Small Group Discussions

Safer Supply Project Implementation

Identify key challenges to implementing and what are next steps for your CAT?

Who could you connect or team-up with?

- Parksville – Rigid, hard to get needle exchanges, community does not support. Tons of stigma.
- Not enough doctors, and finding a secure building. Push back from the community.
- Dr.'s are concerned about getting in trouble and following college of physicians. Dr. Sutherland could come to some cities to do presentations about how her program works.
- Barriers: pharmacists, some folx are banned (Trail, BC); also, legalities transporting safe supply rx.
- How to track down a prescriber is tricky. Many political issues in Langley.
- People are walking around with severe wounds, not getting the attention they need
- Remove ambiguity of what doctors and nurses are authorized to do.
- Social stigma and personal understanding of substance use.
- Shortage of nurses/health care professionals.
- Focus on training and education in regard to substances and addiction.
- Limited supports available for rural areas.
- Have a general place where we can share information/ideas for other CATs to share ideas. No need to re-invent the wheel.
- Having members who aren't in the CAT come in to meetings to share knowledge.
- Need to increase access to knowledge – change the mindset.
- Increase suppliers – increase knowledge. Reduce barriers to safer supply.
- Having someone who can do the advocacy – not attached to a large agency that can't speak to the politically charged topics.
- Bring these ideas back to our CAT teams. Have regional meetings (monthly for an hour).
- Guest speakers from other CAT's to share knowledge.
- City Council stands in the way of any actions to support PWUD. Even sharps containers, as they would 'offend the tourists'. Yet, needles are found everywhere with the current situation.
- In Alberta, every doctor, paramedic and nurse are trained in addiction/drug use. Stigma was greatly reduced. College of Physicians could be a good partner.
- Stigma is one of the biggest barriers. Have to call it for what it is and begin to deconstruct the issues.
- In Trail, real barrier are space and accessibility. NIMBYism is definitely an issue.
- Multiple reports, going back years, recommend the same things to address the drug poisoning crisis, but no action happens. They don't 'walk the talk'. Politicians won't stand up and support the policies multiple experts/advisory panesl/professionals recommend. Nothing comes of these reports. They keep pushing action off, saying "These things take time." Clearly, things can happen quickly if politicians want them to (ref: Covid).
- Maybe we need more media coverage – graphs on the screens – to show people how many are dying from drug poisoning.
- Five year funding is important, to give CATs some security, some time to make mistakes and correct course. Mistakes were made, course was changed during Covid. We need the same flexibility.
- The health system is entrenched in the medical model and are stuck in the biomedical approach. They do not embrace health promotion approaches.

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- First Nations and Health Authorities do not approach health the same way. They need to work together better.
- In Nanaimo, getting public support: All stakeholders, Dr.'s, RCMP, City Council.
- Align mandates, make programs harm reduction and other programs running cohesive not parallel.
- OAT Dr.'s should be at CAT meeting: how would we pay the Dr.'s to attend meetings?
- Continuing to advocate, support bill c 216.
- Safe supply should be administered not distributed with opioids.
- Federal and provincial MLA support policies and funding MPs
- Make it low barrier so people can't make money off it. Cost must be lower than street value.
- Langley doctors are nervous due the college in order to provide the safe supply prescriptions, have one nurse who does provide – college is the barrier – reach out to Dr. Sutherland after her presentation. Abbotsford has a mobile unit. Langley isn't quite there yet, not sure of next steps.
- May be political barriers in Langley as well.
- Barrier for ops and safe supply is stigma in smaller towns for sure.
- In the north rural and remote communities challenge to access any services – longer prescriptions would be fabulous, less stigmatizing than having to be witnessed, urine tests, travel to get prescription and medications
- Bill C-216 – would it help if this is passed? Maybe it would open the comfort levels for doctors.
- Barrier of lack of knowledge/misinformation fueled by fear and stigma.
- Key is sharing pilot programs and ideas!
- Getting the fentanyl powder here; access to it is limited (agreed upon by multiple participants); advocating for getting fentanyl tablets and powder. How did Christy Sutherland start the program she presented on? Access to injectable and smokable drugs needed instead of just oral options.
- In REDUN group represented, many people are moving towards smoking over injecting. Access needs to include a variety of options and the person who is using the drugs needs to get a choice in what they are consuming and in what form.
- Honesty between peers and practitioners essential- culture of trust, more options for customizable plans, autonomy to make their own decision and be supported in those decisions.
- How to reach people who are angered by supports and thoughts of safer supply.
- Barrier of stigma in hospitals- reluctance to go to ER as a result.
- Education – getting the word out to all groups and the public.
- Need to address the benzos as part of this approach – a parallel process of benzo taper off with fentanyl safe supply.
- Will fentanyl powder capsules meet the needs of those who inject?
- We need teams to wrap around folks receiving or wanting to access safe supply.
- Lack of awareness and connection with range of people who use drugs – how do we reach out to the people who we don't know about?
- One thing that may help with reaching people is decriminalization.
- The attitude that it's acceptable that all these people are dying, as reflected in government priorities and policies.
- Asking these questions to front-line workers and people without the necessary decision-making authority instead of actual policy-makers.