“Innovating Beyond Exclusively Medicalized Approaches”

Policy Brief and Recommendations

Updated February 2023

Executive Summary

- Amidst a nation-wide illegal drug toxicity[1] crisis, pharmaceutical-grade alternatives to the illegal drug supply (referred to henceforth as "safe supply") are an effective intervention for mitigating drug policy-related harms.
- Medicalized models of safe supply produce positive impacts for some people who use drugs (PWUD) and the broader public.
- Individual benefits for PWUD participating in safe supply include reductions in illegal drug use, overdose, and criminalized behaviour, and increased positive health and housing outcomes.
- Community benefits of safe supply include reduction in health care utilization and associated health care system costs, among others.
- However, the reach of existing prescriber-driven, or medicalized, safe supply programs is highly limited; as such, they are not an adequate standalone response to the urgent drug toxicity crisis. Medicalized approaches also present barriers and exclusions for racialized and other marginalized populations.
- Precariously funded pilot studies are impermanent and unsustainable.
- Medicalized safe supply programs are mired in capacity, institutional, and guideline constraints, accommodating only a fraction of the hundreds of thousands who would benefit from legal access to a pharmaceutical-grade supply of drugs.
- The requirement that one be labeled with a "substance use disorder" to access medicalized safe supply exacerbates drug-related stigma.
- Medicalized safe supply is not available to those who use episodically, despite this cohort being at the highest risk for drug poisoning given their lack of drug tolerance.
- Medicalized safe supply does not include smokable drug options even though the majority of fatal and non-fatal drug poisonings in Canada are in people who smoke or inhale drugs.
- Like other harm reduction initiatives, the less safe supply mimics actual drug use culture, the more inaccessible it is to communities disproportionately impacted by drug poisoning.
- An increased variety of models is needed to capacitate culturally appropriate approaches to safe supply that address problems of racism and population-based exclusions within drug access and provision.
- There are a range of models that could be implemented for the provision of safe supply, ranging from highly restrictive medicalized options, which are the status quo, to public health models, to less restrictive non-medical options. Models that are user-led and eliminate medical barriers are critical to enhancing the health, safety and autonomy of people who use drugs.

A list of organizations that have endorsed this policy brief and recommendation is listed in Appendix A.

[1] The illegal and unregulated drug supply has shifted significantly over the last several years. In this document we use varied and interchangeable terminology such as: Overdose/Drug Poisoning/Toxic Drug Death. "Overdose" refers to when there is too much of a drug in a person's body; overdoses can be fatal and non-fatal. 10+ years ago, someone may have overdosed from, for example, heroin – the drugs were relatively pure, but dosage was not easy to measure and sometimes overwhelmed the body. Today, dosage is still hard to measure, but the contents of drugs are far more unpredictable and varied - often with more potent and unknown adulterants, substitutes, or contaminants - hence the terms "poisoned" or "toxic". Today people are unknowingly taking substances that cause unintended effects.

Summary of Recommendations

The **Canadian Civil Society Advancing Safe Supply Working Group** is a coalition of national, provincial, and regional stakeholders with expertise in drug use, policy, research, and medical and non-medical models of safe supply. We propose the following:

1. Immediately expand access to medicalized safe supply, with an emphasis on flexible models that are tailored to consumer demand.
2. Urgent, visible support for, and upscaling of, non-medical safe supply through co-ops, buyers' or compassion clubs, and additional de-medicalized and community-based options for safe supply.
3. Introduce systemic measures to support user-led access to safe supply alongside ensuring accountability from regulatory bodies that delay implementation.
    a. Promote accountability through the production of Federal Safe Supply Guidelines for willing prescribers and associated regulatory bodies.
4. Implement emergency safeguards for provinces facing regressive government policy and investment in adapting safe supply models to meet unique local needs and contexts.
5. Repeal the *Controlled Drugs and Substances Act* (CDSA) and replaced it with a single public health framework for regulating all psychoactive substances as recommended by the Expert Task Force on Substance Use[2].
6. In the interim, implement a nationwide Section 56(1) exemption to the CDSA to facilitate community-based safe supply.
    a. In the event of feasibility constraints, case-by-case Section 56(1) exemptions should be granted to compassion clubs that meet agreed-upon criteria.
7. Introduce legal channels through which benzodiazepines, cocaine, fentanyl, heroin, methamphetamine, and other drugs are made available to co-ops, buyers' clubs or compassion clubs, and additional community-based options for access.

[2] Government of Canada: Expert Task Force on Substance Use: https://www.canada.ca/en/health-canada/corporate/about-health-canada/public-engagement/external-advisory-bodies/expert-task-force-substance-use.html

Introduction

The **Canadian Civil Society Advancing Safe Supply Working Group** is a coalition of national, provincial, and regional stakeholders with expertise in drug use, policy, research, and medical and non-medical models of safe supply. This policy brief articulates the limitations of, and the harms of over-emphasizing, medicalized models for safe supply, and proposes recommendations for advancing non-medicalized models for the supply, distribution, and access to, safer alternatives to the increasingly toxic unregulated drug supply. Following these recommendations will result in enhancing the health, safety and autonomy of people who use drugs, and will positively impact the broader community.

Defining Medicalized Safe Supply

A significant burden is being placed on a singular safe supply service delivery model - the medicalized approach. As illustrated in *Image 2: Advancing Safe Supply Through Options*, a range of models for safe supply exist, yet the current model is exclusively one that relies on a prescriber-patient relationship and its associated power dynamic. This model is exemplified through current SUAP-funded prescribed safer supply projects and British Columbia's Risk Mitigation Guidance (RMG)[3].

The Limitations of Medicalized Safe Supply

Amidst a nation-wide drug toxicity crisis, pharmaceutical-grade alternatives to the illegal drug supply (referred to henceforth as "safe supply") are an effective intervention for mitigating drug policy-related harms. Safe supply reduces[4] the risk of fatal and non-fatal overdose by ensuring consumers are protected by a system of quality control and oversight throughout the supply chain. It is demonstrably linked to improved mental and physical health and social stability on a variety of outcomes measures, in part because it connects consumers to low-barrier supports and minimizes engagement with criminal and legal systems. However, despite its promises, an emerging body of evidence highlights that access to safe supply remains fractured, uneven, and wholly inadequate. Specifically, the complex interplay between Federal, Provincial, Territorial and Municipal government bodies, as well as the authority granted to Regulatory Colleges and individual prescribers, many of whom retain stigmatizing attitudes about drugs and those who use them, prevents many consumers from acquiring a prescription. Some provinces have rejected safe supply outright. Moreover, even in regions where people are prescribed safe supply, the types of drug and routes of consumption (e.g., oral, but not smokable) available to them are highly limited.

The core issues with current models of safe supply can be broadly categorized as pertaining to: 1) Accessibility; 2) Capacity, Scalability and Sustainability; and 3) Variety.

Accessibility Concerns

Medicalized safe supply is deeply rooted in the constructs of addiction medicine. Through this paradigm, to acquire a prescription, consumers must first be diagnosed with a "substance use disorder" (SUD) - a label that can be stigmatizing and often inappropriate - then they are automatically enrolled in a rigid regime of involuntary medical surveillance. To date, no medicalized safe supply options cater to the needs of people who use drugs episodically, despite this group being at high risk for accidental poisoning due to fluctuating drug

[3] Risk Mitigation In The Context of Dual Public Health Emergencies: https://www.bccsu.ca/wp-content/uploads/2020/04/Risk-Mitigation-in-the-Context-of-Dual-Public-Health-Emergencies-v1.5.pdf

[4] Tackling the overdose crisis: The role of safe supply. Andrew Ivsins, Jade Boyd, Leo Beletsky, Ryan McNeil. International Journal of Drug Policy. Volume 80, June 2020, 102769.

tolerance and the unpredictability of the unregulated supply. Preconditions for access to drugs such as mandatory diagnostic and follow-up appointments, urinalysis screenings, and pharmacy attendance are also time and labour intensive. They sediment inequalities based on socioeconomic and employment status and ability, driving consumers for whom these barriers are insurmountable to the unregulated market. Further, medicalized safe supply is delivered at will by medical providers. Even in provinces that have adopted frameworks for safe supply distribution (e.g., British Columbia), residents of remote and rural areas, including Indigenous communities, may not be able to access a willing prescriber or dispensing pharmacy. It is unrealistic to expect consumers, some of them impoverished, to travel for prescriptions. It is also unacceptable that the risk of overdose poisoning is so clearly shaped by class, geography, cultural background, and mobility.

Capacity, Scalability and Sustainability Concerns

Medicalized safe supply programs are sorely limited in capacity. In British Columbia, pockets of pilot programs are able to reach small numbers of eligible participants in comparison to the overwhelming need of many. This paltry accessibility rate contrasts starkly with the chorus of media fanfare that has surrounded safe supply, as well as ongoing claims by B.C.'s Minister of Health, Minister of Mental Health and Addictions, and Premier, that safe supply is readily available. Pilot programs are a shamefully inadequate governmental response to the scale and scope of the drug toxicity crisis.

This framework must also be introduced, and governments held to account, in provinces that have yet to fund safe supply programming or produce frameworks for the provision of safe supply. Despite serious flaws with B.C.'s model, major urban centres in B.C. are nonetheless one of a few jurisdictions in Canada where drug users can even hope for a prescription. Given that drug poisoning is a problem of consumer protection, the federal government has the ability and responsibility to intervene through novel legislative and regulatory pathways. Safer Opioid Supply (SOS) initiatives in Ontario have operated and shown positive outcomes[5] despite a lack of support from the provincial government. Nevertheless, capacity and scalability remain a universal trend across these programs.

Variety Concerns

Medicalized safe supply does not reflect the many reasons and ways that people use drugs. Options for the type of drug, dosing and method of consumption are highly restrictive, often failing to consider the unique tolerances, preferences, and drug use patterns of consumers. Stimulant-involved deaths have increased at an alarming rate[6] but approved pharmacotherapies for cocaine and methamphetamine are scant, leaving those who use stimulants unprotected from adulterants. This does not align with drug use patterns that entail alternating between stimulant and opioid use or mixing drugs together, which are both typical practices. A limited formulary for safe supply and unintentionally acquired tolerance for fentanyl, benzodiazepines, and tranquilizers from the illegal drug supply also leads to many consumers being prescribed drugs that do not meet their dosing requirements, while others anecdotally report feeling pressured to initiate injection drug use because safe supply may prohibit or is not conducive to inhalation. These challenges persist even as PWUD clearly and routinely articulate their needs.

In its Safe Supply Concept Document (2019)[7], the Canadian Association of People Who Use Drugs (CAPUD) define safe supply as a morally neutral harm reduction intervention founded on the premise "that the individual

[5] Clinical outcomes and health care costs among people entering a safer opioid supply program in Ontario. Tara Gomes, Gillian Kolla, Daniel McCormack, Andrea Sereda, Sophie Kitchen and Tony Antoniou. CMAJ September 19, 2022, 194 (36) E1233-E1242
[6] Stimulant safe supply: a potential opportunity to respond to the overdose epidemic. Harm Reduction Journal volume 17, Article number: 6 (2020)
[7] Canadian Association of People who Use Drugs (2019). Safe Supply Concept Document: https://zenodo.org/record/5637607#.Y8BsY3bMK5d

choosing to use drugs has the right to do so and people who use drugs should not be treated as morally deficient, be criminalized, or deemed mentally ill for their drug use." In the nearly four years since the document was released, community-based research conducted with PWUD has consistently emphasized models of safe supply that do not instill unequal relations between prescribers and patients. For example, a Concept Mapping Exercise[8] released by the Canadian Institution for Substance Use Research (CISUR) in collaboration with PWUD, organized recommendations for safe supply into six themes, all of them pointing to flexibility and personal autonomy as core desires. These findings have been echoed in the Canadian Drug Policy Coalition's Imagine Safe Supply research program, a multi-year, interprovincial project whose contributors (PWUD and frontline workers) communicate the need for safe supply[9] that inspires belonging, kinship, and long-term stability, none of which are possible under existing frameworks.

As frustration with medicalized safe supply mounts, groups such as the Drug User Liberation Front (DULF) in Vancouver have also taken it upon themselves to distribute pharmaceutical-grade drugs that more accurately reflects consumer preferences. They do so at great personal risk, and we urge the federal government to engage transparently and earnestly with the overwhelming evidence, including but not limited to, academic literature, policy documents, and grassroots demands, demonstrating that safe supply in its existing formulation requires urgent improvement.

The following checklist (Image 1: Safer Supply Checklist from Canadian Institute for Substance Use Research) highlights six thematic considerations for developing safe supply models.

[8] A concept mapping study of service user design of safer supply as an alternative to the illicit drug market. Pauly, B., McCall, J., Cameron, F., Stuart, H., Hobbs, H., Sullivan, G., Ranger, C., & Urbanoski, K. IJDP October 7 2022.
[9] Imagine safer supply: envisioning an ideal safe supply program, from available substances to the staff and setting: https://drugpolicy.ca/imagine-safer-supply-envisioning-an-ideal-safe-supply-program/

Image 1: Safer Supply Checklist from Canadian Institute for Substance Use Research (CISUR)

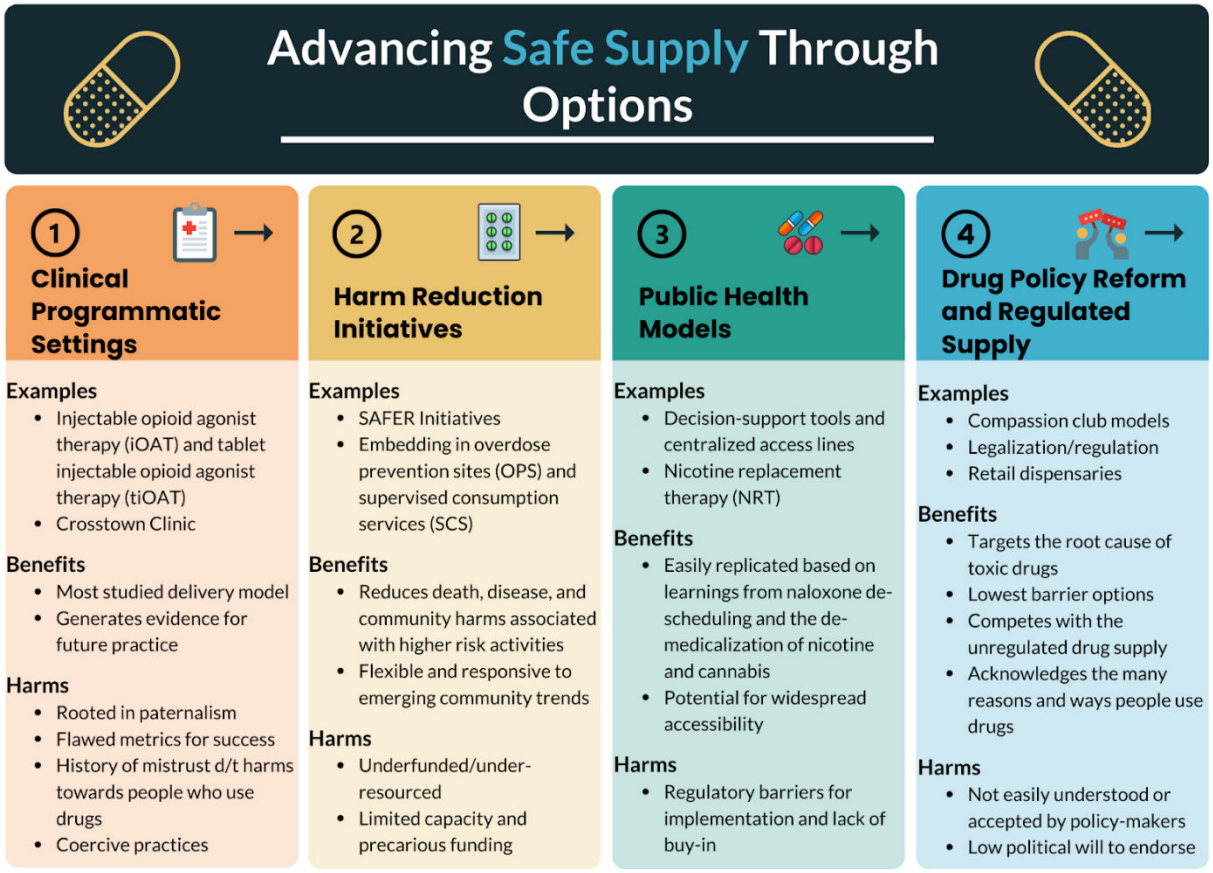

Image 2: Advancing Safe Supply Through Options

Models for safe supply include a range of options that have not yet been fully realized or invested in. While programs that offer medicalized safe supply pose benefits for participants, there is a clear need for lower barrier, non-medicalized options. This support includes drug policy reform and removal of legislative barriers. Operational learnings gathered from medicalized safe supply programs show that investment and support for non-medical options will be required to replace the current unregulated toxic drug supply. From the CATIE (2023) case study on the Victoria SAFER Initiative[10]: "An addiction medicine model of providing pharmaceutical alternatives often clashes with the goals and values of harm reduction and has limited reach and impact."

[10] CATIE (2023). Case Study: Victoria SAFER Initiative: https://www.catie.ca/programming-connection/victoria-safer-initiative

Recommendations

This Working Group recognizes policy gaps between the current status of safe supply and needed alternate models. As such, we are recommending:

Immediately expand access to existing medicalized safe supply options, with emphasis on flexible models that are tailored to consumer demand. Challenge individual prescriber gatekeeping and hold regulatory bodies accountable for delayed implementation.

Knowing that medicalized models produce benefits, and that the required legislative and regulatory changes needed to satisfy this recommendation may take time, we recommend the expansion of existing medical options. This support includes increased funding for additional programs, long-term sustainable funding to break out of piloting patterns, support of community drug user leadership of criteria and feedback processes for prescriber accountability, and support for provincial health authorities to develop public health models for safe supply. The production of Federal Safe Supply Guidelines will help further support and protect prescribers who are already offering safe supply while growing the practice through federal endorsement and incorporating the existing precedent of PWUD input into prescriber practices.

Urgent, visible support for, and upscaling of, non-medical safe supply through co-ops, buyers' or compassion clubs, and additional de-medicalized and community-based options for safe supply.

Presently, there are non-medical compassion clubs operating and assuming significant legal risk despite universal understanding that they are doing what needs to be done. The federal government must publicly issue support for these initiatives and provide resources and funding, if sought by the operators.

This Working Group has heard hesitation from the Ministry about support for groups that are accessing an unregulated supply via the 'dark web'. The onus then lies with the federal government to offer an alternate means for drug procurement to take place. Mimicking the pathways utilized to de-schedule naloxone (formerly a Schedule 1 medication) and applying that process to other medications and substances including benzodiazepines, cocaine, fentanyl, heroin, methamphetamine, and other drugs is a step the federal government could take to make non-medical safe supply a reality.

Implement emergency safeguards when and where provincial governments will not adopt safe supply or make investments in adapting safe supply models to meet unique local needs and contexts.

While some provinces and territories have minimally explored medicalized safe supply models, other provinces outright block safe supply due to political ideology. In fact, several provinces are promoting harmful regressive policies that reduce access to harm reduction and safer supply access with misinformation and rhetoric. We call on the federal government to implement emergency safeguards, including funding and flexible legislative and policy approaches, to prevent arbitrary restriction or cessation of safe supply and other harm reduction programs.

Acknowledge the CDSA's racist and colonial roots, repeal it, and replace it with a single public health framework for regulating all psychoactive substances as recommended by the Expert Task Force on Substance Use.

The CDSA is rooted in colonialism and its drug prohibitionist reasoning contributes to the increasingly toxic and poisoned unregulated drug supply. Approving, on a case-by-case basis, Section 56(1) exemptions to allow drug testing and the operation of supervised consumption services, including splitting and sharing and assisted injection, highlights the broken logic of the CDSA. We need a new, single legislative framework for drugs

grounded in human rights, autonomy, and public health. Meaningful steps towards a single legislative framework allows for meaningful steps towards the regulation of all drugs for all people.

In the interim, implement a nationwide Section 56(1) exemption to facilitate community-based safe supply.

Acknowledging that repealing the CDSA and replacing it with a single public health framework to regulate substances and promote consumer protection will require political courage at the federal level, this Working Group proposes a nationwide Section 56(1) exemption allowing for community-based procurement and dispensation of a regulated supply of benzodiazepines, cocaine, fentanyl, heroin, methamphetamine, and other drugs without requiring a prescription. In the event of feasibility constraints, a case-by-case Section 56(1) exemptions are to be granted to buyers' clubs or compassion clubs, and additional community-based options for access, that fulfill agreed-upon criteria.

Make benzodiazepines, cocaine, fentanyl, heroin, methamphetamine, and other drugs available to buyers' clubs or compassion clubs.

Supply chain issues are likely to remain a concern should legal, policy and other barriers to safe supply be overcome. This Working Group calls on the Minister to collaborate with those in charge of drug procurement at the federal level. Support for domestic production of heroin must be prioritized, and other barriers to the acquisition and dispensation of all above-mentioned drugs must be removed.

Appendix A - Organizations endorsing the recommendations so far*.

- Alberta Alliance Who Educates and Advocates Responsibly, Alberta
- Avenue B Harm Reduction, New Brunswick
- Blood Ties Four Directions Centre, Yukon
- Canadian Association of People Who Use Drugs, Canada-wide
- Canadian Drug Policy Coalition, Canada-wide
- Harm Reduction Nurses Association, Canada-wide
- Moms Stop The Harm, Canada-wide
- Streetworks, Edmonton, Alberta
- Substance User Network of the Atlantic Region, Atlantic Provinces
- The HIV Legal Network, Canada-wide
- Vancouver Area Network of Drug Users, Vancouver, British Columbia

* This document has not yet been shared beyond our working group; we anticipate many more organizations endorsing the recommendations when we do.