARCH SNAPSHOT

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Even in the face of limitations, participants say safer supply program saves lives

What you need to know:

In April 2016, British Columbia (BC) declared a public health emergency related to high rates of overdose deaths, due to the emergence of the potent opioid fentanyl and other substances, including benzodiazepines, in the drug supply. Prescribed alternative programs – which have also been called safer supply programs – provide participants with pharmaceutical grade alternatives to the toxic unregulated drug supply. Understanding the benefits and challenges these programs face, from the perspective of program participants, is key to understanding their effectiveness and helping improve how they are implemented.

What is this research about?

This research is about participant perspectives on the Victoria Safer Alternatives for Emergency Response (SAFER) initiative, a program providing prescribed alternatives based in Victoria, BC and operated by AVI Health and Community Services since 2020. SAFER provides prescription opioids and stimulants alongside harm reduction, primary care and social services, and addiction medicine. The study focuses on the first year of the program's operation in 2020/2021, during the dual public health emergencies of COVID-19 and the drug toxicity crisis in BC. In the early days of the

program, SAFER used an outreach model to reach people who were using drugs and experiencing homelessness, often doing direct outreach in encampments to connect with people who were at higher risk of overdose.

What did the researchers do?

Researchers interviewed 16 participants in the SAFER program between December 2020 and June 2021. The research team was composed of people with lived and living experience of drug use, members of SOLID Outreach (a local organization of people who use drugs), representatives from AVI Health and Community Services, and academic researchers from the University of Victoria's Canadian Institute for Substance Use Research (CISUR). The team analyzed the participants' responses according to six core areas identified in previous studies that safer supply participants said were keys to an effective program: (1) Right dose and right drugs for me; (2) Safe, positive and welcoming spaces; (3) Safer supply and other services are accessible to me; (4) I am treated with respect; (5) I can easily get my safer supply; (6) Helps me function and improves my quality of life (as defined by me).



What did the researchers find?

SAFER participants reported the program was effective at helping them avoid withdrawal and cravings, reducing their use of unregulated drugs, and led to fewer non-fatal overdoses. SAFER's outreach model helped to make safer supply more accessible to people who use drugs and were experiencing homelessness. Participants also reported that they received respectful, compassionate care from the team at SAFER.

Some of the challenges highlighted by the program participants included the need for a wider range of medications, dosages and formats, as participants sometimes found it difficult to find the right dose and drug combinations to meet their needs. This includes the need for direct substitution of substances like fentanyl, as pharmaceutical alternatives such as hydromorphone were not always effective for participants. Another barrier in the program was the lack of inhaled/smokable fentanyl options, as inhalation has become the most common method of consumption. This is evident in reports that most fatal overdoses in BC occurred following fentanyl inhalation. Another concern was that SAFER is a temporary pilot project, without permanent funding. This leads to precarity for the participants who have access to this program.

How can you use this research?

This research can inform the development of effective prescribed alternative programs in BC and beyond. It emphasizes the importance of building trust and relationships between the service providers and the people they are trying to reach.

About the researchers

Lead author Gillian Kolla is a public-health researcher and Assistant Professor of Population Health and Applied Health Sciences at Memorial University in Newfoundland. When this study was conducted, she was a post-doctoral fellow at CISUR.

The study team included researchers from CISUR, SOLID Outreach and AVI Health and Community Services, and included people with lived and living experience. Funding for the SAFER program and evaluation came from Health Canada and the Canadian Institutes for Health Research.

Keywords

Safe supply; safer supply; prescribed alternatives; harm reduction; substance use; substance use treatment; government policy

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Canadian Institute for Substance Use Research
University of Victoria
<http://www.cisur.ca>
cisur@uvic.ca

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Territory acknowledgement

We acknowledge and respect the Lək'wəŋən (Songhees and Xwsepsəm/Esquimalt) Peoples on whose territory the university stands, and the Lək'wəŋən and W̱SÁNEĆ Peoples whose historical relationships with the land continue to this day.



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