**Atlantic Safer Supply Regional Meeting**

# Opening Doors to Care

**for**

# People Who Use Drugs

**Summary Report**

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## Summary Report

On June 29th, 2022, Direction 180, the Substance User Network of the Atlantic Region, and the National Safer Supply Community of Practice hosted a day-long meeting to bring together people from across the Atlantic provinces who are working to improve access to care, options for care, and quality of care for people who use drugs. The meeting was held at the Mi'kmaw Native Friendship Centre in Halifax, Nova Scotia. Please see the website for information about the sessions and related resources (including video of the PWUD Roundtable and Evidence Panel), as well as thanks and acknowledgments.

**Goals of the meeting:**

- Connecting: Bring a diverse and interdisciplinary group of people together
- Sharing knowledge and expertise
- Identifying issues and barriers, possible solutions, and next steps

**Who came:**

Out of 89 people who registered, 64 people attended. This included:

- 38 Who identify as a woman
- 16 Who identify as a man
- 6 Who identify as non-binary
- 3 Who preferred not to say
- 1 who said "Other" gender identity

A diverse range of roles were represented, including

- 24 Who identify as people who use or used drugs
- 6 Who identify as RNs or RPNs
- 10 Who identify as a social care provider (Harm reduction worker, Outreach worker, Case manager, etc.)
- 3 Who identify as knowledge mobilization specialists
- 8 Who identify as safer supply prescribers
- 2 Who identify as policy analysts
- 3 Who identify as pharmacists
- 6 Who identify as program managers
- 1 Who identify as an activist or advocates
- 1 who identified as 'other'

*note – many people identify as holding multiple roles but the registration survey didn't capture this.

Unfortunately, we didn't ask in the registration survey which province people came from. We do know that we had people come from all four Atlantic provinces: Prince Edward Island, Newfoundland and Labrador, Nova Scotia, and New Brunswick.

**The Program**

**Opening with Elder Deb**

- Elder Debbie Eisan, Mi'kmaw Native Friendship Centre

**Welcome Note, featuring**

- Rebecca Penn, Project Manager, National Safer Supply Community of Practice
- Paula Martin, Program Manager, Direction 180
- Colton Purchase, Regional Peer Lead, SUNAR

**Roundtable Panel Discussion: Opening Doors to Care for People Who Use Drugs, featuring:**

- Katie Upham, Harm Reduction Educator, SUNAR
- Giulia di Giorgio, Founder of Cape Breton Association of People Empowering Drug Users (CAPED), Undoing the Harm Project Director, Project Manager of MySafe Cape Breton
- Emily Wadden, Program Manager, Safe Works Access Program (SWAP), AIDS Committee of Newfoundland and Labrador
- Carl Lyons, iOAT Participant, River Stone Recovery Centre

**Moderator:** Emily Bodechon, Atlantic Director, Moms Stop the Harm (MSTH)

**Presentation and Q&A Session: Evidence on Safer Supply, featuring:**

- Dr. Andrea Sereda, Safer Supply Prescriber, London InterCommunity Health Centre
- Dr. Gillian Kolla, Research Fellow, Canadian Institute for Substance Use Research, University of Victoria
- Dr. Sara Davidson, Medical Director, River Stone Recovery Centre
- Dr. Tommy Brothers, Resident Physician, Department of Medicine, Dalhousie University
- Dr. Michael Gniewek, Physician, Direction 180, Mobile Outreach Street Health (MOSH)
- Dr. Leah Genge, Physician, Mobile Outreach Street Health (MOSH)

**Moderator:** Matthew Bonn, Program Manager, CAPUD

### Facilitated Group Discussions – interdisciplinary groups

1. **Rural and Remote:** How can we facilitate and strengthen access to care and reduce barriers for PWUD in rural and remote areas?
2. **Barriers and Facilitators:** In Atlantic Canada, what facilitates or prevents safer supply and OAT prescribing for clinicians? What facilitates or prevents safer supply and OAT care for PWUD?
3. **Peer-Led Models:** What could mitigate some of the barriers to non-medicalized and peer-led models of safer supply?

### Reporting Back & Next Steps, featuring:

- Natasha Touesnard, Executive Director, Canadian Association of People Who Use Drugs
- National Safer Supply Community of Practice Team

**Identifying barriers, solutions, and next steps: What did we learn?**

***Topic - Rural and Remote: How can we facilitate and strengthen access to care and reduce barriers for PWUD in rural and remote areas?***

Barrier themes included stigma and availability. Barriers are often created by diagnosis of substance use disorder, leading to a lack of understanding (especially in smaller communities) and stigmatization. Rural areas lack programs (which are concentrated in certain areas), prescriptions, transportation, pharmacies, and places for unhoused people to go.

Strengthening access to care requires engaging people who use(d) drugs more completely, using innovative technologies such as vending machines and virtual supports, and taking advantage of lower-cost health care options and more dispersed, flexible, client-centered program solutions that build on existing community connections and resources.

***Topic - Barriers and Facilitators: In Atlantic Canada, what facilitates or prevents safer supply and OAT prescribing for clinicians? What facilitates or prevents access to or engagement in safer supply and OAT care for PWUD?***

There aren't enough doctors and other prescribers for safer supply in Atlantic Canada, and those who do prescribe aren't supported well by their peers, their colleges, or the media. Prescribers are isolated and the work is isolating. Prescribers sometimes do not understand that safer supply is not always a linear journey for clients and that punitive programs can exacerbate issues.

On the other hand, collaborative teamwork and open communication facilitate safer supply practice. Safer supply can be incorporated into existing health care systems, following and adapting best practices. Prescribers need more education about all aspects of safer supply: knowing that people are dying can motivate people to provide this kind of care.

***Topic - Peer-Led Models: What could mitigate some of the barriers to non-medicalized and peer-led models of safer supply?***

Meaningful, just, varied, and non-tokenized inclusion of PWUD was the strongest theme in answers to this question. Access to capital for starting up compassion clubs and strategic use of directives could mitigate some barriers. Organizations should support the needs of their service users, recognizing racism and colonialism as ongoing issues in harm reduction and drug policy. Care and empathy are key: organizations should employ people who understand that "giving a coffee with care is better than having a coffee shoved at you – care matters!"

**Event feedback**

Attendee Feedback Survey: 17 people responded to the survey - 13 from NS, 3 from NB, and 1 from PEI.

- 4 were PWUD
- 2 were Safer Supply Prescribers
- 1 was an RN
- 5 were social care providers
- 6 were program managers/coordinators
- 1 was a policy analyst
- 1 was a KT specialist
- 7 identified as activist/advocate
- 1 identified as working in public health
- 1 identified as a parent and partner of PWUD
- 1 was a local user group founder

Funder identified outcomes:

- 100% said that they gained new knowledge or skills
- 100% said that they will use the new knowledge and skills in their work/lives

## What went well

### Feedback from attendees

Survey question: *What did you find the most interesting during today's sessions?*

- *The panel of PWUS and the evidence presented by the docs*
- *The information about how safe supply assisted in reducing survival sex work for drugs. Also, the data / impact of how safe supply assists people in living healthier safer lives.*
- *There are so many people that want to help and provide a save supply for individuals that require it - I appreciate the honesty of all the experiences shared*
- *How to better utilize peer support when it comes to safe supply*
- *Evidence review regarding safer supply. Perspectives from peers and prescribers on how best to implement safer supply.*
- *The fact that PWUD are clearly stating that this is another needed service, and the apprehension on prescribers' behalf, generally speaking. Also, the question about how to provide better care and the subsequent plea to just "be kind" and to simply "treat my like a human being". It is shocking that a response like that is warranted and that some of the supposedly most intelligent people in our society / the highest paid / those held in the highest regard need to be reminded of that simple, human-centered idea. It saddens and angers me, every time. And, to be clear - I am not a person who publicly wears the hat of a PWUD.*
- *Hearing people's personal stories and the unbelievable number of barriers due to stigma. Also, the stats presented by the doctor in BC and Dr. Andrea in London.*
- *The collaboration between folks with living experience, prescribers, advocates, etc made for a great robust, dynamic group.*
- *Loved the PWUD panel! The evidence presented by the doctors was also amazing!*
- *I found today's sessions very informative, it was my first time attending the national safe supply symposium.*
- *The panel discussions were great - I loved hearing different perspectives in shorter bursts of time, and not having one didactic lecturer.*
- *Evidence of benefits of safe supply*
- *I learned a lot from both the PWUD and the prescribers. I loved the panel sessions*.

Other feedback (what went well):

- *Thank you so much for all of your work in making this conference happen*
- *The food was fantastic*
- *I was so thrilled to be here and hear and see all of the work folks are doin*g.

**Feedback from organizing committee members**

- Appreciated that the discussion groups were interdisciplinary
- Pharmacists with first experience of a SUNAR/NSS-CoP event and eager to attend more! The meeting was good for strengthening connections and networking in the community
- Great to share my own experience - helped with being more approachable, opened doors to collaboration - and not just in NS/locally - HOW can we make it more accessible to other regions?
- Good balance between experiences shared between services providers and PWUD
- Virtual presentation worked! That is a great option for people and saves money and brings people from all over
- Networking! More breakout sessions next time to allow for more opportunities for people to connect and network
- Atlantic AV services were GREAT! Made it easy.

## What could have been better

**Feedback from attendees**

- *I really liked the breakout groups, but feel the time spent on them (and the time spent bringing back answers) could have been shorter.*
- *More information on how to implement safer supply initiatives would have been appreciated. For example, how to become an iOAT pilot through Health Canada? How to work with prescribers in communities to establish safer supply prescribing? What kind of structures, policies, procedures and guidelines should be in place to support this?*
- **Concerns related to safety and inclusion**
    - Feedback about feelings of unsafety related to racism and substance use
    - Better planning for PWUD participants to ensure needs are met (see appendix 3)

**Feedback from organizing committee members**

- Planning over only 2-3 months didn't give people enough time to arrange to come, to get the word out, to have people come in from other provinces, etc.
- Involve more pharmacists.
- If PWUS will be attending, we should ensure they have a safe/convenient space to use. For future meetings, we should select locations that permit this
- It can be difficult for people who are not using substances but who might like to be using substances to be in spaces where others are using substances - what can we do to support everyone?
- Unexpected comments: A specific person, introduced at the beginning of the day, could oversee pausing conversations when necessary and being a point of contact for individual concerns: "If

you'd like to address something, talk to X, your safety is important here". Reminder of consciousness & language vs. calling someone out in the moment.

- Recommendation: review the framework in https://www.interruptingcriminalization.com/in-it-together - addressing conflict resolution in a productive, positive, and forward-moving way, so people are included instead of pushed away.
- On registration forms, ask people what would make them feel safe, then compile that information.
- Write a document by and for PWUS on attending conferences – supports you can ask for, etc. Project for SUNAR, CAPUD, or another drug user group?

## Next steps

### 1. Opening doors for PWUD

- Follow up meetings – how to put what we learned into action to open doors.

### 2. Addressing event feedback

- Actions to address unsafety of space.
- Ensuring PWUD have the support to attend conferences and participate in panels and have a safe and positive experiences.

## APPENDIX 1: ORGANIZING COMMITTEE MEMBERS

Alana Weatherbee - NHCS, SUNAR
Alexandra Holtom – CAPUD / NSS-CoP
Anna Moulton – AIDS Committee of Newfoundland and Labrador
Caroline Ploem – Direction 180/SUNAR, Nova Scotia
Christine Porter – Ally Centre, Nova Scotia
Colton Purchase - SUNAR
Debby Brown Warren – Ensemble, New Brunswick
Duncan Webster – Physician, New Brunswick
Emily Bodechon – Moms Stop the Harm, New Brunswick
Emily Wadden – AIDS Committee of Newfoundland and Labrador, SWAP
Fola Ojo – LIHC / NSS-CoP
Giulia di Giorgio – CAPED, Ally Centre, Nova Scotia
Katie Upham – SUNAR, Nova Scotia
Laura Miller Pharmacist, Nova Scotia
Leah Genge – Physician, Nova Scotia
Mike Gniewek - Physician, Direction 180, Nova Scotia
Paula Martin – Direction 180, Nova Scotia
Rebecca Penn – LIHC / NSS-CoP
Robyn Kalda – Alliance / NSS-CoP
Sara Davidson - Physician, River Stone Recovery Centre, New Brunswick
Sharon MacKenzie – Ally Centre, Nova Scotia
Stephen Colwell – SUNAR, New Brunswick

**APPENDIX 2: Atlantic Meeting Jamboard Notes**

**1. Rural and Remote:** ***How can we facilitate and strengthen access to care and reduce barriers for PWUD in rural and remote areas?***

**Barriers**

- Stigma
    - Stigma and the lack of understanding
    - Cultural barriers in smaller communities - embed safer supply in other services to reduce stigma (food banks, supervised consumption services, etc.)
    - Barriers are often due to the diagnosis
- Availability
    - Programs only go so far due to rural contexts (i.e., services are concentrated in certain areas)
    - Lack of prescriptions, transportation, pharmacies open/available
    - Unhoused people have no place to go

**Facilitators**

- Engage people who use(d) (PWUD) drugs
    - More rural peer lead coordinators
    - Identifying folks who want to be peer leads
    - Equivalent titles and pay for peer leads
    - Honour peers with respect
    - Build on community strength and power: peer-led models!
- Innovative technologies
    - Use tech to support opening doors to people
    - Vending machines and MySafe
    - PEI: dispensing machines, deposit boxes for sharps
    - Use virtual support to help service providers and clients
- Use community resources
    - Communities are good at caring for each other - there can be stigma in parts of the region, but also beautiful supportive moments if you let them in
    - Talk to the community - communities care for each other!
    - SCS thinking outside brick & mortar. Bus? Something. Trained people in communities
    - Satellite sites
    - Boots on the ground!

    - “Brown bag” programs - need Colleges to mandate “brown bag” programs instead of some picking and some refusing
- Client-centred, flexible programs and policies
    - Listen, be open to helping and changing policies
    - Focus on clients’ goals
    - Stay humble, change practices
    - Fewer appointments, more delivery options
    - Lean on other care providers (e.g. pharmacists)
    - Group appointments and virtual, flexible care
- Training and education
    - Education for medical students
    - Increase access to training, including hospitals

### *2. Topic: Barriers and Facilitators: In Atlantic Canada, what facilitates or prevents safer supply and OAT prescribing for clinicians? What facilitates or prevents access to or engagement in safer supply and OAT care for PWUD?*

#### Barriers

- Providers aren’t supported
    - Ministry of Health is seen as a barrier, putting roadblocks in where opportunities come up
    - Colleges: Fear of audits and loss of license
    - Lack of support for doctors and prescribers
    - Lack of support for clinicians. They need the support of their team.
    - Fear of overwhelming demand, resulting in burnout
    - Patchy Opioid Agonist Treatment (OAT) in rural areas, but standing alone as a silo can be difficult among prescriber peers. Isolated and isolating. Systems do not support it.
- Stigma
    - Doctors afraid of reputations
    - Media reporting perpetuates stigma. Need to work with PR & media.
    - Pharmacists as gatekeepers, judge how people are using
    - Lack of confidentiality
- Safer supply benefits are not always a linear journey
    - Punitive programs: issues with behaviours from clients, which creates further issues
    - Most prescribers want to do the right thing and are afraid of creating more harm, given the “oxycontin legacy”
- Lack of doctors and prescribers

**Facilitators**

- Social inclusion!
- Following best practices and adapting
    - Methadone policies and daily pickups: carries during the pandemic show it is possible
    - Best practices are out there as guidance to support practice
    - Revisit policies to make sure they are adapted to people's needs
    - More robust intakes, if appropriate
    - Funding for programs needs to be adaptable as needs change
- Education
    - Hearing what's going on in people's lives. People are dying = motivator for providing this kind of care
    - Educate people about diversion and its benefits!
    - Education of prescribers
    - More education about safer supply practice
    - Medical community needs to be educators for their peers too
    - Develop courses focused on PWUD for doctors – teach how to support people sensitively, respectfully
- Working together
    - PWUD speaking out and up as facilitators, as workers, as managers
    - Open communication between docs and pharmacists
    - Collaborative team work - Can't work with conflicting views/opinions
    - All programs need those in need of service to stand together with them
    - Safer supply communities of practice
- Including safer supply in existing health care systems
    - Incorporate safer supply into existing OAT programs
    - Other mechanisms, e.g., pharmacists can provide OAT to generate income to invest back in social care (health navigators etc.)
    - Leverage small programs, fund them, etc.
    - Safer supply billing codes
    - Need exemptions, need more training, need more support

3. ***Topic - Peer-Led Models: What could mitigate some of the barriers to non-medicalized and peer-led models of safer supply?***

- Meaningful and just inclusion of PWUD
    - Walk the walk
    - Don't tokenize peers - involve them in a meaningful and just way!
    - What if representative bodies looked like the communities they've been serving?
    - "My PhD in drug education probably cost more than yours"

    - PWUD are essential to service planning and delivery - bring empathy in a way people connect to
    - “This person’s life is good? What?” – PWUD help other people get there
    - Opportunities for peer employment: people are in various stages of work readiness; meet people where they’re at re employment
    - Realistic expectations for peer workers: some people’s baseline is not to show up sober
    - Peer navigators for the dark web: need for training for how to use the dark web
    - See lived experience as an asset, not a liability
- Organizations should support the needs of their service users
    - Heavy lifting for this work is within housing & nonprofits who are underfunded and understaffed
    - Advocacy isn’t part of job descriptions, which can be a tricky fit with funders
    - PWUD are being taken seriously - how can clinicians advocate on their behalf?
    - [Recognize] racism and colonialism as being deeply rooted in harm reduction and drug policy
    - Having people that understand that giving a coffee with care is better than having a coffee shoved at you – care matters!
- We need a spectrum of [peer-led] models for safer supply
    - Loaned directives to other provinces
    - Peer-led model that distributes under one directive
    - Compassion clubs need capital to start up
    - Drug user group sourcing and distributing
    - How can you source good quality drugs like the dark web ensures?
- Regulation of the drug supply: decriminalization, legalization, testing, etc.
    - Alcohol as another form of safer supply - use those analogies to help others relate!

## APPENDIX 3: Project Manager's notes re: safety for PWUD participants

- When people are staying in a place that is different from where the event is taking place, make sure we have a plan for them to meet to get to the venue together (or another individual plan).
- Provide a map to show how to get to and from key places – e.g., venue, hotel, pharmacies, SCS, harm reduction services, transportation, etc.
- For people on medications (methadone, safer supply meds, other meds)
    - If support wanted, help identify a pharmacy nearby. Provide a map to the pharmacy. Call to make sure the pharmacy has received the prescriptions.
    - Figure out timing for going to the pharmacy and how to fit in with the conference schedule.
    - Offer assistance - including accompaniment, transportation - to get to pharmacy.
    - Information for those who may not have travelled before or taken methadone from different locations about possible differences in doses or brands of medications and the potential effects.
- Expectations for conferences – what happens, what's the structure, what to wear,
- Where to get supplies and how to access spotting (if not SCS)
- Where to get support
- PWUD conferences include people who use drugs and people who are not using drugs, including those who are working on abstinence. It can be challenging to be in such a diverse group, with open substance use and seeing people high possible triggers.
- A document by a PWUD organization discussing practices to support PWUD to attend conferences would be very valuable.

# About this document

This document was developed by the **National Safer Supply Community of Practice** (NSS-CoP). Please visit **https://www.nss-aps.ca/** to learn more.

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