

RESEARCH SNAPSHOT

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Service providers navigate tensions to create an innovative safer supply program

What you need to know:

Prescribed alternative programs, also known as safer supply programs, have emerged in Canada as part of a public health response to the ongoing toxic drug crisis. These programs provide participants with pharmaceutical grade alternatives to the toxic unregulated drug supply, with the goal of reducing overdoses and helping to connect people with care. The experiences of service providers who have been involved in these programs can help inform the development of new and effective programs in other locations.

What is this research about?

This research is about service provider 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 access to addiction medicine. The study took place in 2021, after the program's first year of operation.

What did the researchers do?

The researchers used a community-based research approach, meaning that community partners were included in all phases of the study. The research team was composed of 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). Researchers interviewed 9 service providers, including a mix of nurses, outreach workers, system navigators and physicians, between April and September 2021. The interviews and analysis focused on program implementation.

What did the researchers find?

Service providers with SAFER supported prescribed alternatives as a harm reduction approach to prevent drug toxicity deaths. Researchers found six themes describing early implementation of SAFER:

- 1) The release of BC's Risk Mitigation Guidance document in 2020 provided the foundation for early safer supply program implementation;
- 2) Developing SAFER-specific clinical protocols adapted to the local context was important and provided flexibility to allow providers to better meet the needs of their participants, including medication types, dosages, and wraparound supports;
- 3) There were accessibility challenges for program users such as stigma, encampment displacement, opioid agonist treatment (OAT)



- requirements, and program costs and capacity limitations;
- 4) SAFER's interdisciplinary teamwork, wraparound care, and outreach-based approach were key components in the program's success. This included direct outreach in encampments to connect with people who were unhoused and at high risk of overdose;
 - 5) Program tensions between addiction medicine and harm reduction were concerns for providers, who also highlighted anxiety due to the politicized nature of safer supply;
 - 6) Providers saw the successes of safer supply prescribing, particularly related to increased engagement in healthcare services and increased protection against fatal and non-fatal overdoses during a period of rising overdose rates.

How can you use this research?

Service providers play an integral role in the delivery of safer supply, but there is little research that describes their experiences or their insights on what constitutes an effective safer supply program. These findings highlight both program successes and challenges and provide suggestions for future programs, including ideas for navigating tensions and strategies for tailoring programs to meet people's needs.

About the researchers

Lead author Jane McCall was a post-doctoral fellow at CISUR at the time of this research. She is a nurse educator and researcher who has work in the field of HIV care for over 30 years.

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

Keywords

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

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Territory acknowledgement

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