



# **BC Evaluation of Prescribed Safer Supply**

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Safer Supply: Research, Practice and Advocacy  
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## Funders:



On behalf of a large study team including peer research associates  
from across the province





Our research took place on the traditional, unceded, and continually occupied lands of the over 200 First Nations in what is colonially known as British Columbia.

We acknowledge the disproportionate impact of the toxic drug supply crisis on First Nations, Inuit and Métis peoples as a result of historical and contemporary impacts of colonization including the deeply racist roots of drug policy.

# Study Overview

For more information:

[Protocol paper](#)

[Our participatory approach](#)

Population-based controlled analysis of the effect of prescriptions on all-cause and overdose mortality and acute care visits using administrative health data

Cross-sectional and longitudinal surveys with people who use substances evaluating experiences of access and self-reported outcomes

In-depth interviews with people who use substances, service providers and health planners evaluating facilitators, barriers, and impacts



# Key findings: Implementation

Findings from the provincial survey of people who received or were trying to access RMG prescriptions (n=352) revealed:

- Residing in a large urban centre predicted receipt of a prescription

Of those who received a prescription:

- 43% reported their dosage was sufficient to prevent withdrawal
- 26% of those who reported an encounter with police in last 2 weeks had their medications confiscated

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Pauly et al, in progress

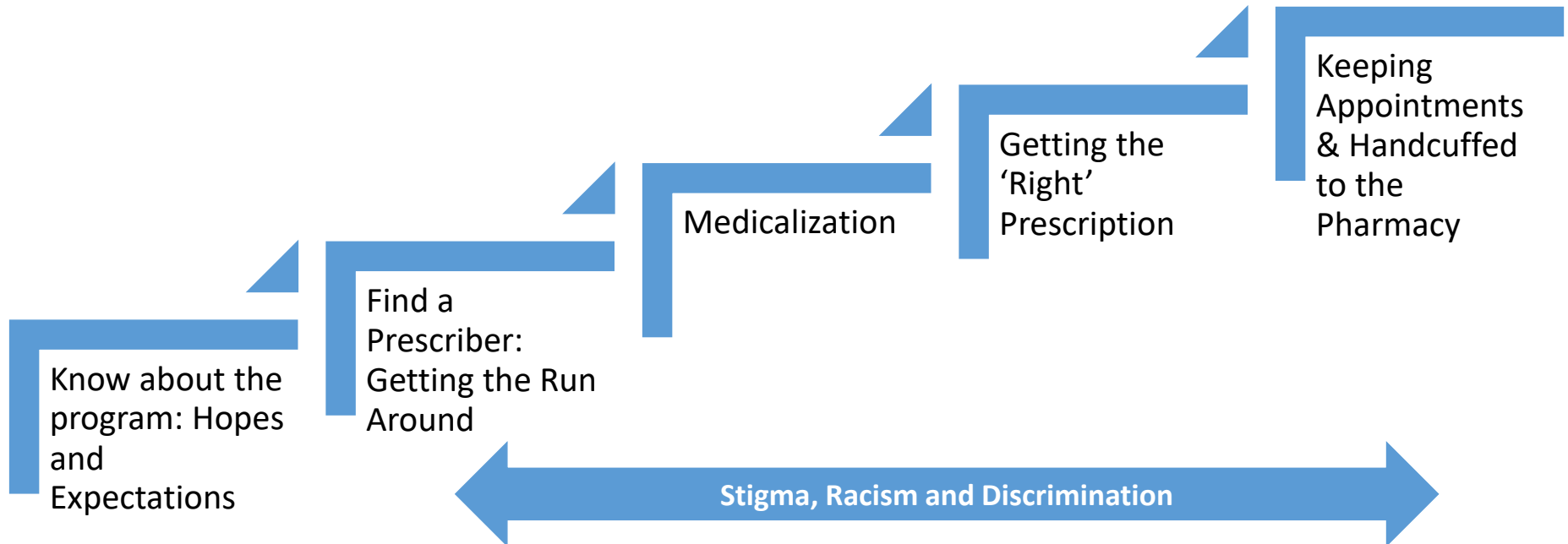


# Key findings: Outcomes

Findings from the longitudinal survey of people who received or were trying to access RMG prescriptions (n=161) revealed:

- No evidence of an effect of prescription receipt on changes over time in outcomes (depression, anxiety, quality of life, substance use, or reliance on criminalized income sources), controlling for sociodemographic characteristics, location, baseline substance use, parenting and police encounters.
- Protective effect of prescription receipt on depression at baseline (controlling for potential confounders)

# Key findings: Staircase to Receiving Prescriptions



*Harder to climb the staircase with a shaky foundation of poverty, homelessness and past negative experiences with medicalized systems*

# Key findings: Prescriber Perspectives

*“Prescribers have been outspokenly blamed for over prescribing and the overdose crisis”*

*“The difference being that we’re in a public health emergency, so waiting that conventional, 5 to 10 years between when something is first rolled out and becomes mainstream, which is what happens with most cardiac medications, that’s just not an option.”*

*“It was so frustrating to be told through this provincial document and by the Ministry ‘Please prescribe this way’, and then sort of in the next moment to be audited for prescribing in that way.”*



# Key findings: Prescriber Perspectives

**Nurse practitioners were 3x more likely than other primary care providers to prescribe safer supply**

**Facilitators:**

- RMG was helpful but there was a lack of clinical protocols
- Previous experience with OAT prescribing
- Supportive Infrastructure like community clinics and housing as sites for prescribing
- Outreach and integrated team models of care

**Barriers:**

- Lack of support from regulatory colleges (including concerns around audits) and from colleagues
- Lack of willing prescribers
- Oversubscribed and under resourced prescribers

# Key findings: Service User Perspectives

## **Reduced use, overdoses, withdrawal and cravings:**

*“But I mean, now it’s gone down to, um, I would say a quarter?”*

*“Not puking my guts out and not shitting my pants”*

## **Not having to hustle as much:**

*“I was constantly on the go... From the time I woke up. It was like a job.”*

## **Less criminal activity:**

*“I used to steal every single day...but now I don’t barely ever steal at all...”*

## **Empowering:**

*“And when I came home carrying... some snacks and stuff, I felt so good... And it felt... empowering.”*



# Key findings: Service User Perspectives

## A prescription that works: feeling healthier

- **Less anxiety:** *“I can actually sit in a room and sit at a table and have a meeting with people for an hour or two – two hours at the most. And just sit there and feel comfortable.”*
- **Not feeling like a bag of shit:** *“I definitely look a lot healthier and feel a lot healthier. Yeah, I’m just now kind of on a steady dose... I don’t think it’s a miracle pill, but I think it’s definitely helped...I feel really positive. Like...fentanyl just takes your body, right? Like it just makes you feel like a bag of shit”*
- **Feeling like you matter (programs with wraparound supports):** *“Because that’s the first person in 10 years that’s actually made me feel like I matter.”*

# Next steps

- Update to population-based modelling of effects on mortality and acute care visits
- Longitudinal survey of people receiving prescribed safer supply linked to administrative health data
- Cross-sectional interview of people living in communities where there is little to no prescribing
- Interviews focused on experiences and impacts of de-prescribing
- Environmental scan of non-prescriber safer supply
- Mathematical modelling of population health impacts of different models of safer supply