



OPC RECOMMENDATION ON SAFER SUPPLY

QUESTION: How could safer supply models be implemented in Alberta?

SUMMARY: Prescribed safer supply programs, developed in partnership with people who use drugs and prescribers, should be implemented in Alberta as an urgent measure to prevent 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.

WHAT IS SAFER SUPPLY? 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. 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 (these separate interventions, however, must also be available for when people request them).

ACTION:

1. Acknowledging that the context of substance use (e.g. potency and predictability of drug supply) is rapidly evolving and that updated, contextually relevant guidance is needed, and the evidence base and experience of ***current*** Canadian safer supply models should be used to inform planning. [A national process evaluation of current programs has recently been released, 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 scientifically 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 their practice and in particular how to balance the benefit of

immediate risk reduction due to a toxic drug supply and 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/smokingⁱ.

EVIDENCE:

- Published literature remains limited given the novel nature of safer supply, but is expected to increase substantially within the coming year.
- Supervised prescription injectable diacetylmorphine and hydromorphone have been shown to reduce morbidity and mortality^{ii,iii}, yet only a handful of programs exist in Canada.
- Unsupervised prescription injectable diacetylmorphine has been available in the United Kingdom for over a century.
- Flexible safer supply programs that involve some or all the following are currently being implemented and evaluated across Canada^{iv,v}:
 - Prescription of drugs manufactured for oral consumption for intravenous use
 - Unsupervised use of prescription drugs (dispensed via a pharmacy or via a vending machine that uses biometric identification)
 - Formation of compassion clubs – legally sanctioned cooperative models of procuring substances for use
- Emerging evidence^{vi,vii,viii} from Canadian flexible safer supply programs demonstrates overall benefit and low risk of harm. The preliminary evidence demonstrates the following signals:
 - Reduced frequency of injecting drugs
 - Reduced drug poisoning events
 - Reduced hospital utilization
 - Reduced police interaction

CONTEXT:

- Drug poisoning deaths in Alberta have increased dramatically during the COVID-19 pandemic (from 800 in 2019 to 1,771 in 2021)^{ix}. This increase far outpaces population growth (1.6% population growth vs 70% rise in poisoning deaths).
- This is in large part due to increasing toxicity in the illegal drug market^x. 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^{xi} as people have been driven to obtain drugs from the illegal market.



- 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^x, suggesting that approaches beyond addiction treatment alone must be considered.
- Safer supply interventions are NOT addiction treatment. Safer supply is a distinct and complementary strategy intended to use public health interventions to prevent deaths and serious outcomes, including hospitalization, due to the current toxic drug supply^{xii}. It should be implemented in parallel with a range of proven addiction treatment options accessible to people who request it.
- A **regulated** supply of pharmaceutical grade opioids (with a known potency) is expected to mitigate the risk of using unregulated opioids from the illegal market which have an unknown and variable potency^{xiii}.
- A legacy of chemical control exists for many people who use drugs, in particular the racialized and colonized; people who use drugs should share in any decision-making about the models implemented to address this legacy (self-determination)^{xiv}.

REFERENCES:

ⁱ 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

ⁱⁱ Strang J, Groshkova T, Uchtenhagen A, van den Brink W, Haasen C, Schechter MT, et al. Heroin on trial: Systematic review and meta-analysis of randomised trials of diamorphine-prescribing as treatment for refractory heroin addiction. *British J Psychiatry* 2018;207(1):5-14. DOI 10.1192/bjp.bp.114.149195

ⁱⁱⁱ Oviedo-Joekes E, Guh D, Brissette S, Marchand K, MacDonald S, Lock K, et al. Hydromorphone compared with diacetylmorphine for long-term opioid dependence: A randomized clinical trial. *JAMA Psychiatry* 2016;73(5):447-55. DOI 10.1001/jamapsychiatry.2016.0109

^{iv} 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

^v 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

^{vi} McMurchy D. Early Findings from Safer Supply Projects. 2022: Health Canada, accessed April 5, 2022. <https://www.canada.ca/en/health-canada/services/opioids/responding-canada-opioid-crisis/safer-supply/early-findings-safer-supply-pilot-projects.html>

^{vii} Kolla G, Long C, Perri M, Bowra A, Penn R. Safer Opioid Supply Program: Summary Report. 2022: London Intercommunity Health Centre.

^{viii} 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

^{ix} Alberta Substance Use Surveillance Dashboard, accessed January 16, 2022

^x 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>



^{xi} 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.

^{xii} 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.

^{xiii} 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.

^{xiv} Halseth R, Murdock L. Supporting Indigenous self-determination in health: Lessons learned from a review of best practices in health governance in Canada and internationally. 2020: National Collaborating Centre for Indigenous Health.