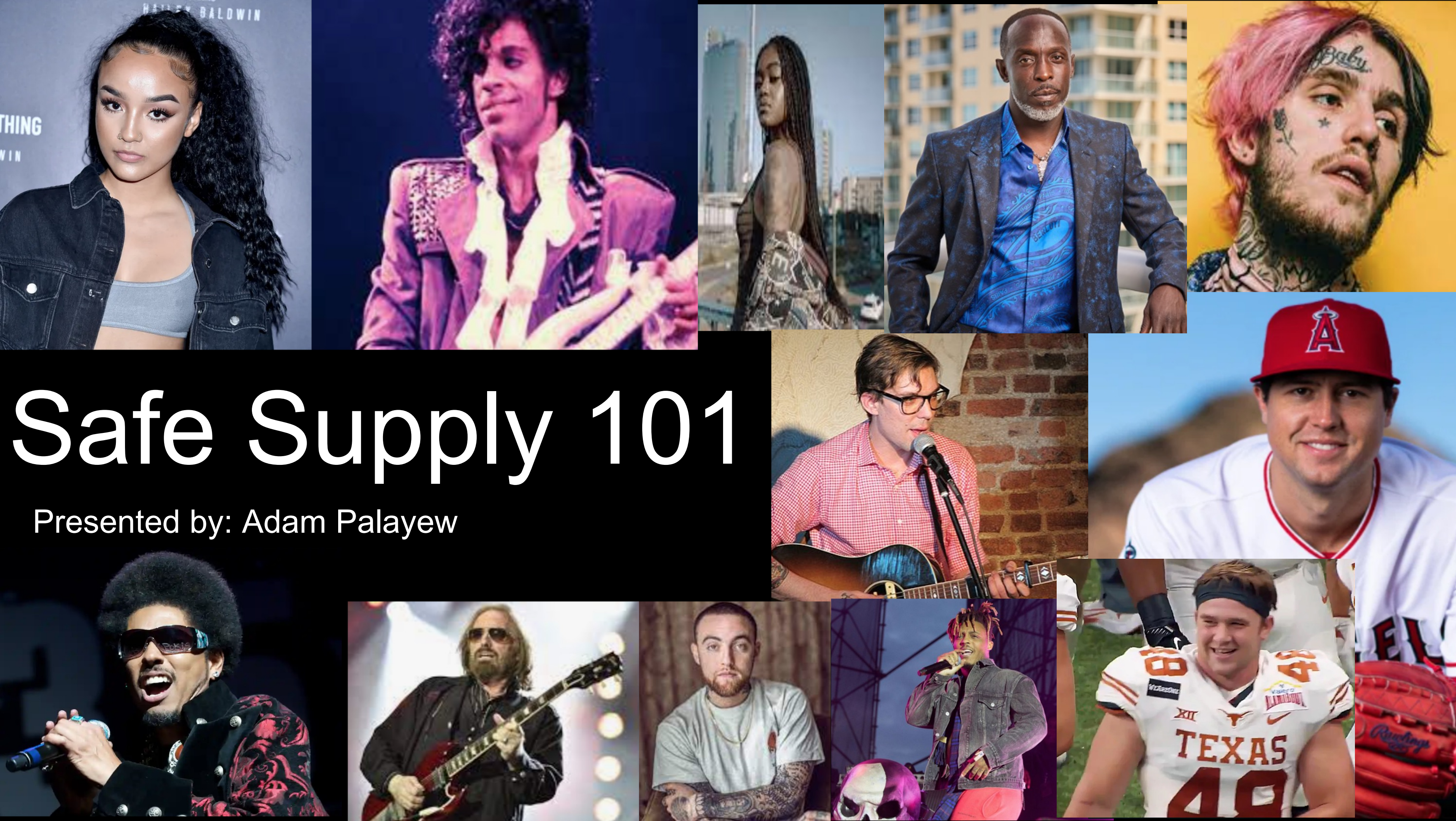
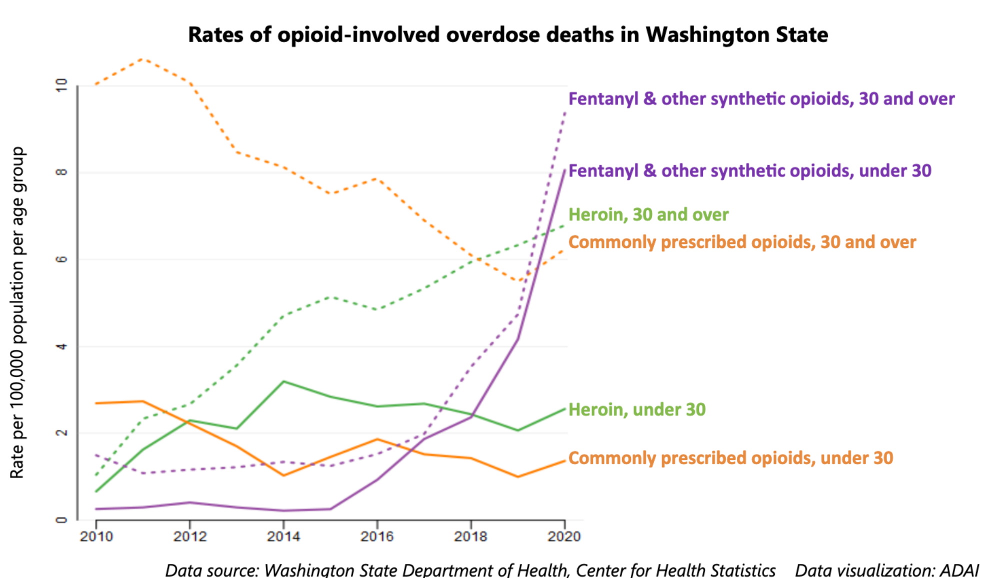

Safe Supply 101
Presented by: Adam Palayew
TEXAS

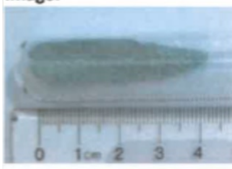
The Context: The Overdose Crisis Past and Present

Overdose deaths are soaring and change is urgently needed. Fentanyl has become much more common in overdoses and the drug supply has become much more volatile.



TOTAL WEIGHT OF EXHIBIT: 303.1mg powder

Image:



Analytical Results:

Confirmed Drug	Percentage within Drug Product	Actual Amount within Drug Product	Total Weight of Exhibit
Acetaminophen	7.5% (75mg/g)	23mg	303.1mg
Fentanyl	4.3% (43mg/g)	13mg	
Methamphetamine	1.9% (19mg/g)	5.8mg	
4F-ABUTINACA*	0.37% (3.7mg/g)	1.1mg	
Etizolam	0.17% (1.7mg/g)	0.52mg	
4-ANPP	0.069% (0.69mg/g)	0.21mg	
para-Fluorofentanyl	0.066% (0.66mg/g)	0.20mg	
Flubromazolam	0.024% (0.24mg/g)	0.073mg	
Lidocaine	0.016% (0.16mg/g)	0.048mg	
Tramadol	0.0076% (0.076mg/g)	0.023mg	
Acetyl Fentanyl	0.0061% (0.061mg/g)	0.018mg	
Cocaine	0.0038% (0.038mg/g)	0.012mg	
Despropionyl-*para*-Fluorofentanyl	0.0007% (0.007mg/g)	0.002mg	

Safe Supply: What is it And How is it Relevant?

Safe supply is defined as a legal and regulated supply of mind or body altering substances that traditionally only have been accessible through illicit markets. -Canadian Association of People Who Use Drugs, 2019.

Safe supply directly reduces the exposure to drug on the street market for people who use drugs. This immediately reduces the risk of overdose and also has longer term benefits we will discuss. The logic is similar to the regulation of alcohol post prohibition.

The Case For Safe Supply: Why Safe Supply?

Safe supply has been shown to greatly reduce the chance of overdose for those who receive it. (Brothers et al. 2022)

Reduces riskier use and promotes safer use over time. (Young et al. 2022)

Safe supply in certain models reduces theft, petty crime, and syringe litter. It also returns autonomy, time to peoples day, and and increases engagement with community and pro social activity promotes positive community engagement. (Government of Canada, The Daily podcast NYT)

The Case For Safe Supply: Testimonials

“People need them or else they're going to take fentanyl and die”: A qualitative study examining the ‘problem’ of prescription opioid diversion during an overdose epidemic

Geoff Bardwell [a, b], Will Small [a, c, d], Jennifer Lavalley [a, e], Ryan McNeil [a, f], Thomas Kerr [a, b]

“It’s Helped Me a Lot, Just Like to Stay Alive”: a Qualitative Analysis of Outcomes of a Novel Hydromorphone Tablet Distribution Program in Vancouver, Canada

Andrew Ivsins · Jade Boyd · Samara Mayer · Alexandra Collins · Christy Sutherland · Thomas Kerr · Ryan McNeil

Four main frameworks to discuss today

- Prescription based (on site use)
- Prescription based (take home doses)
- Community based organization
- Dispensary based distribution

Table Characteristics of different safe supply frameworks under consideration.

Scenario	Framework 1: Prescription (supervised consumption)	Framework 2: Prescription (unsupervised consumption)	Framework 3: Buyer's Club	Framework 4: Dispensary (not for profit/for profit)
Description	Drugs are prescribed and administered in a supervised setting under the care of health professionals and/or peer workers.	Drugs are prescribed and dispensed by a health care provider at a dedicated facility, but have the option to administer it on their own terms outside of a supervised setting, such as their own home, in take home doses.	Buyers Club: Network of People in the Community. Pool Money and Buy from a Source. Smaller than a Compassion Club . Buyers come together and collective purchasing. (e.g. Dallas Buyers Club; History of HIV Meds). Grassroots, no physical location. Less institutional	Drugs can be made available without prescription in dispensaries and shops (e.g., cannabis, hallucinogenic mushrooms, poppy seed tea, opium bulbs). Liquor Store Model; Compassion Club Model Membership Model)
Delivery	Prescriber	Prescriber	Alternative	Alternative
Population coverage	People with SUD in contact with health system	People with SUD in contact with health system	All people who use opioids	All people who use opioids

Framework 1: Supervised prescribed

Has been successful for decades and has saved lives

Only for people with a prescription.

Use must be supervised on site

Possession without a prescription and underground sales are illegal.

This is what is going on in Canada and Switzerland for last couple decades. RCT Evidence NEJM and JAMA (Oviedo-Joekes et al. 2009, 2016)

Limitations with access with the model as well as other problems with substances still being criminalized.

Framework 2: Prescribed and take home

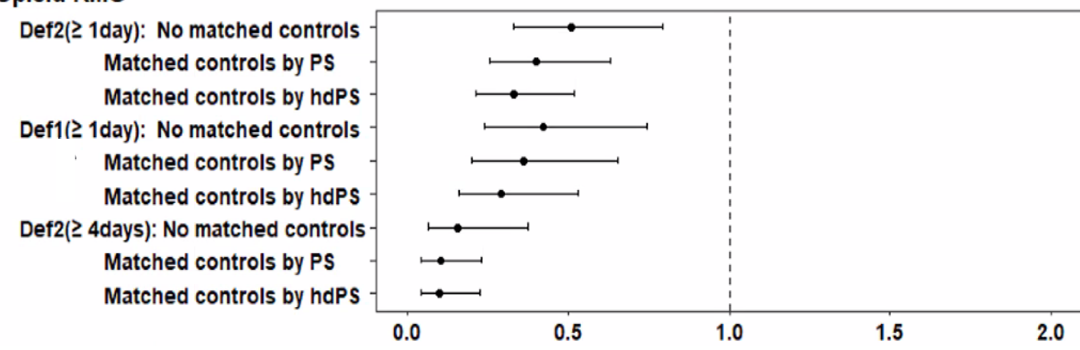
Is being tried now in Canada: early results are very promising

Only for people with a prescription.

People can take doses home with them

This was recently allowed during the pandemic in Canada and Switzerland with early results being very promising.

Has been successfully implemented with good results in Ontario (Young et al 2022), Halifax (Brothers et al 2022), and British Columbia (Data not yet published).



Issue of prescription model with (SUD) diagnosis

- Reach i.e. who is getting it vs who needs it
- Need for SUD diagnosis, which can negatively impact someone
- Need for prescribers to be willing to prescribe
- In the US you need buy in from the DEA and law enforcement
- Diversion of medication (some argue is a benefit other see it as a danger with the reality being somewhere between both)

Framework 3: Community based Buyer’s Club

Network of people in the community.

Pool money and buy from a source

Traditionally, smaller than a compassion club

Buyers come together and collective purchasing. (e.g. Dallas Buyers Club; History of HIV Meds)

Can be grassroots with no physical location. Less institutional

Has been successfully implemented at small scale in Vancouver despite being illegal (DULF)

Framework 4: Dispensary based model

Drugs can be made available without prescription in dispensaries and shops like cannabis in Washington.

Can be for profit or non-for profit

Storefront can be government run like how liquor used to be in Washington

Membership model where you need to pay to use the services like Costco.

Different Frameworks Exists

Home grown: a windowsill if someone is allowed and a competent gardener.

Public benefit corps: for example Fair Price pharma Canadian company selling heroin.

Communal grow: Community gardens, but not your mother's garden!

There is active work in thinking of alternative models of safe supply especially in British Columbia where they are exploring the future of safe supply and what could it look like.

Features that can be implemented in any framework

Licences for purchasing proposed for some of these models that is coupled with education.

Signing of a waiver as well as labelling on packaging

Education and use as well as package with harm reduction supplies.

A public health based vision for the management and regulation of opioids

Brian Emerson [a], Mark Haden [b]

Legalization vs Decriminalization: Both Are Needed

Argument: To move forward people will need to be able to access their substance of choice in a form that is as safe as possible to consume (safe supply) as well as be able to access it without interference (decriminalization). This in turn reduces a harm associated with drug use including overdose and incarceration.

Addressing the Syndemic of HIV, Hepatitis C, Overdose, and COVID-19 Among People Who Use Drugs: The Potential Roles for Decriminalization and Safe Supply

MATTHEW BONN,[a,*] ADAM PALAYEW, M.SC.,[b] SOFIA BARTLETT, PH.D.,[c] THOMAS D. BROTHERS, M.D.,[d] NATASHA TOUESNARD,[a] & MARK TYNDALL, M.D., SC.D.[e]

Ongoing work of interest

- There is ongoing work in Canada to evaluate the effectiveness of newer safe supply models that have emerged as well as thinking towards how it could look in the future.

- There is ongoing data collection in King County collecting preliminary data on the preferences of people who inject drugs for the four frameworks of safe supply and how do they think it would affect their risk of use.

- There is plans to collect more detailed data around preferences in 2023 as well as modelling the potential impact of the four different safe supply models represented.

Conclusion: The Case for Providing Drugs to People

Safe supply reduces riskier use at individual level.

Less crime with certain models of safe supply.

Less overdoses immediately as current supply is poisonous and deadly.

Less 911 calls, ambulance dispatch, and burden on hospitals.

There are different models of safe supply all with pros and cons to consider.

Safe supply is needed as part of a solution to be most effective, but would reduce overdoses significantly even if implemented on its own.

Questions