



Safer supply

Safer supply, also known as substance replacement therapy, is a treatment approach that seeks to replace psychoactive substances purchased on the illicit market with pharmaceutical substances of known and stable content. This practice, emerging in Canada, is being implemented from a public health perspective to reduce the harm associated with substance use and prevent sometimes fatal overdoses. It is not primarily intended as a treatment for a substance use disorder.

In addition to its prevention objectives, safer supply also has the potential to connect people who still want to use illicit substances, or who are having trouble quitting, to a partner care team¹, thereby facilitating the development of therapeutic goals appropriate to their situation.

Safer supply can be prescribed for most substances. Regarding opioids, the prescription may be used in combination with other treatments, including opioid agonist therapy (OAT). Usually, the pharmacy team delivers the prescribed tablets to the individual for later, unsupervised use. In this regard, the decision to prescribe safer supply relies on the clinical judgment of the various members of the partner care team who must consider the benefits (withdrawal from the contaminated illicit market, fewer overdoses, open discussions about substance use, etc.), the risks (diversion, a deterioration in the person's condition, etc.), and the safety of both the individual and the community.

The pharmacist's role

Given that access to a safer supply requires picking up a prescription at a community pharmacy every day, the pharmacist plays a key role in this new practice. The pharmacist is on the front line of the partnering care team, and this position provides an opportunity to create a strong and positive relationship with the participant in a safer supply program. To this end, the entire pharmacy team needs to ensure that participants are greeted in a warm, non-judgmental way. Furthermore, the pharmacist also plays an important harm reduction role, including by providing essential harm reduction supplies at each visit, such as drug use equipment (safe injection kits) and take-home naloxone kits.

How can you support someone in a safer supply program?

Communication between the pharmacist and the prescriber is key to maintaining an effective partnership that will benefit participants in a safer supply program. The pharmacist needs to be informed of the safer supply prescriptions' objectives and of any changes. Because they interact directly with the individual, pharmacists can monitor any changes in their condition and will need to communicate any relevant information to the prescriber and the rest of the partner care team so that adjustments can be made to the treatment plan, as required.

Similarly, communication between the pharmacist and the individual with a safer supply prescription is just as important. Because of their front-line role, pharmacists can also provide information to the person about the treatment plan and any possible adjustments.

¹ Partner care team: This refers to the interdisciplinary team that closely supports the person in treatment, i.e. a physician, a nurse, a psychosocial worker, a peer helper and a community pharmacist. (Goyer et al., 2020, p. 17)



A few frequently asked questions

How can we ensure that participants in a safer supply program are taking the prescribed medication properly?

A: Safer supply is part of a harm reduction and risk management approach and seeks to ensure the safety of people at a time when the illicit market is highly contaminated, which considerably increases the risk of fatal overdoses among the people who use such substances.

The partner care team providing safer supply is aware that it is highly likely that most of the people will inject the prescribed tablets. As such, the risks associated with injection will have been discussed with the individual and the members of the partner care team beforehand. In the case of safer opioid supply prescriptions, the prescriber may wish to prescribe the original Dilaudid® formulation, given that its injection profile presents fewer complications than generic formulations.

Ultimately, to ensure the safety of participants in a safer supply program, the pharmacist will also need to provide essential harm reduction supplies at each visit, such as drug use equipment and take-home naloxone kits.

Some pharmacists may feel that they are acting like pushers. How can we understand this practice from a public health point of view?

A: The pharmacist's role in providing care to a person with a substance use disorder goes far beyond simply dispensing a prescription. The pharmacist is an integral part of the person's partner care team and, as such, plays an active role in monitoring the person's goals and safety. The pharmacist is often the member of the partner care team who is most regularly in contact with the participant in a safer supply program. This day-to-day interaction can serve to foster a personalized and caring relationship.

Although a safer supply prescription may seem counterintuitive to some healthcare and social services professionals, this innovative practice meets public health and harm reduction goals at a time when the illicit drug market is highly contaminated and is placing the health and safety of citizens who use drugs at risk.

Not everyone who uses substances is able or willing to stop consuming. Safer supply should therefore be viewed as a treatment that fosters a relationship between people who use substances and a partner care team. In other words, it is about establishing a connection and a safety net as a first step in a long-term therapeutic process. It is by supporting people in reaching their goals, addressing their needs in a respectful way, and acknowledging their personal situations that members of the partner care team will have a positive impact. This type of support can trigger changes that lead such individuals to a better biopsychosocial situation.



How can an individual's safety be ensured when prescribing high doses of opioids in a safer supply context?

A: Owing to an extensive history of substance use, but more importantly because of an illicit drug market that is highly contaminated (including with fentanyl and its analogues), participants in a safer supply program have a very high opioid tolerance. Therefore, to ensure their safety and to reduce the risk posed by consuming illicit market substances, it is sometimes necessary to prescribe large quantities of safer supply tablets. It is therefore not uncommon for individuals to be prescribed 10 or more Dilaudid® 8 mg tablets daily in combination with an OAT prescription. For example, in some Canadian provinces (notably in British Columbia and in Ontario²), it is common for individuals in OAT to be prescribed up to 24 tablets of Dilaudid® 8 mg daily.

Communication between the participant, the pharmacist and the rest of the partner care team is key to ensuring the safety of safer supply program participants in this context. Given his or her proximity to the participant, the pharmacist can regularly inquire about the individual's health, communicate any concerns or adjustment suggestions to the rest of the care team, and inform the team of any improvements in the individual's situation. Furthermore, to ensure the participant's safety, the pharmacist should also provide essential harm reduction supplies at each visit, such as drug use equipment and take-home naloxone kits, making sure that the individual and their immediate social circle understand how to use them.

How should I deal with missed doses in a safer supply context?

A: If a participant in a safer supply program fails to report to the pharmacy to pick up their prescription, it is important to contact the partner care team in order to establish the appropriate course of action, since solutions may vary from one person to the next and from one treatment plan to the next. At the same time, it is also wise to engage the participant in a discussion to ensure their well-being and understand the reasons for their absence. Communicating with the individual will also allow for agreement on treatment plan adjustments, if required. Communication remains key between the different members of the partner care team and the individual.

Ultimately, it is worth keeping in mind that the objective of safer supply is to ensure the safety of citizens by keeping them away from the illicit market. In this context, withholding or reducing a prescribed dose may not always be the best solution.

² See:

<http://dependanceitinérance.ca/wp-content/uploads/2021/03/PDF-experts-canadiens-web.pdf>
<https://www.youtube.com/watch?v=IRcDvdLt2c4>



**L'Équipe de soutien
clinique et organisationnel**
en dépendance et itinérance

The Équipe de soutien clinique et organisationnel en dépendance et itinérance (ESCODI) is available to answer clinical and organizational questions concerning addiction and homelessness services from professionals in the Québec health and social services network. ESCODI is readily available to support you in this new practice.

A series of tools related to safer supply has been developed by ESCODI in collaboration with various Québec experts. It can be accessed at: <http://bit.ly/pharmacoaps>

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