## **Experiences implementing and receiving** prescribed safer supply in Northern BC: A study among Indigenous people who use drugs and health planners



## What is this study about?

The researchers examined how prescribed safer supply (PSS) was implemented or rolled out in Northern BC from the perspectives of both Indigenous people accessing/seeking PSS and health planners.

## What is prescribed safer supply?

At the beginning of the COVID-19 pandemic in March 2020, the BC government approved the Risk Mitigation **Guidance** to support doctors and nurse practitioners in prescribing medications to replace toxic street drugs. The goal of PSS was to help people follow COVID-19 public health orders and reduce risk of overdose.

## Who participated in this study?

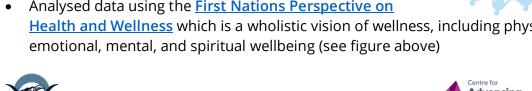
- Between August and December 2021, 20 Indigenous people who use drugs and received/tried to receive a prescription for safer supply living in the Northern region; and
- 4 health planners working in the Northern region (policymakers, managers, others in executive roles)

#### **KEY FINDINGS**

- This study responds to calls from people with lived/living experience and community partners to see if PSS is working in Northern BC
- We found prescribing of safer supply was largely limited to the two largest towns in Northern BC
- PSS was not designed for or with Northern residents or health planners
- Participants reported racism, drug use stigma, surveillance, and criminalization
- Northern champions, including peers, virtual care and some community-based providers, supported people to get and stay on prescribed safer supply medications

#### What methods were used?

- Embedded community-based participatory research methods by partnering with people with lived/living experience of substance use (peers) throughout the research
- One-on-one interviews with a researcher over the phone and a local peer known to the participant
- Analysed data using the <u>First Nations Perspective on</u> Health and Wellness which is a wholistic vision of wellness, including physical,













#### What did we find?

# Northern innovation, relationality, and community champions supported access to prescribed safer supply

People with lived/living experience and health planners highlighted the critical role peer groups played in building awareness and rolling out PSS across the region:

One Indigenous participant said that outreach staff pick up clients every day to take them to the pharmacy: "They even pick up their medication for them when they're not able to... That's what I'm trying to do so I don't miss any pills or anything."

"So, when I think of areas where we did have some really good success, I think of instances where we were able to engage with peer-led organizations and those communities." - Health planner participant

Relationality was used to share knowledge, as some Indigenous participants shared that they heard about PSS from their friends and relatives, not health care staff:

"...a lot of the people that are using and the people that are out there trying to get people on the safe supply - are related. So, they are our family members out there."

Some community champions went beyond their normal duties to help people access and stay on their safer supply medications, such as this pharmacist or these nurse practitioners as described by Indigenous participants:

"One day, I forgot to pick up my weekend supply, and [the pharmacist] opened up the pharmacy for me on a Sunday. Just so that I could take that dose so I wouldn't have to start all the way back over."

"... before all the [nurse practitioners] go home and stuff like that, they'll text message [the pharmacist]...and let them know that this is who and who ..."

Participants who accessed PSS through the <u>First Nations Virtual Substance Use and Psychiatry Service</u> (VSUPS) felt it was culturally safe and patient-centred. Given the stigma attached to drug use, particularly in smaller communities, some of the participants wanted to keep their PSS confidential and virtual prescribers helped them feel less stigmatized:

"I was surprised how the (VSUPS) doctor that I talked to now, to get my prescription, the amount of respect and everything I feel... I actually feel heard. And I haven't felt that in a long time."

## BC's prescribed safer supply was not designed for Northern BC

Some participants thought that PSS was only a "Vancouver thing" and spoke about stigma in health care as being a barrier to asking about substance use care:

"Well, since none of us knew about what safer supply was, I would say it's been impossible to get safer supply in [town]! As well, the nurses and doctors in this

town are very stigmatizing towards addicts... you feel looked down on, you feel lesser than human, you get pushed aside, you get ignored by our medical staff here. So, to ask for [PSS] would be extremely intimidating for me."

Health planners agreed that PSS was developed quickly and largely for folks living in urban areas like Vancouver, without specific planning for Northern, rural, remote or First Nations communities:

"We wish we could do better up here. They're working on policy to allow registered nurses to initiate prescribing of safe supply, but again, the rollout is quite slow up here in the North. And it [PSS] was announced by the government long before there was any process put in place to have nurses be able to support that."

Many Indigenous people with lived/living experience of drug use described being under surveillance by police and, sometimes having their medications taken from them:

"They seem to think that when we're using safe supply, we're actually using street drugs."

### Challenges delivering and accessing prescribed safer supply in Northern BC

Many participants said that PSS was not available in First Nations communities at all, and they needed to drive to town or use First Nations Virtual Substance Use and Psychiatry Service to get a prescription:

"There's no actual medical people going back and forth, really, that I'm aware of... and then the time you spend waiting and getting your [prescription in town], and what happens on a bad day? You know, we get snow up here ... and the f\*\*\*king roads are shut down."

Doctors in BC are able to choose if they want to prescribe safer supply and up north, many choose not to as this Indigenous participant reflected:

"Took me about 8 weeks to get in to see a psych doctor... he was the only prescriber up here ... and then, that doctor, he left, and we didn't have no replacement for him. And the current replacement actually... none of them will do it [prescribe safer supply] up here."

Participants experienced challenges accessing prescribed safer supply because of long waitlists and a shortage of doctors, nurse practitioners, and other health care providers:

"I think we need more doctors to do it. That would help if more people could get on it. That's the problem right now that I see. Because there's so many people that want on it, that I run into, that say, 'Hey, where can I get on it?' or 'I want to get on safe supply.' And I'm like, 'Sorry, they're not taking anybody.""

Health planners also shared challenges related to doctor and health care worker shortages in the Northern region:

"That is our biggest, one of our biggest barriers in the Northern region, the lack of our ability to recruit and retain healthcare professionals..."

Health planners described many challenges providing health care in First Nations communities because of their rural locations:

"We do have a mobile, like an outreach mobile support team; but again, we have five main First Nations communities around [town], but they're minimum of an hour and a half drive to get there, so it's been really difficult to be of any real assistance in that regard... it's a tough job when you think that we have some pretty frigid temperatures up here. You know, many of the roads into the First Nations communities aren't paved. Cell service is extremely limited... So, there's just so many barriers."

All but one Indigenous participant had to pick up their PSS from the pharmacy daily, which was reported as particularly difficult given travel distances and cold weather in Northern BC:

"Walking into town was not fun because it's like an hour walk to get to the pharmacy from where I lived, so...Ah, the coldest I probably walked was probably about -30 [laughs]"

#### Conclusion

BC is the first province to roll out a prescribed safer supply program, eligible to all BC residents who use drugs and are at risk of overdose. Participants reported barriers to rolling out PSS in Northern BC including health care worker shortages, long travel distances to access, and political challenges. Peer groups, community champions, and virtual care services helped folks access and stay on PSS.

#### Resources on FNHA.ca

- Learn about <u>FNHA's Virtual Substance Use and Psychiatry Service</u> and <u>available</u> mental health and cultural supports.
- Explore <u>FNHA's Northern Region</u> webpage to learn more about their work and the <u>communities and health umbrella groups</u> they serve.
- Browse <u>FNHA's Indigenous harm reduction webpage</u> to explore videos and resources on First Nations perspectives on harm reduction, connecting back to culture, and taking care of each other.
- Learn about how <u>eliminating stigma around substance use will save lives</u> and check out the FNHA's Courageous Conversations on Substance Use Toolkit.
- Browse other FNHA-led research summaries and infographics on the <u>toxic drug</u>
  <u>response research page</u> and learn more about how <u>the toxic drug crisis is affecting</u>
  <u>First Nations communities</u>.

Barker B, Norton A, Wood S, Macevicius C, Hogan K, Cadieux K, Meilleur L, Nosyk B, Urbanoski K, Bernie P, Wieman N. Implementation of risk mitigation prescribing during dual public health emergencies: A qualitative study among Indigenous people who use drugs and health planners in Northern British Columbia, Canada. *International Journal of Drug Policy* 2024 (in-press).