

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



First Nations Health Authority  
Health through wellness

## What is this study about?

Responding to calls from partners in the Northern region, 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 working in the region.

## 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?

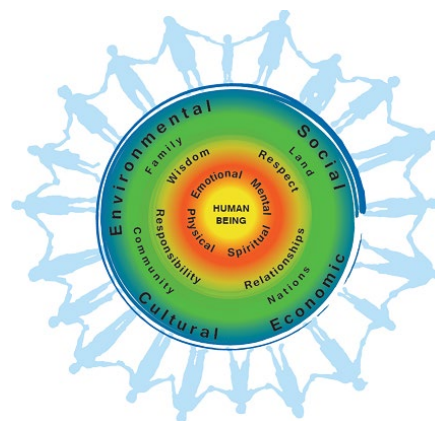
- Between August and December 2021, 20 Indigenous people who use drugs and received/tried to receive a prescription for safer supply living in the Northern region; and
- 4 health planners working in the Northern health region (policymakers, managers, others in executive roles)

## 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 [First Nations Perspective on Health and Wellness](#) which is a wholistic vision of wellness, including physical, emotional, mental, and spiritual wellbeing (see figure above)

## KEY FINDINGS

- Northern champions, including peers, virtual care and some community-based providers, supported people to get and stay on PSS medications.
- PSS was not designed for or with Northern residents or health planners.
- We found prescribing of safer supply was largely limited to the two of the largest communities in Northern BC.
- Indigenous participants reported racism, drug use stigma, surveillance, and criminalization when accessing PSS.
- Northern-specific barriers to PSS included few prescribers, cold weather, and far distances to pharmacies which made daily medication pick up challenging.



## 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."*

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:

*"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."*



Participants who accessed PSS through the [First Nations Virtual Substance Use and Psychiatry Service](#) (VSUPS) felt it was culturally safe and patient-centred. Given the stigma attached to drug use, especially in smaller communities, virtual prescribers helped some participants feel heard, supported, and kept their substance use confidential:

*"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



Health planners shared 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."*

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.”*

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

*“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



Participants experienced challenges accessing PSS because of doctor and nurse practitioner shortages, especially mental health and substance use specialists, and many prescribers chose to not prescribe safer supply based on personal opinions. Health planners shared challenges hiring and maintaining healthcare workers in Northern BC, especially specialists working in substance use care:

*“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.”*

*“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.”*



Many participants shared rural-related challenges of accessing PSS in First Nations communities, including no prescribers available/willing and limited transportation options. BC’s [RMG](#) stated that medications should be dispensed daily from the pharmacy, which created additional barriers for many people living in Northern BC given the often far distances to pharmacies and cold climate:

*“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.”*

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

Health planners described many challenges delivering health care in First Nations communities because of their rural locations, long travel distances, and poor infrastructure, highlighting the wide-ranging impacts of the colonial reserve system:

*“We do have ... 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... we have some pretty frigid temperatures up here... many of the roads into the First Nations communities aren’t paved. Cell service is extremely limited... So, there’s just so many barriers.”*

## What are the study’s limitations?

- Findings reflect early implementation of prescribed safer supply during the pandemic and may not capture recent policy changes.
- Findings are from a small sample size and not meant to be generalizable to other settings. Most of the participants were from larger towns, limiting insights into rural, remote, and Indigenous communities’ experiences.

## Conclusion

BC’s prescribed safer supply program is 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, and stigma. Peer groups, community champions, and virtual care services helped folks access and stay on PSS.

## Resources on FNHA.ca

- Learn about [FNHA's Virtual Substance Use and Psychiatry Service](#) and [available mental health and cultural supports](#).
- Explore [FNHA's Northern Region](#) webpage to learn more about their work.
- Browse [FNHA's Indigenous harm reduction page](#) to learn about First Nations perspectives on harm reduction, connecting back to culture, and community care.
- Learn about how [eliminating stigma around substance use will save lives](#) and check out the FNHA’s [Courageous Conversations on Substance Use Toolkit](#).
- Browse other FNHA-led research summaries and infographics on the [toxic drug response research page](#) and learn more about how [the toxic drug crisis is affecting First Nations communities](#).

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 Dec 21; 136. doi: [10.1016/j.drugpo.2024.104679](https://doi.org/10.1016/j.drugpo.2024.104679).