

Safe Supply and its Implications for Physicians



**Canadian Drug
Policy Coalition**

**Coalition canadienne
des politiques
sur les drogues**

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Here's what I'll talk about

- Who am I?
- Our system of drug prohibition in Canada and its outcomes
- How can policies support public health?
- What is safe supply?
- What are some of the ethical and professional issues?
- What are some alternatives to prohibition?
- Open discussion, Q and A, your thoughts, reactions, ideas

Who am I?



- Director of Policy at Canadian Drug Policy Coalition
- CDPC is a national coalition of 54 organizations advocating for better drug policies
- A lawyer by training, now working mostly in policy arena
- Not a physician
- I have no conflicts of interest - financial or otherwise - to declare

Overriding framework = 3 international drug treaties

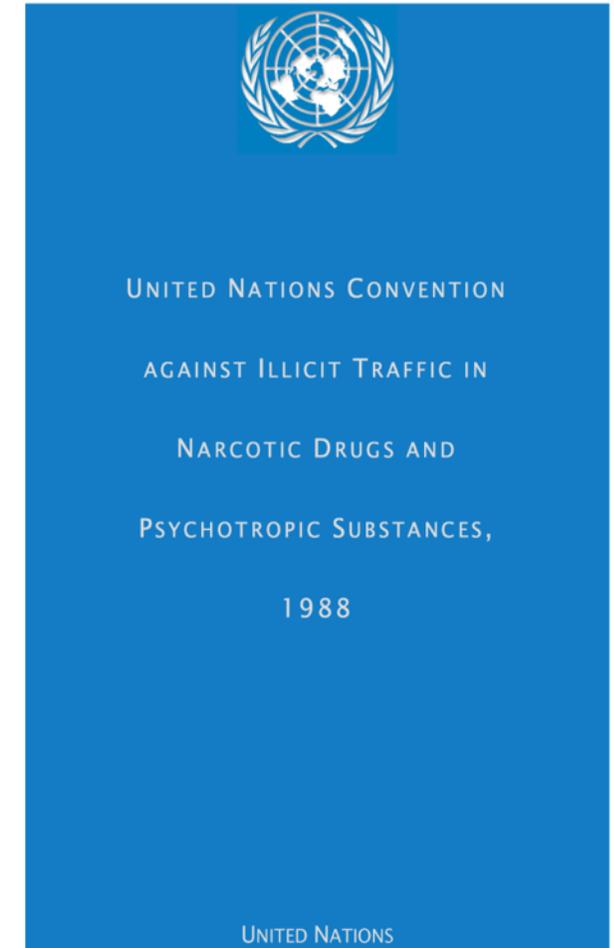


1961 Single Convention on Narcotic Drugs

1971 Convention on Psychotropic Substances

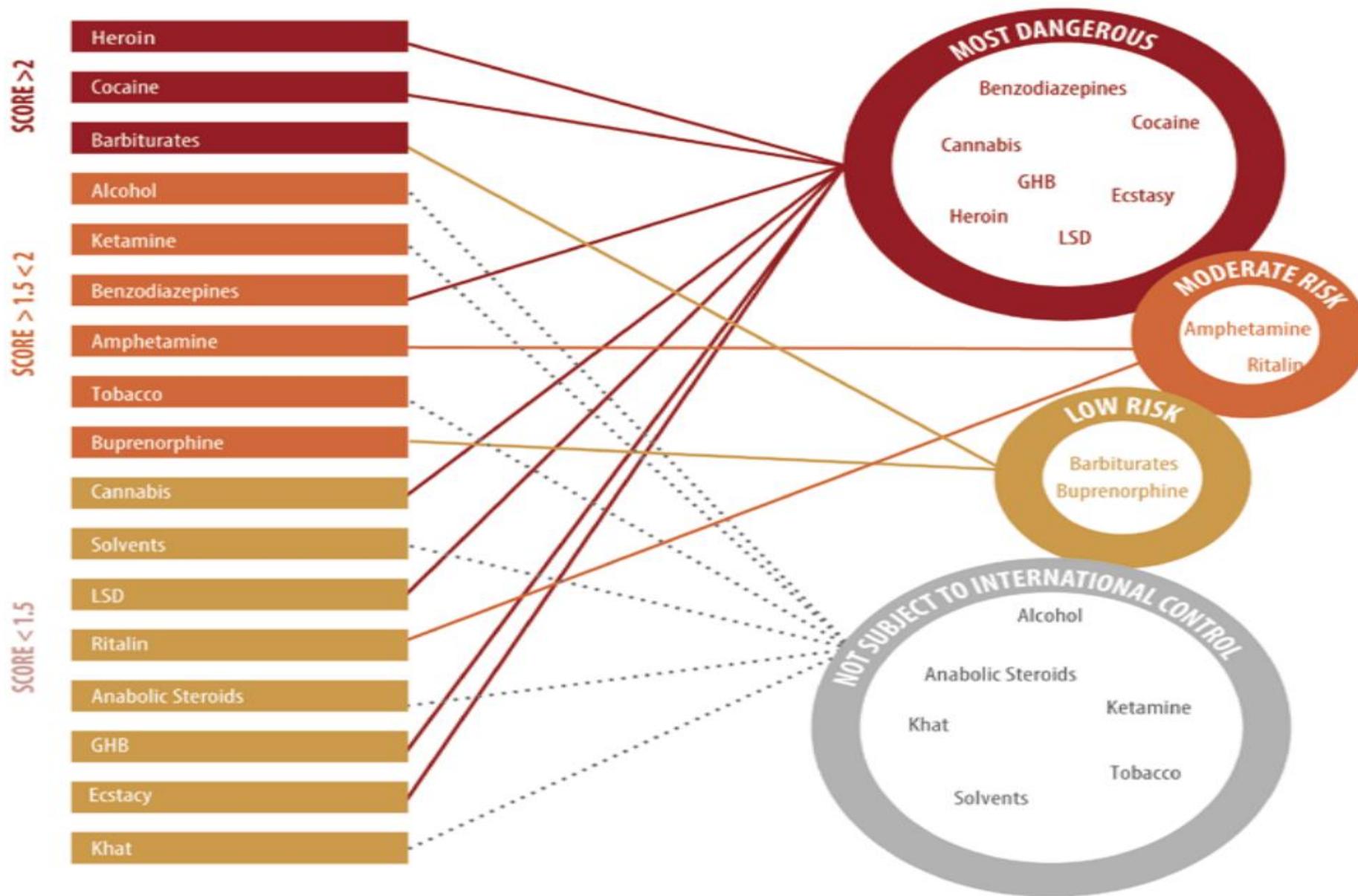
1988 Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances

- Use a system of "scheduling" to categorize drugs according to "harm" or medical / scientific "utility"
- Almost every nation in the world is a party to treaties
- Most nations model domestic law after this system



INDEPENDENT EXPERT ASSESSMENTS OF RISK LEVELS OF HARM

UN CLASSIFICATION OF DRUGS LEVELS OF CONTROL





Highlights of Canada's current legislative system

Controlled Drugs and Substances Act (CDSA) - 1996

- First major drug legislation reform since the 1960s
- Schedules controlled drugs and precursors
- Added 150 new substances under control
- Establishes criminal penalties for production, distribution and possession of scheduled substances without authorization
- Provides for ministerial exemption for:
 - Medical, scientific or in the public interest (s.56)
 - Supervised Consumption Site (s.56.1)
- Provides no legal access to scheduled drugs for non-medical or non-scientific (“recreational”) use



Highlights of Canada's current legislative system

- *Food and Drug Regulations*
 - Sets regulatory standards for foods and some legal drugs (including alcohol and prescription drugs)
 - Has a provision where a doctor can request access to a not-yet-proven drug for a seriously ill patient (Special Access Program)
 - Restricts several drugs that are in clinical study and have shown clinical or strong anecdotal promise for treating various conditions (PTSD, depression, cluster headaches, depression) - MDMA, psilocybin, LSD, etc.

Cannabis Act



Cannabis Act - came into force on October 17, 2018

- keep cannabis out of the hands of youth
- keep profits out of the pockets of criminals
- protect public health and safety by allowing adults access to legal cannabis

Subject to provincial / territorial schemes that can be stricter

“Edibles” made of cannabis to be legal October 17, 2019

Education - \$46 million over five years

January 1, 2020 - legal age of cannabis to be raised from 18 to 21 (in Quebec)



Measuring the impacts of prohibition

1. The worst overdose crisis in Canada's history

- Over 13,000 people have died in the last few years
- 70% of overdose deaths involved fentanyl or fentanyl analogues

2. Crime rates, drug crime, and organized crime

- 2016: 95,417 drug arrests in Canada (73% possession)
- Criminal organizations, money laundering

3. Prisons and incarceration

- Disproportionate impact to people of colour, Indigenous people, and women

4. Stifling medical research

5. Increasing the negative effects of drug use

- HIV, Hep C
- Stigma
- Marginalization
- Wastes money

The route to safe supply



- April 14 2016 BC Provincial Health Officer declares a public health emergency
- December 2017, the Overdose Emergency Response Centre (OERC) established with one of its roles being to support “... [a] safe drug supply”
- The BC Overdose Action Exchanges 2016, 2017, and 2018⁴ reports and a Vancouver Police Department report in 2017 recommended increased access to a safer drug supply
- Federal Implementation Working Group established
- Canadian Association of People Who Use Drugs (CAPUD) releases safe supply concept paper, February 2019

The route to safe supply



- BC Provincial Health Officer calls for “Pharmaceutical Alternatives to Street Drugs as Part of a Harm Reduction Approach.” April 2019
- City of Vancouver releases Safe Supply Statement, July 2019
- Health Canada - SUAP: “Projects funded under this stream will operationalize initiatives designed to provide pharmaceutical-grade medications as safer alternatives to the contaminated illegal drug supply in Canada (referred to by some stakeholders as “safe supply”).”
- November 2019 - BCNDP passes decriminalization and safe supply resolution at convention - “THE BC NDP WILL urge the BC Government to work with the Ministry of Health, Regional Health Authorities, drug users and drug user groups, and community-based organizations to support and provide additional funding for the distribution of safer, legal forms of opioids for those who are at high risk of overdose death”

British Columbia

Trudeau appears open to safe opioid supply proposal in Vancouver, mayor says



Mayor Kennedy Stewart says on average 1 person dies every day from an opioid overdose in Vancouver



[Teresa Wright](#) · The Canadian Press · Posted: Nov 21, 2019 2:15 PM PT | Last Updated: November 21



What exactly is safe supply?



- “Alternative Pharmaceutical Drug Supply” - *BC Provincial Health Officer*
- “A legal and regulated supply of drugs with mind/body altering properties that traditionally have been accessible only through the illicit drug market” - *CAPUD*
- BUT - not only about the quality of the drug but how accessible it is to people who use drugs
- There is a range of options from very medicalized to lower barrier to provide safer drugs
- Options would generally be centred on five questions:
 1. Who has access to the drugs?
 2. What do they have to do to get access?
 3. Where do they get access?
 4. How much can they get and how often?
 5. Where can they consume?

How is safe supply being piloted?



Several initiatives now operating or being considered:

- Crosstown clinic (Vancouver) - iOAT now serving approximately 200 clients (injectable diacetylmorphine / hydromorphone). Prescription, observed at SCS. High-barrier to entry.
- Proposed dispensing machine project (Vancouver) - prescription, dispense hydromorphone pills through machine. Lower barrier.
- PHS hydromorphone project (Vancouver) - prescription, dispensing crushed hydromorphone pills, observed at OPS - approximately 50-100 clients
- Take home hydromorphone (London) - prescription, take home.
- Tied to providing housing (Ottawa) - prescription
- Proposed BCSSU heroin compassion club - designed and run by PWLE

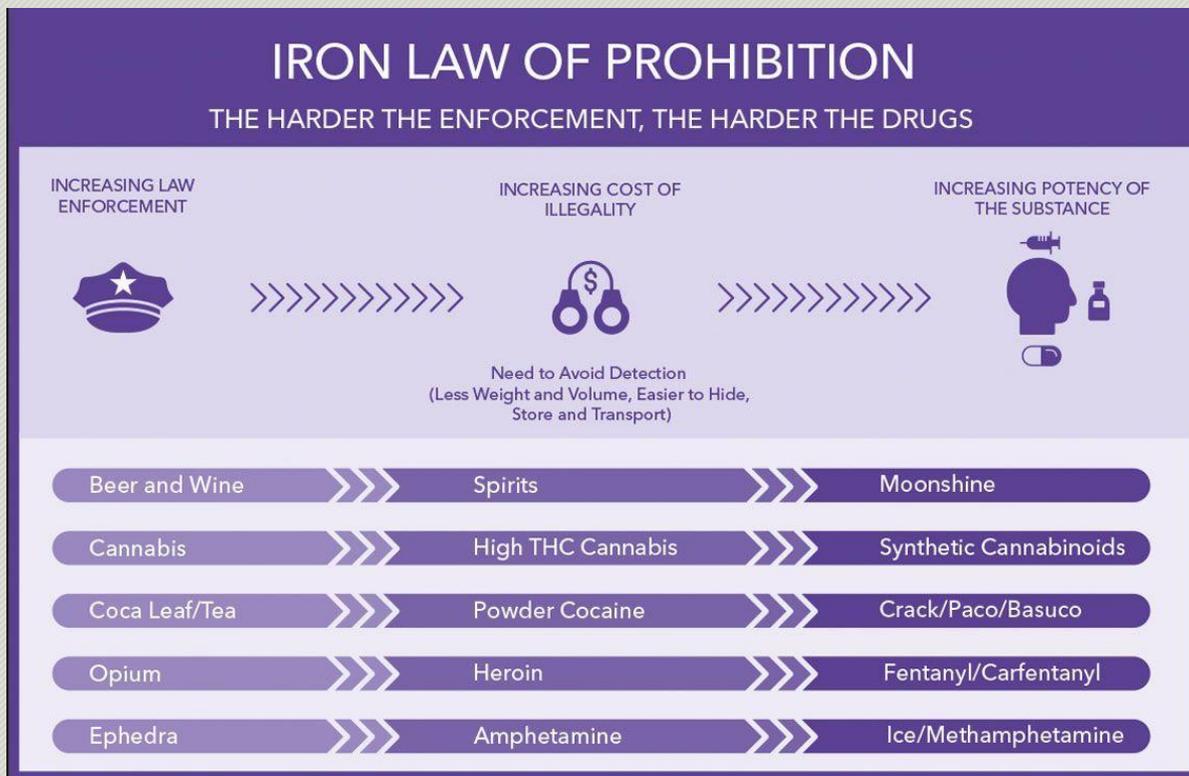
Ethical questions?



- There are a small number of physicians willing to prescribe for their patients
 - In order for this to be effective, need hundreds of physicians who are willing
- Prescription of injectable hydromorphone is now allowed as “off label” (May 2019)
- Lower barriers to iOAT programs with hydromorphone and/or diacetylmorphine
- What ethical issues does this raise for physicians who are unwilling to intervene when they know patients will put themselves at grave risk by using illegal drugs?
- Risk averseness of the medical profession needs to be questioned in the face of a public health crisis



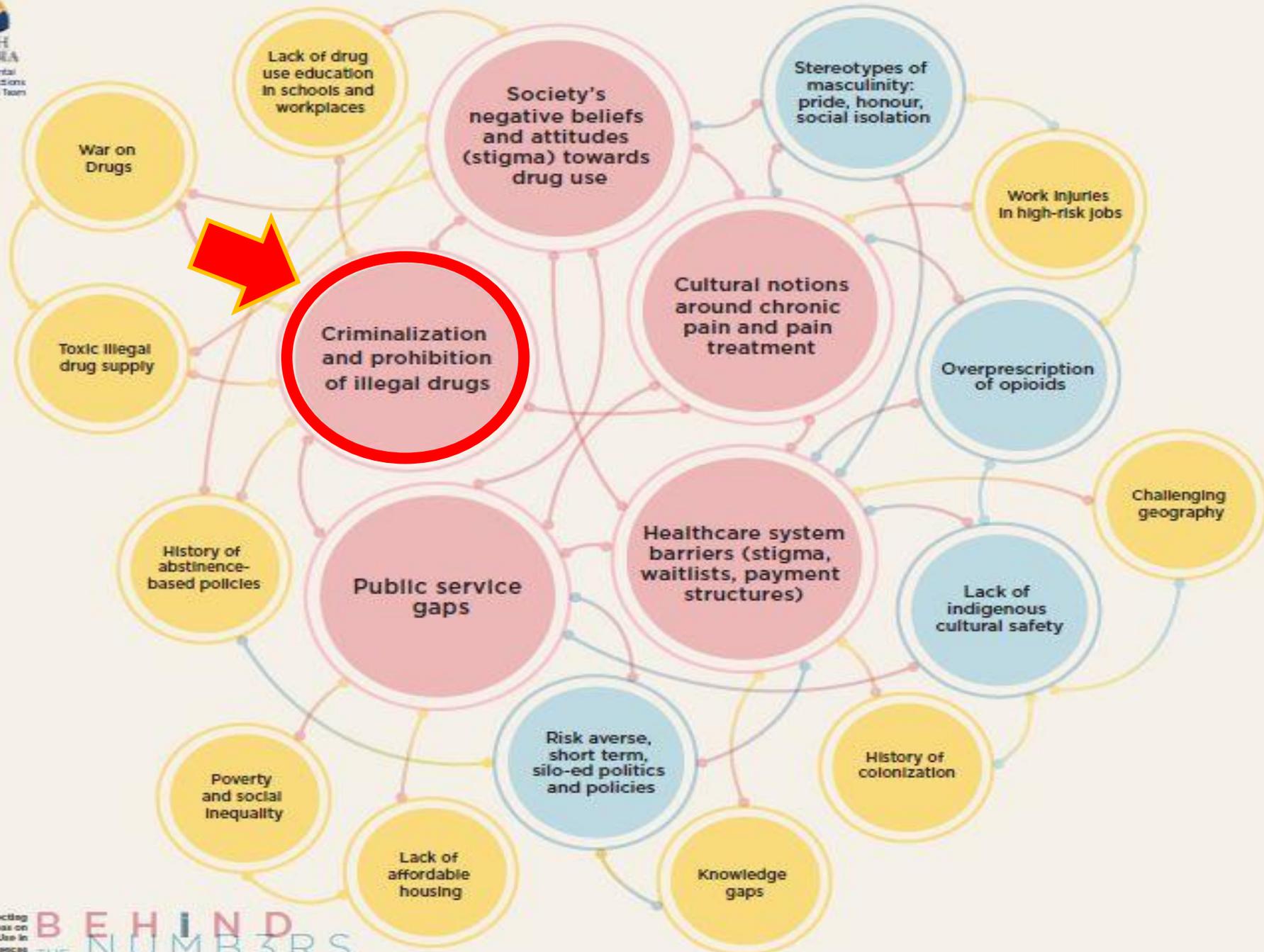
How can policies support or undermine health?



Source: New Zealand Drug Foundation 2018

Where is the smokable opium, tinctures and coca tea in Canada?

Prohibition has driven these less harmful products from the market and left us with an illegal drug supply characterized by potent drugs and poisoned by powerful adulterants.



Systems Map

Understanding the Complexity of the Overdose Crisis in B.C. and Leverage Points for Change

In 2017, 1,422 people died of a drug overdose in B.C. The B.C. Coroners' report (published January 31, 2018) shows that 4 out of 5 people who died were male and 9 out of 10 deaths occurred indoors, including more than half in private residences. First Nations are disproportionately affected by the crisis, with research from the First Nations Health Authority showing that First Nations people are five times more likely to experience an overdose event.

Behind these numbers, there are stories about people's lives and ideas for change. Through conversations with more than 100 people who use drugs (like heroin, cocaine, meth) and people in support provider roles, we found connections between parts of this complex problem, revealing root causes. Reframing the overdose crisis from these root causes shows the most significant leverage points for lowering overdose deaths in B.C. Collaboration among all stakeholders at these leverage points is an essential part of action and change.

How to use this map

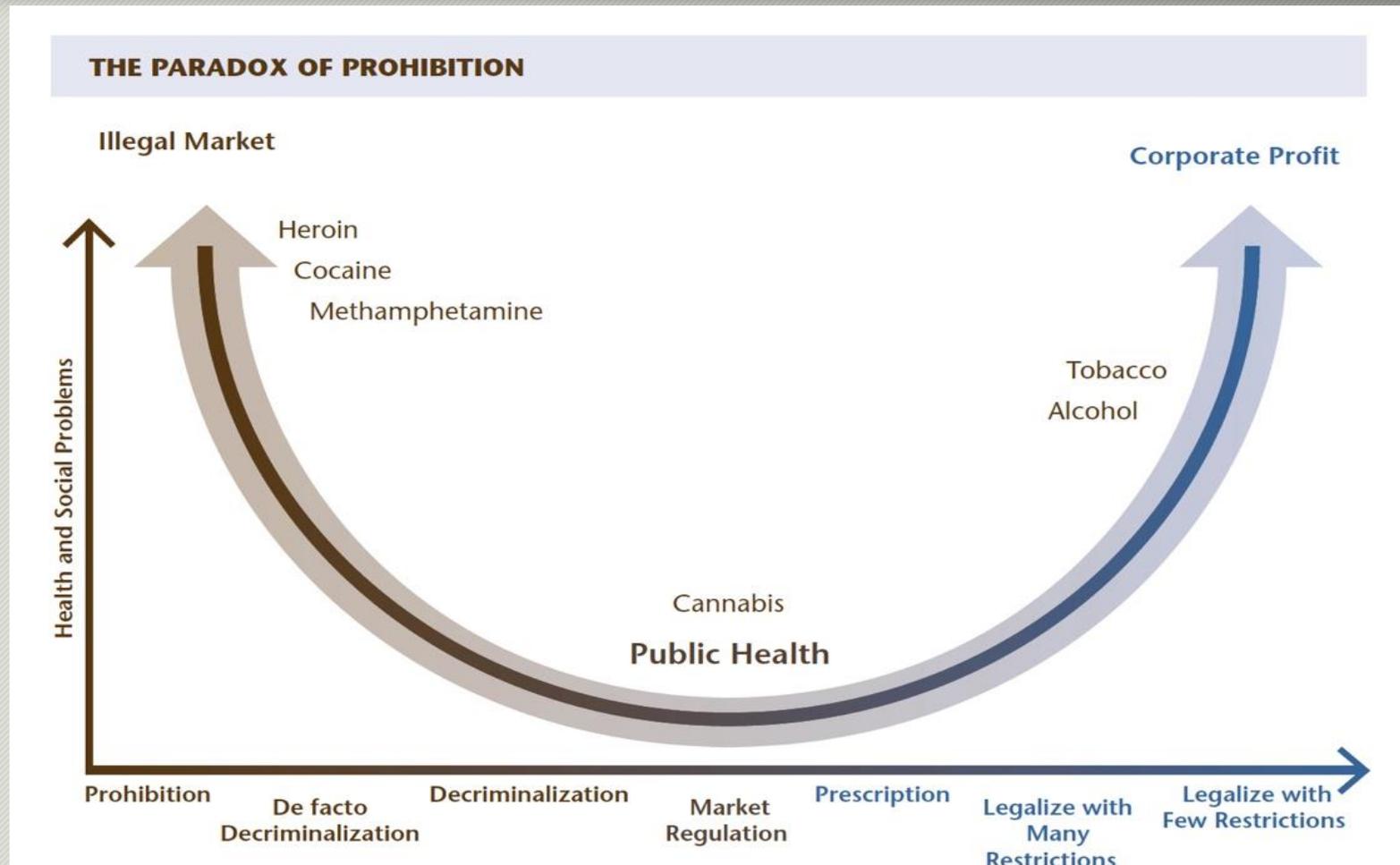
This map shows connections between problems. Some problems have more connections than others and can be viewed as root causes.

Think about how your initiative could influence the overdose crisis in B.C. How is it connected to other problems and what impact could it have?

- 7 or more connections: Pink circles show problems with the most connections to other problems. Initiatives focused here could influence multiple problems at once.
- 4 to 6 connections: Blue circles show problems with connections to several other problems.
- 1 to 3 connections: Yellow circles show problems with the least connections to other problems.



How can policies support or undermine health?



Adapted from original by Dr. John Marks



Alternatives to prohibition: decriminalization

What is it? A policy approach that removes or lessens criminal offences for certain activities involving controlled substances - possession (and some trafficking?)

Who supports it?

- Over 30 jurisdictions around the world have formal policies in place
- Some decrim policies go back to the 1970s (e.g. Amsterdam and cannabis)
- Portugal decriminalized all drugs in 2001
- Also, Mexico, Czech Republic, several US States
- Supported by 31 UN Agencies in a joint position
- Cities of Vancouver, Montréal and Toronto have called on federal govt. to decriminalize
- Green, NDP parties
- Health authorities, including VCH; BC Provincial Health Officer



Alternatives to prohibition: decriminalization

What are the documented benefits?

- Save money by reducing criminal justice costs
- Prioritize health and safety over punishment
- Reduce stigma associated with drug use; remove employment, etc. obstacles
- Remove barriers to evidence-based harm reduction programs

What's the downside?

- Only deals with the consumer side of the supply chain → leaves a toxic supply in place

How to do it?

- De jure: amend the CDSA to remove criminal offences (federal)
- De facto: order police to not expend resources on certain drug crime enforcement (provincial / municipal) - recommended by BCPHO



Alternatives to prohibition: legal regulation

What is it? A policy approach that creates a regulated market for currently illegal drugs (we'd want to at least cover: 1) drugs that people use frequently; and 2) the drugs most likely to cause harms in the current regime)

Who supports it?

- Canada is the second country to federally legalize cannabis
- Global Commission on Drug Policy, NGOs, activists
- Vancouver Coastal Health
- A group of organizations in Canada, including CDPC, CAPUD, Legal Network and Pivot (the “Regulation Project”)



Alternatives to prohibition: legal regulation

What are the predicted benefits?

- Create opportunities for cost recovery, employment
- Create a system that supports social, environmental, racial justice
- Prioritize health and safety over punishment
- Reduce stigma associated with drug use; remove employment, etc. obstacles
- Remove barriers to evidence-based harm reduction programs
- Create opportunities to engage and educate people about responsible drug use
- Undermine organized crime
- Create enforceable rules that support public health
- Creates safe and regulated supply of drugs of known potency and quality

What's the downside?

- Nobody has done it yet
- Violates international treaties (as they are)
- Not enough political will (although growing for concepts such as “safe supply”)



What is it? Ongoing collaborative effort of six Canadian organizations and international partners to advocate for legal regulation of currently illicit drugs in Canada and elsewhere.

Objectives:

- Demystify the regulation of drugs
- Present the general public health and social justice-focused principles of regulation
- Educate people about the likely outcomes of different regulatory choices
- Allow people to better understand different viewpoints and perspectives on how drugs might be regulated
- Spur discussion
- Trigger policy changes

The Regulation Project

RegulationProject.org



**Phase I (November 2017 - December 2019) -
funded by Law Foundation of BC**

- In-depth literature review of regulation
- Develop discussion frameworks for a variety of substances
 - psychedelics, opioids, sedatives, stimulants
 - Look at set of regulatory levers: who can consume? What do they need to do to get them? Where can they get drugs? How much can they get? Where can they consume?
- Get initial feedback from stakeholders (consumers, academics, health professionals)
- Revise models to prepare for broader consultation in Canada; develop tools to talk to people about regulation
- Prepare discussion papers, briefs, some web content for advocacy

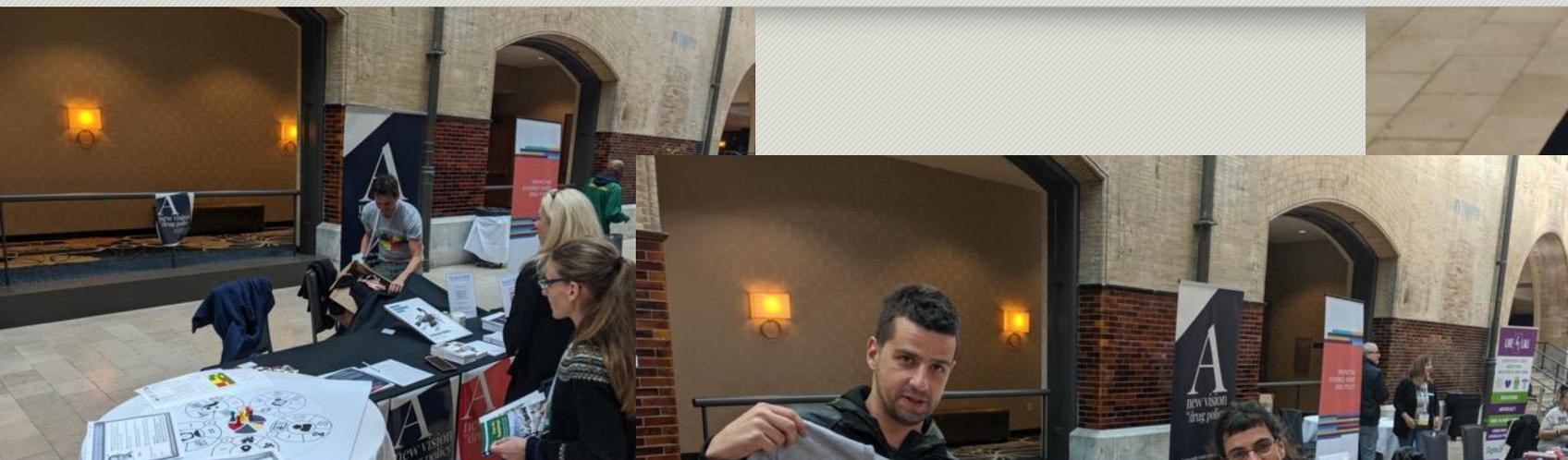


Phase II (January 2020 - ?)

- Build on what we developed and learned in Phase I to get widespread input from a diverse group Canadians to find “best” models
- Hold approximately 10-20 focus group consultations
- Get web-based input from at least 40,000 individuals in Canada, possibly with online interactive game
- Expand international partners

Phase III: Share digital system with partners in other countries who want to replicate

The Regulation Board Game!





The Regulation Board Game!

Why design a board game?

- Foster socialization, teamwork and hone critical thinking skills
- The regulation of drugs is a complex, multi-layered, heavy and sensitive issue. A board game makes it possible to tackle this subject with a playful attitude.
- It is an interactive format that spurs discussion without risking an overly heated debate
- Allows people to see the issue from other perspectives
- Focus on the mechanics of legal regulation and outcomes of choices

A Summary



- Safe supply is a mechanism for reducing the harms of our failed drug policies
- Unwinding 120 years of prohibition requires bold, innovative actions based on evidence and that support public health, human rights and social inclusion
- In order to move these conversations forward, we need bold and innovative ways to think about these problems and talk to people about a better future.

Thank you! I look forward to your questions



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