

"It helps me do things that are meaningful to me ... like my work"

Prescribed Alternatives for Harm Reduction Workers

THE WORKFORCE PA COHORT: EXPANDING ACCESS

The unregulated drug supply is the leading cause of death in BC where many harm reduction workers (HRWs) with lived and living experience face the same risks and barriers to healthcare as individuals they support. In response, AVI Health and Community Services (AVI) expanded its prescribed safer supply or 'prescribed alternatives' (PA) program in 2024, adding a cohort of 10 spaces for HRWs in Victoria. The Workforce cohort provides access to PA (e.g., various formulations of prescribed fentanyl, opioid agonist treatment) to individuals employed in harm reduction roles. An interdisciplinary healthcare team provides wrap-around psychosocial support to participants. AVI's PA service model is guided by principles of health equity and builds on flexible clinical protocols developed to maximize safety, privacy and dignity for participants.

ABOUT THIS PROJECT

We wanted to evaluate early outcomes of the new Workforce cohort and learn more about what HRWs experience as participants of the PA program. Between March and April 2025, AVI's Knowledge Translation and Exchange (KTE) staff conducted surveys and interviews with Workforce participants and staff. We followed best practices in research according to the Canadian Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (2022) to make sure that we collected and stored data in ethical and respectful ways. We looked at the data to identify key outcomes and themes.

WHO PARTICIPATED



7 Workforce participants

- 1 non-binary person
- 5 cisgender men
- 1 cisgender woman



- 6 people of European decent/white
- 1 Indigenous person
- 3 interviews and 4 surveys

We also interviewed 3 AVI staff who either work in the program or support the program through their leadership role.

OUTCOMES OF THE WORKFORCE PROGRAM

Workforce participants and staff told us that Harm Reduction Workers experience significant positive outcomes and that the program helps to improve their quality of life.

Seven key outcomes were reported the most strongly by program participants:



Zero overdose deaths among participants.



Improved mental health & stress alleviation



Greater employment stability: "It's the only reason why I'm able to do my job"



Reduction of unregulated drug use, with several participants achieving their personal goal of abstinence from the unregulated supply.



Better access to healthcare such as access to family doctors.



Better access to social supports through wraparound care.



Increased ability to complete daily activities including parenting.



WHAT YOU TOLD US

Risks of the Unregulated Supply

"I was terrified all the time... and while I was working... I couldn't concentrate on anything - that was, 24/7, my primary concern and focus: how are we going to make it so I'm not in pain?" (Participant Interview-2).

"I was getting hit with a lot of toxic benzo-down... and I was like, I need to go back to detox but I couldn't go to [inpatient] treatment because I was afraid I was gonna lose my apartment" (Participant Interview-3).

"I was struggling so much with my pain medication and... my GP at the time was dismissive. The amount of stigma that I had to deal with was really bad" (Participant Interview-2).

How the Workforce Cohort Makes a Difference

"Before I got in the program...it was kinda like night and day, like I was two different people... I would be out on the street fiending and doing whatever it took and then once I got those meds, I was a lot calmer" (Participant Interview-3).

"I can't even describe how much of a difference that makes...To actually feel again some semblance of control again is just huge, you know? And what it does for my mental health is astronomical" (Participant Interview-2).

"It just kind of helps me live my life. That's essentially it... It helps me do things that are meaningful to me. And especially my work... I just really wanted stability and...[PA] has just been really so helpful...making it so my life does not get worse. And that is really important... And it's really good to have something that makes me feel like I'm valued and... like nobody is judging me" (Participant Interview-1).

"It's the only reason why I'm able to do my job. If it wasn't for this program, I definitely wouldn't be working... I don't even know if I'd be here to be honest, you know? Sorry, it's a little emotional, talking about it... just to be able to just finish my tasks, my job duties. I would never have been able to before" (Participant Interview-2).

Barriers that Limit PA Access

Access to carries is important: "The participants who had Fentora carries reported that they gained more freedom and time that allowed them to participate in the workforce" (AVI Staff Member).

"It could help me sleep through the night. And so I would push myself to take it as late in a day as I could so that I could take my last bit before I went to bed.... They just monitored me for a bit to make sure that I was taking them all and once they knew that was happening then I got my carries" (Participant Interview-3).

...but government policy has taken carries away for new participants: "...we are in a period of incongruence where what we need to do to truly give people agency and help them take steps towards improved health and recovery, in whatever way that means to them, means finding ways to give them independence [but] these programs are bound by paternalistic policies that require witnessed dosing that directly contradict our intentions" (AVI Staff Member).

"Now we do not offer Fentora carries anymore. This means that someone who joined the Workforce program in hopes to have their medication accessible while maintaining employment, must come into a specific pharmacy twice per day" (AVI Staff Member).

"It has been very upsetting to be cut off Fentora [carries]... I feel like I have been put at risk while I'm doing my best to get more stability in life." (Participant Survey-2).

"Everything [is working] except for the carries [being discontinued]...that would be the only thing that I could say that I would like, want to change. " (Participant Interview-2).



RECOMMENDATIONS

"Prescribed Alternatives" is a form of treatment and should be accessible

Prescribed safer supply, or "prescribed alternatives" (PA) should be normalized as a vital public health intervention and options should be expanded to support people who smoke their drugs and people who use unregulated stimulants. Expanding access to PA, like the Workforce cohort, would lead to broader public health benefits by addressing inequities in drug policy, reducing reliance on the toxic unregulated drug supply, and strengthening frontline overdose response through support for the very workers who lead it.

"Every week I receive inquiries for stimulant alternatives from people who are curious about the Workforce program; meanwhile, there have been several fentanyl overdose deaths in the community of people who were using stimulants, which adds to the feeling of anxiety over the lack of options. It feels heartbreaking to be able to only support a part of community and have no intervention for the rest of people who happen to use substances outside of opiates" (AVI Staff Member).

We heard that the Workforce cohort reduces harms related to the unregulated drug supply and improves quality of life for Harm Reduction Workers. Workforce participants characterized PA as an important stabilization tool, similar to opioid agonist treatment (OAT), that helps to bridge access to other supports and enables them to maintain employment. The Workforce cohort demonstrates how innovative and flexible prescribed alternatives programs can save lives and align with the priorities of people who use drugs.

"How do you even get to like abstinence-based treatment programming without something like safe supply to bridge [to] that...? It's like methadone...it's a public health intervention... I see prescribed safer supply as a form of treatment. I know that other people want to differentiate, but it's people making a concerted effort to either reduce their drug use or make it more stabilized. You're taking it out of the closet essentially and saying that you need help managing" (Participant Interview-1).

"A lot of barriers that workers experience in accessing harm reduction services are arbitrary and unnecessary. There's another way to support the workforce who are also dying from unregulated drugs that doesn't have to be regressive, punitive drug policy. I think that's the most important implication of the Workforce program" (AVI Staff Member).

An End to Criminalization

Punitive policy and political barriers limit the scalability of these programs despite growing evidence of their effectiveness. Sharing information and knowledge centered on lived and living experience is essential for effective advocacy to change drug policies and improve access to care for people who use drugs. We need to continue working to regulate all drugs and stop criminalizing people who use them.

"I would say among many barriers and challenges to implementing programs like the Workforce program, stigma, and at the heart of stigma is the criminalization of people who use drugs" (AVI Staff Member).

"And then it's like... the stigma and barriers for getting OAT. Like the idea that like, you shouldn't access these things until you've had an addiction for like several years and tried everything else. I'm just like, no... I need to pay rent... I just need to not die, to go to the pharmacy, you know?" (Participant Interview-1).

ACKNOWLEDGEMENTS

Our work takes place in Kwakwaka'wakw, Nuuchah-nulth, and Coast Salish territorial regions on what is colonially known as Vancouver Island. The rich and beautiful lands and waters of this Island have been home to over 50 First Nations for time immemorial; we respectfully acknowledge their past, present, and future sovereignty.

Thank you to all Workforce participants and staff who took the time to share their experiences and insights.

