Safer Supply Project Toolkit

Breakout Room Discussion Notes

What are the assets in your community that can support harm reduction and safer supply?

Identify the Skills, Knowledge, Capacity, Resources, Experience & Enthusiasm

- Us, the peers
- High levels of enthusiasm and advocacy skills
- We don't have any systematic assets for safe supply
- Our MSHU does not involve us in their work
- Peers have better relationships with peers on street than MHSU
- OAT only technically available – one half day clinic a week
- No nurses or street outreach like Nanaimo or Port Alberni
- Able to identify strong systemic inequities (drug users are not welcomed and services for people are much poorer at our specialist services who do no OAT, a lot of classist ideology in the community)
- Drug users are have to leave this area because there's a deliberate policy of not providing anything that benefit users
- Tourism trumps anti-stigma
- Enormous lived experience and training but no willingness by council or island health to bring us in to the work.
- Poor transportation
- But still we try and we learn, especially from other localities
- Hopeful about the new council but we are not holding our breath
- Outreach workers
- Skill – meeting folks where they're at
- Knowledge – Lived Experience
- Peer support workers who can sit with people when they are titrating
- Vehicles to deliver patches
- Medical professionals with appropriate training
- Mobile health units
- Getting people what they need where they need it/getting to people where they are
- Counselling looking they way it needs to. Resource connection
- Trauma informed approaches
- Supply testing sites
- More people trying to not hurt people
- Ability to test for concentration of Benzos.
- Self-tapering
- Dinners served – possible to take advantage of the option to support in this and other spaces
- **Skills**:
    - Comox Valley – people doing the work for a few decades, facing the challenges, soft skills of community leadership

  - Delta – family services program – presentation skills, communication and relationship building skills, sharing the message, creating awareness
  - Candace (Kamloops) – street outreach – networking skills, connecting people, relationship building, aligning to shared goals requires skills, coordinating people coming together. Hard skill for harm reduction – Narcan administering; health testing
- **Knowledge**: Translating information into knowledge through connection/networking/sense of community, inter-disciplinary information and experience exchange between peers and medical professionals
- **Resources**: Resource **information** card (Kay) that could translate into knowledge, People who are involved are a big resource, Sense of community and shared understanding (Nelson) can even be a resource, Hospitals/Pharmacy/Shelters (physical places in a community), Peers and allies
- **Experience and enthusiasm**: "Meeting people where they're at", sense of community, sharing and communicating
- Peer knowledge and involvement
- Drug user network
- Peer-led education sessions
- Pharmacists onboard
- City council members are part of CATS
- Faith Community
- OAT, Prescribers for Safe Supply
- Community Kitchen
- Peer outreach commitment
- Community Garden
- Housing supports
- Satellite doctor – Maple – online doctors
- Support from other non-profits
- Anti- stigma campaigns
- Naloxone training to community
- Prescribers, Nurse practitioner
- Services that support peer community and peer support
- Mobile services like mobile OPS
- Health authorities can be supportive but can bring barriers
- Ally organizations such as Moms Stop the Harm
- Peer organizations can bring these assets together, bringing prescribers, and people who need them together
- List of evidence, and talking points to talk with prescribers may prove very beneficial, especially in areas with a lot of pushback against safer supply
- CAT can support peer led organizations in talking, and creating dialogue with prescribers using this toolkit.
- Creating a more Lateral dialogue
- Supporting people living rough by bringing services to folks instead of making them travel.
- Supporting solutions

Safer Supply Project Toolkit

Breakout Room Discussion Notes

- Mobile outreach for youth (Friday nights, Coquitlam, Poco, Port Moody) Access Youth Services HR supplies for sex + drug use. 12-23
- Amplify PWLLE voices to share experiences and increase knowledge of the realities of the illicit drug supply
- OPS in Prince George in rough shape. One closed and another caught fire recently. This has had a negative impact on outreach services in the area. Lots of individuals working to address the new lack of services.
- Comox Valley has a SS program provides substantial support (AVI SAFER) but only has a small capacity. Capacity is also an issue in the Nanaimo SS program. MLA Offices can be resources and advocates for safer supply.
- Independently operating physicians can work to a scope as defined by themselves.
- Small communities have the same struggles as urban centres, and should be resourced adequately to address those challenges
- New West says only place they can find safe supply is methadone clinic-they often have to send clients downtown which can be a huge trigger In for folks that are clean.
- In tri-cities, the hospitals and urgent care are the only places they can send folks. These do not offer safe supply. They are constantly trying to get the word out that there is a difference between OAT and OPS and business licenses have been pulled over misunderstandings.
- There is a safe supply location on 108th with doctors that will provide S.
- Methadone clinics now cost $100/month which is automatically take off your human resources cheque. These doctors only handle the methadone prescriptions and will not see patients for any other issues such as diabetes or heart dx, forcing people to see multiple doctors at multiple locations rather than holistic care.
- If people are willing to pay for street drugs, they may also be open to purchasing safe supply to contest the idea of “giving away free drugs”
- At RCH, there are some nurses and nurse practitioners that can prescribe certain medications (there is a special certification/delegation for this)
- Smaller communities sometimes allow patients to see their family doctor for suboxone, etc. Kathy’s daughter would still be alive if safe supply were available to her. She was poisoned after 10 months of sobriety. She is wondering if it would help for people to pay for safe supply as if they are open to paying for street drugs, they might be willing to pay for safe supply.
- Many people are not in a position to pay for this supply, and often put themselves in vulnerable and dangerous positions in order to get this supply
- There are actually harm reduction supplies being distributed
- Passion and compassion, people want to pay it forward
- Variety of resources, Lookout, ACT team, IHAR, etc.
- Peers are engaged with community and know where the resources are
    - Peers giving verbal geographic directions to new people in the community
- Empathy, neutrality, compassion and understanding allows individuals to open up and be vulnerable

Safer Supply Project Toolkit

Breakout Room Discussion Notes

- Having a meeting with doctors, be a part of a couple of meetings --> main goal is save a life
- We notice a lack of enthusiasm and capacity in Prince George
- Lack of prescribers - Prescribers we do have tend to follow their personal preference rather than following the science.
- The Skills and Knowledge of the Peer and PWLLE community creates great awareness about the need for harm reduction strategies that our healthcare and social services models need to follow.
- We have a great amount of Outreach for Harm Reduction that covers the entire week/year
- More organizations – Peer group organizations – are opening their own OPSs to provide more safe spaces for people to consume their substances.
- Experience – Lived through it – Lived Experience - Currently feel like people don't really know what you are going through.
- Avi is good in our community.
- OPS needs training
- Why not access safe supply at drug stores
- Hospital - Racism in the hospital
- Could ask for Band offices to be involved – more services at band offices
- Need extended hours at HR
- More safe supply sites - peer led safe supply
- Need easier access to safer supply
- Understanding where you come from - more peer mentors – hard time with "\professionals" - more connection with people who have walked in your shoes.
- Relationships, and support at harm reduction sites.
- Some self policing in the community (in other communities)
- Need more supportive housing - also difficulty for bridge housing, how to get back into different stages

Safer Supply Project Toolkit

Breakout Room Discussion Notes

How could you use activities (like those from the toolkit) to connect and harness assets in your communities, for the spread of safer supply? What outcomes could you accomplish together?

- Providing safer supply and giving feedback
- Every doctor should be able to do it.
- More mainstream access
- AVI supplies delivery and retrieval - remote team for EOPS support
- Won't use the apps – would rather use a person or a phone
- Transport issues for the safe supply program
- Need discretion
- Stigma in the pharmacies and with pick up
- Relax around dispensing, and timing - have other people do picks ups. - hard to arrange pick ups - too troublesome with Lock boxes
- Engage with Pharmacies and technicians – how to make it easier at the pharmacies – education with pharmacies
- Having a good relationship with pharmacist is important – how to build bridges and engage with pharmacies.
- Not a lot of good pharmacies here
- Bringing toolkit to our CATS to get on the same page and have consistent messaging. Having this tool for engaging in challenging conversations such as safer supply. Conversations that invite dialogue rather than confrontation.
- Arts-based dialogues can help soften the tension in the room and help bring people together.
- Different communities have varying demographics. For example, Delta is more conservative so people are often hesitant to share personal experiences. Because of this, even with consistent messaging, we may have to deliver the information in different stages.
- Confirming to folks coming to gain information why this is important, and why do they need to know this?
- Dinner with physicians was successful and they have been invited to meet with more physicians and ER doctors from North and South Delta.
- One participant grew up in North Delta and have lost so many people from their graduating class to drug-related deaths so they are surprised that there is not more openness to safer supply dialogues.
- Kathy is from Ladner and when she went public about her daughter's death. Her story is available on YouTube and Google, it is called Jessica's Secret. Kathy has given consent to share this in the notes.
- Discussed bringing youth into conversations and education sessions. In New West, public health services and CAT are able to hand out harm reduction.
- All doctors should be able to prescribe
- Spreading evidence-based information

Safer Supply Project Toolkit

Breakout Room Discussion Notes

- Safe Supply is harm reduction
- Street nurses – can use some of these resources
- Connecting this info city councillors