The Overdose Crisis and Canadian Drug Policy

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Conflict of Interest

- Medical Director PHS Community Services Society
- CIHR research – OPTIMA, PRESTO, iOAT Cohort

- No funding from Pharma
  - No patents, no advisory boards, no research partnerships

Canada – current state

- There was a total of 34,455 apparent opioid toxicity deaths between January 2016 and Sept 2022
- Drug enforcement costs Canadian taxpayers around $2.3 billion annually
- In 2017, 90,625 drug arrests took place in Canada, 72% of these arrests were for personal possession
- Drug supply, distribution, and profit is controlled by organized crime

How did we get here? – Drug Policy in Canada

- We are seeing increased potency and increased contamination of the drug supply that is leading to increased death

- Drugs were not always illegal

- We can see a history of drugs becoming illegal over the last 150 years, and much of it is based on racism

History of Drug Policy in Canada

- In the 1700 to 1800s, psychoactive substances were legal in Canada and many were taken for medical purposes.

"Vancouver was the birthplace of prohibition in Canada, driven largely by anti-Chinese racism and a perceived threat to white middle class purity."

Susan Boyd

- *Opium Act* of 1908
- *Opium and Drug Act of 1911*

Anti-immigration riots exploded into Vancouver's Chinatown and Japantown in 1907. Source: (Library and Archives Canada)

Over the coming decades, with closure of opium dens, drug use shifted to IV heroin

- *Narcotic Control Act* of 1961
- Canada signed the *Convention Against Illicit Trafficking in Narcotics and Psychotropic Substances* (UN) in 1988, which expanded international enforcement of illegal drugs.
- In 1997, the *Controlled Drugs and Substances Act* replaced the *Narcotic Control Act* – Adding 150 new illegal substances
- 2012 *Safe Streets and Communities Act*

National Anti-Drug Strategy in Canada - 2007

- 67.7 million dollars spent to support mandatory minimum penalties enacted in 2012
- Abolishing or tightening parole review criteria
- Reduced credit for time served in pre-trial custody
- Restricted use of conditional sentences

- Funding breakdown:
  - Law enforcement – 70%
  - Prevention – 4 %
  - Harm Reduction – 2%
  - Treatment – 17%

(DeBeck Wood et al 2009)

“Many…socially constructed ideas about drugs have been codified into laws that govern how we may access and use these same drugs”

More Harm than Good

Boyd, Carter, MacPherson

The Le Dain Commission - 1969

- Canadian government commission of inquiry

- Advised:
  - Criminal sanctions against people who use drugs be reduced
  - The offence of possession of cannabis be repealed
  - Opioid users should be offered medical treatment instead of criminal punishment

  - None of these recommendations were implemented

Current Drug Policy - Multijurisdictional

- Justice
  - law making, and interpretation of law
  - Judicial decisions
  - Use of force
- Housing, shelter and social policy
- Resource allocation for services
- City planning
- Health
- School planning
- Work-safe and Employment

Outcomes of Drug Policy

- If you use drugs, the outcome of your drug use is determined by:
  - Race
  - Gender
  - Wealth
  - Social capital
  - Health status
  - Purity and strength of the substance and if this is known
  - Context of where you use (in an alley versus at a fancy restaurant)

All drugs carry risk – those that are legal and illegal.

leftsplaining fentanyl to decent people.

4/4/21 · Twitter for iPhone

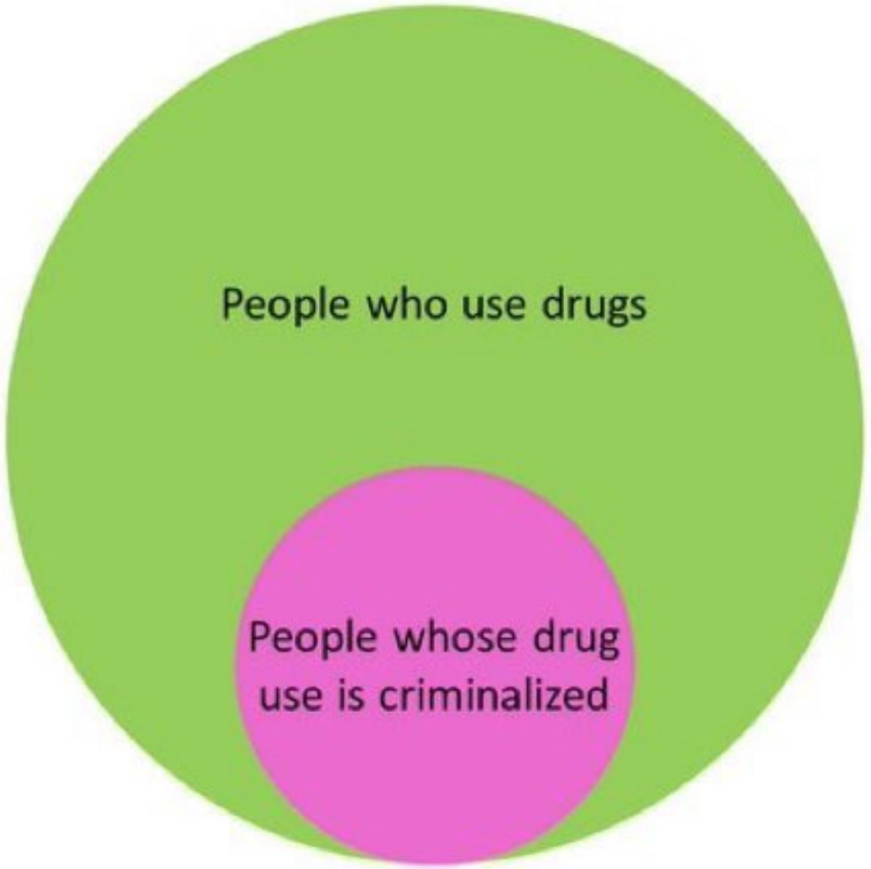
Following

Ryan Marino
@RyanMarino

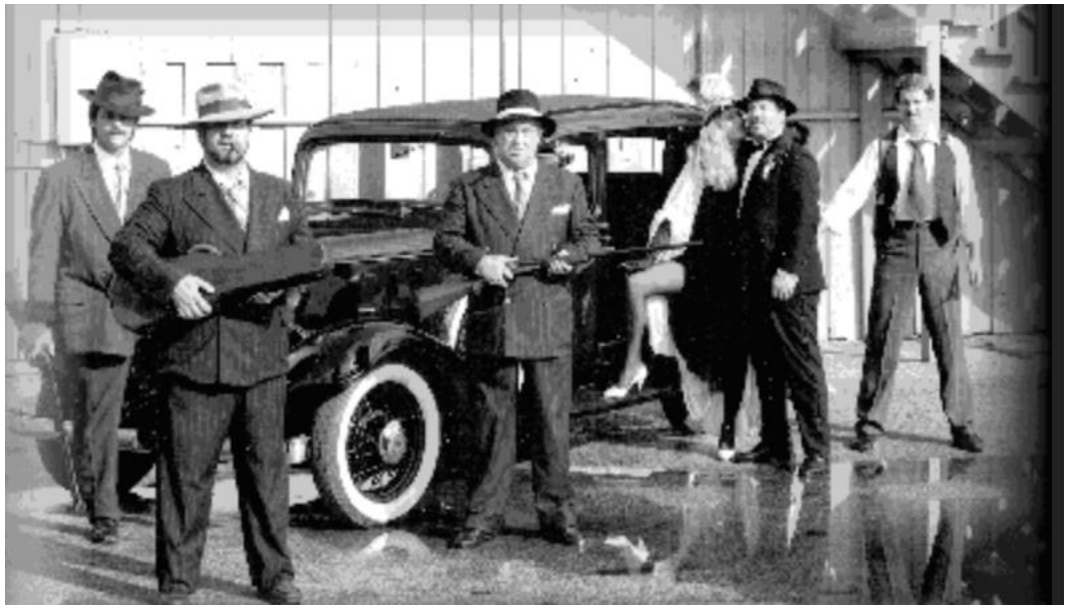
Human Doctor • Toxicology • Addiction • Emergency • #WTFentanyl & more often just WTF • drugs are misunderstood but people are misunderstood more • he/him

#LEGALIZE Joined March 2009

2,550 Following **51.2K** Followers



Alcohol Prohibition



The war on drugs - Nixon

"You want to know what this was really all about? The Nixon campaign in 1968, and the Nixon White House after that, had two enemies: the antiwar left and black people. You understand what I'm saying? We knew we couldn't make it illegal to be either against the war or black, but by getting the public to associate the hippies with marijuana and blacks with heroin, and then criminalizing both heavily, we could disrupt those communities. We could arrest their leaders, raid their homes, break up their meetings, and vilify them night after night on the evening news. Did we know we were lying about the drugs? Of course we did."

- John Ehrlichman

Canada's war on drugs

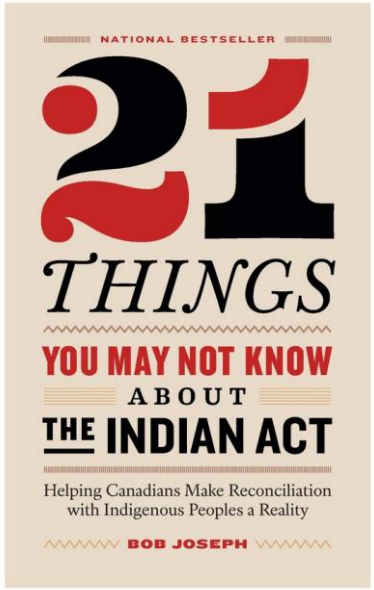
"Historians have demonstrated that drug law in Canada has not been a benign phenomenon aimed at safeguarding the health of Canadians, but a tool of social control directed unevenly at some groups of people"

Fischer et al 2003

Indian Act and Alcohol Prohibition

- Indigenous people living in Canada were prohibited from buying alcohol from 1884 to 1985
- It was also illegal to provide an Indigenous person with alcohol in any setting, and Indigenous people were barred from entering any licensed establishment.
- The results was 1 – 6 month in jail,

"with our without hard labour" (Indian Act 1884).



Indigenous Veterans in WWII

Sgt. Tommy Prince (centre), from Brokenhead Ojibway Nation, served in WWII and in Korea with the Princess Patricia's Canadian Light Infantry. His cunning and bravery earned him a dozen medals, including battle honours for service in Korea with the PPCLI. (PPCLI Museum and Archives in Calgary)

Indigenous Veterans in WWI and WWII

- Enlisted Indigenous people were allowed to have alcohol while serving in the war
- On return from war, they were barred from Legions, which were the main gathering place of veterans, and open to non-Indigenous veterans.
- Indigenous veterans had much less access and information to benefits, programs, and were cut off from the veteran community

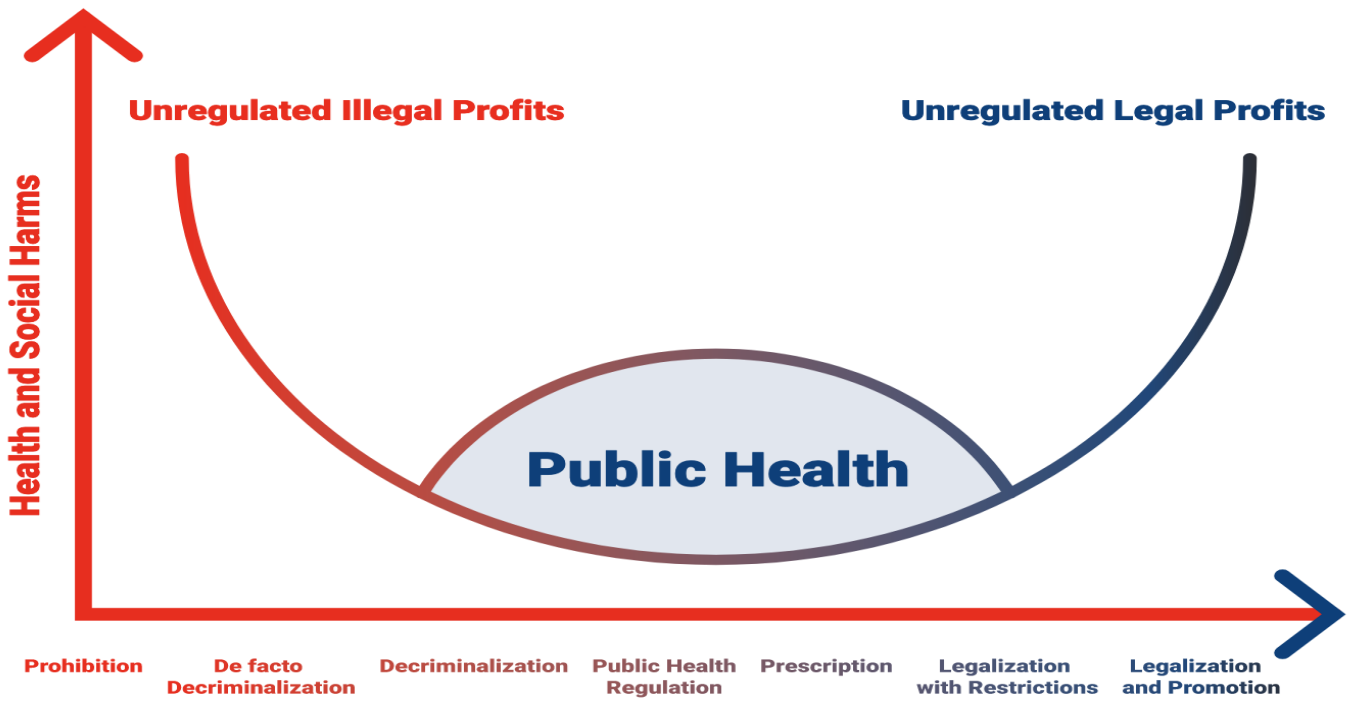
Indigenous People and Prohibition

- Indigenous people had to consume alcohol quickly to avoid arrest
- Increased danger with drinking alcohol

"The Indian Act prohibition set the stage for the pervasive stereotype that Indians suffered from an alcohol intolerance"

21 Things you May Not Know about the Indian Act (45)

Figure 4.1 - Continuum of Drug Policy Approaches



Source: Adapted from Marks J. 1990. The Paradox of Prohibition. In: *Controlled Availability: Wisdom or Disaster.*[69]

Current System

- 350 Billion per year profit in the illegal market (UN office on Drugs and Crime)
- More than 18,000 murders in the Philippines since 2012
- More than 200,000 murders or disappearances in Mexico
- Drugs are easier to obtain, more potent, and cheaper than ever before

“Contrary to the conventional wisdom that increasing drug law enforcement will reduce violence, the existing evidence strongly suggests that drug prohibition likely contributes to drug market violence and higher homicide rates”

Werb et al 2010:91

Current System

- Organized crime controls:
  - Supply chains
  - Product
  - Price

This leads to:

- Violence
- More potent, easier to transport products such as fentanyl
- Lack of quality control and contaminants
- Overdose and death

Current System - Racism

- The USA has the highest rate of incarceration in the world, and nearly 80% of people in federal prison and almost 60% of people in state prison for drug offenses are Black or Latino.
- 50% less likely to have employment post prison
- One in 13 black people of voting age are denied the right to vote because of laws that disenfranchise people with felony convictions.

https://drugpolicy.org/issues/race-and-drug-war

Current System - Racism

- In Canada – crime has been decreasing over the past decades

- However, between 2002 – 2013:
  - Number of Black people in prison increased by 90%
  - The total prison population increased 16.5% (increase of 2100 prisoners)
  - Visible minority prisoners increased by 75%

Canada has a systemic practice of police profiling and harsher sentencing of both Black and Aboriginal peoples

Indigenous People in Canada

- In Vancouver, Indigenous people make up just **2.5%** of the population, yet accounted for **15.6%** of those arrested for cannabis possession in 2015.
- Indigenous people account for 26.4 percent of the federal prison population, despite representing only 4.3 percent of all people living in Canada.
  - 34% of federally incarcerated women are Aboriginal
  - 21.5% of federally incarcerated men at Aboriginal

“In Canada (and the U.S. and U.K.) the majority of women sentenced to prison for drug importation and exportation are foreign nationals; poor, racialized women whose choices are framed by global and national political and economic concerns and Western demand for specific substances”

- Susan Boyde 2006:145

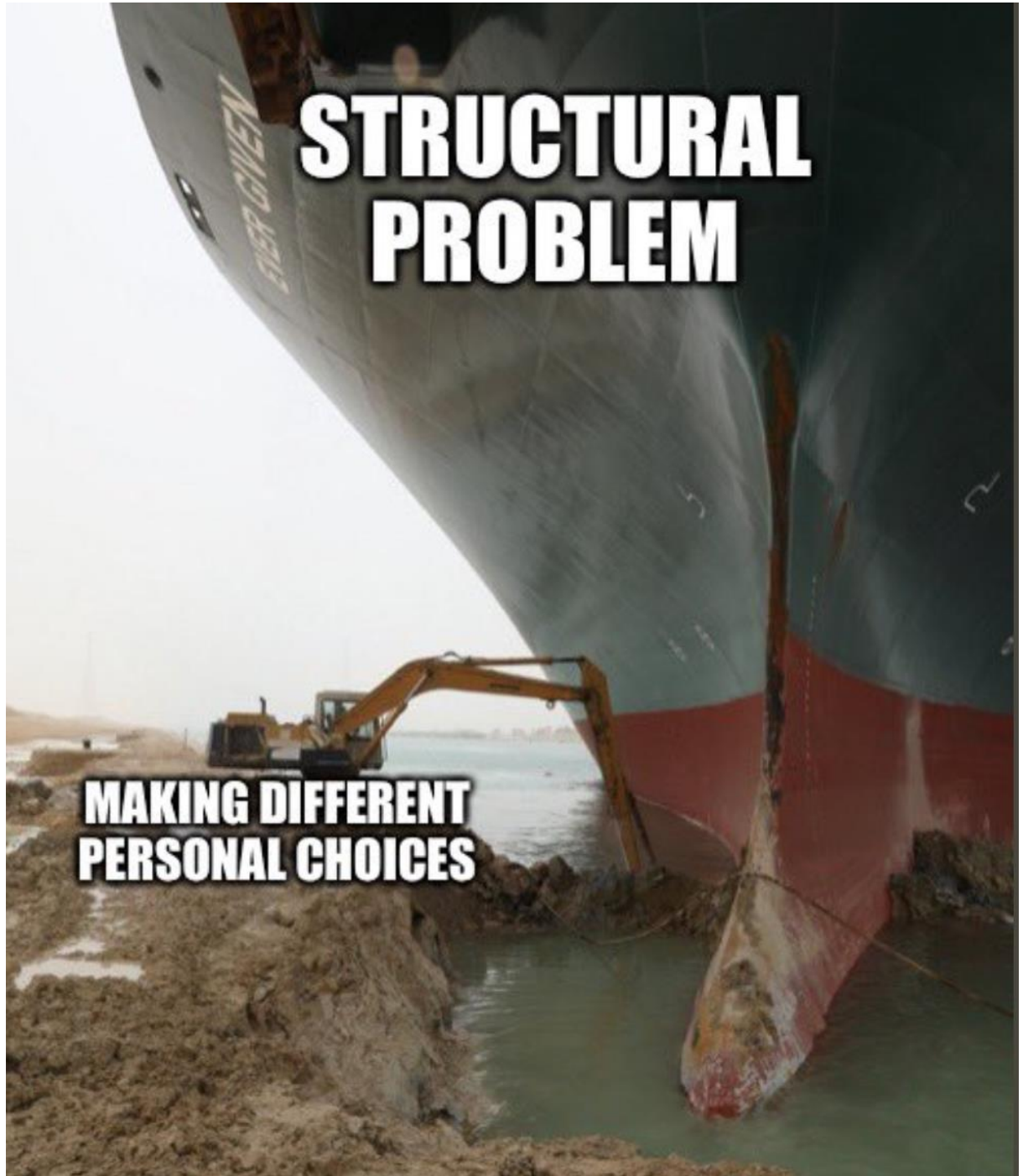
Cost of keeping people in Prison in Canada

- $115,000 per person in men's facility
- More expensive per person in a women's facility

John Howard Society

Criminalization - Impact on patients

- In prison
  - Increased risk of HIV
  - Increased risk of Hepatitis C
  - Interruption of primary care
- Trying to stay out of prison
  - Injecting quickly in unsafe situations
  - Not calling 911
- After release from prison
  - Increased risk of mortality


STRUCTURAL
PROBLEM
MAKING DIFFERENT
PERSONAL CHOICES

- Decriminalization
  - Removal of criminal penalties for possession of drugs for personal use.
  - Decrease the scope of practice of police

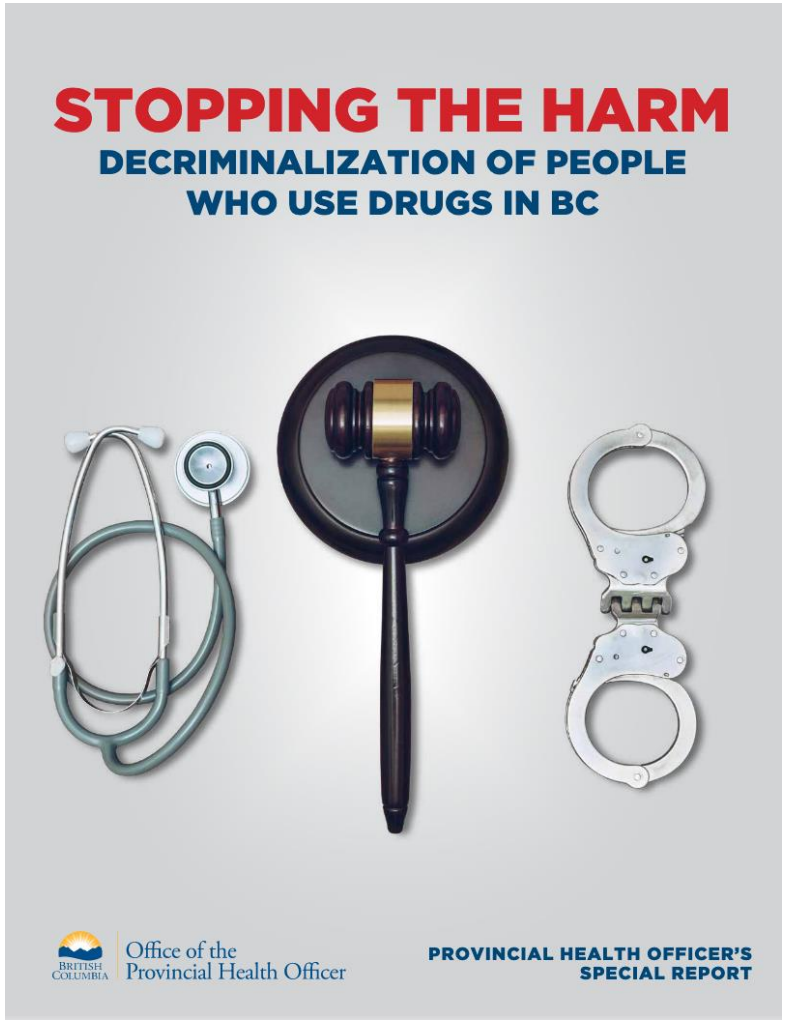
- Legalization
  - Drugs available for purchase
  - A wide variety of options for how this could look

Drug use and harms

- Most drug use does not lead to addiction
- Most people who use drugs never encounter the medical system

"The harms and benefits of drug use can be compounded and in some cases wholly created by drug policy…the unique pharmacology of any drug is only part of the story."

- More Harm than Good



- https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/reports-publications/special-reports/stopping-the-harm-report.pdf

Portugal – Decriminalization - 2001

- Decriminalized personal use of all drugs
- Emphasised a health approach
  - Social supports
  - Harm reduction
  - Diverse drug treatment services
- Habitual use of hard drugs declined from 7.6 to 6.8 per 1,000 people
- Drug use decreased in youth age 15 - 24
- Inmates in prison for drug related offences fell by 50%
- No increase in drug related crime
- Decrease HIV diagnoses in people infected through IV drug use: 518 in 2000 to 13 in 2019

Portugal model - Limitations

- No control over supply of drugs and harms from the supply chain
- No tax revenue
- Ongoing involvement of organized crime

Canada and Cannabis – a legal regulated market

What is legal as of October 17, 2018

Subject to provincial or territorial restrictions, adults who are 18 years of age or older are legally able to:

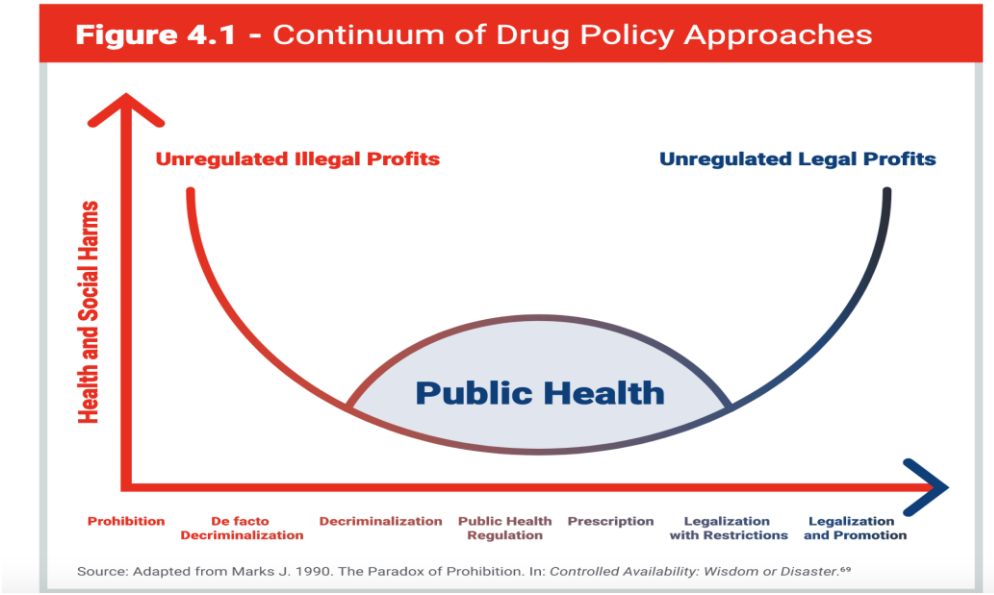
- possess up to 30 grams of legal cannabis, **dried or equivalent** in non-dried form in public
- share up to 30 grams of legal cannabis with other adults
- buy dried or fresh cannabis and cannabis oil from a provincially-licensed retailer
    - in provinces and territories without a regulated retail framework, individuals are able to purchase cannabis online from federally-licensed producers
- grow, from licensed seed or seedlings, up to 4 cannabis plants per residence for personal use
- make cannabis products, such as food and drinks, at home as long as organic solvents are not used to create concentrated products

As of October 17, 2019, cannabis edible products and concentrates are legal for sale.

What brings safety to a system?

Regulation

- Licensing
- Standardizing
- Inspections
- Supply chain standards
- Taxes
- Audits
- Who gets the profits?
- Limits on advertising, marketing and and packaging
- Price controls
- Diving restrictions
- Bi-laws and zoning on where products can be sold, standard hours of sale
- Bi-laws on where use can occur
- Age restrictions
- Limits on amount that can be purchased at one time



Balance with suppressing an illegal market

What does this look like?

- Compassion Clubs
- Government monopoly
- Regulations to reduce public disorder
- Expunging criminal records

- Paired with
  - Social programs
  - Primary Care
  - Public Health
  - Social Inclusion
  - Housing
  - Treatment
  - OAT

Cannabis in Canada

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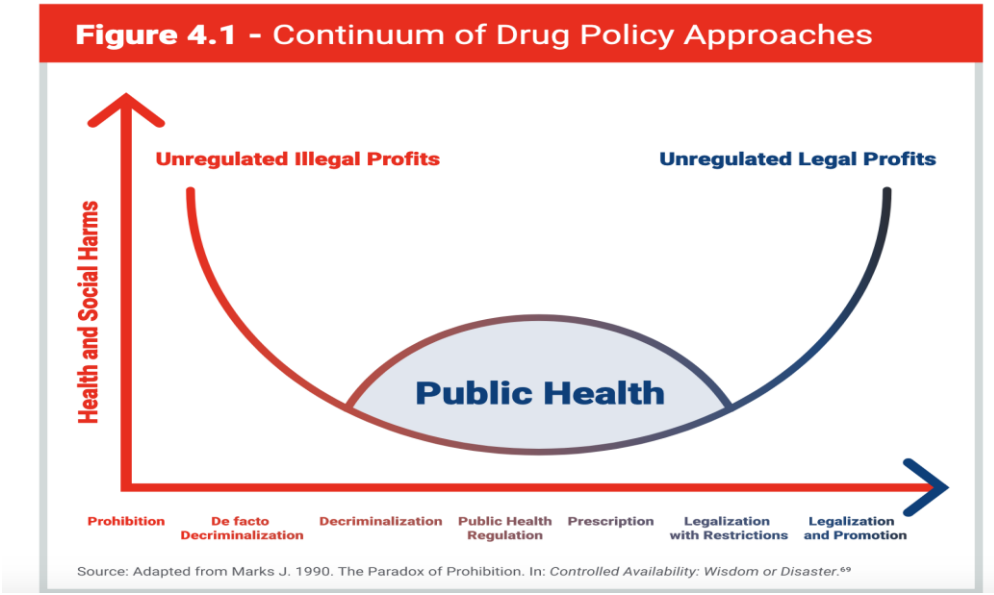


Balance with suppressing an illegal market

Cannabis in Canada - Limitations

- Criticized for lack of expunging of criminal records
- Largely white people profiting from the industry
- Profits have gone to well-capitalized groups usually with little connection to legacy producers (or even cannabis use in general)
- Ongoing use of the illegal market
- No formal structure to provide benefits or funding to communities who were harmed by prohibition

“It’s not about who you want using or not using, it’s who do you want to see criminalized”

Donald MacPherson

How does this interact with medicine?

- Medical Model of Addiction
  - Relapsing remitting
  - Permanent, life long
  - Once you have the diagnosis of Substance Use Disorder, you have it for life

  - Pathologized drug use and medicalized wellbeing

Medicine and Drug Policy

- What is our role?
- We know that substances can cause medical harm
- Complex detox is a intense medical intervention

- What can we offer as physicians?
  - Alcohol is legal, but causes cancer, dementia, and liver failure
  - People could move along the continuum of personal purchasing from a regulated market to a medical model where medications are covered

Medicine and Drug Policy

- Alcohol
  - Can access alcohol – some have problematic use, but most do not
  - Can access a managed alcohol program
  - Can access treatment for alcohol use disorder

We are struggling to find medical solutions to problems created by the criminal justice system

Safe Supply Programs at PHS

- Methadone, Suboxone, Kadian
- Injectable Opioid Agonist Treatment
- Fentanyl Patch
- Fentanyl Powder – Medical Model and Sales Model

- We have discontinued:
- Dilaudid tablets
- Sufentanil
- Fentora

A note about Hydromorphone

1. No change in illicit fentanyl use
2. No decrease in money spent on the illicit market
3. No change in risk of overdose
4. Urine Drug Test will be negative for HDM, despite a prescription for the medication
5. Some research to show slight decrease in all cause mortality
6. Very positive qualitative research – but were those enrolled taking the medications
    1. The research doesn’t align with clinical experience

Hydromorphone take home dosing

- There is data to demonstrate that increased opioid prescribing in a community results in an increase of opioid initiation.
- Youth are particularly vulnerable to initiation of opioid use when the medication of introduction is from a prescription, as youth over-estimate the safety of something that has been prescribed.

Hydromorphone

- System has emerged in which organized crime has stationed individuals within the shelters, overdose prevention sites, and housing facilities in the downtown eastside.
- The agent exchanges the daily hydromorphone total for illicit fentanyl.
- This represents an enormous profitable system for organized crime in which BC PharmaCare supplies pharmaceutical drugs that are low value in the downtown eastside, but have high value when transported to other populations.

Clinical Challenges

- Dosing of traditional treatment for opioid use disorder don’t meet the opioid need of our patients
- Patients have been requesting fentanyl

Clinical Challenges

How to deliver fentanyl in community in a manner that is:

- Adequate dosing
- Reasonable delivery mechanism
- Safe for the patient
- Operationally feasible for nursing time and scope of practice (we couldn’t hang mini-bags of fentanyl like they do in ICU!)

Considerations for a Fentanyl Program

- Fentanyl is a challenging molecule
  - The molecule itself is very large
  - Requires a large amount of liquid in solution
  - Available formulations of injectable fentanyl are for the operating room or inpatient pain and would require much volume to deliver to a dose appropriate for our patient population
  - The physical amount of granules per dose is incredible small

PHS safe supply medication options

- Hydromorphone
- Fentanyl patch
- Fentora
- Sufentanil
- iOAT with hydromorphone
- Fentanyl Powder

- Embedded in an OPS, pharmacy, housing, a stand alone facility and clinic

High intensity medical models

All off label use of these medications

SAFER Fentanyl Powder Program

- This is a new protocol, created by the PHS HealthCare team, providing pure fentanyl in powder form, in pre-filled capsules at fixed doses.
- The PHS Health Care team worked with a national pharmaceutical supplier and local compounding pharmacy to create a new vehicle to deliver fentanyl in the community
- We are using fixed doses of fentanyl powder in colour coded capsules

SAFER Fentanyl Powder Protocol

- This launched in late March 2022
- Medical Model – all observed doses
    - Very successful
    - Patients report it is working well to replace the street supply
    - We are adjusting the capsules based on patient feedback – taking out the caffeine, decreasing the amount of powder, and accelerating the titration
    - Off label use of fentanyl

Open Access Research

BMJ Open

Evidence for the effectiveness of minimum pricing of alcohol: a systematic review and assessment using the Bradford Hill criteria for causality

Sadie Boniface,[1] Jack W Scannell,[2] Sally Marlow[1]

PLoS One. 2014; 9(8): e99906.
Published online 2014 Aug 25. doi: 10.1371/journal.pone.0099906
PMCID: PMC4143164
PMID: 25153324

PLoS One

Alcohol Tax Policy and Related Mortality. An Age-Period-Cohort Analysis of a Rapidly Developed Chinese Population, 1981–2010

Roger Y. Chung, Jean H. Kim, Benjamin H. Yip, * Samuel Y. S. Wong, Martin C. S. Wong, Vincent C. H. Chung, and Sian M. Griffiths

Yu-Kang Tu, Editor

Enhanced Access to Fentanyl Powder

- This is an expansion option for access to this medication
- Runs in harmony with the SAFER medical program
- Patients can purchase their fentanyl powder capsules for take home use.

- This is a new formulation of fentanyl, and not covered by pharmacare

Work Flow – Enhanced Access

- Physician assessment (The same as current clinical programs at phs)
  - Documentation
  - Urine drug test
  - Pharmanet check
  - Consent process
  - Information Sheet
  - Physician writes and order in the chart to start the titration

Work Flow – Enhanced Access

- Titration with nurse (The same as current clinical programs at phs)
  - Patient centered
  - Decision support tool
  - Patient says when they are at their dose
  - Over 2 days, if no missed doses
  - A patient specific physician duplicate prescription is created for each of these doses administered

Work Flow – Enhanced Access

- Physician generates a prescription based on the dose when titration is complete.
- Sends this to the pharmacy
- The medication is filled and delivered to our safe daily

Work Flow – Enhanced Access

- The PHS nurse acts as the patient agent – PHS pays for the medication from the pharmacy on the patient's behalf

  - Allows for weekly purchase
  - Smooth supply chain
  - Easier work flow when the patient has inconsistent attendance
  - Meets College of Pharmacy regulations for dispensing a medication

- PHS attempts to recoup the cost of the drug from each patient.
- PHS makes no revenue from this process, it is a cost recovery framework.
- The physicians and nurses are on standardized hourly rates, and have no revenue from this program

Work Flow – Enhanced Access

- The patient presents to the program to purchase their medication, as per the pick up and dosing schedule on the prescription
  - Some will be on daily dispense, while others on weekly or monthly, depending on the dose and context
- They can pre-pay a tab to have on file
- Family members can put money on their account
- They can pay by:
  - Cash
  - e-transfer
  - Credit Card/Debit Card

Work Flow – Enhanced Access

- There is an option to partial pay for a partial dose any day
  - For example, if the prescription is for 8 capsules, but the person only has $40, they can purchase 4 capsules that day
  - Patients can return to the program throughout the day and pick up partial fills of their medication each time
- The nurse then gives the person the drugs, as per the prescription and payment

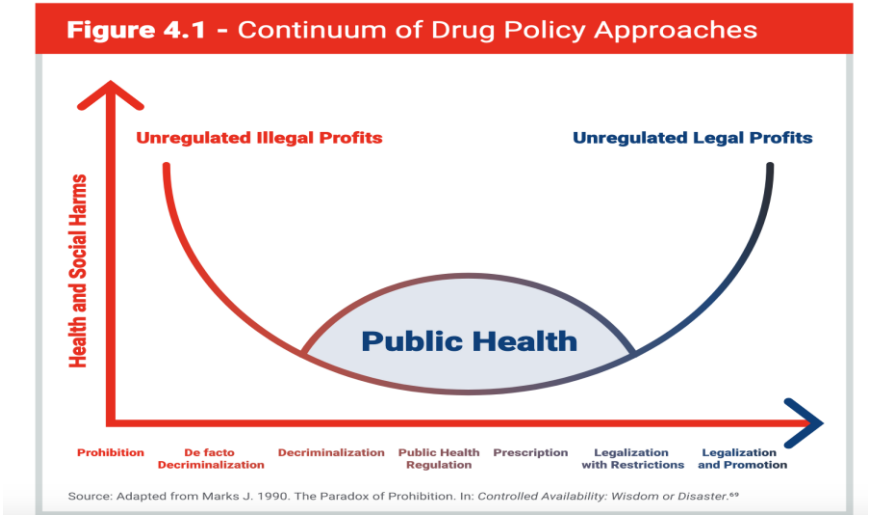
- All of the doses are take-home
- All of the medications are labelled at the pharmacy with patient and medication information as per College requirements

Two Interrelated Programs

Medical Model	All Witnessed – 25,000 QID	Drug Costs paid for by Program	High Intensity	Paired with OAT Pathways to recovery
Enhanced Access	All take home - after initial observed titration 20,000mcg	Drug costs paid for by participant	Lower Intensity – variety of dispensing schedules	Can be paired with OAT

What makes the program different

- The patient pays for their drugs
- The cost is on par with the illegal market - $25 for 2 ”points” of fentanyl (16% fentanyl, so better quality than illicit fentanyl)
- Decreases risk of diversion
- Decreases risk of organized crime hijacking the program
- Significant benefit to the patient
  - known drug, known dose, 100% purity



What makes the program different?

- We are matching the drug and formulation of what is being sold on the street

- After initial titration, all doses are take home doses
  - More patient autonomy and flexibility
  - Less operational needs for staffing and space
  - Increased scalability

Safety Features in Place – Patient Level

- Robust intake process with a physician
- Observed titration process with nurse
- Connections to primary care and OAT
- Low barrier support to connect to recovery and treatment

Safety Features in Place – Systems Level

- Independent evaluation by BCCSU
- Embedded in robust wrap-around services that provide longitudinal care
- Extensive and detailed policy and procedure for pharmacists, nurses, and physicians
- Legal Review by Arvay Findlay
  - We meet all Federal and Provincial Regulatory requirements

If there was a winery poisoning people…

Poverty and Safe Supply

A program will never solve a problem that has been created by policy

Systems existing in parallel

Economic issues:

- Supply Chain
- Trade Agreements
- Consumer protections

Medical Issues

- OAT
- Primary Care

Social Determinants of Health

- Housing
- Community
- Food Security
- Supports

Prevention
Treatment/OAT
Harm Reduction

4 things to take away

- There was a total of 30,843 apparent opioid toxicity deaths between January 2016 and March 2022
- The world doesn’t have to be set up this way
- We can be really angry at our own government spending money on policies that cause harm
- As a community we can help shape a better future that is safer, just, and treats people with dignity


REVOLUTION
IS NOT
A ONE-TIME
EVENT
-AUDRE LORDE