Experiences and Perceptions of Prescribed Safer Supply Among Formerly Incarcerated Persons At-Risk of Overdose in British Columbia, Canada: A Qualitative Study

Authors: O'Callaghan S^{1,2}, Budau J¹, Korchinski M³, Young P³, Banjo J⁴, Fernando S⁴, Gamage R⁴, Roth K^{1,5}, Luk N¹, Salmon A^{1,4}, Snow B^{1,4}, Small W^{2,6}, Slaunwhite A^{1,4,5,7}

Affiliations: 1 School of Population and Public Health, University of British Columbia, Vancouver, Canada; 2 British Columbia Centre on Substance Use, Vancouver, Canada 3 Unlocking the Gates Services Society, Maple Ridge, Canada; 4 Centre for Advancing Health Outcomes, Vancouver, Canada; 5 Canadian Collaboration for Prison Health and Education; 6 Faculty of Health Sciences, Simon Fraser University, Burnaby, Canada; 7 British Columbia Mental Health & Substance Use Services, Burnaby, Canada

BACKGROUND

Context: North America continues to experience high rates of drug poisoning mortality driven by the toxic illicit drug supply. Formerly incarcerated people who use drugs (PWUD) are disproportionately at-risk of overdose-related death.

Intervention: Prescribed safer supply has been implemented in some Canadian provinces to provide access to prescribed pharmaceutical alternatives to PWUD at risk of overdose to reduce overdose risks and promote connections to healthcare.



Study Objective: To investigate the perceptions of, and experiences with, prescribed safer supply among formerly incarcerated PWUD.

Interview Structure: Baseline (day of release; n=120), Follow-up 1

Some recently incarcerated PWUD viewed prescribed safer supply as a useful tool to reduce the harms of a toxic drug supply when returning to community.

However, risk perceptions and post-release goals shaped interest in the intervention.

Diverse overdose prevention and healthcare services needed to support health post-release.



RESULTS

Prescribed alternatives perceived to reduce risk and protect against poisoning	Described as a tool to help manage and mitigate withdrawal symptoms	Lack of fit with post-release goals to abstain from drugs	Not considered suitable by people who primarily use stimulants
"I am [interested in prescribed safer supply] because of my history. I don't want to die. And I've had too many relapses to not give this an honest look at. Because if I was to use again, why not make sure I'm at least using something that's not going to kill me?"	"I tried it [prescribed safer supply] once. And I found it worked if I was having withdrawals, [] I found that the [prescribed alternatives] on top of the methadone worked for me when the methadone wore off."	"Actually, no. Why access it [prescribed safer supply] when I'm trying to stay clean, right?" "No, I don't need it [prescribed safer supply] [] it's not in my recovery."	"No, not interested in [prescribed safer supply], because I don't use opioids. I never have, thankfully, because I probably wouldn't be here talking about it right now. So no, I'm not interested in it, just because I have no need for it."

PARTICIPANTS

Participant Characteristics (n = 120)				
Age (mean; years)	37			
Gender				
Man	94			
Woman	24			
Two-Spirit	2			
Ethnicity (all that apply)				
Indigenous	46			
European	40			
African or Caribbean	6			
Other, don't know, no response	35			
Previous illicit drug use in two-				
weeks prior to incarceration				
Opioids	80			
Methamphetamine	96			
Crack/Cocaine	53			
Benzodiazepines	35			
Previous overdose (illicit drugs)				
Yes	84			
No Den't know er ne resnense	30 6			
Don't know or no response	0			
Previously accessed prescribed	21			
safer supply (PSS)	21			
Yes No	88 11			
Don't know or no response	11			
Interested in receiving PSS	E 2			
Yes No	52 57			
Don't know or no response	11			

Unmet needs linked to current prescribed	Unmet needs for people who prefer	Going to jail as an	Challenging experiences for people who use both
opioid alternatives	inhalation drug use	intervention barrier	illicit benzodiazepines and opioids
"It is what it is. Because honestly, [] if you actually use a high amount of fentanyl, dillies [hydromorphone] will never – can't touch it. Dillies don't even come close. I can literally eat all 14 [pills], I could probably eat three times that and [then] I could tell you I took some."	"I'm not interested in it [prescribed safer supply] at all because like I said, I'm an inhalant [user]. [] [Pills are] different. I'm against pills like you know, like that's the thing, right? I'm unaware of how they're going to react to my body and how my body is going to react to them."	<i>"I used to get prescribed safer supply but I got it taken away because I went to jail and I don't know how to get it back."</i>	"they wouldn't give me [safer supply] benzos because benzos and methadone are together, they said it was a big no-no. And I'm like, "Look, I'm going on the streets and scoring benzodope anyways. I'm going to be doing fen-benzos [] why don't you just give me [] a regulated supply of benzos, instead of me having to go out on the streets and get benzo-dope and overdose."

ACK	IOWLEDGEMENTS	

We wish to thank our participants, formerly incarcerated people who use drugs, for sharing their perspectives, experience, and expertise through this research. We gratefully acknowledge that this research took place on the unceded territories of the x^wm $\partial \theta$ k^w ∂y ∂m (Musqueam), Skwxwú7mesh (Squamish), and S ∂ lílw ∂ta (Tsleil-waututh) Nations.

CONTACT Sean O'Callaghan spo@sfu.ca

Poster prepared in September 2024