



First Nations Health Authority
Health through wellness

Safer Supply

Frequently Asked Questions

What is safer supply?

Safer supply is a harm reduction approach that refers to a regulated supply of substances and/or medications that do not have toxic and poisonous ingredients that are known to cause death and serious harms.

Harm reduction is an evidence-based approach that helps people stay safe while using substances. Without safer supply, substances are only accessible through the unregulated drug “street” market which is increasingly toxic and unpredictable¹.

Accessing safer supply can be challenging due to lack of availability, however, there are specific services to assist First Nations people to access it such as FNHA’s **First Nations Virtual Substance Use and Psychiatry Service** (FNvSUPS).

“I was surprised how the doctor that I talked to now to get my prescription, like, the amount of respect and everything I feel [from accessing prescribed safer supply via FNvSUPS]... He pretty much asked me what I wanted and why. And I told him I’d been having trouble with my family doctor... This [FNvSUPS] doctor, I actually feel heard and I haven’t felt that in a long time².”

- Indigenous Safer Supply Participant accessing prescribed safer supply through FNvSUPS

What is the difference between a regulated and unregulated supply?

Regulated supply: Doctor or nurse prescribed medications that reduce the risk of drug toxicity death due to accessing the unregulated (street) drug supply. A harm reduction approach is meant to reduce the risk of drug toxicity deaths and is not meant as treatment of substance use disorders³.

Unregulated supply: Drugs of unknown quality and ingredients that are dangerous and potentially deadly for individuals using them due to the unknown nature of the substance.



Why is safer supply necessary?

In BC, seven people die every day because of the toxic drug supply⁴. First Nations people died at nearly six times the rate than other BC residents in 2022, and this gap has continually widened since the emergency was declared in 2016.

First Nations women are especially impacted dying at a rate of 11 times that of other female residents in BC, while First Nations men are dying at almost five times the rate of other male BC residents⁵. Individuals who use substances – whether daily, recreationally, or for the first time – are at risk of death and other harms when getting substances from the unregulated drug market with a toxic, unpredictable supply.

Providing safer, regulated substances may greatly reduce these harms. This is one approach to address the toxic drug public health emergency declared in 2016.

“The numbers do not tell the full story of the lives lost or the resulting impacts to the families, friends, communities and nations.”

- Dr. Nel Wieman, FNHA Acting Chief Medical Officer

What makes the unregulated “street” drug supply so toxic?

The unregulated drug supply is unpredictable because it has not undergone rigorous safety testing. Drugs sold on the streets are designed to make money, and street manufacturers may ‘cut corners’ or add fillers.

Over the past 10 years, drugs have increasingly had various substances and additives added to them (e.g., fentanyl, benzodiazepines, caffeine, ammonia) in order to maximize profits at the expense of thousands of lives in BC. Through testing and monitoring the unregulated drug market, we know that some of the people are being poisoned by various opioids, benzodiazepines “benzo dope” or “downers”, and Xylazine “Tranq dope” (see Glossary of Terms).

The impact of the drug toxicity over the last several years has had serious implications on the mental health and wellness of people who use substances – which can lead to increased substance use.

In addition to causing more harm, substances such as benzodiazepines makes reversing an overdose with Naloxone more difficult (Naloxone: a fast-acting antagonist used to temporarily reverse the effect of opioid overdoses⁶).

“I hardly overdose cause I’m on safe supply. M-Eslon helps me immensely ... Like way, way a lot. Like I would probably be dead by now if I wasn’t on it.”

- Indigenous Safer Supply Participant



What safer supply is available in British Columbia?

Since March 2020, a form of “prescribed safer supply” has been implemented throughout the province. At the discretion of their doctor or nurse practitioner, individuals at risk of withdrawal and drug poisonings can be prescribed medications including, hydromorphone (Dilaudid aka dillies), sustained-release oral morphine (M-Eslon), stimulants (Ritalin, Dexedrine aka dexies), fentanyl-based medications (Fentora, fentanyl patch), and other medications on a restricted basis.

These prescriptions are usually covered by insurance and dispensed at a frequency determined through conversation with doctor and patient from a pharmacy or clinic.

As well as specific services, such as FNvSUPS that help First Nations people across British Columbia (BC) access prescribed safer supply, there are also community groups and co-ops, led by people with lived and living experience (PWLLE) that are organizing and navigating how to test drugs and get them to individuals safely.

Additionally, PWLLE are holding space for conversations and initiatives to support one another and educate communities.

“I have spent a lot of time on reserve when I’ve been on safe supply... and I’d like to see the doctors actually prescribe it on reserve as well. Because people are OD’ing on the reserves... and they don’t have that safer supply option there.”

- Indigenous Safer Supply Participant

“I noticed myself a lot happier when I was on safe supply. Because when a person uses street drugs, they’re using it obviously for a clear reason. And mine is all the grieving and loss and pretty much everything that made me upset in life. I used the street drugs just to numb that. [On safe supply] I started talking out more, I started reaching out more to people to talk to them. I noticed that I was somewhat able to laugh at some of the situations I was in.”

- Indigenous Safer Supply Participant



What can prescribed safer supply do?

- Reduce the number of toxic drug deaths by providing safer pharmaceutical alternatives of substances with known composition and strength
- Provide more options for people who use substances, including people who use substances occasionally or recreationally
- Bring stability to people who use substances by reducing stigma and fear through conversation and education
- Move away from criminalizing people who use substances by providing a safer, regulated, legal substances
- Potentially improve parenting/family relationships, participation in culture and ceremony, returning to home communities
- Improves wellness and quality of life by providing consistent access to regulated, non-toxic supply
- Allows people who use substances to continue improving their lives and seek opportunities to reconnect with their gifts

“It helps a lot being on this [prescribed safer supply] cause it got me from working on the street and putting myself in harm and being, you know? The way I don’t wanna be.”

- Indigenous Safer Supply Participant

Will safer supply stop the toxic drug crisis?

Safer supply is just one form of harm reduction and works with other harm reduction methods, such as decriminalization and destigmatizing substance use to tackle the toxic drug emergency in BC. Safer supply can be combined with other supports and wraparound care for people who use substances, including access to medications, treatment and wellness programs, by meeting people where they are at.

Is safer supply available without a prescription?

Non-prescribed safer supply is available at locations often referred to as “compassion clubs” and include the sale or provision of psychoactive substances such as injectable morphine, heroin/diacetylmorphine, cocaine, and others but these are only currently available to a very small number of clients in major urban centres like Vancouver and Victoria, are not covered by health benefits, and do not have open enrolment at this time.

What is diversion?

There has been a lot of attention focused on “diversion” of safer supply in the media. Some people have expressed fear that safer supply will be sold once an individual receives their dose so they can make money, and that concerns that youth and/or children will be able to access these diverted substances. There is no evidence that this is true. People who use substances are interested in safer supply because they know regulated substances are safer and more likely to keep them alive. Ideally, safer supply will be effective when individuals using substances are able to get the regulated drug that works best for them. This is achieved when prescribing doctors and people who use substances work together to find and truly implement solutions that are safe.

“There is no evidence that a prescribed safe supply of opioids is being diverted and causing increased harm and death – specifically among youth. We are focused on saving lives. We are focused on reducing harms.”

- Lisa Lapointe, British Columbia’s Chief Coroner

“We aren’t seeing any indication in our data in the stories we track that youth are using from diverted safe supply. The injuries and deaths reported to our office are coming as a result of youth accessing the illicit supply, and these youth are typically using a range of substances. Young people are struggling and the illicit supply is so poisoned that the risks of youth use, whether through experimentation, occasional or regular use, are extraordinarily high.”

- Dr. Jennifer Charlesworth, British Columbia’s Representative for Children and Youth

Drug Checking Sites

Services by Health Authority: wellbeing.gov.bc.ca/substance-use/harm-reduction/drug-checking
Provincial Dashboard: drugcheckingbc.ca

Toxic Drug Terms Explained

Fentanyl: A synthetic (human-made) opioid that is much stronger than most other opioids, and can be prescribed by a physician doctor to help control severe pain. Fentanyl, along with even stronger versions like carfentanyl and other version of fentanyl, is also being produced in unregulated labs and sold on the streets, often mixed with other drugs. This is very different than the fentanyl prescribed by a doctor. Increasingly, fentanyl is being detected in toxic drug supply deaths in BC⁷.

Benzodiazepines: Central nervous system depressants that are prescribed for anxiety and surgical procedures, and can also be manufactured in unregulated labs. They add to the effects of opioids, increasing the risk of related harms (including robbery and assault) and complicating reversal of an overdose⁸.

Xylazine: Approved for vet use in Canada, xylazine is used for large animals as an anesthetic and muscle relaxant. Xylazine sickness can feel and look the same as an opioid poisoning. Blood pressure, pulse, and breathing can go dangerously low. People can feel dizzy, they can “black out” for hours, and their breathing can slow down or stop. This can sometimes lead to a coma and death. People who have been taking xylazine for a while can also develop abscesses and skin infections⁹.

¹ Canadian Association of People who Use Drugs, #SAFESUPPLY Concept Document, CAPUD.CA

² All participant quotes are from the study findings from the provincial evaluation of safer supply, under peer-review. Contact brittany.barker@fnha.ca for more information

³ BCCSU, Prescribed Safer Supply, 2023

⁴ BC Coroners Service, March 2023

⁵ First Nations Health Authority, First Nations and the Toxic Drug Poisoning Crisis in BC, April 2023

⁶ Government of Canada, [canada.ca>services>opioids>naloxone](https://canada.ca/services/opioids/naloxone)

⁷ BCCDC Harm Reduction Services, towardtheheart.com, 2023

⁸ BCCDC Harm Reduction Services, towardtheheart.com, 2023

⁹ BCCDC Harm Reduction Services, towardtheheart.com, 2023