

Grappling with diversion: Examining the multiple reasons and meanings underlying sharing & selling of safer supply medications

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Background

Research suggests positive impacts from receiving prescribed safer supply, including on key outcomes: use of unregulated drugs, health outcomes and risk of overdose mortality.

Despite this, a strongly politicized backlash to safer supply prescribing has emerged in Canada, heavily focused on potential impacts of diversion of safer supply medications.

Frequently absent from discussions on diversion are the perspectives of people receiving prescribed safer supply.

Methodology

Qualitative interviews and focus groups were conducted with 38 safer supply clients and 10 staff in two Canadian cities (Victoria, BC and London, Ontario) in 2022 and 2023.

Thematic analysis was used to examine reasons for sharing, trading or selling medications, situations and contexts in which it occurred, and impacts on people and communities.

Results

Multiple motivations for sharing and selling medications were identified. Commonly, medications were shared with others to address withdrawal, uncontrolled pain, experiences of rapid deprescribing from longstanding prescriptions, or to assist others attempting to avoid withdrawal from fentanyl.

“When I was off the program, I was so angry that people were selling their medication or trading it or just helping people out with it. But you know, at the end of the day, yeah I’ve helped people who are sick. I don’t sell them to them but I’ve given them. And helped them. Not with the expectation of anything back. But, just knowing...I’ve been there before.” *London client*

A small number of clients described trading or selling medications to obtain more potent drugs; many stated that this would cease with access to more direct replacements and smokeable options (powdered fentanyl). Program staff remained attentive and responsive to the reasons underlying sharing, including lack of more potent medications:

“I’m also abundantly aware that some of our folks, their needs aren’t met through the medications that they have. So, a part of me says, diversion means we need better medications to support what a person’s using.” *London Staff*

Sharing and selling of safer supply medications was also described as a way to protect their community members attempting to avoid fentanyl or who could not access the few safer supply programs available:

“Somebody’s really sick, giving them medications could save lives. Some people can’t get it. Doctors won’t give it to ‘em. Not fair, right? They really need it but, how else you gonna get it?” *Victoria client*

Results – continued

Ironically, some people who previously sold drugs as a survival mechanism described how access to safer supply allowed them to stop doing so:

“I really don’t like selling drugs, but it became part of my life, right? It’s the only way I could support myself for the longest time. The D8 [safer supply] program has helped huge because now I don’t have to sell my meds. I do them, right? And so that saves me a bunch of money. Right?” *London client*

Sharing safer supply medications was often a mechanism to counter lack of access to sufficient pain control, though clients expressed awareness that their actions were stigmatized and criminalized rather than seen as compassionate:

“You know, you see someone in pain, you see someone who needs the help, like for you to not help them... It’s like if you go to the pharmacy and you’re withering in pain or whatever else, they still give you a pill or something. Like, you know? Just to help you for that day. They will. But if we do it, we’re criminals.” *Victoria Client*

This double standard between drug users and non-drug users demonstrates the stigma attached to everyday actions of people who use drugs, regardless of underlying motivation. Caring for members of their communities required clients to take competing risks into consideration; they had a medication that could provide relief and prevent others from experiencing pain and withdrawal, but they also knew that sharing was a criminal act with potential negative repercussions.

Conclusion

Most commonly, clients shared medications with people they knew out of compassion to help them address withdrawal or pain. This contrasts starkly with current popular media narratives of medications being sold to naïve users or youth.

The disconnect between these narratives suggests that diversion is being used to further entrench stigmatizing narratives and moral panic, and to reinforce the criminalization of drug use and heavy surveillance of people who use drugs.

The overarching structural factor left unexamined in discussions about diversion is the continuing criminalization of drug use, with particular reprobation attached to drug selling. There remains a need to examine how narratives of diversion are undergirded by the overall structure of prohibition, as diversion becomes a mechanism to further entrench the criminalization of drug use, and by extension people who use, share, trade and sell drugs.

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