SAFER's Top Ten: A working document by SAFER staff

1. The drugs must match the needs. Drug tolerances are outpacing the effectiveness of current pharmaceutical alternatives. Without options that include powdered fentanyl, diacetylmorphine and other formulations that can match potency and preferred route of consumption, the illegal supply will continue to prevail.

2. Measures for success need to include self-reported benefits. Participants tell us that they are using less street fentanyl and feel better for having access to a safer supply. They tell us that have more stability in their lives. Many report decreased reliance on the illegal market. Some have stopped using fentanyl altogether. Others tell us that they experience less withdrawal/dope sickness. That should count more than the results of a urine drug screen. People ARE benefiting from the provision of pharmaceutical alternatives. Our participants are all still alive.

3. People who use drugs (PWUD) are the experts of their own experiences and relationships with substances. Decision-making without proper consultation with PWUD is still the norm. This results in highly clinical programs that doesn't match the diverse needs of PWUD. Participants have much higher success and continued engagement on safer supply when asked "what do YOU want from this?" as opposed to a practitioner telling them what the outcomes should be. Safer supply would be more effective if we had better options to work with people who are honest about wanting to feel euphoric effects from their substances, along with other goals.

4. Service delivery models that are flexible and lead with people with lived/living experience (PWLLE) are integral in fostering trust and connections to care. Participants benefit most from a continuum of low-to-no barrier services. There needs to be a variety of ways to connect with people such as medication delivery, vending machines, outreach, support embedded in clinics and housing, etc.

5. The provision of pharmaceutical alternatives through an addiction medicine model is limiting the impacts and reach of overdose prevention and harm reduction. Making opioid agonist therapy a condition of safer supply is coercion, even if it isn't intended to be. Urine drug screens, daily pick-ups/lack of carries, and short prescription durations are barriers to access and tools of surveillance which reinforce the lack of trust PWUD have in healthcare systems that have marginalized them.

6. People who use drugs take care of each other. When drugs are shared, sold, or exchanged, it is often about providing care and meeting basic needs. Many participants with SAFER self-referred after accessing "diverted" safe supply. It was a gateway for them to seek out their own safer supply. Rather than punishing people for their hard-earned resilience and survival skills, safer supply efforts should seek to understand how drugs are actually used in communities and to respectfully engage people from that understanding instead of a 'War on Drugs' mentality.

7. Safer supply is just one part of more equitable access to health and well-being. Providing safer supply is a harm reduction entry-point to addressing other basic needs and priorities. Secure housing, livable income, access to healthcare, and a caring community to feel a part of are all necessities.

8. Participants engage better in safer supply programs when working with staff who have lived/living experience of criminalized drug use. Harm Reduction work is also a valuable way for people who use drugs to be part of their community. “I am so happy and encouraged by the developing relationships with the folks we work with.” -SAFER Outreach Worker with lived/living experience

9. Contempt, discrimination, stigma and paternalism towards people who use drugs is a public health and human rights emergency. We see how the attitudes and treatment of people who use drugs, particularly those who are homeless, have direct impacts on their health and ability to survive. Safer supply affirms that people who use drugs are valuable human beings.

10. Safer supply is not *the* answer to the toxic drug poisoning crisis. The best approach we can take is action for decriminalization and legalization.

Updated March 25/21