

# Building a National Safer Supply Community of Practice

Safer supply is a **harm reduction** driven public health approach that makes a pharmaceutical-grade drug supply available to adults who use illegal drugs and are at risk of overdosing.

The **National Safer Supply Community of Practice** is a collaborative partnership to build capacity in safer supply prescribing and program delivery, and to support organizations and individuals who provide care and services from a harm reduction perspective

**Collaborating partners:** London InterCommunity Health Center (LIHC), Canadian Association of People who Use Drugs (CAPUD), and the Alliance for Healthier Communities.

**Focus:** NSS-CoP focuses on a medical model (i.e., provided by prescription) delivered from a harm reduction and public health approach, while supporting advocacy for non-medical models and decriminalization.



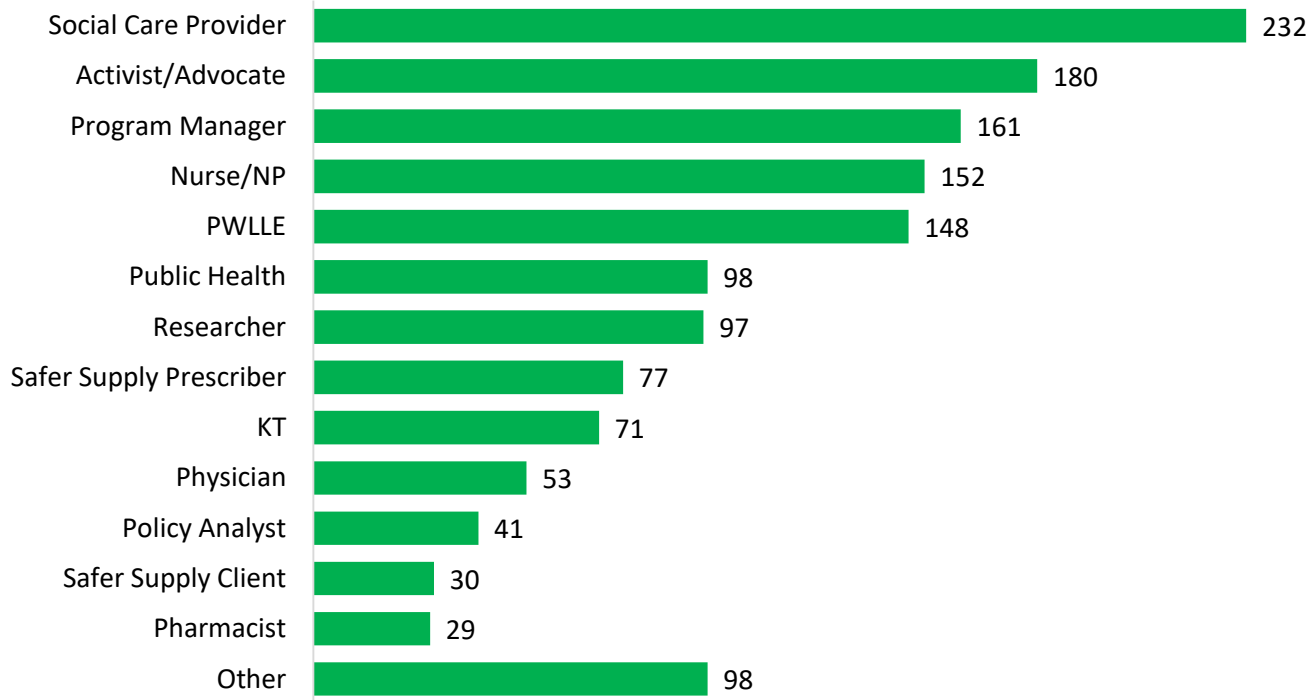
**National Safer Supply Community of Practice**  
La communauté de pratique nationale sur  
l'approvisionnement plus sécuritaire

*This initiative is funded by Health Canada's Substance Use and Addictions Program (SUAP).  
The views expressed herein do not necessarily represent the views of Health Canada*

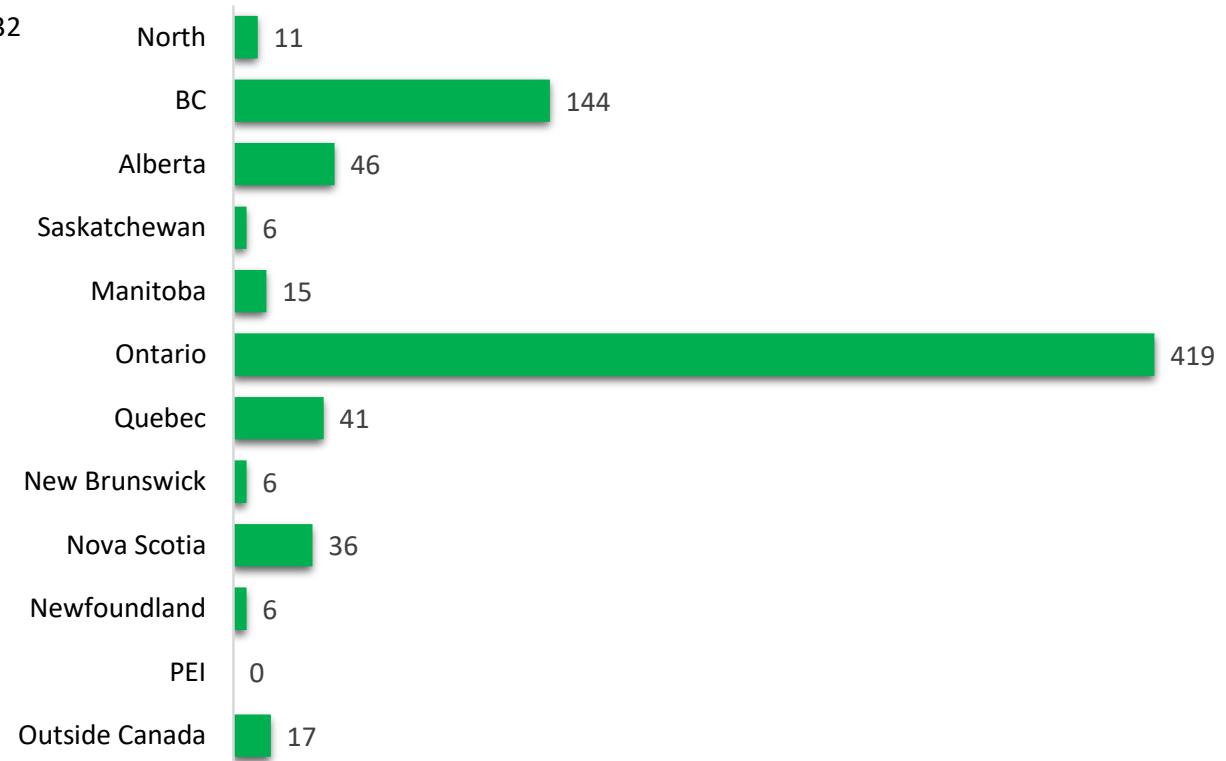
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# Engaging diverse stakeholders from across Canada

## MEMBER ROLES



## MEMBERS PER REGION



**As of March 31, 2022**, our interdisciplinary, cross-Canada community comprised 747 members. Members could choose more than one role, and many did so.

# Creating interdisciplinary spaces

**Interdisciplinarity** is critical to the Community of Practice model. Bringing together different kinds of expertise in open, collaborative spaces

- nurtures productive discourse
- allows resolution and/or recognition of conflicting ideas and approaches
- enables coordination of our collective actions and activities.

People who use drugs are paid for their expertise and involvement in dialogues and working groups.

## **NSS-CoP interdisciplinary spaces:**

- **Dialogues:** Open community and stakeholder dialogues allow information sharing, active learning, and opportunities to listen and learn
- **Networking opportunities:** Facilitation of networking and community building supports programs so people can learn from others' experience and reduce duplication of effort
- **Working groups:** Working groups on a wide variety of topics catalyze advocacy efforts and expertise, and the development of tools and guidance
- **Learning opportunities:** Workshops and other skills sharing sessions enable interdisciplinary capacity building

# Interdisciplinarity in practice: NSS-CoP weekly drop-in meeting

## What is it?

- Every Thursday at noon Eastern time, we hold an open Zoom meeting any member can attend
- We take minutes for the first hour, then have an additional informal 30 minutes
- Anyone can share an experience, ask a question, or provide their perspective
- A low-pressure, accessible space for sharing lessons learned, offering support, and building relationships
- People who use drugs, clinical providers, pharmacists, social care workers and others learn from each other directly and informally

## Why does it work?

- **Simple:** same time, same link every week, no need to explain your presence or absence
- **Welcoming:** new and returning/regular participants are all welcomed
- **Everyone's perspective is valued:** people learn from each other and can access wide expertise in a low-pressure, non-hierarchical setting
- **Opportunity to listen:** participants are not pressured to speak or appear on camera
- **Open agenda:** any issue or question may be raised by anyone and answered by anyone
- **Mid-day meeting time** allows participation across Canada

# Interdisciplinarity influences safer supply

Facilitating interdisciplinary interactions influences:

- **How safer supply is being provided.** Safer supply participants, health care providers, and social care providers can work together to share best practices for program design and implementation
- **Advocacy.** Mutual understanding helps direct advocacy along pathways that are more likely to be broadly effective — for example, the expansion of pharmaceutical options for safer supply
- **Relationships.** Open discussion of power issues in medicalized safer supply models leads to clearer communication and better relationships between health care providers and people who use drugs