

June 29, 2022

Public Statement:

Response to the Final Report Released by the Select Special Committee to Examine Safe Supply

We have reviewed this report and do not endorse its content.

We are disappointed that the recommendations are in direct contrast to the [written submission](#) we provided to the committee. The report relies primarily on commissioned content that has been [publicly criticized](#) for its weak methodology and fundamental misconception of safer supply.

In addition to our concerns with the report's methodology, we are concerned with the report's potential implications for both patients and physicians, even in the absence of safer supply options in Alberta.

The focus on the diversion of prescription opioids ignores the reported and well-known factors contributing to the current deadly wave of opioid poisonings. While the early wave of the opioid crisis can be linked to pharmaceutical marketing tactics and incentives for opioid prescription, since 2012 there has been ongoing education about and restrictions and monitoring for opioid prescribing by regulatory colleges across Canada. In fact, since those programs have been instituted the rate of opioid dispensing has demonstrated a dramatic decline across Canada.

As presented to the committee by Dr. Hinshaw and others, despite this decline in prescribing, we have seen a steady and dramatic rise in opioid poisonings across Canada, with Alberta now vying for the highest rate of poisoning deaths in the country. In 2021, over [90% of poisoning deaths](#) were associated with non-prescription opioids and other contaminants. Prescriptions are NOT the problem.

What we do know from well-conducted research studies is that [rapid tapering](#) and/or [discontinuation](#) of prescribed opioids leads to: 1) an increased risk of poisoning events; and 2) an increased risk of mental health crisis. More regulation on prescribing will not impact the current poisoning crisis; preventable deaths will continue to occur. Physicians certainly acknowledge the role played by our profession in this crisis prior to 2012 and we continue to work diligently to ensure that prescribing practices meet the regulated standard of care. This continuing narrative that more regulation is the answer may have the unintended effect of physicians simply handing in their triplicate prescription pads leaving fewer physicians to prescribe opioids when they are required for pain and palliative care. This could lead to more patients seeking MAID to relieve unbearable suffering and a new population of patients feeling they have no alternative but to seek relief from the unregulated and contaminated illicit drug market, exposing them to the risk of unintentional drug poisonings.