

Safer Supply Ottawa Evaluation

Fall 2022 Report

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Executive Summary

Given the ongoing harms related to the overdose crisis in Canada, novel programs and supports are required for people who use drugs (PWUD). The Safer Supply Ottawa initiative seeks to provide support through the prescription of pharmaceutical opioids and stimulants to PWUD as an alternative to the contaminated illicit drug supply. This report seeks to provide an overview of the 3 Safer Supply programs in Ottawa as well as the results of a program evaluation undertaken in the summer of 2022.

As part of this evaluation, two projects were completed. First, medical chart data for all current Safer Supply Ottawa participants was collected and analyzed. Overall, we found that over 70% of participants reported a decrease in their fentanyl use since starting a Safer Supply program. Further, of those participants who reported experiencing drug overdoses at program intake, 81% reported experiencing no overdoses at their most recent Safer Supply program check-in.

Second, a qualitative study including interviews and surveys was undertaken to speak directly with Safer Supply participants about their experiences within the program. From the surveys, participants reported improvements to their mental health, decreases in their fentanyl use, more stability in their housing status and income sources, decreases to overdose events, and less frequent participation in criminalized behaviour since starting Safer Supply.

From the interviews, 3 broad themes arose, including 1) the context of substance use, 2) the process of Safer Supply programs, and 3) envisioning the future of Safer Supply. Participants also provided key messages about Safer Supply for policy makers and politicians.

Background

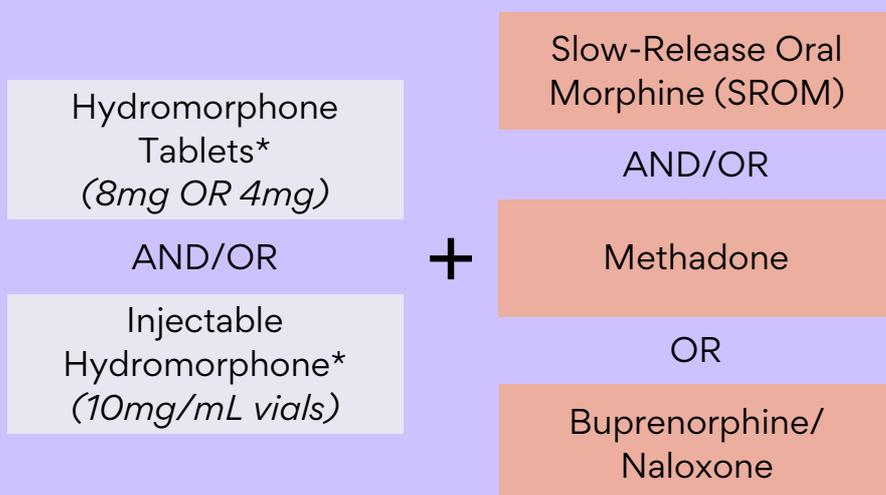
Currently in Canada, we are in the midst of an escalating overdose crisis. Since 2016, the toxic illicit drug supply has become increasingly volatile and dangerous, with over 30,000 PWUD having died. Of the 1,883 opioid toxicity deaths that occurred between January and March of 2022, 85% of them were found to have involved fentanyl¹. Further, PWUD remain a highly criminalized and marginalized group in Canada.

In response to the overdose crisis, Safer Supply pilot programs were opened across the country. Safer Supply is a public health intervention which functions with a harm reduction lens. These programs seek to decrease harms related to the toxic drug supply (e.g., risk of overdose, criminalized behaviour, trauma/mental health concerns, etc.) by providing PWUD with pharmaceutical grade prescription medication (often opioids and stimulants). Of importance, Safer Supply programs are not a form of substance use treatment, and instead seek to provide better options for PWUD who want to continue using drugs, but safely^{2,3}.

HIGH RISK INDICATIONS FOR CONSIDERING SAFER SUPPLY

- Frequent drug overdoses
- Illicit drug use/severe substance use disorder
- Participation in high-risk activities (e.g., survival sex work, sharing drug use equipment, etc.)
- Criminalized behaviour related to substance use
- Homeless/unstably housed
- Severe physical/mental health concerns related to substance use
- Limited ability to advocate for oneself

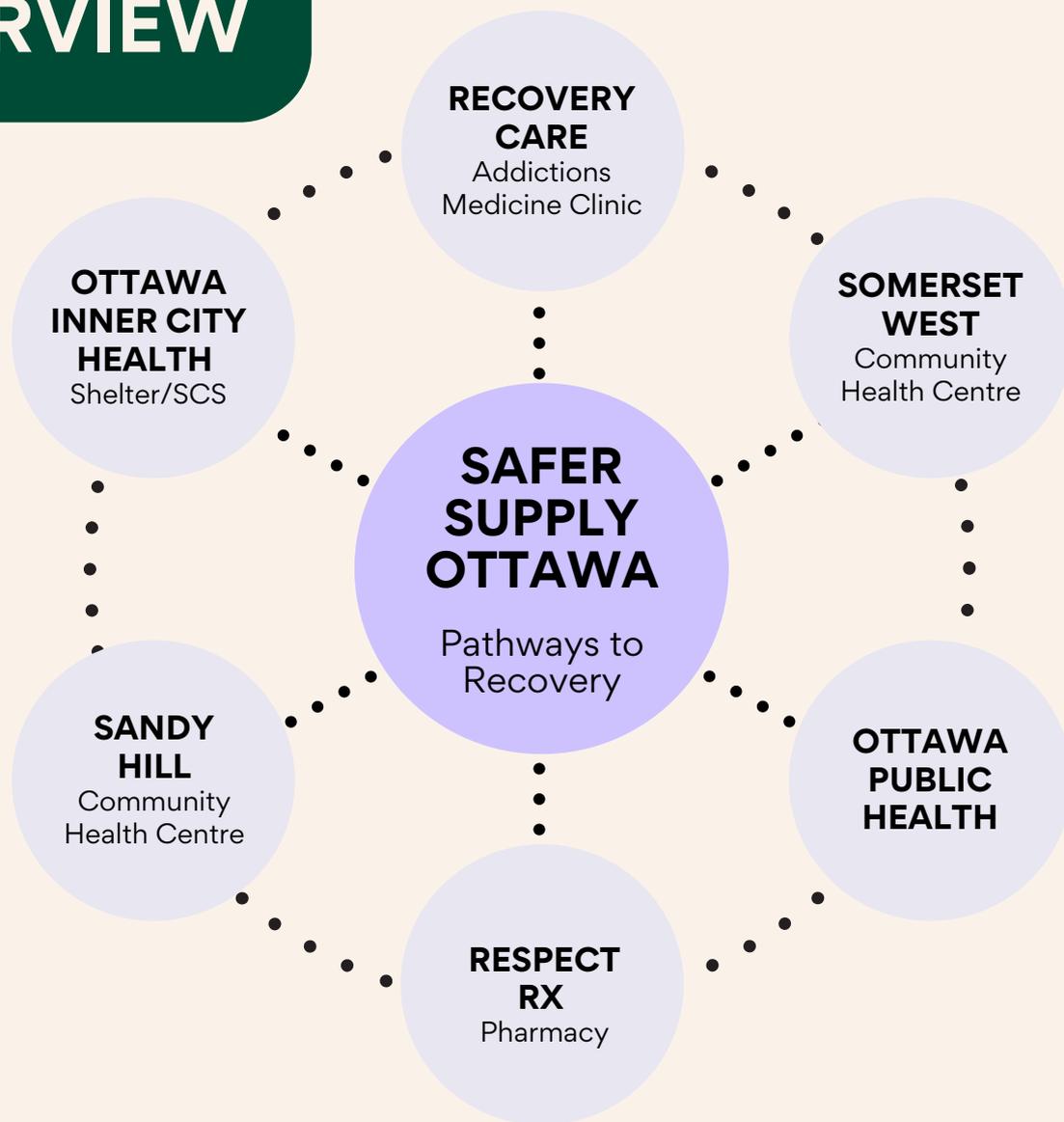
SAFER OPIOID SUPPLY PRESCRIBING



*maximum 240mg/day

There are several resources which provide an overview of how to prescribe for Safer Opioid Supply^{4,5}. Very briefly, prescriptions within the Ottawa programs typically pair short-acting hydromorphone tablets and/or injectable vials with a long-acting opioid. While a long-acting opioid is not mandatory, most participants find the maximum dose of hydromorphone (240mg/day) alone to be insufficient in managing their opioid cravings and withdrawals.

PROGRAM OVERVIEW



Safer Supply Ottawa is a joint initiative that brings together 6 separate organizations to provide comprehensive care and services to the community of PWUD.

Recovery Care, Somerset West Community Health Centre (SWCHC), and Ottawa Inner City Health (OICH) provide Safer Supply prescribing and other services such as primary care and supervised injection services to participants.

Sandy Hill Community Health Centre (SHCHC) provides wrap-around services such as intensive case management and peer connections to Safer Supply participants.

Respect Rx Pharmacy provides a safe, judgement-free space for participants to pick up their medication. They offer daily home delivery of medication to many participants as well as pro bono medication for individuals experiencing periodic drug coverage issues.

Ottawa Public Health provides guidance and support through assisting with the creation of Safer Supply policies and procedures, as well as data on substance use.

Philosophy of Care

Despite differences in day-to-day program operations that exist between the programs, the philosophy of care as well as the ethical and moral standing and beliefs of Safer Supply Ottawa programs remain cohesive.

1

Developing program objectives dependent on individual participant goals

2

Considering PWUD as partners in their care and recognizing their expertise

3

Seeking to provide a trauma-informed approach to care

4

Programs will always be evolving and are committed to lifelong learning

5

Supporting efforts to de-medicalize of Safer Supply

6

Advocating for drug decriminalization and legalization

7

Believing that everyone has a right to safety and impactful care

8

Basing services and programs in a harm reduction approach

9

Recognizing that PWUD are harmed by structural violence within healthcare systems

10

Demonstrating a willingness to being wrong and correcting our mistakes

11

Providing low barrier access to substance use care

12

Developing care plans from a non-punitive, collaborative approach

SAFER SUPPLY OTTAWA PROGRAM DATA

Participants on Safer Supply programs in Ottawa must complete program intakes followed by regular check-ins with their individual teams. Although these processes vary slightly between the 3 prescribing programs, there are many similar data points collected across the Ottawa sites. This information is gathered from participant medical charts every 4 months to track Safer Supply program progress overall.

The data presented represents the time period of **April 1, 2022 to July 31, 2022**.

The sample included all participants from the 3 Safer Supply Ottawa pilot project partner sites: Recovery Care, OICH, and SWCHC.

While Safer Opioid Supply is the most commonly provided program type, there are also participants on Safer Stimulant Supply, and combination (opioids and stimulants) programs, as seen below and described further on page 8.

Of note, self-reported gender of women* and men* include both cis and transgender individuals. Given the small number of individuals who were transgender within these programs, gender was grouped this way to protect their privacy and confidentiality.

Participants by Program Type



= **425** participants on a Safer Supply program

Safer Supply Program Types

The term "Safer Supply" in Canada has become closely associated with the prescription of opioids. However, it is important to note Safer Supply is a broad term which includes offering someone an alternative, safer version of a substance in contrast to the toxic illicit drug supply. Accessing Safer Supply can range from a Nurse Practitioner prescribing medications to an individual, to peer-led buyers' clubs purchasing, testing, and distributing substances from the dark web.

Within this report, we are providing research results regarding medical models of Safer Supply in Ottawa. While the vast majority of these participants are part of a Safer Opioid Supply program, there are a smaller number of participants being prescribed stimulants, or a combination of opioids and stimulants.

SAFER OPIOID SUPPLY

- Seeks to provide a replacement for the illicit opioid supply, which currently is often fentanyl, fentanyl analogues, and benzodiazepines.
- Participants are often prescribed hydromorphone tablets and a long-acting opioid medication (see bottom of page 4).

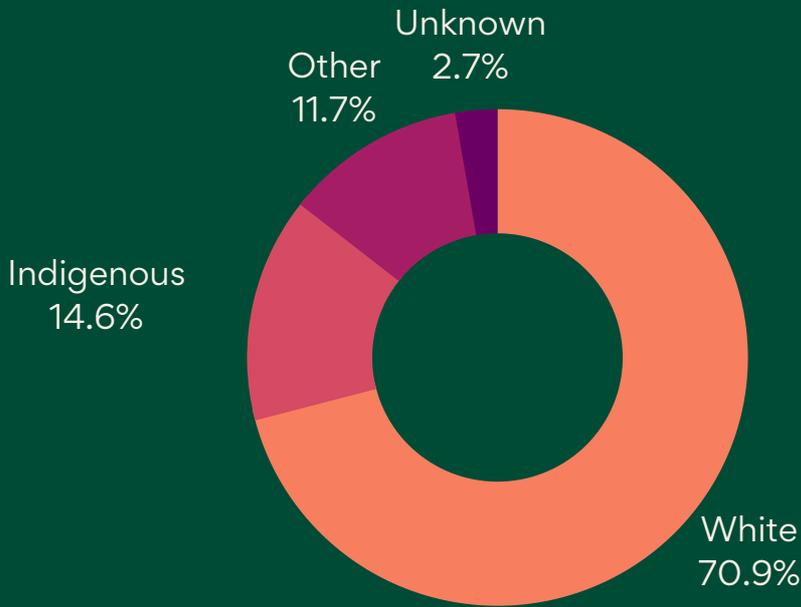
SAFER STIMULANT SUPPLY

- Seeks to provide a replacement for the illicit stimulant supply, often including (but not limited to) crystal meth and crack cocaine.
- Participants are often prescribed short- and/or long-acting methylphenidate.

COMBINATION SAFER SUPPLY

- Participants are on both a Safer Opioid and a Safer Stimulant Supply program.

Safer Supply Ottawa Demographics



Ethnicity

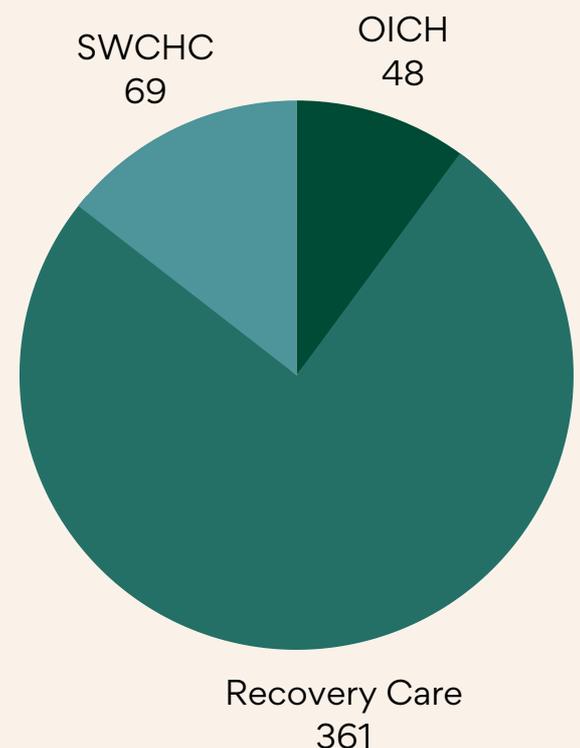
- **Median age:** 40 years (oldest 71 years, youngest 21 years)
- **Gender:** 317 men* (66%) and 161 women* (34%)
- **Ethnicity:** 339 white (70.9%), 70 Indigenous (14.6%), 56 other (11.7%), and 13 unknown (2.7%)
- **Program language:** 451 English (94%) and 27 French (6%)

*cis and transgender

From April to July 2022, a total of **478 individuals** connected with one of the Safer Supply Ottawa programs:

- n = 361 Recovery Care (76%)
- n = 69 SWCHC (14%)
- n = 48 OICH (10%)

From this data, 53 participant profiles were excluded due to a lack of reportable data. Exclusion criteria included data sets with less than 3 visits (n = 16) or an inactive program status (n = 37).



Total number of participants included for data reporting in this time period =
425 participants

FENTANYL USE TRENDS

SAFER OPIOID SUPPLY

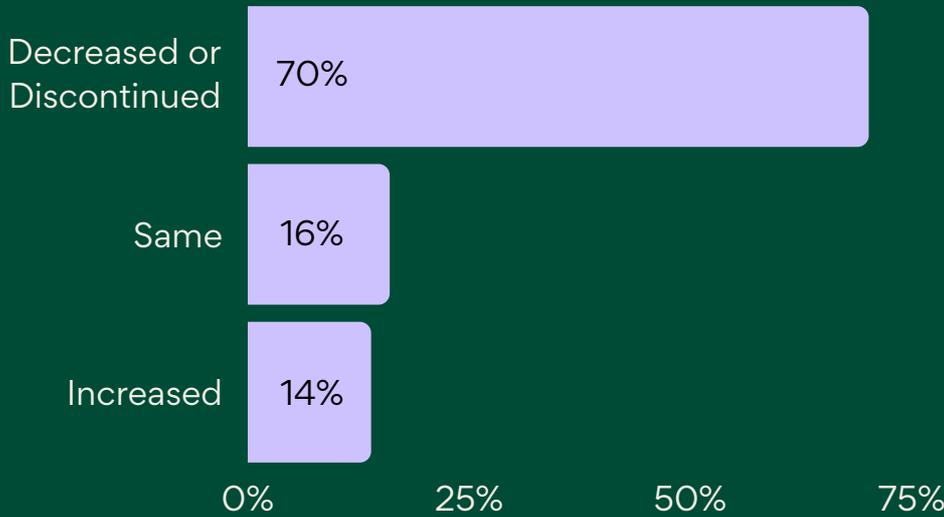
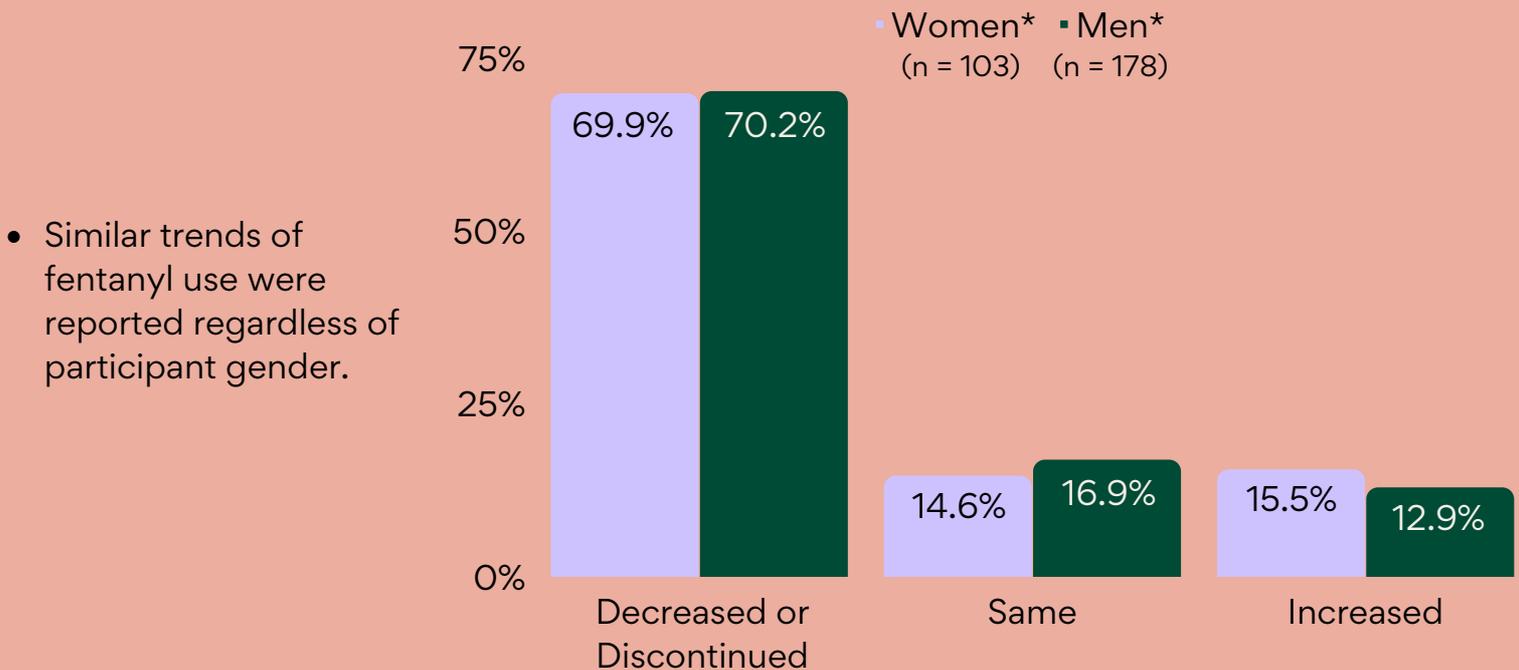


Figure 1: Fentanyl Use Trends (Safer Opioid Supply)

- Figures 1 and 2 represent participants on a **Safer Opioid Supply program**.
- 66% (n = 281) of all participants studied are on Safer Opioid Supply only.
- The vast majority of these participants noted a decrease to, or complete discontinuation of, their fentanyl use.

FENTANYL USE TRENDS BY GENDER

SAFER OPIOID SUPPLY

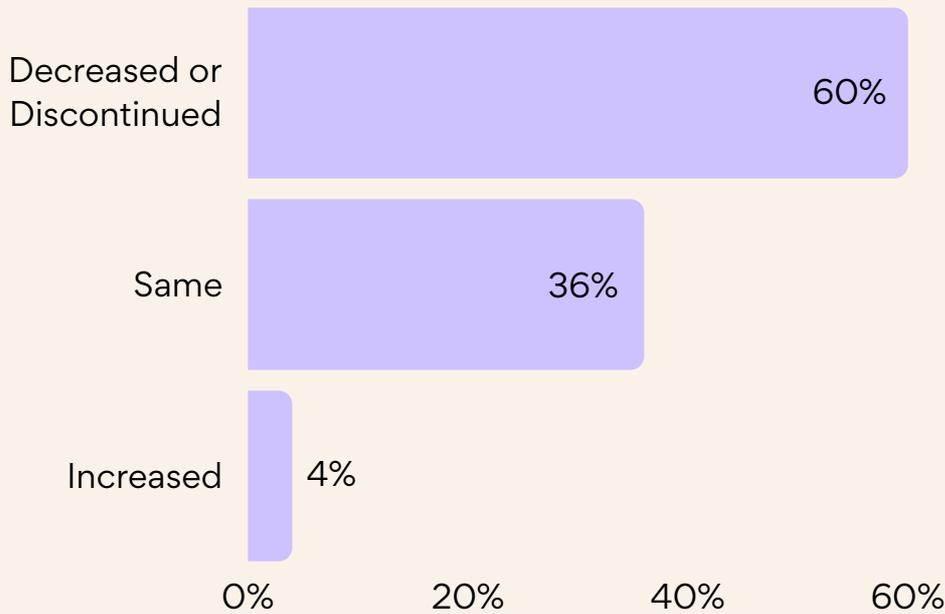


- Similar trends of fentanyl use were reported regardless of participant gender.

Figure 2: Fentanyl Use Trends by Gender (Safer Opioid Supply)

STIMULANT USE TRENDS

SAFER STIMULANT SUPPLY



Figures 3 and 4 represent participant data from the **Safer Stimulant Supply** program.

6% (n = 25) of all participants are on a Safer Stimulant Supply program.

The majority of participants reported a decrease in their stimulant use this period (n = 15).

Figure 3: Stimulant Use Trends (Safer Stimulant Supply)

There is a noted difference in reported stimulant use trends between women* and men* in this program:

- No women* reported an increase in stimulant use. 75% of women* reported a decrease in their stimulant use (n = 6).
- 41% of men* reported the same level of stimulant use (n = 7), while 53% (n = 9) reported a decrease in their stimulant use.

STIMULANT USE TRENDS BY GENDER

SAFER STIMULANT SUPPLY

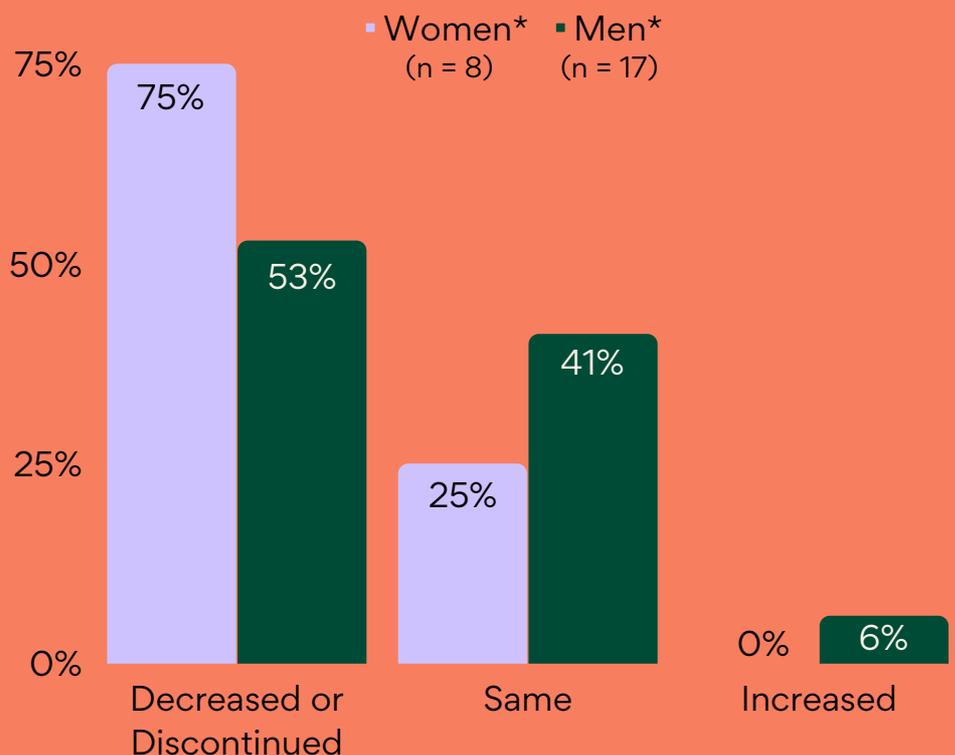


Figure 4: Stimulant Use Trends by Gender (Safer Stimulant Supply)

FENTANYL & STIMULANT USE TRENDS

COMBINATION SAFER SUPPLY

- Figures 5, 6.1, and 6.2 represent participant data on the **Combination Safer (Opioid & Stimulant) Supply** program. 28% (n = 119) of all participants are on Combination Safer Supply.
- Most participants reported an overall decrease in both fentanyl use (n = 85) and stimulant use (n = 79).
- Of note, more participants reported the same level of stimulant use (n = 24) in comparison to participants who reported the same level of fentanyl use (n = 14).

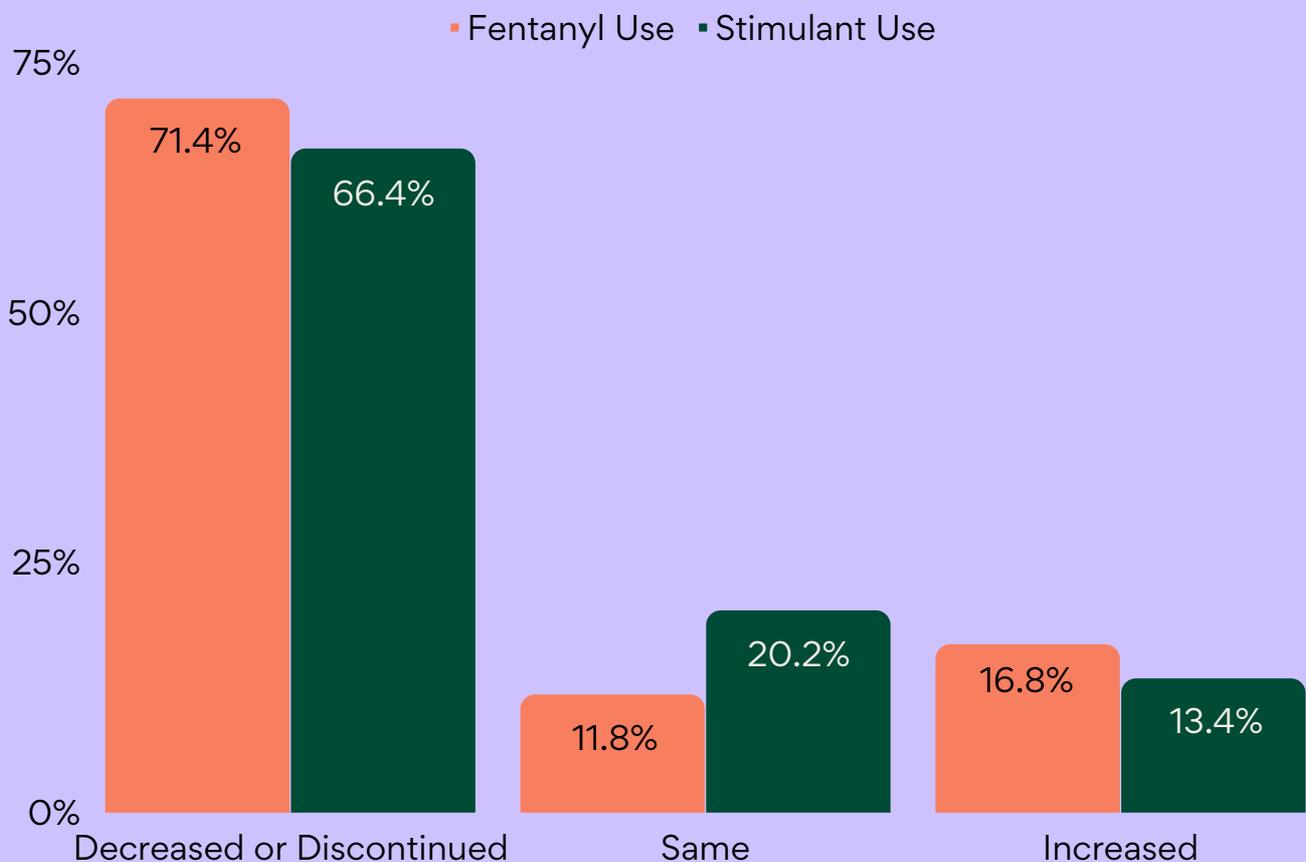


Figure 5: Fentanyl & Stimulant Use Trends (Combination Safer Supply)

FENTANYL & STIMULANT USE TRENDS BY GENDER

COMBINATION SAFER SUPPLY

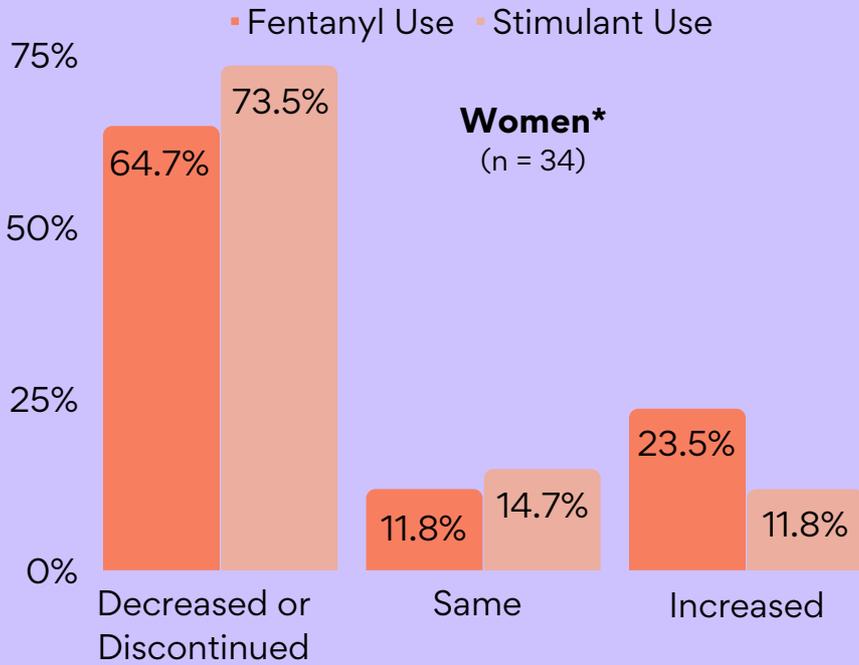


Figure 6.1: Participant Fentanyl & Stimulant Use Trends (Women*)

An overall trend of decreasing drug use (opioids and stimulants) was present across genders.

Women* reported a slightly higher decrease for stimulant use (n = 25) compared to decreasing fentanyl use (n = 22).

Men* reported the opposite, with a slightly higher decrease for fentanyl use (n = 63) compared to decreasing stimulant use (n = 54).

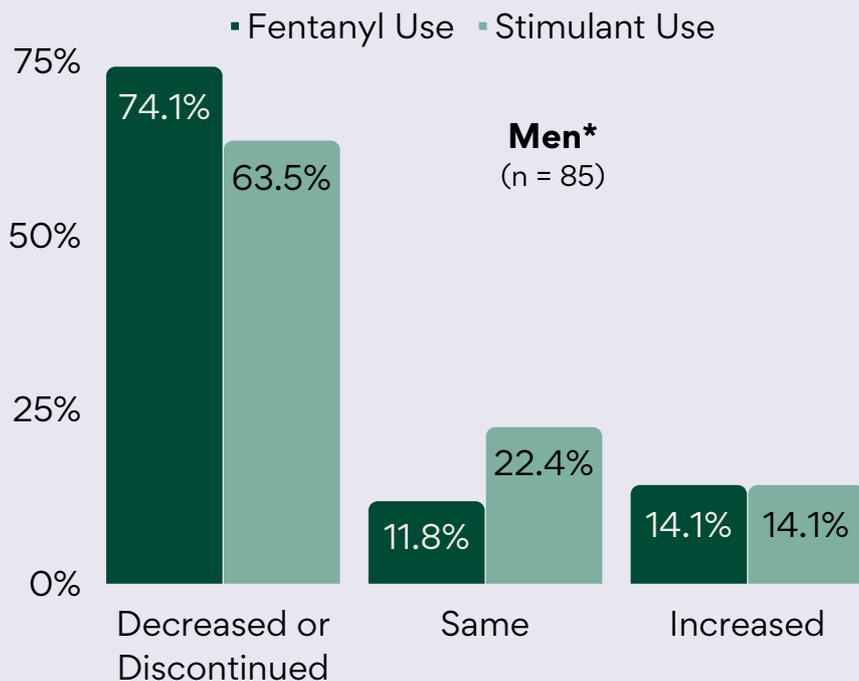


Figure 6.2: Fentanyl & Stimulant Use Trends (Men*)

RELATIONSHIP BETWEEN FENTANYL & STIMULANT USE AT THE INDIVIDUAL LEVEL

COMBINATION SAFER SUPPLY

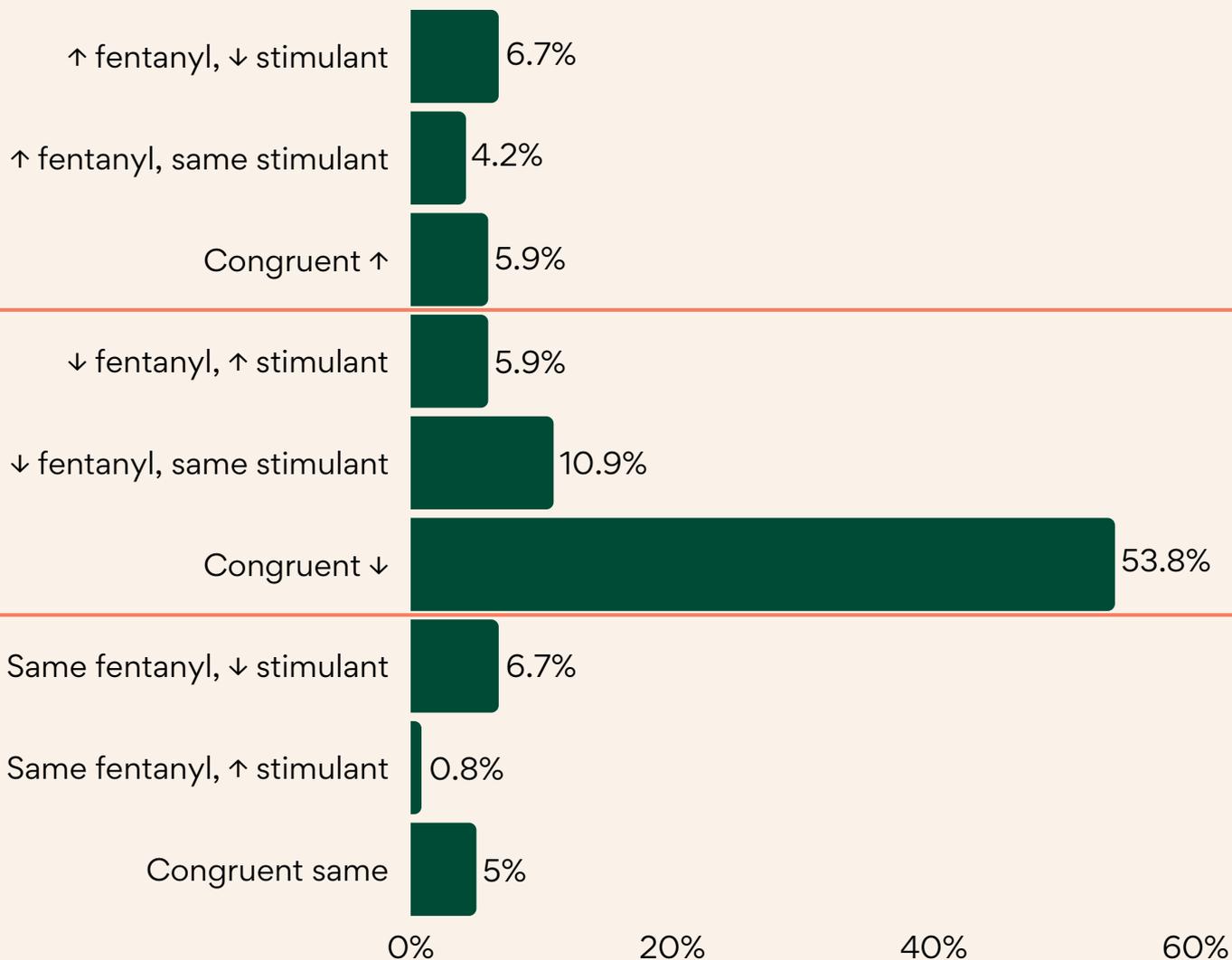


Figure 7: Combination Safer Supply Participants' Individualized Data

The data represented in Figure 7 are measures describing **individual participant's concurrent drug use**. Each of the 119 participants on Combination Safer Supply were analyzed and grouped according to their reported fentanyl and stimulant use trends.

Two noteworthy drug use trends were identified. 53.8% (n = 64) of participants reported a congruent decrease in both types of drug use. 10.9% (n = 13) reported decreasing their fentanyl use while maintaining their same level of stimulant use. The remaining categories consist of participant values > 10.

Of importance, 71.4% (n = 85) of participants experienced an overall decrease in all substance use.

FENTANYL USE TRENDS

SAFER OPIOID AND COMBINATION SUPPLY

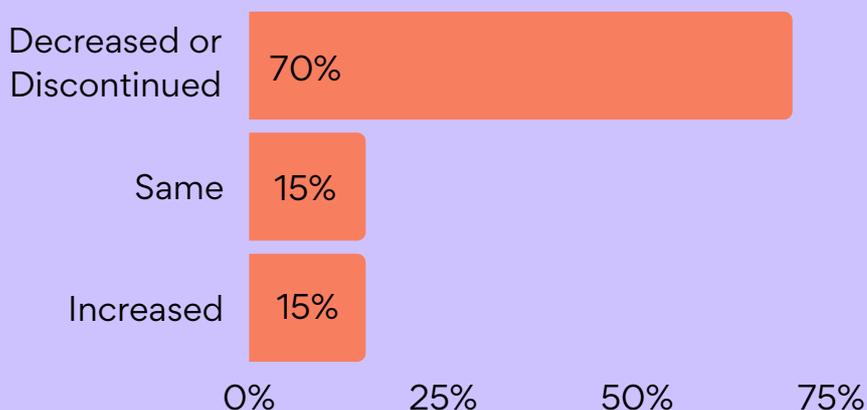


Figure 8: Overall Fentanyl Use Trend (Safer Opioid and Combination Supply)

Figure 8 and Figure 9 represent **cumulative** data of **all Safer Opioid Supply and Combination Safer Supply participants** studied across all 3 program sites (n = 400). Fentanyl use trends were not regularly tracked for participants on Safer Stimulant Supply.

70% (n = 280) of participants reported a decrease and/or discontinuation in their fentanyl use during this period.

15% (n = 60) reported the same level of fentanyl use throughout this period.

15% (n = 60) participants reported an increase in their fentanyl use during this period.

FENTANYL USE TRENDS BY GENDER

SAFER OPIOID AND COMBINATION SUPPLY

- Similar fentanyl use trends were reported by participants across genders.
- Slightly more women* reported an increase in fentanyl use during this period when compared to men*.

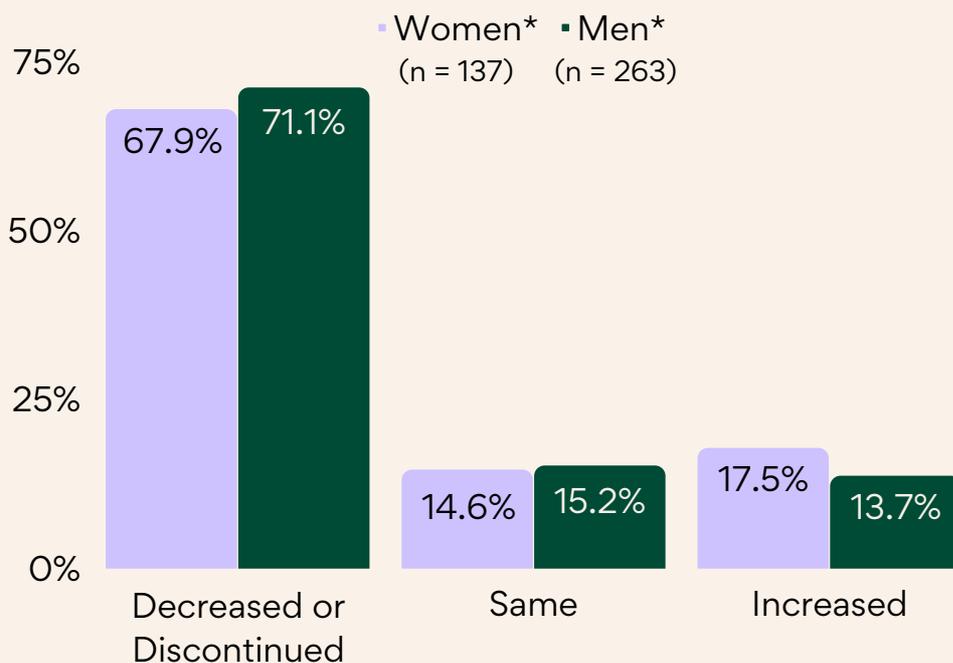


Figure 9: Fentanyl Use Trends by Gender (Safer Opioid and Combination Supply)

OVERDOSE EVENTS (APRIL – JULY 2022)

INTER-PROGRAM SAMPLE

n = 255

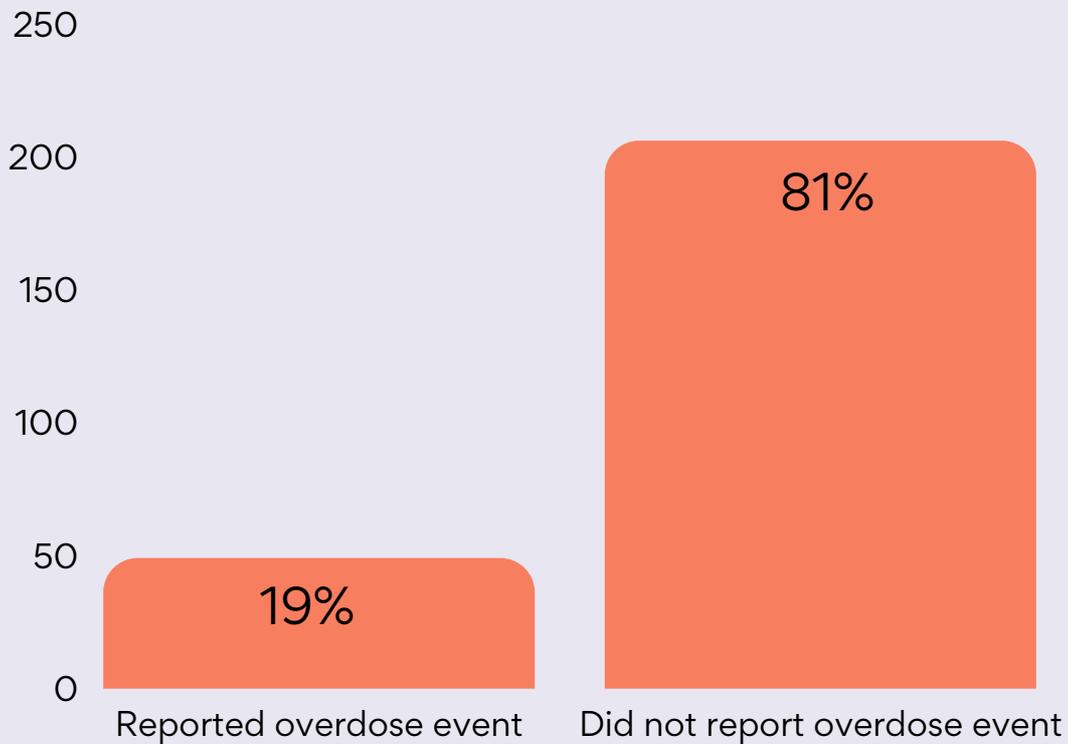


Figure 10: Longitudinal study of participants positive-reporting overdose events

Figure 10 represents the results of a longitudinal study measuring overdose events. This sample included **all participants across all programs who reported experiencing at least one recent drug overdose event at the time of their Safer Supply program intake** (n = 255). Participants not experiencing overdose events at program intake have been excluded.

Per the most recent Safer Supply program check-in data (between April 2022 - July 2022), only 19% (n = 49) of these participants continued to report experiencing an overdose event. Any positive report of a single overdose met the inclusion criteria to place participants in the "reported overdose" category. Of importance, 81% (n = 206) of these participants reported no overdose events during this check-in reporting period.

4/5 participants studied did not experience an overdose event this period.

Qualitative Research

In addition to collecting program-wide data regarding Safer Supply Ottawa participants, qualitative research including participant interviews and surveys was undertaken.

RESEARCH OBJECTIVES

- EVALUATE**
To evaluate the outcomes of Safer Supply programs in Ottawa based on key objectives and indicators.
- UNDERSTAND**
To understand the motivations for, and experiences of, participating in Safer Supply programs from participants' perspectives.
- EXPLORE**
To explore the facilitators and barriers of accessing and engaging in a Safer Supply program.
- INFORM**
To inform future directions, policies, and resources related to Safer Supply programs.

Data Collection

Participants were recruited through posters advertising the study at each of the 3 Safer Supply program sites. Participants were selected on a first come, first served basis.

Individuals were eligible to participate if they were:

- 18 years of age or older
- Currently engaged in a Safer Opioid Supply program in Ottawa
- Identify as a PWUD

Data collection consisted of two parts:

1) 15–60-minute audio-recorded **semi-structured interview** focused on discussing the experience of participating in a Safer Supply program

2) 5–10-minute **survey** to collect demographics and program outcomes

At the outset of each interaction, an explanation of the project was provided to the potential participant, including the purpose and objectives of the study. Participants reviewed and signed the consent form with the interviewer and were given \$100 cash compensation for their expertise and participating in the study.

Interviews were initially conducted at a single location (OICH). Purposive sampling was undertaken with program participants at this site to ensure maximum variation of experiences was achieved. Following this, intensity sampling occurred at the remaining two sites to ensure in-depth, rich data were collected from these participants. Overall, there was consistency between themes brought forward by participants at each of the sites regarding their experiences with Safer Supply programs.

PARTICIPANTS

n = 30 Safer Supply participants

SOURCES

Survey & semi-structured interviews

COMPENSATION

Participants given \$100 for their time & expertise

SAMPLING

Core interviews done at a single location, then replicated in other settings

Surveys were completed with all participants. Participants were given the choice to fill in a paper survey by hand or have the questions read aloud to them and have their answers recorded by a researcher. Most participants elected to have the survey read to them.

The survey included questions regarding **socio-demographic information** such as age, ethnicity, gender, sexual orientation, country of birth, spoken languages, and household income. Participants were also asked about their **substance use, substance use related complications, and harm reduction service usage.**

Of note, self-reported gender of women* and men* include both cis and transgender individuals. Given the small number of individuals who were transgender within these programs, gender was grouped this way to protect their privacy and confidentiality. Similarly, the category *other* was used within sexual orientation to protect the privacy and confidentiality of participants.

METHODS

In addition, participants were asked a series of questions to assess the potential impact of Safer Supply on their lives through **pre-/post- measures.** Specifically, participants were asked to provide two answers reflective of the time 1) **before** they began Safer Supply, and 2) **after** (currently) being on Safer Supply to each of the following prompts:

- Mental health rated on a scale of 0 (poor) – 5 (excellent)
- Illicit fentanyl use in points/day (1 point = 0.1 gram = 100 mg)
- Housing status
- Income source
- Opioid overdose events (any)
- Criminalized behaviour (any)

Following the surveys, participants completed a **semi-structured interview.** Interviews took place in a private space at each of the Safer Supply program locations. Interview prompts were created prior to the interviews to ensure specific topics about the Safer Supply programs were addressed. These included:

- Program intake
- Program check-ins
- Health impacts
- Social impacts
- Substance use
- Overdoses
- Criminalized behaviour
- Goals
- Program set-up
- Program benefits and drawbacks
- Diversion
- Current resources
- Desired supports
- Future of Safer Supply programs

However, participants were also encouraged to guide the conversation in the direction they wished to truly capture their personal experiences. All interviews were audio-recorded to ensure accurate transcription could occur afterwards.

DATA ANALYSIS

All semi-structured interviews were audio-recorded with the permission of participants. Qualitative data analysis occurred as per Smith, Flowers, and Larkin⁶:

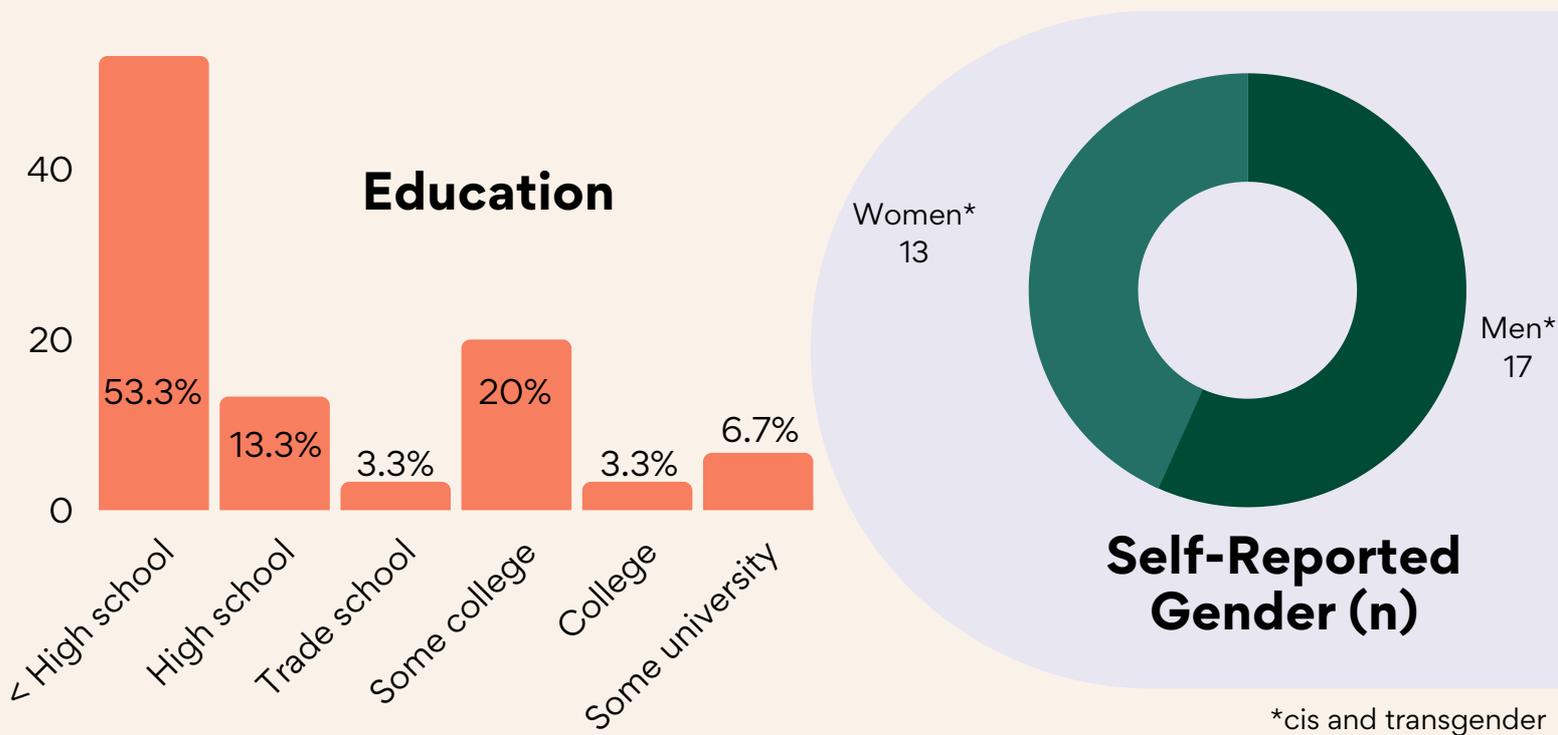
- 1) Once an interview was complete, the audio recording was transcribed verbatim, including both interviewer and participant text.
- 2) Two authors (Haines & O'Byrne) read through the transcripts multiple times and listened back to audio recordings as needed to help nuance interpretations.
- 3) Initial noting was completed, with notes and comments assigned to individual sections of data while maintaining contextual information. Both authors maintained openness to what the data may bring forth, while also considering statements and descriptions which may be of particular importance as denoted by the participants.
- 4) Notes and comments were clustered together to form larger codes within individualized interactions with participants.
- 5) Codes were bunched together to create concrete themes and theoretical underpinnings which aimed to reveal the essence of the participant experience.

SEMI-STRUCTURED INTERVIEWS

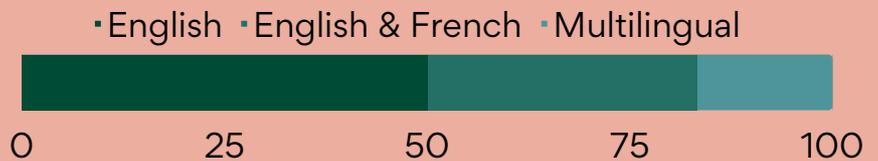
SURVEYS

Data collected from the surveys were reported using descriptive statistics.

Survey Results



Languages



30 participants from the Safer Supply Ottawa prescribing sites completed the survey and interview:

Recovery Care (n = 14)

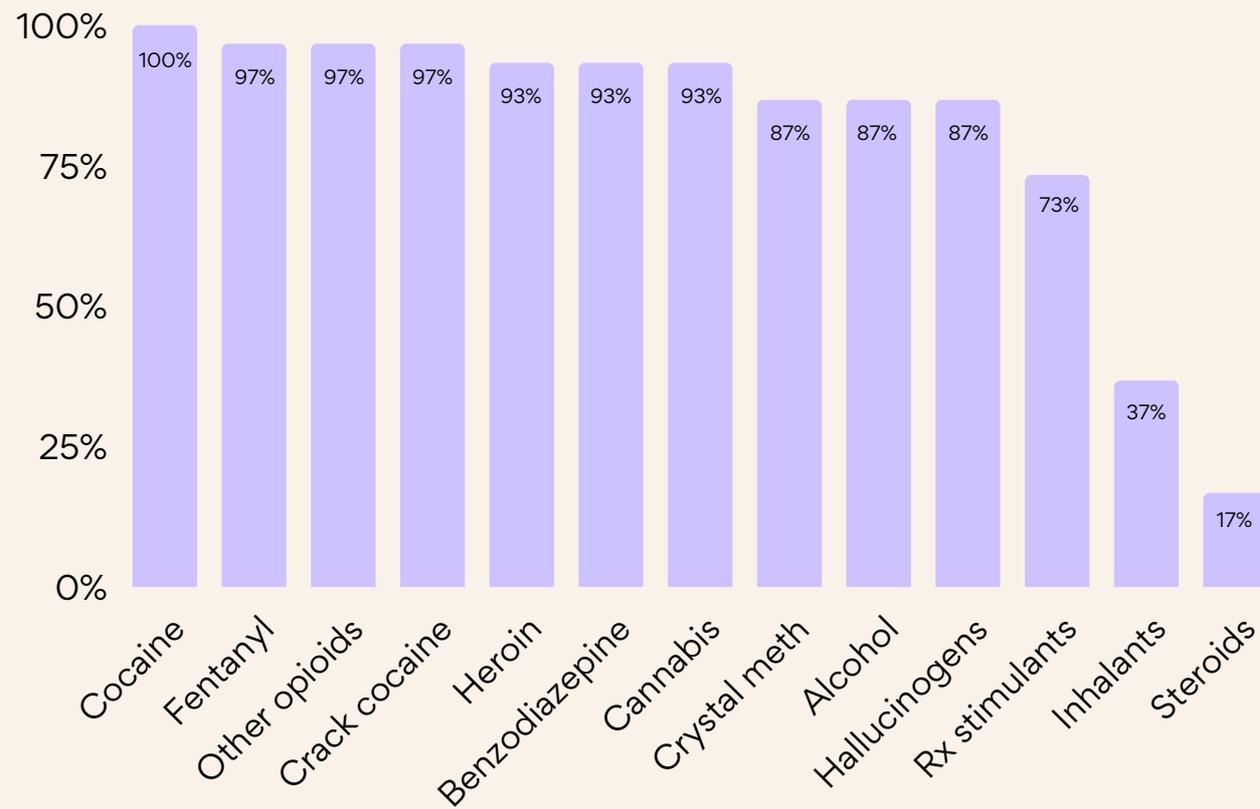
Ottawa Inner City Health (n = 12)

Somerset West Community Health Centre (n = 4)

Participant Demographics (n = 30)

- Median **age** of 42 years
- Median **time on Safer Opioid Supply** of 20.5 months
- **Gender:** 17 men* (57%) and 13 women* (43%)
- **Ethnicity:** 16 white (53%), 9 Indigenous (30%), 4 mixed (13%), and 1 other (3%)
- **Sexual orientation:** 27 heterosexual (90%), 3 other (10%)
- **Birth country:** 93% (n = 28) born in Canada
- **Spoken languages:** 50% English only
- **Highest level of education:** less than high school (n = 16) most common

Lifetime Drug Use

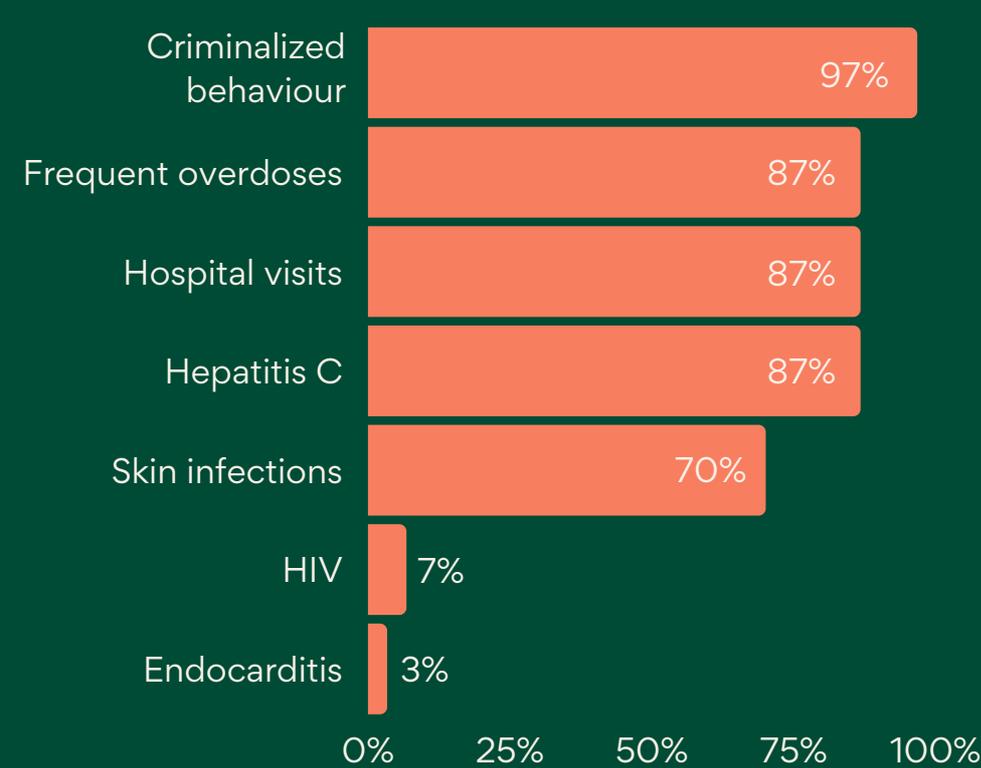


13
median age in years (started to use drugs)

22
median age in years (started to use opioids)

Substance Use Complications

Prior to starting Safer Supply

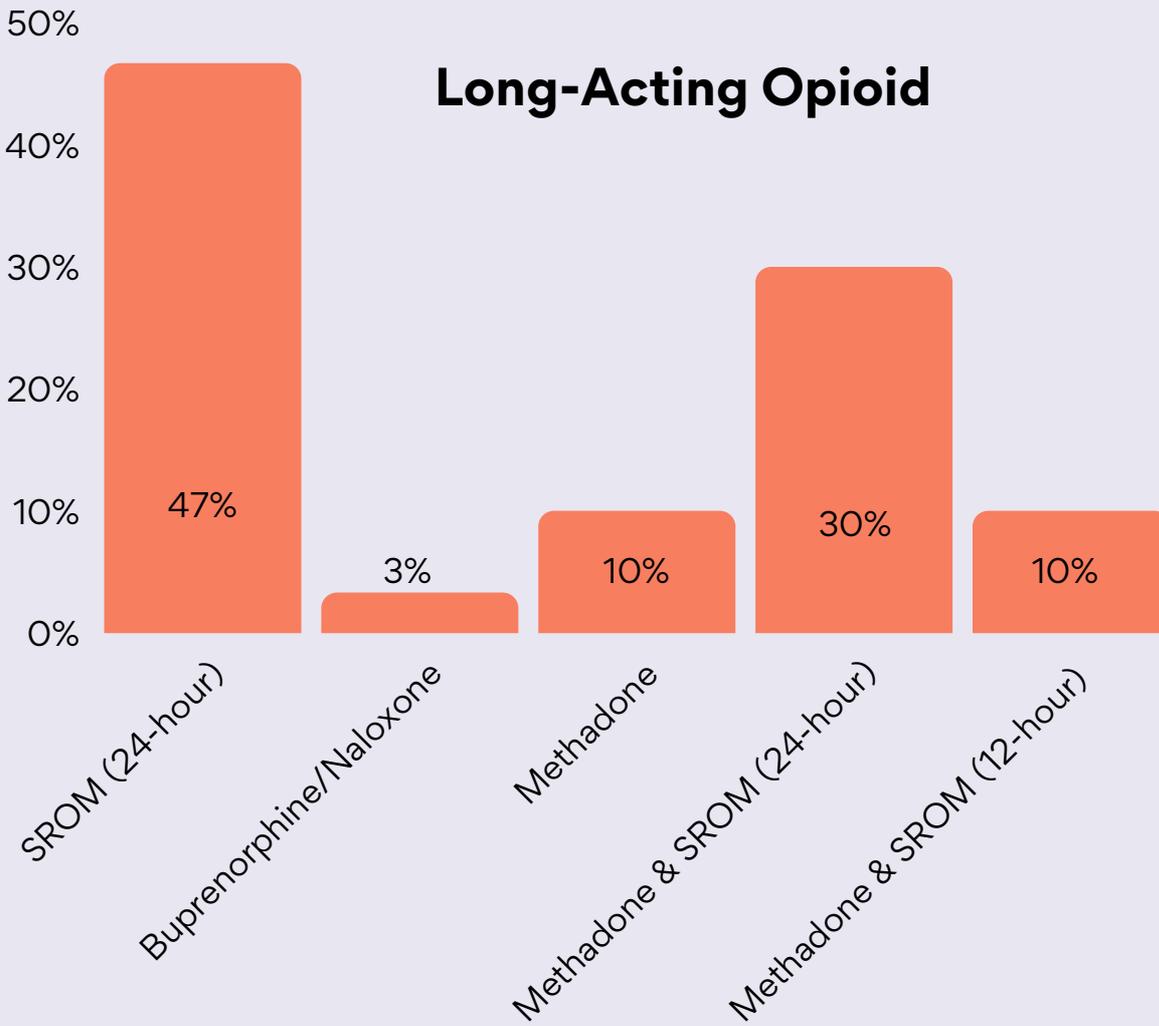


The median age when participants first used drugs was 13 years old. The median age when participants began using opioids specifically was 22 years old.

In their lifetime, all participants reported using cocaine, and almost all participants reported using crack cocaine, fentanyl, and other opioids.

All participants reported complications as a result of their illicit drug use prior to beginning Safer Supply.

Long-Acting Opioid

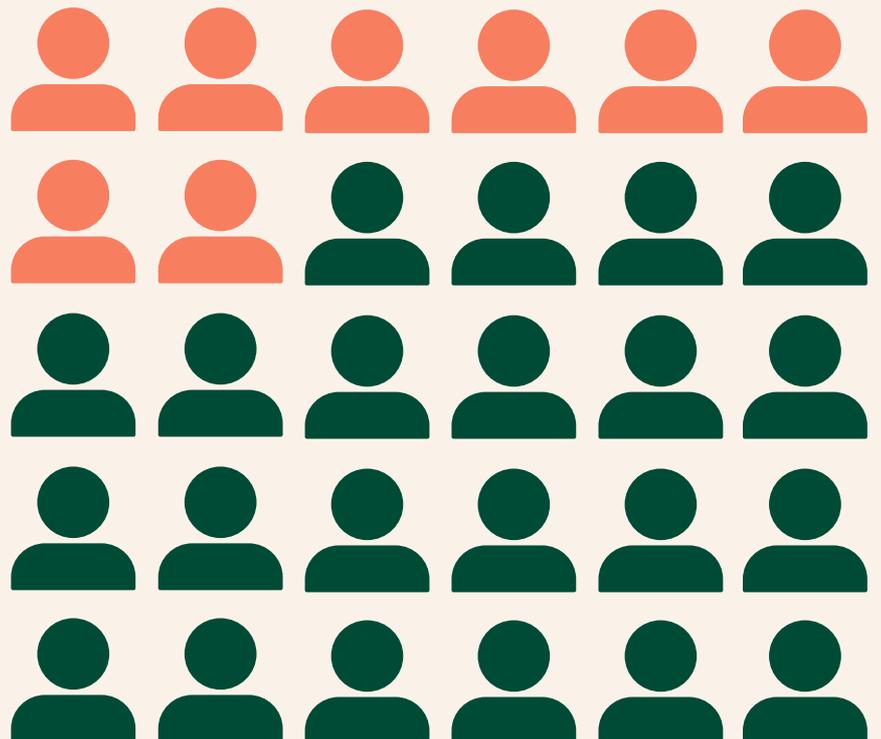


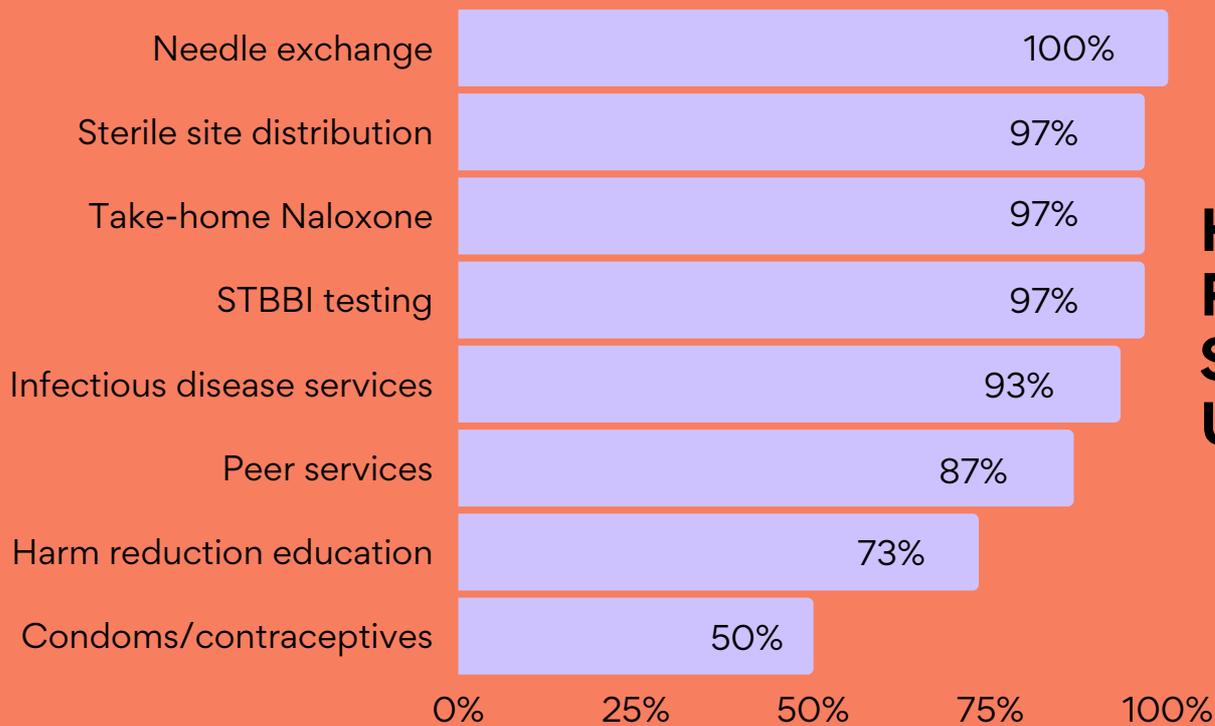
100%

of participants reported being prescribed a long-acting opioid along with their Safer Opioid Supply prescription to help manage withdrawal symptoms.

8 OUT OF 30

participants were also part of a Safer Stimulant Supply program.

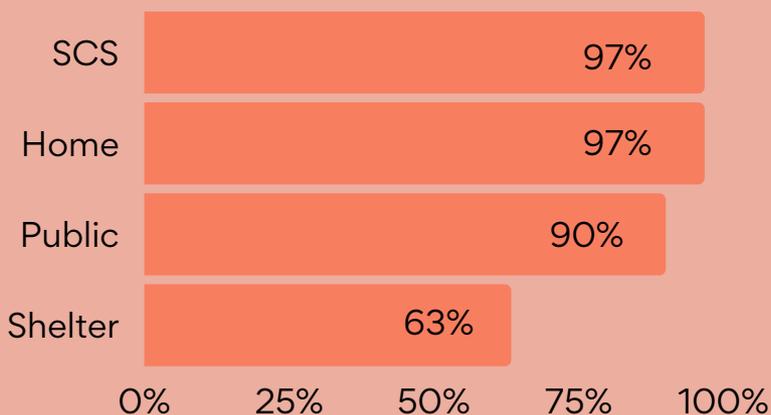
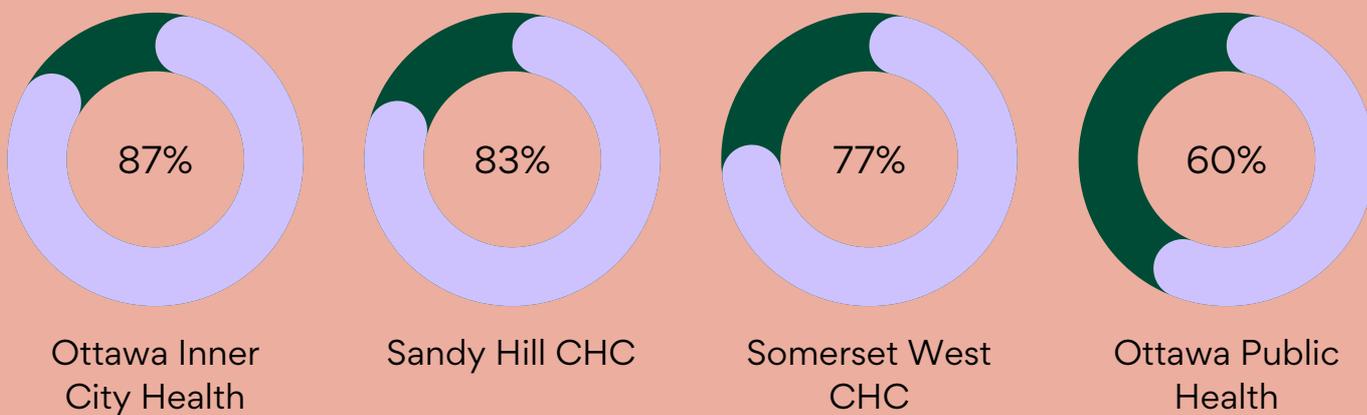




Harm Reduction Service Usage

All participants reported accessing harm reduction services regularly. Several participants noted that their Safer Supply program was directly associated with harm reduction services. For example, participants discussed picking up sterile site and Naloxone kits at the same time as their Safer Supply medication, or described that their Safer Supply program existed within a Supervised Consumption Site (SCS).

Drug Use Locations



Participants reported most commonly using substances at a SCS or at their house/someone else's house.

The most commonly used Ottawa SCS was Ottawa Inner City Health, followed by Sandy Hill Community Health Centre.

Pre-/Post- Safer Supply Measures

Participants were asked several questions regarding different measures of their substance use and quality of life. They were asked to provide answers reflective of 2 different points of time in their life:

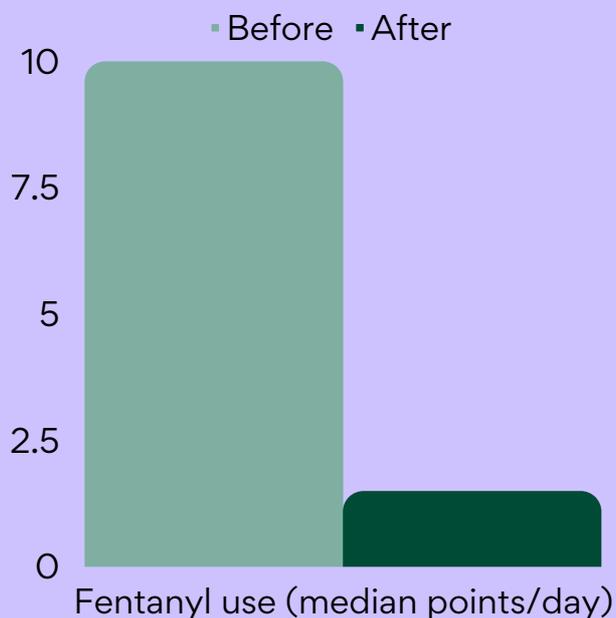
1. **Before** they began their Safer Supply program, and
2. **After** (currently) being on their Safer Supply program.



MENTAL HEALTH

Before starting Safer Supply, participants reported their mental health to be a score of **1.75**.

Since being on Safer Supply, participants reported their mental health to be a score of **3.75**.

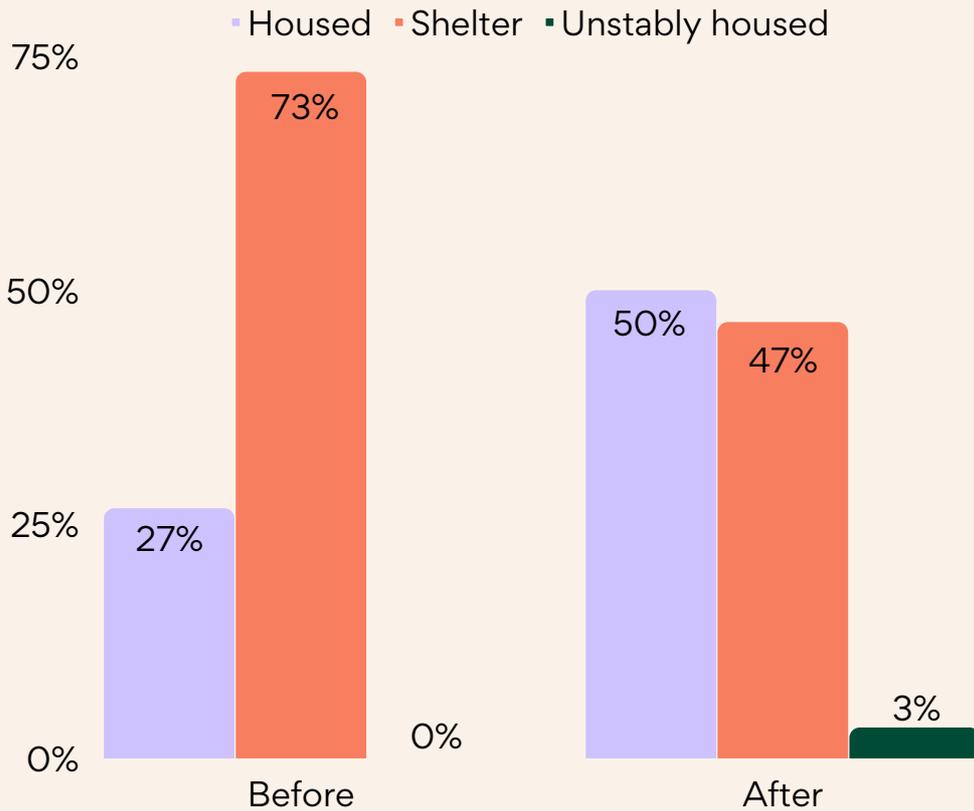


ILLCIT FENTANYL USE

Before starting Safer Supply, participants reported using **10 points** (1 gram) of fentanyl per day.

Since being on Safer Supply, participants reported using **1.5 points** of fentanyl per day.

HOUSING STATUS



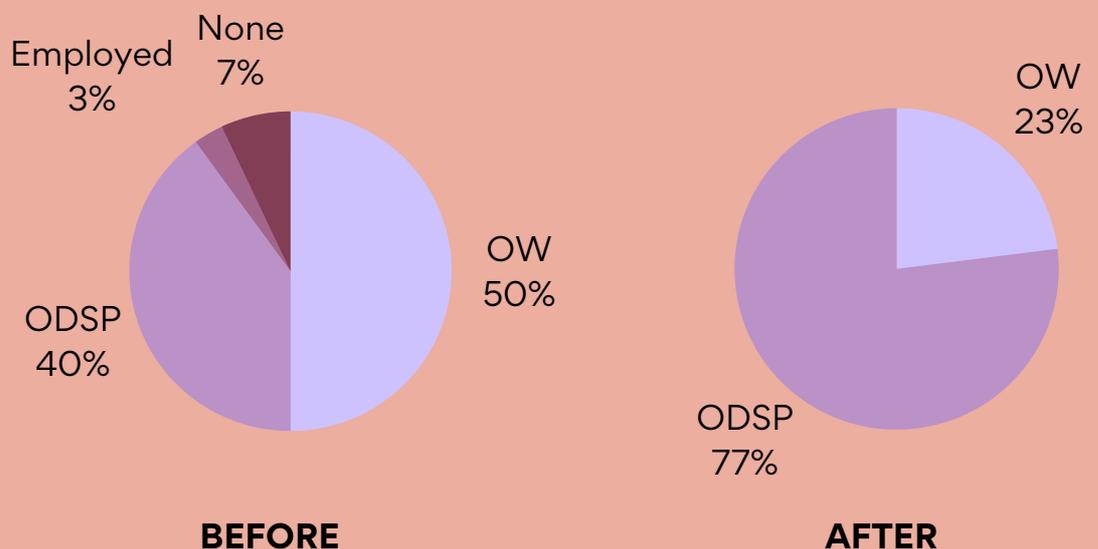
Before Safer Supply, most participants reported they were living in the shelter system (n = 22), while 8 participants were housed and no one was unstably housed.

Since joining Safer Supply, the number of participants in shelter decreased to 14. The number of participants who have been housed increased (n = 15). Anecdotally, many participants reported Safer Supply resources (e.g., peers, housing workers) and the stability they received from being on the program helped them find and maintain housing.

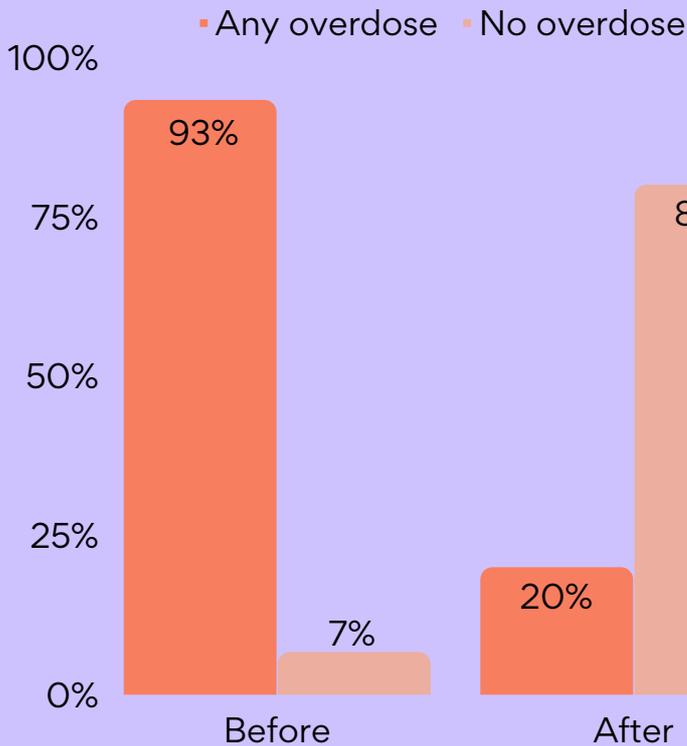
Half of participants (n = 15) were on Ontario Works (OW) and 40% (n = 12) were on Ontario Disability Support Program (ODSP) before joining their Safer Supply program.

Since joining Safer Supply, the majority of participants (77%) were receiving ODSP.

INCOME SOURCE



OVERDOSE EVENTS



Almost all participants (n = 28) reported an opioid overdose event prior to starting Safer Supply.

Since starting Safer Supply, the vast majority of participants (n = 24) have not experienced an opioid overdose again.

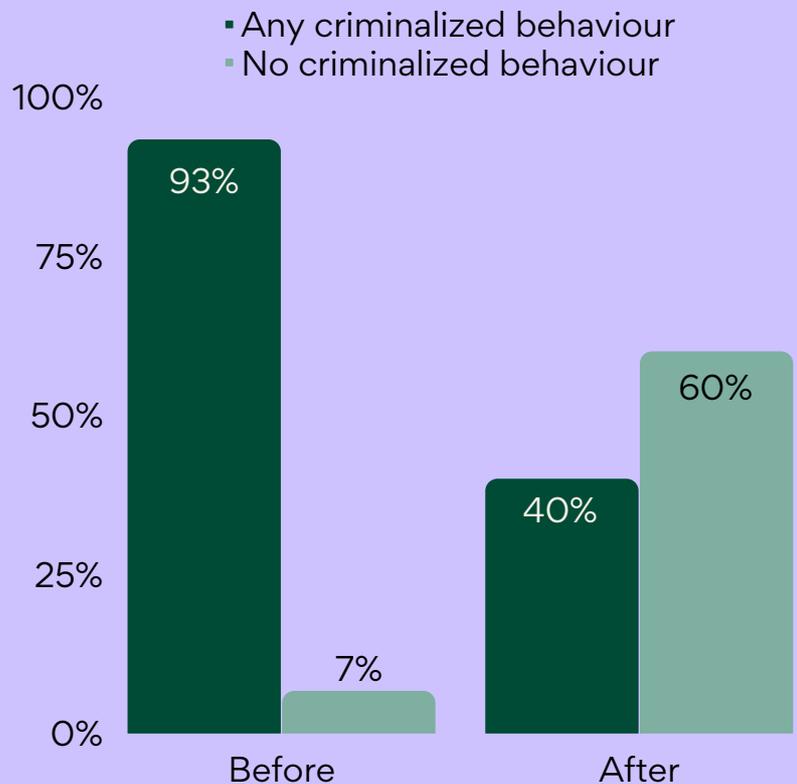
Of importance, this graph fails to capture the vast impact that Safer Supply has had for many participants who may continue to experience overdoses. For example, one participant reported that before Safer Supply, they were overdosing daily, and since joining they have only experienced a single opioid overdose event (unrelated to their Safer Supply medication).

Similar to overdose events, participants described a substantial change in their criminalized behaviour before and after Safer Supply. While 28 participants reported ongoing criminalized behaviour before Safer Supply, only 12 continued to participate in criminalized behaviour since joining Safer Supply.

Common criminalized behaviour reported included (but was not limited to) drug trafficking, drug possession, survival sex work, assault, theft, and fraud.

Of importance, this graph fails to capture the nuance of change that has occurred. For example, several participants reported participating in many types of criminalized behaviour before Safer Supply (e.g., fraud, drug dealing, assault). Since joining the program, these participants report only participating in select forms of criminalized behaviour when absolutely necessary.

CRIMINALIZED BEHAVIOUR



From the interviews, 3 main themes were revealed.

Interview Results

1

CONTEXT OF SUBSTANCE USE

- ▶ Trauma
- ▶ Cycle of Use
- ▶ Previous Support

2

PROCESS OF PROGRAM

- ▶ Benefits
- ▶ Concerns
- ▶ Process
- ▶ Logistics

3

ENVISIONING THE FUTURE

- ▶ Fear of Program Closure
- ▶ Consistency in Care
- ▶ Program Evolution

Theme 1: Context of Substance Use

Participants repeatedly stressed the importance of understanding the broader context of their substance use in relation to their Safer Supply program and sought to discuss this during interviews. This context included their own personal history of substance use as well as their current experiences of trauma and structural violence which impacted their mental health and wellbeing.

Trauma

Current & previous experiences of trauma related to their substance use, and how this impacted their lives.

Cycle of Use

Felt as though they were constantly "stuck" in a cycle of substance use, reducing their autonomy and decision-making ability.

Previous Support

Recounted past experiences related to attempting to access support for substance use.

TRAUMA

Most participants spoke at length about the trauma they experienced prior to using substances. For many, trauma was cited as a central reason they began to use opioids:

"I use [opioids] because of the traumatizing stuff that happened in my life as a child and to not think so much and not just go crazy with thoughts. So, I would use to stop the thinking and make things okay. Everything would be better for a while, until it [opioids] ran out and then I'd have to chase it again" (P25).

Participants also described using opioids and other substances to repress traumatic memories or numb themselves:

"You'll use something to not remember it. A lot of people use drugs and alcohol to forget. Because if you don't forget, then it does come out. You have to release it" (P20).

"Initially I started using fentanyl to stop feeling" (P8).

For some, opioids functioned as an effective coping mechanism during stressful life circumstances:

"I split up with the girlfriend and it was all ... I found a bag on the ground, of fentanyl and I held onto it. And when we split up, I don't know what made me try it, but I decided to try it. And I was like, 'Oh'. The first time it took all the problems away, I didn't feel anything. So, I was like, 'this is my new girlfriend'" (P8).

"I lost everything. I lost the house. I quit the job" (P15).

Overall, participants sought to express the importance of understanding their trauma with relation to their substance use, and expressed a desire for increased awareness and understanding of why people use drugs:

"They [general public] need to educate themselves on drug use and why people use [drugs]... there's so many layers underneath the reason why" (P22).

Overall, 6 sub-themes emerged from the overall theme of trauma, including:

- Hopelessness
- Unpredictable
- Constant loss & grief
- Stigma & marginalization
- Powerlessness
- Guilt & shame

HOPELESSNESS

Participants discussed feeling as though, prior to Safer Supply, they had very limited decision-making ability surrounding their substance use: **"with fentanyl, you either die, go to jail, or get better"** (P20).

"I was giving up all hope. I was just at the end of my line" (P30).

Further, participants described struggling to conceptualize their future, often living day to day and ultimately struggling to meet their own needs: **"living on the street and having nowhere to go – it just became very bleak and I wanted to give up"** (P1).

UNPREDICTABLE

The toxic illicit drug supply created a highly unpredictable environment – one participant described using illicit fentanyl as **"Russian Roulette"** (P7). Day to day, drugs would be **"mixed with anything"** (P20) ranging from animal dewormers to cleaning products to carfentanil. One participant noted: **"fentanyl, it's a drug you buy a point from somebody, it's mediocre. You buy a point from somebody else it's three times stronger... or you buy a point from the same person and it's a different dose"** (P16).

Ultimately this uncertainty was associated with intense fear and constant worry: **"you can't tell how potent it is until it's too late"** (P2).

CONSTANT LOSS & GRIEF

All participants spoke about the cumulative grief they have experienced from constantly losing loved ones to illicit fentanyl: **"everybody I knew was dying"** (P25).

"[I was] losing hope and seeing a lot of my friends die around me. Just takes a toll on you" (P30).

This also resulted in participants experiencing vicarious trauma, wherein fears for their own safety were reaffirmed through the death of peers: **"it scared me when I did it [fentanyl], and I've seen my friends go down on it [fentanyl]"** (P7).

STIGMA & MARGINALIZATION

Participants reported intense feelings of rejection and abandonment within their daily lives: **"they don't care. It's like, oh, it's just another junkie" (P9)**. The topic of stigma was present in all participant interviews, reinforcing marginalization and resulting in more trauma:

"People don't want to listen... they think that you're just out there seeking drugs for a good time or for no reason... [I felt] a little scared, little worried, little angry. So, I would try to go back to illicit drugs again" (P18).

This left participants feeling as though they were alienated from many different parts of their life: **"I had a house. I had a car. I had a business, I had family. Everything's gone... people don't realize we get alienated" (P20).**

Participants felt reduced to the label of their substance use and dehumanized: **"we're still people. We still have feelings. We still like to be treated like we're human" (P29).**

POWERLESSNESS

Prior to Safer Supply, participants often described feeling powerless, often experiencing repeated blackout periods where they had limited memory and no control over their actions: **"I don't remember much. A lot of the days and the nights, overdosing, ending up in hospitals" (P18).**

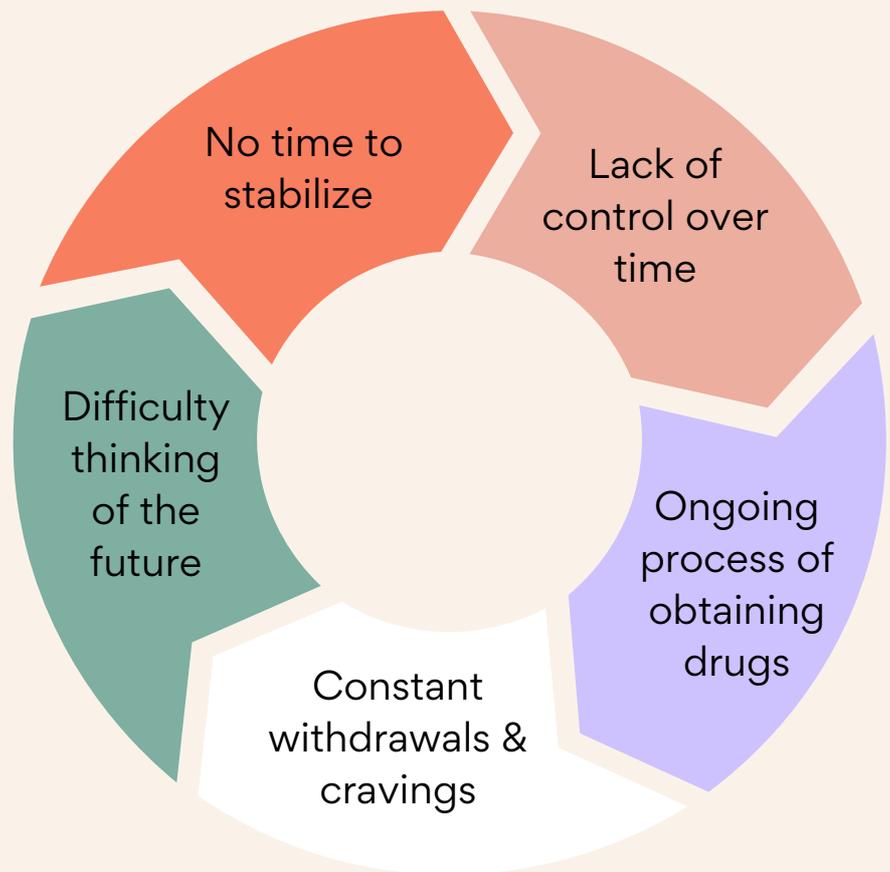
Finding illicit opioids created a constant sense of chaos and took over all of participant's time: **"there wasn't really time to do anything but support my habit. There was a lot of disappointment" (P14).**

GUILT & SHAME

Participants described feelings of guilt and shame related to their substance use: **"the thing I hated the most is that I felt like such a hypocrite, because I would sit there and get mad that so many people, my friends are dying and all that, but I'm taking part of the same activity [using fentanyl]" (P8).**

For those who participated in criminalized behaviour, this was often another source of shame: **"I didn't like [participating in criminalized behaviour], but I had to do what I had to do" (P2)**. All of this cumulated in negative self-worth and low self-esteem: **"[I felt] very worthless. I wanted a way out and I just wanted a change" (P28).**

Cycle of Drug Use



The **"cycle of drug use"** (P21) was extremely prominent within interviews. Participants described feeling stuck in a never-ending cycle of substance use:

"It was really stressful, the whole experience on fentanyl. Even when you got the money, getting the drug was just as hard as getting the money. Then, finding out whether the drug was good or not was also stressful. You could just spend all the time and energy getting the money and finding the drug, then using it and finding it's no good. Then, back to square one, having to start over again" (P14).

Ultimately, this cycle took up most of their time and energy, resulting in minimal time for other parts of life: ***"I was always chasing the pills, the hustle, getting the dope and going and using it. My main focus was on that" (P19).***

Participants described the anxiety and fear surrounding opioid withdrawal that would drive this cycle: ***"the feeling of being without it [fentanyl] is the most terrifying thought... [it feels] like dying very, very slowly" (P27).***

Previous Attempts to Access Support

Prior to starting Safer Supply, all participants disclosed previous attempts to access support for their substance use.

DETOX & REHABILITATION

Participants had varying experiences with detox and rehabilitation programs. For some participants, these were places they could rest and recover when they were ready: **"I've been there [to detox] over two dozen times and it definitely saved my life many times" (P13)**. Participants also acknowledged the need for different services for different people: **"I'm not going to say it's [abstinence] a shitty thing, but it's just not for everybody" (P21)**. However, for many participants, these facilities were damaging and hurtful: **"at the rehabs, I just felt that I was 'bad'... [I felt] awful, it never worked" (P15)**.

SELF-IMPOSED DETOX

A few participants reported attempts to stop using opioids by themselves: **"I tried to lock myself in a garage. After 2-3 days I was yelling for help" (P10)**.

OPIOID AGONIST THERAPY (OAT)

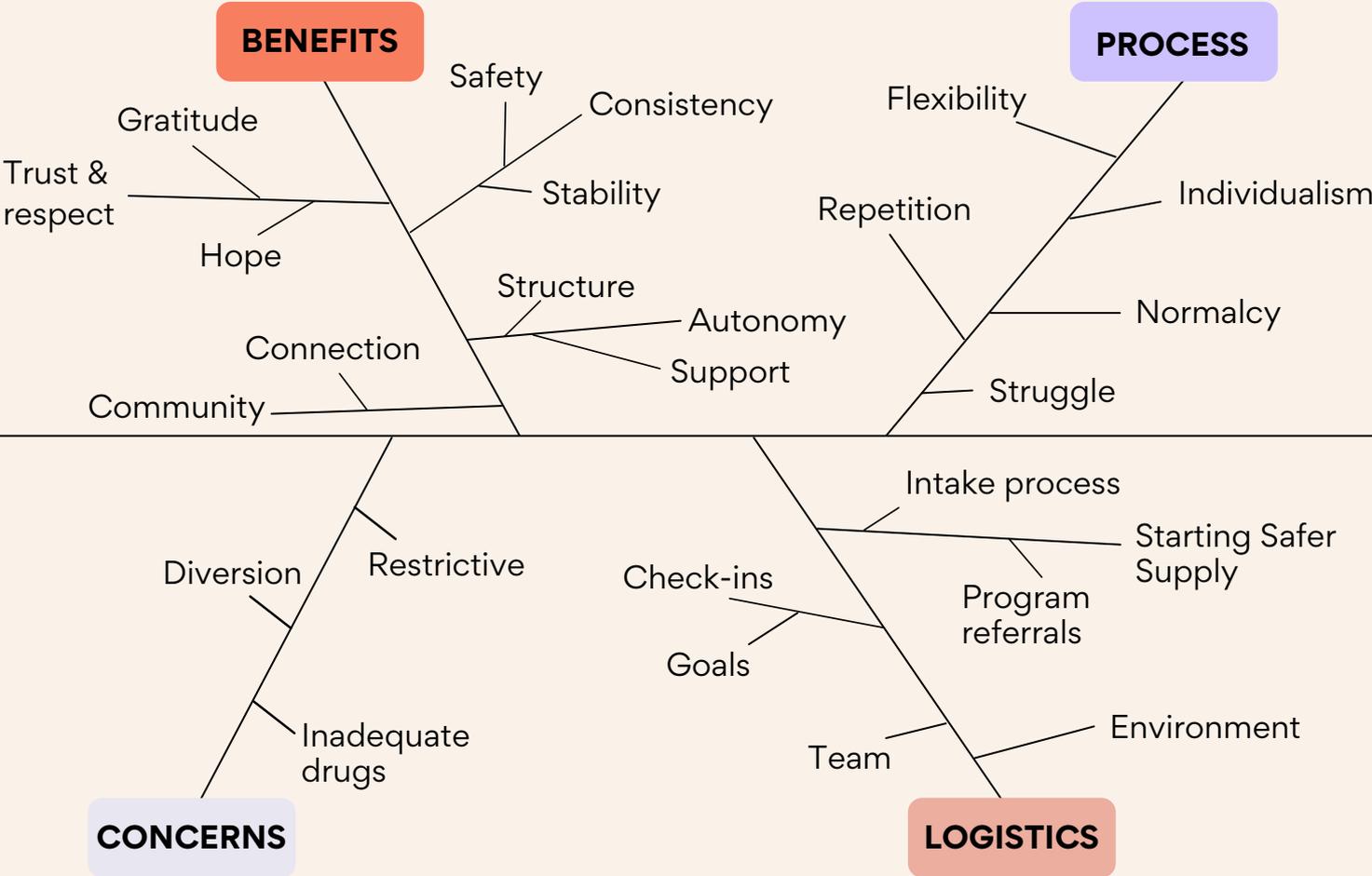
The most common support accessed by participants before Safer Supply were OAT programs, with almost all participants having attempted OAT in the past. Participants described how OAT **"doesn't help with the cravings for opioids" (P17)** and that it **"wasn't enough" (P2)**. Some participants spoke about a feeling that **"there was something missing" (P14)**, while others described that they **"didn't enjoy it. It didn't make me feel normal" (P15)**.

A participant noted: **"it's [OAT] definitely not enough... if it was enough, not as many people would be relapsing. Straight up. There would not be people out there trying to get more drugs or quitting the methadone program to get drugs... if it worked, they wouldn't be doing it [fentanyl]" (P20)**.

Most participants mentioned uncomfortable **"nasty side effects" (P22)** associated with OAT medication, for example how methadone **"rots your teeth" (P20)**. Finally, many participants reported stigmatizing experiences at OAT clinics: **"you feel so judged... if you use [illicit opioids], they're [OAT providers] always throwing it in your face: 'use anything and we're kicking you off the program'. It's a stress. So, it's easier just to go get high. Why deal with that if you don't have to?" (P8)**.

Theme 2: Process of Program

All participants spoke about how their lives changed since they began Safer Supply. The vast majority of participants sought to discuss the **positive impacts** they experienced since being part of Safer Supply, including the **benefits** of the program. However, participants did share **barriers and concerns**. They also provided insight and input regarding the day-to-day operations and **logistics** of Safer Supply programs, such as the intake process and check-ins. Overall, participants described Safer Supply as an ongoing **process** they were participating in.



Program Logistics

PROGRAM REFERRALS

Participants were asked in the interviews to recount their experience of starting their Safer Supply program. The vast majority of people reported hearing about Safer Supply for the first time **“through the community” (P14)**, peers, and friends: **“I heard about it through word of mouth around here” (P11)**. Willingness to engage in the program often hinged on the advice of other PWUD: **“[I was told] that they would help out. And they did. They helped me right away” (P17)**. Other participants described being directly approached about Safer Supply (**“I was asked if I wanted to get on the Dilaudid program” P19**), while others saw it advertised on **“lots of posters” (P1)**. Most participants describe feeling happy and hopeful just before starting Safer Supply: **“it definitely sounded exciting” (P12)**.

STARTING THE PROGRAM

Some participants reflected on feeling uncertain about Safer Supply before starting, which included concerns about **“whether or not they were going to cut me off or think that I'm here for no reason” (P18)**. One participant described hesitating in their decision, but that **“when I started it was the best thing that ever happened to me” (P16)**. Motivating factors to start Safer Supply varied, though each participant was able to articulate a clear moment or reason for starting the program. Some participants described this as a **“wake up call” (P29)**, while another **“wanted to make a change in my life” (P26)**. One participant recounted wanting **“to end the agony. Like in that day to day, that fight every day” (P24)**.

For many individuals, the Safer Supply medication being covered by their drug benefits was extremely helpful: **“it was free” (P3)**, and **“it wouldn't be costing me an arm and a leg” (P13)**. Another participant described Safer Supply as their **“safety net... [to] get stabilized” (P2)**.

INTAKE PROCESS

With regards to the actual intake process, most participants described it as **“very quick and easy” (P28)**. Participants understood the rationale of the program and had their questions answered: **“they explained everything really well” (P20)**. Individuals recounted completing questionnaires and certain procedures (e.g., bloodwork) with the Safer Supply team: **“they asked me questions to see if I was qualified... it was quicker than I thought” (P2)**. One participant ran into roadblocks when attempting to get started on Safer Supply which resulted in frustrating delays: **“it took a while because of all my issues with having to get back on OW and the back and forth stuff... I was right about ready to quit, to just give up” (P13)**.

GOALS & MOTIVATION

All participants recalled setting goals at the outset of their Safer Supply program. The majority of participants saw Safer Supply as a way to **“bring that level of fentanyl usage down to zero” (P13)** as well as generally **“trying to get clean off drugs” (P12)**. However, participants also recounted being encouraged to set individual goals, which included things like **“seeing my children” (P1)**, and **“wanting to get back to work, and wanting to get housing” (P2)**. Goals also morphed overtime, with one participant stating: **“it [my goals] certainly changed with my health” (P15)**.

While on Safer Supply, participants were tasked with completing regular check-ins with their team. Participants described check-ins as a time to reconnect with their teams and review goals to ensure they remain focused. They found check-ins assisted with accountability to themselves and felt strongly that they **“need to be done” (P13)**. One participant stated:

“I don't mind [check-ins]... it makes sense. You guys just need to know that we're okay and you're checking in to make sure that our drug use and our pharmaceuticals is being met and that we're not overdoing it or under doing it... you guys are just there to make sure that we are okay” (P1).

CHECK-INS

Check-ins were described as an optimal time to access support (**“I found them pretty helpful... It made me feel like I had more support” P4**) as well as a platform for the participants to advocate for themselves. One participant noted: **“I think check-ins are an opportunity to speak with someone who is in a position to make things happen, to contact the higher ups and move things along” (P10)**. Another stated: **“they're to the point. They are basically informative. I can say if something's bothering me” (P12)**. While participants understood Safer Supply check-ins were a time to discuss their substance use, they also viewed it as a time to bring up other concerns in their life, such as **“my home life, my depression and things like that. Things that I'm going through” (P29)**.

Frequency of check-ins was commonly discussed in interviews. A participant from one program appreciated how the process of checking in changed over the course of their engagement in program: **“I find [check-ins] pretty simple, pretty easy and not [laughs]... They're not stressful at all... the further along I've come, the less I've had to do. It's pretty accommodating... I think they're essential to the program” (P14)**.

CHECK-INS

In contrast, some participant at a different Safer Supply program found the frequency of check-ins to be restrictive: **“We have to do it every week. Sometimes, it's a pain in the ass” (P26)**. Other describe check-in day being a challenging time each week, as **“a lot of the time you can't have your dose until you see the doctor, so it can be a long wait” (P17)**. One participant offered an alternative solution of **“once every two weeks maybe would be better” (P24)**.

ENVIRONMENT

A few participants outlined the importance of the environment they access their Safer Supply within. One participant liked that their program is **“not as clinical per se” (P1)**, while another found the extended hours of operation each day extremely useful: **“I have a problem with sleeping in and for 10:30PM to be the cut off mark, it's good because other places are like 5:00 PM” (P15)**. Participants also emphasized how integral the Safer Supply team members were to their program. Many participants commented on how they **“don't feel... judged” (P1)** and feel as though they are **“treated pretty equal. There's no judgment. There's no stereotyping or anything (P14)**. Participants also commented on the level of respect they feel from the Safer Supply team: **“They're respectful. They treat you like you're a human” (P23)**. One participant stated:

“They don't judge you and they accept you for who you are, however you look, or whatever. If you didn't wash or shower or whatever, they'll offer you shower facilities and all that. They'll offer you something to eat. They just make you feel comfortable... They accept you for who you are (P19)”.

TEAM

Participants found the Safer Supply teams to be very supportive and referred to instances when they were able to “lean on them” (P17) for assistance: “They were supportive, very patient... willing to work with me in the strategy areas I felt most comfortable... they were flexible with my time and my busy schedule” (P28). One participant explained why they felt having access to this unconditional support was so essential:

“I love the staff. Things are great. They're helpful. They're supportive. They're there for you when you need them. And that's the biggest thing is the support. I find with a lot of the other programs... the biggest thing of why they fail was because of the lack of support” (P11).

This participant also emphasized the importance of staff and participants creating a sense of community together, as well as the need for people with lived experience to be part of Safer Supply teams, citing the Rat Park experiments⁷:

TEAM

"It talks about like your surroundings and how being surrounded by positive and loving, nurturing things, can change your mindset on things and how the addiction is a lot to do with the chemical makeup in your mind. And even the withdrawals, you don't experience the withdrawals. And whether that's true for everybody – I don't know. But it sure is a big help to have positive people that have gone through some of the same things that you've gone through, can relate with you, and talk with you, and just be there for you" (P11).

WRAP-AROUND SUPPORTS

Finally, several participants spoke about how integral access to on-site wrap around supports was to their program. One participant noted they can ***"get everything cleaned up all in one in here, which is really good"*** (P17), while another recounted a time when they ***"had to get on antibiotics, they made sure I have it... [and ensure] I take one right away so I can take one home"*** (P21). Even when a specific service was not available at their program location, ***"there's usually someone here that can guide you in the right way of whatever program you would need"*** (P8). The Safer Supply program acted as the hook to bringing participants into wrap around services they would otherwise not have engaged with:

"There are people that are on this program that started off in tents and now they've actually got themselves to a position where they're renting an apartment. That doesn't happen without Safer Supply" (P20).

Program Concerns

RESTRICTIVE



At times, participants found the Safer Supply programs to be somewhat restrictive. Participants found that having their doses witnessed when they started the program limited their ability to manage their cravings: **"I couldn't do as much [medication] as I wanted" (P2)**. Further, picking up medication each day was a noted barrier, limiting what individuals could do each day: **"[daily pick ups] makes it a little bit hard to do things" (P24)**. This was similarly reflected in programs who required that participants check-in each week: **"it's hard because a lot of the time you can't have your [medication] dose until you see the doctor, and it can be a long wait... it would be nice if it was once every two weeks, a little bit easier" (P17)**.

While participants were grateful to be provided with a Safer Supply of opioids to use, most noted that the potency of hydromorphone was inadequate: **"[my medication] doesn't do what they [illicit fentanyl] used to do, because they're way lighter than the fentanyl, but I mean, they still help" (P9)**. This highlighted the need for different types of medication depending on the needs of each individual person: **"I would need fentanyl citrate... and something to combat the benzos" (P21)**.

INADEQUATE DRUGS



Diversion was brought up with participants as this is a commonly discussed topic in the Safer Supply community. While some individuals did not approve of others diverting their medication (**"if people started abusing the system, then we're going to lose it. And the people that are actually doing the program are going to suffer" P20**), participants also noted several benefits to diversion. One participant stated: **"if somebody's trying to look for fentanyl, but they can only find Dilaudid, it's going to be a lot safer for them" (P11)**. Further, sharing is an expectation within the community of PWUD and a form of caring for one another: **"I'll give one or two away if somebody's hurting. Of course I will... I hold no shame in that" (P27)**. Finally, participants also noted that diversion happens in all substance use related programs and should not be considered uncommon or unexpected: **"it's [diversion] going to happen, regardless of whether it's allowed to or not" (P24)**.

DIVERSION



Consistency

Support &
Stability

Safety

Community

Connection

**PROGRAM
BENEFITS**

Structure

Gratitude

Autonomy

Trust &
Respect

Hope

COMMUNITY

Participants described a deep sense of community found within Safer Supply programs and the environment provided by staff. Participants recounted feeling accepted and welcomed.

"It makes me actually happy to be part of it, because it gave me the opportunity to feel like I have family" (P4).

As participants engaged further in Safer Supply, they noted that staff were genuinely invested in their care. Having peers (people with lived experience) incorporated into programs also fostered this connection.

"It feels more like you're walking into friends than going to see a doctor, which I find that helps a lot" (P8).

CONNECTION

TRUST & RESPECT

Over time, participants developed trust and rapport with their teams. They described feeling more comfortable being honest and did not feel they needed to hide any parts of themselves.

"I don't have a lot of people that I can trust enough to talk to and stuff... I can tell them anything" (P29).

A deep sense of gratitude for being part of Safer Supply was expressed, with many participants describing Safer Supply as lifesaving.

"It's been a miracle... it's made me love life. It's given me a reason to get out of bed. It's changed my whole perspective on life" (P25).

GRATITUDE

HOPE

In contrast to the hopelessness felt before Safer Supply, participants described now feeling increased clarity about the future and an improved ability to create and meet goals.

"I don't know about a different future. I just know that there is a future. So, that's a start right there" (P18).

Safer Supply provided consistency with the type, potency, and frequency of drug use which most participants were not able to find within the toxic illicit drug supply.

"I know what I'm getting and I don't have to worry like 'today, I'm going to go [overdose]'" (P8).

CONSISTENCY

SAFETY

A sense of relief was associated with no longer needing to participate in criminalized behaviour, as well as the knowledge of when and where medication could next be accessed.

"The first and foremost thing about Safe Supply is the comfort in knowing that it's only going to be a little bit longer before I can get better" (P10).

"Once I was a client of this program, I knew I was safe" (P28).

"Once I got on a steady program of it, and actually doing it properly, I got myself into a routine. Coming in every day, seeing staff... it was the whole thing... It just puts you in a whole other mindset... I think if it was just me coming and going into a pharmacy and picking up the Dilaudids, and doing them that way, I don't think it would work" (P11).

STRUCTURE

Having a dependable routine to structure the days and weeks was noted to be extremely helpful for many participants.

"It's good to have a routine... it's easier to do learned behaviour multiple times" (P6).

The stability associated with Safer Supply eventually allowed participants more time to spend doing other things, such as going to doctor's appointments, seeing family, and participating in recreational activities.

"We could finally get to a point where we could think of other things than just doing drugs" (P1).

SUPPORT & STABILITY

AUTONOMY

The program afforded many participants increased control over deciding what they wanted to do with their time, as well as more opportunities for independent decision making.

"Not feeling like we are in handcuffs anymore" (P9).

Process of Safer Supply

Participants described their journey on Safer Supply as an ongoing process they worked through with their respective Safer Supply teams. The program was noted to not be a linear path for anyone – instead, the harm reduction approach and overall philosophy of care associated with Safer Supply programs allowed each individual to forge their own path to their goals.

Individualism



Normalcy



Flexibility



Struggle



Repetition



INDIVIDUALISM



Participants described feeling as though they were looked at as an individual within their program. There was not a rigid set of guidelines that all participants had to follow – instead, parts of the program were designed around the individual. Further, participants recounted feeling like they were treated as an entire person, with Safer Supply not being solely about their substance use.

"They don't suggest any specific course of action, they leave it to you to figure out what is best because it is, in the end, up to me to figure it out. Nobody can change anybody else" (P10).

"I feel like I'm treated equally and my doctor knows my situation and looks at me as an individual" (P18).

As time went on within each of the participant's programs, they described an increased sense of normalcy in their life. Although this meant something slightly different for each participant, overall, this represented the ability to re-engage in activities they enjoy and re-connect with their sense of self.

"I believe I function much better with opioids in my system.. I keep myself clean, pay the bills, have a relationship with my child, everything, have a normal life" (P15).

"I love swimming... I love writing, I love sitting outside reading books, I love walks, I love going out for outside meals – just normal stuff" (P28).



NORMALCY

"As time went on, it gets better. The more I feel like myself, the more I could go longer, putting myself away from the fentanyl. Sometimes I'll go two weeks without touching it. Sometimes I go a week. When I hit the two week mark is where I start feeling normal again. I'm starting to enjoy that feeling. Feels great. But hopefully it keeps going" (P8).

FLEXIBILITY



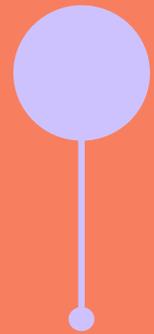
"[Safer Supply is] there for me when I'm not at that point of being able or willing to absolutely kick [opioids]... I don't have to worry about not having anything there to cope with or help me cope" (P13).

"I like it here way better. Because sometimes... I have a lot of trouble remembering appointments or being there on time" (P30).

Participants described their Safer Supply programs as a safe space they engaged with at different points in their life, with the understanding that the program would be made to fit what they need. For example, participants spoke about having multiple options of how to check-in with their team, and being welcomed back to the program even after lengthy periods away.

Participants highlighted that being part of a Safer Supply program was not always easy, particularly when starting out. Participants described struggling with their opioid tolerance, building new relationships with team members, and how difficult it was to establish trust. This underscored the importance of programs being patient and understanding when working with participants, as it can take a long time to consistently engage with and benefit from programs.

"I'm not going to say it's [Safer Supply] easy... [quitting fentanyl] is taking time still" (P18).



STRUGGLE

REPETITION



Repetition was a key factor in the overall Safer Supply process. Participants cited needing to be frequently restarted on the program as they slowly became accustomed to this new routine. It was expected and normal to have participants engage in the program, make progress, then leave – the important part of this was welcoming participants back enthusiastically when they were ready.

"And so, it's important – these check-ins make you realize – they make you vocalize what it is that you realize, what it is you've come to realize. And by saying it out loud enough times, maybe you'll start to believe it" (P10).

"I think I come back stronger every time" (P6).

Theme 3: Envisioning the Future

The future of Safer Supply programs was discussed with all research participants. They were encouraged to consider how they envision Safer Supply programs moving forward and how they would like to see the programs evolve over time. Participants spoke about the following 5 sub-themes:

- **Fear of program closure**
- **Consistency in care**
- **Education and awareness**
- **Increased program access**
- **Expanded drug options**

FEAR OF PROGRAM CLOSURE

Within interviews, all participants were asked about how they would be impacted if Safer Supply programs were to lose funding or support and need to close. Overall, participants had intense and powerful reactions to this scenario – some cried, some yelled, others could not imagine this happening because it was too difficult to envision. This feedback speaks to Safer Supply programs being an essential service to provide within the midst of the overdose crisis.

"I would lose it. Straight up, I would lose it. I would definitely go hysterical. I would probably have a crying fit and then an anger fit and then probably end up dead... if you can't get your medicine, you're going to die" (P20).

"I'd be devastated... that'd put me back into the using circle again... I think [my life] would change a lot. I wouldn't have a directive again. A lot of my goals would have to be put aside for a minute and I'd have to restart again somehow" (P18).

"I'd have a heart attack... It'd make my life terrible. I'm so much calmer and more relaxed. It's just one big worry that I never think about anymore" (P15).

"All the people here that work at this place, they're losing their jobs. And I wouldn't have their support anymore" (P11).

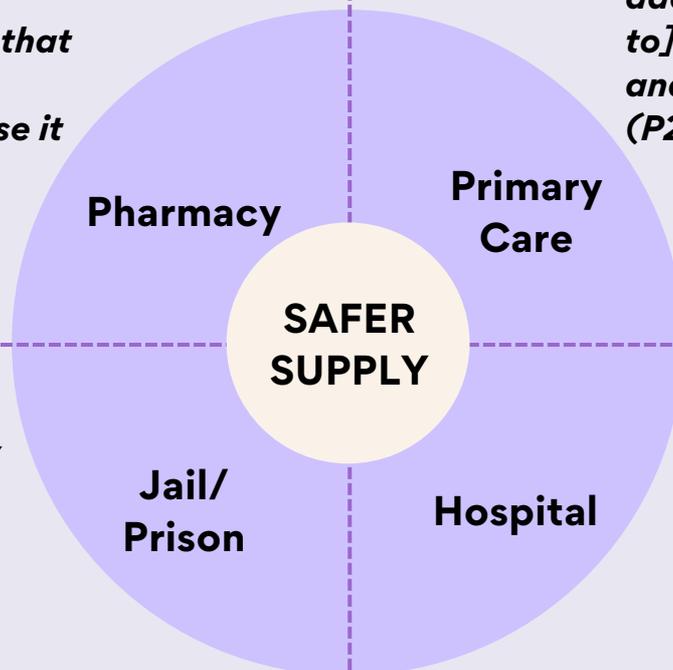
"Whatever progress I had made or come to would be out the window, because then my main focus would be not being ill and not being in pain every day" (P27).

Consistency in Care

Currently, Safer Supply access and care is disjointed throughout the healthcare system. Participants repeatedly discussed the difficulty they faced in accessing their medication in settings outside of the community, particularly at pharmacies and primary care services unfamiliar with Safer Supply programs, during periods of incarceration, and when attempting to access urgent or emergency services (e.g., walk-in clinics, hospitals). This demonstrates a gap in care which urgently needs to be addressed.

"Other places, in other pharmacies they can be real dicks. Like, "What are you getting all this medication for?" Well, that doesn't matter... Just please, can you dispense it and let me be with my day?" (P21).

"[My family doctor] doesn't listen to me... doesn't have any background with addictions... [they offered to] prescribe me Tylenol 3s, and I'm laughing in my head" (P22).



"There's no reason why they [jail/prison providers] can't also give it [Safer Supply medication] just like the pharmacist does. It's not hard" (P9).

"They're [hospital staff] very cautious at what they give you for pain medication, that's for sure" (P28).

"If you're being prescribed something for your mental health, or your physical health, or whatever it is, I don't think that any private institution or government institute or whatever should in any way tell you that you can't do this anymore... at this point, it's medication" (P11).

"I don't see why it [my Safer Supply medication] should change. They give it [Safer Supply] to you out here [in the community], you should be able to keep going with that program wherever you go" (P8).

Program Evolution

When envisioning how participants hoped Safer Supply programs would evolve, they highlighted 3 key areas.

EDUCATION & AWARENESS

- More education for the public about substance use to help combat ongoing stigma and marginalization largely fuelled by a lack of knowledge and misunderstanding.
- Increased education and learning for health care providers in all settings.
- Improved communication and awareness for PWUD about the services available to them (e.g., SCS, overdose prevention lines, etc.).

INCREASED PROGRAM ACCESS

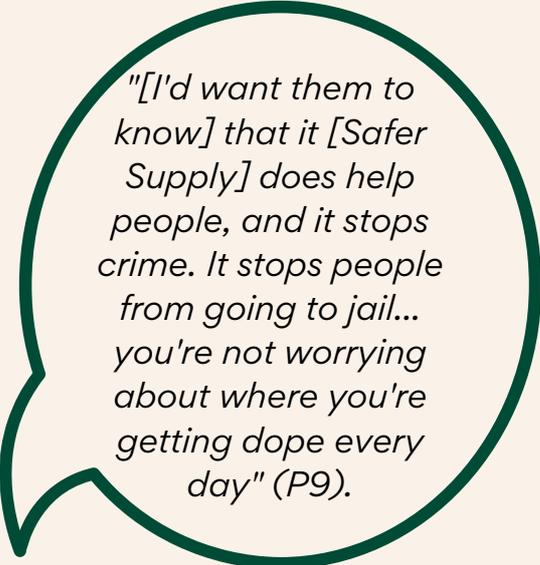
- Improved portability of Safer Supply medication (e.g., access for travelling, more programs available nationwide to allow participants to move).
- Increased capacity in current programs.
- Continuing to offer different programs to suit different needs.
- Flexibility in pharmacy pick ups (e.g., moving away from daily medication pick ups).

EXPANDED DRUG OPTIONS

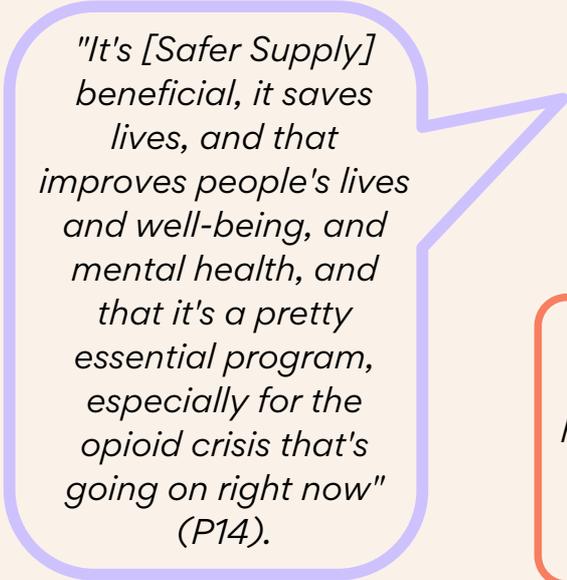
- Participants sought to have their prescription medication match as closely as possible to the drug being used within the toxic illicit drug supply. Of urgent need:
 - Safer Stimulants
 - Injectable fentanyl & diacetylmorphine
 - Benzodiazepines

Messages to Policy Makers & Politicians

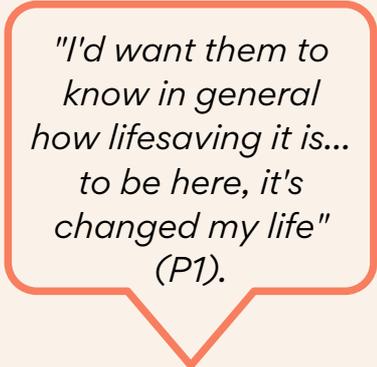
Participants were eager to have the opportunity to advocate for themselves and their community. They sought to bring about increased awareness and understanding about how lifesaving and beneficial Safer Supply has been for them.



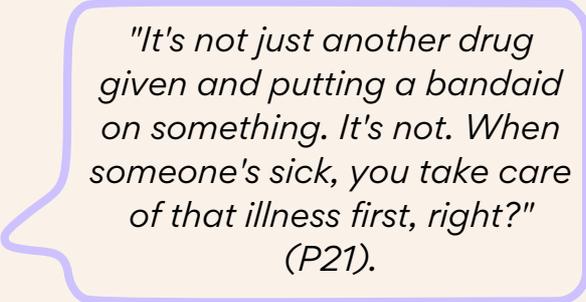
"[I'd want them to know] that it [Safer Supply] does help people, and it stops crime. It stops people from going to jail... you're not worrying about where you're getting dope every day" (P9).



"It's [Safer Supply] beneficial, it saves lives, and that improves people's lives and well-being, and mental health, and that it's a pretty essential program, especially for the opioid crisis that's going on right now" (P14).



"I'd want them to know in general how lifesaving it is... to be here, it's changed my life" (P1).



"It's not just another drug given and putting a bandaid on something. It's not. When someone's sick, you take care of that illness first, right?" (P21).



"This program saves lives because whether you want it or not, [fentanyl is] gonna come to your community. And you better be prepared, because if you're not, then it's gonna be chaos. People are gonna die. Your children are gonna die. There is no community that is safe from this happening. It's just a matter of time before it comes" (P10).

"[Safer Supply] helps people. It stops crime. It provides shelters for people, safe environments to use. It's beneficial, beneficial, beneficial for everyone in reality" (P19).

"Come down to the site for a day and see what it's like... sit here for a couple hours. Not just a 15 minute pop-in. Come and sit out in the yard, see what it's like" (P29).

"Punishing the users is not helping anybody" (P8).

"If somebody had cancer, would you deny them chemotherapy?" (P27).

"I need them to know that we're all human... the Safer Supply program is helping people out there get through their days and get to their next goal of their life. It's not hindering things. It's helping things" (P18).

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