

A Scoping Review and concept analysis to inform Canada's safe(r) opioid supply research agenda

This publication aims to clarify the concept of safe(r) supply across harm reduction and clinical contexts. Reviewing articles published between 2010 and 2024.

Safe Supply

Advocacy and policy discourse advocating for legal access to non-toxic drugs without requiring medical oversight.

Safer Supply

Prescription of pharmaceutical-grade substances by healthcare workers to reduce overdose risk.

VS



Non-Medicalized Approach

- Tested substances of known composition
- Community led
- No medical supervision required
- Grounded in agency and autonomy for people who use drugs

Medicalized Approach

- Prescribed by healthcare providers
- Pharmaceutical-grade opioids (e.g., hydromorphone, fentanyl patches, slow-release morphine)
- In clinical or community health settings
- Requires patient engagement with healthcare system

What led to its conceptualization?

- 1 Escalating drug poisoning crisis**
- 2 Limitations in traditional treatment options** (e.g., poor retention in OAT treatment options)
- 3 Social and political contexts** (e.g., unstable housing, poverty, mental health challenges)

Emergence of two approaches

Safe supply: Liberation, autonomy, and the right to access safe substances. Non-medicalized.

Safer supply: Medicalized, treatment-adjacent approach. Used in policy and research settings.

Consequences per approach

Perceived safer & lower risk drug use
Peer support & mutual aid
Changing political, social and funding contexts

Expansion of harm reduction approaches in healthcare
New pathways for patient-provider engagement
Changes in drug use practices

- The paper recommends a terminology change for “safer supply” to prescribed opioid alternative interventions.
- This change could support a variety of program options in the continuum of care
- Safe supply keeps its advocacy origins and can continue to be pursued with less confusion