Models of Safer Supply Conceptualized by and for People Who Use Drugs

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Background

In Canada, drug prohibition has resulted in an unregulated drug supply that is unpredictable and and toxic, with 50,928 opioid overdose deaths between January 2016 and September 2024[1]. People who use drugs and other experts have long advocated for a safer supply of regulated drugs[2].

In Canada, safer supply is exclusively available by prescription in medical settings. Limitations of this include experiences of stigma, medical surveillance, and lack of autonomy[3 4].

The study aim was to examine preferences and goals of people who use drugs and explore a range of possible non prescription based models of safer supply.

Methods

We conducted a secondary analysis of three qualitative data sets from studies that explored various practical and theoretical elements of safer supply from the perspectives of people who use drugs: **Imagine Safe Supply (Data Set 1) (2021, n=33)**; **Substance Use Patterns and Safer Supply Preferences Among People Who Use Drugs in British Columbia (Data Set 2) (2021 – 2022, n=87)**; **Risk Mitigation for People Who Use Substances During Dual Public Health Emergencies (Data Set 3) (2020 – 2022, n=55)**. There was a total of 175 responses from people who access the unregulated drug supply, receive prescribed alternatives to the unregulated supply, and/or work in front line harm reduction.

Conceptualization and description of models was supported by inductive thematic analysis. Composite descriptions of models were developed, including a conceptual overview of each model.

Participants

	Data Set 1	Data Set 2	Data Set 3
Gender	n=33	n=76*	n=55
Man	13	46	33
Woman	19	28	20
Two-Spirit	0	1	0
Gender non-conforming	1	0	n/a
Non-binary	n/a	n/a	2
Other	0	1	0
Prefer not to say	0	1	0
Ethnicity			
Self-reported Indigeneity			
Yes (First Nations)	n/a	22	n/a
Yes (Métis)	n/a	10	n/a
Yes (Inuit)	n/a	0	n/a
Yes (Indigenous, Metis, Inuit)	6	n/a	15
No	27	39	38
Prefer not to say	0	4	0
Black, African-Canadian Black, or African-Caribbean Black			
Yes	4	n/a	n/a
No	29	n/a	n/a

*Demographic questionnaires were collected from 76 of 87 participants

Conclusion

This study presents four conceptual models for the delivery of safer supply that are informed by the diverse perspectives of people who use drugs.

- People emphasized a desire for models beyond a prescriber-based medicalized model.
- We overwhelmingly heard the importance of access to substances that reflect those currently available within the unregulated market, but of known composition and quality in settings that are accessible, relevant and responsive.
- We heard that a range of models offered concurrently, rather than a one-size-fits-all approach, was seen to respond to varied and fluid experiences.
- For the feasibility, sustainability, and scalability of these models, a shift from prohibition to exemptions and regulation would be needed.
- Though these models are not new, we present their application within the current context of the continuing unregulated market and devastating elevated rates of deaths from unregulated and toxic drugs.

Results

Community centered models outside of medical and institution settings were often preferred due to structural barriers medical systems present, such as stigma, discrimination, racism and colonization. Further, many people found that medications available for prescribed safer supply were not an adequate replacement for the unregulated supply. For the purposes of this study, we have focused on models outside of a prescribing setting.

The models outside of a prescriber-based model are premised on a hypothetical assumption that, within a framework of regulation, a range of regulated pharmaceutical quality drugs of various types and formulations are available to support diverse consumption preferences.

1 Buyers' Club

A buyers' club model is a community-based not for profit model where club members pool resources for greater economic power to purchase regulated substances in bulk which are then distributed through the club. Operations and goals are decided by the club membership.

> *"Like if there's a peer collective or people who use drugs collective in a local area where you can bulk buy… I think number one would be making sure that things are kind of similar across the board, whatever it is as far as pricing goes would be really important." (Participant, Data Set 1)*

2 Compassion Club

The compassion club is community-based and collectively operated by and for people who use drugs, within a cooperative governing framework. The compassion club is a flexible model that can be adapted to reflect the preferences and goals of the members, and may operate a range of health services and community support programming in addition to sales of a variety of regulated substances.

> *"In terms of safe supply, it would be great if there was a centre… there's a chill out room that you can go and hang out and play music and just chill out, if you're somebody that needs to detox, we have a room. But you know I want it to be more the people healing the people… Not random doctors that have had no substance issues or don't even know anyone besides their patients and then they're running it because it's very medical." (Data Set 3)*

3 Events Space Distribution

Within this model, substance are available for sale at entertainment venues and social setting sites. These sites may include places like bars, coffee shops, clubs, and events such as music festivals or concerts.

> *"When you go to a bar and they've got the lounge and then they've got the restaurant, you know what I mean? That sort of thing. If you could go get your weed or your cocaine or your opiate, whatever you're getting. And then you can go sit down somewhere, have a coffee, have a meal and do your dope. That'd be cool… 'Cause you're not hiding from anybody. You're not trying to keep yourself invisible." (Data Set 1)*

4 Dispensary

This is a commercial model where substances are available in a retail setting. Additional supports seen within other models – such as supervised consumption, connection health and social services, and peer support – are not an integrated part of the dispensary model.

> *"Safe supply would be, like, going into a… liquor store, right. We're hoping to get that sort of thing with heroin and cocaine and stuff…you don't need to be a person with substance-use disorder to be able to go in and buy dope, right, like in a safe, regulated supply." (Data Set 2)*

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