

## OPIOID POISONING COMMITTEE WRITTEN SUBMISSION ON SAFER SUPPLY

### Submitted to the Legislative Assembly of Alberta's Select Special Committee to Examine Safe Supply

Thank you for the opportunity to make a written submission to the Select Special Committee to Examine Safe Supply. The EZMSA Opioid Poisoning Committee was formed in September 2021 in response to escalating opioid poisoning events in our community and the associated impact on our patients and on the health system. We are a multidisciplinary group of medical professionals who work in a variety of acute care, community-based, urban, and rural settings, with decades of collective experience caring for people who use drugs in a healthcare context. We declare no conflicts of interest.

Drug poisoning deaths in Alberta have increased dramatically during the COVID-19 pandemic (from 800 in 2019 to 1372 between January – October 2021)<sup>i</sup>. This increase far outpaces population growth (1.6% population growth vs 70% rise in poisoning deaths). The increase in deaths is in large part due to increasing toxicity in the illegal drug market<sup>ii</sup>. Most deaths in the past five years did not involve a prescription; instead, **recent observed reductions in opioid prescribing correspond with an increase in poisoning deaths**<sup>iii</sup>. Moreover, approximately one third of people presenting with a drug poisoning event to acute care do not meet the criteria for a substance use disorder, suggesting that approaches beyond addiction treatment alone must be considered.

**Safer supply** is a public health strategy to reduce the exposure of people who use drugs to the possibility of drug poisoning resulting from a toxic drug supply<sup>iv</sup>. It involves the provision of a known quantity of a pharmaceutical substance that people can consume, instead of substances of unknown potency and quality. **It is not intended as addiction treatment**, and should not be confused with withdrawal management or opioid agonist treatment for substance use disorders.

A **regulated** supply of pharmaceutical grade opioids (with a known potency) may mitigate the individual health risk of using unregulated opioids from the illegal market which have an unknown and variable potency<sup>v</sup>, as well as mitigate the Select Special Committee's concerns regarding community impacts. Flexible safer supply programs are currently being implemented and evaluated across Canada<sup>vi,vii</sup>. These programs range from more medical models (e.g. prescription of drugs manufactured for oral consumption for use via a variety of routes), to unsupervised use of prescription drugs (e.g. via a pharmacy or via a dispensing machine that uses biometric identification), to user-led models.

Published evidence remains limited given the novel nature of safer supply. However, emerging data<sup>viii,ix</sup> from Canadian flexible safer supply programs demonstrates overall benefit and low risk of harm across a variety of outcomes of relevance to individual and community health. The preliminary evidence demonstrates the following signals:

- Reduced frequency of injecting drugs
- Reduced drug poisoning events

- Reduced hospital utilization
- Reduced police interaction

Taking into account the available epidemiology, evidence base, and feasibility of implementation within the Alberta context, ***we recommend prescribed safer supply programs***, developed in partnership with people who use drugs and prescribers, be implemented in Alberta as an urgent measure to address the escalating number of drug poisoning injuries and deaths. Programs should include consideration of how potential unintended harms can be monitored and mitigated. They should be implemented with robust evaluation to add to the existing evidence base in this area. The following actions should be taken to support implementation.

1. Acknowledging that the context of substance use (e.g. potency of drug supply) is rapidly evolving and that updated, contextually relevant guidance is needed, the evidence base and experience of ***current*** Canadian safer supply models should be used to inform planning. [A national process evaluation of current programs is nearing completion, and a national outcomes evaluation is in progress]
2. Local jurisdictions and/or individual providers who identify a need for safer supply models in their communities should be provided with resources and funding to develop a flexible and adaptive model tailored to local needs and substance use patterns and grounded in current and emerging evidence. ***This includes involving and reimbursing people who use drugs in the design, implementation and monitoring of the program.***
3. Universities and researchers should provide program evaluation support and monitoring via an urgent call for peer-reviewed provincial or national funding. Ideally, evaluation is ongoing, standardized and coordinated across the province to allow adaptive programming and continuous improvement.
4. The College of Physicians and Surgeons of Alberta, Alberta College of Pharmacists, and College and Association of Registered Nurses of Alberta, alongside experienced opioid agonist prescribers, dispensing pharmacists, and people who use drugs, should develop a guidance document for prescribers and pharmacists. The document should provide practical guidance on implementing safe supply in professional practice and in particular how to balance the benefit of immediate risk reduction via a safer drug supply with the potential unintended harms of prescribed medications at an individual and societal level.
5. Prescribed safer opioid supply is an immediately feasible initial action that should precede further exploration of lower-threshold models where barriers to more medical models exist. Recognizing that polysubstance use consumed via a variety of routes is common, models must also be adapted for people who primarily use stimulants and for people who consume drugs primarily via inhalation/smoking<sup>x</sup>.

The recommendation herein addresses a specific component of a comprehensive response to prevent drug poisoning injuries and death. We also support publicly funded and low-barrier access to evidence-

based addiction and mental health treatment, investments in the social determinants of health that correspond with reduced drug-related harm (e.g. housing), decriminalization of possession of drugs for personal use, and expanded low-barrier access to supervised consumption and other harm reduction measures. Within this comprehensive public health approach, safer supply addresses an important gap in currently available interventions for Albertans who use drugs.

We look forward to reviewing and responding to the Select Special Committee’s report and recommendations this Spring.

## REFERENCES:

- <sup>i</sup> Alberta Substance Use Surveillance Dashboard, accessed January 16, 2022
- <sup>ii</sup> Canadian Centre on Substance Use and Addiction, accessed January 16, 2022. <https://www.ccsa.ca/changes-related-covid-19-illegal-drug-supply-and-access-services-and-resulting-health-harms>
- <sup>iii</sup> Gomes T, Murray R, Kolla G, Leece P, Kitchen S, Campbell T, et al. Patterns of medication and healthcare use among people who died of an opioid-related toxicity during the COVID-19 pandemic in Ontario. 2022: Ontario Drug Policy Research Network.
- <sup>iv</sup> Bonn M, Palayew A, Bartlett S, Brothers TD, Touesnard N, Tyndall M. Addressing the syndemic of HIV, Hepatitis C, overdose, and COVID-19 among people who use drugs: The potential roles for decriminalization and safe supply. *J Stud Alcohol Drugs* 2022;81(5):556-560.
- <sup>v</sup> Rolles S, Schlag AK, Measham F, Phillips L, Nutt D, Bergsvik D, Rogeberg O. A Multi Criteria Decision Analysis (MCDA) for evaluating and appraising government policy responses to non medical heroin use. *Int J Drug Policy* 2021;91. DOI 10.1016/j.drugpo.2021.103180.
- <sup>vi</sup> Ivsins A, Boyd J, Mayer S, Collins, Sutherland C, Kerr T, McNeil R. Barriers and facilitators to a novel low-barrier hydromorphone distribution program in Vancouver, Canada: A qualitative study. *Drug Alcohol Depend* 2020;216:108202. DOI 10.1016/j.drugalcdep.2020.108202
- <sup>vii</sup> Tyndall M. An emergency response to the opioid overdose crisis in Canada: A regulated opioid distribution program. *CMAJ* 2018;190(2):E35-36. DOI 10.1503/cmaj.171060
- <sup>viii</sup> Kolla G, Long C, Perri M, Bowra A, Penn R. Safer Opioid Supply Program: Summary Report. 2022: London Intercommunity Health Centre.
- <sup>ix</sup> Young S, Kolla G, McCormack D, Campbell T, Leece P, Strike C, et al. Characterizing safer supply prescribing of immediate release hydromorphone for individuals with opioid use disorder across Ontario, Canada. *Int J Drug Policy* 2022;102. DOI 10.1016/j.drugpo.2022.103601
- <sup>x</sup> Parent S, Papamiali K, Graham B, Buxton JA. Examining prevalence and correlates of smoking opioids in British Columbia: Opioids are more often smoked than injected. *Substance Abuse Treatment, Prevention, and Policy* 2021;16. DOI 10.1186/s13011-021-00414-6