

Safer Supply Project Session

Nelson CAT – Safer Supply Presentation Notes

Presenter

- Erin Thomson, ANKORS & Nelson Fentanyl Task Force

Background

- Spring 2020: Covid, homelessness and opioid epidemic, Reach Home Initiative camp started
- Created a safer supply outreach intake space at the camp
- Partnered with a nurse practitioner (Zak Matieschyn) who works for the OAT Clinic

Initial Process

- Started with people at the camp then grew to people from all around Nelson with weekly consults held by Erin
- Social support and connection, and asking what they wanted in safer alternatives
- Zak would then work with Erin to set up prescriptions
- Erin would meet with clients every week or as needed
- Outreach was there as well, to connect clients to the service and help them get there

Transition

- 7 months at the camp then transitioned to an inside space at a clubhouse
- Connecting community to outreach, Erin reminding people about appointments and spreading the message of the program
- Connected to the RISE clinic, OAT, with stimulant replacement therapy and opioids
- Lots of people were asked to quarantine in hotel, and were not on OAT and couldn't get access
- Connecting the pharmacists to get prescribers, to connect to clients in the hotels
- Mental health came on-board, nurses, who could pick up the safe supply with an OK from pharmacy and prescriber, and released to the client

Other Considerations

- Rural & remote locations
 - Need to increase capacity, delivery system, drivers for safer supply
 - Needing nursing outreach, with peer connection, surrounding the prescribing doctor
- Removing barriers
 - Medicalized model, need to meet to people where they are at
 - If a person misses their script, can be delayed – must respond quicker to needs
 - Need a peer/patient navigator who interconnects OAT practices to safer supply
- Overdose prevention sites
 - Use safer supply prescription in the OPS
 - A great pilot: use safe supply fentanyl at the OPS with nurses there, including the outreach team
- Culturally safe lens
 - Trauma informed practice
 - Dismantle colonialization, indigenize safe supply
 - Increase pharmacy involvement, utilizing rural pharmacy with OAT
- How do we get doctors and NPs on board?
 - CATs provide education, teach a culture of how to support those who use drugs
 - CATs can identify with the peers the gaps, their needs
- No one size fits all, more access to alternatives
- Peers don't want to hide, a safe supply would reduce stigma, surrounded in a circle of support and care. Safe supply decreases crime with less dependence on drug dealers.