

Addressing the Need for Safer Supply Programs in Canada

Jasmine Sall, Simon Fraser University

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Safer supply programs (SSP) prescribe medication to individuals at risk of overdose from a toxic and illegal drug supply (Canada, 2022b). SSP are a form of harm reduction for people with substance use disorders (Health Canada Expert Task Force on Substance Use, 2022). Prescribed medication includes hydromorphone, fentanyl patches, oxycodone, methadone, oral morphine, and stimulant replacements (Canada, 2022a). Unlike opioid agonist treatments that mitigate drug usage and withdrawal symptoms with medication eliciting the same reaction upon binding to the receptor as the opioids normally consumed— SSP' objective is to subdue the number of overdoses and deaths (BC Mental Health & Substance Use Services, 2023; Canada, 2022b; National Cancer Institute, n.d.). In 2021, 86% of the deaths in British Columbia (BC) were connected to fentanyl consumption. As provinces such as BC experience a public health emergency with the overdose crisis, the primary goals are to reduce overdoses and death, and support individuals with substance use disorder (Ministry of Mental Health and Addiction, 2021). Implementation and expansion of SSP is imperative to improve the lives of individuals affected by substance use disorder, reduce the healthcare burden, and equitably connect participants to health and social services.

Current Safe Supply Implementation

In the past few years, the idea of SSP gained traction and the federal government invested 76.5 million dollars into it. As of now, 27 safer supply projects have been implemented in BC, Ontario (ONT), Alberta (AB), and New Brunswick (NB); these four provinces are more prone to high rates of toxic overdoses (Canada, 2022c). The Canadian Health Infobase states that in 2022, 90% of Canadian opioid toxicity deaths occurred within BC, ONT, AB, and NB (Public Health Infobase, 2022). Health Canada specifically funded 10 SSP pilot projects. They also funded the

qualitative assessment after four months of the pilot projects to examine the early results (Canada, 2022a).

Benefits of Safe Supply Implementation

Improved Quality of Life for Participants

The Health Canada (2022a) funded assessment in BC, ONT and NB demonstrated a positive impact on the lives of the SSP participants. Dale McMurphy Consulting produced the independent assessment report using surveys and interviews of SSP personnel and participants. The participants describe reduced stress levels and increased energy levels since the implementation of SSP. For participants, SSP meant the necessity to hustle for drugs ended and SSP allowed them to save money for other expenditures. In fact, some participants left survival sex work. Participants also report decreasing their interaction with drug dealers and the police; they no longer engaged in as much violent behaviour and criminal activity. With an accessible safer supply, participants can develop a lifestyle no longer consumed by their substance use disorder. As a result, they identify a growing sense of stability and hope in their life.

Harm Reduction Connecting Participants to Other Services

The Health Canada Expert Task Force on Substance Use (2022) explains how the implementation of SSP demonstrate a paradigm shift in drug-related policies in their policy recommendation report. SSP can be considered the first step to accessing help rather than encouraging addiction or behaving as a last resort to prevent deaths. The decriminalization of drug use enables an efficient approach to tackling addiction, in addition to drug-related overdoses and deaths. Mentioned in the report, the Global Commission on Drug Policy is an international board of world leaders and scholars working on evidence-based policy proposals that actively support harm reduction and present the failings of drug prohibition (Health Canada

Expert Task Force on Substance Use, 2022). Prohibition-motivated policies dehumanize and stigmatize people with substance use disorders (CAPUD, 2019). Instead of embodying a mindset that blames the individual for choosing to feed their addiction, SSP acknowledges how some individuals are not in a place to end drug use. SSP employs the approach of harm reduction, presenting options in a non-scrutinizing and self-determining manner (Canadian Mental Health Association [CMHA], n.d.). The intent of SSP is to respectfully support users and deliver low barrier services where criteria like abstinence and the barriers like restrictive opening hours are minimized (Ministry of Mental Health and Addiction, 2021). The CMHA (n.d.) identifies evidence indicating how individuals are consequently more likely to participate in treatment with the harm reduction approach.

The intent of harm reduction is to minimize the drug-related social and health harms, and then improve these aspects. SSP acts as a welcoming avenue to the Canadian healthcare system (Ministry of Mental Health and Addiction, 2021). For example, the Health Canada funded assessment found SSP granted staff the opportunity to evaluate participants' health and determine their acute and chronic conditions. Prior to the evaluation, participants were unaware of their health issues or how to address them (McMurphy & Palmer, 2022). Aside from targeting health, the assessment recognizes how SSP offers social services such as housing support, cultural programming, legal support, and referrals to other services. SSP meet current needs of users and connect them to other health and social services that they might not otherwise seek out.

Alleviating the Negative Impact on People Around the Participant

In addition to the direct impact on people with substance use disorders, the implementation of SSP also affects the lives of others. When death befalls a user, or when they experience near-death incidents, these events negatively impact people around the user. Such

traumatizing experiences elicit grief for family, friends, and acquaintances. In fact, healthcare workers seeing users suffer everyday may experience distress and deteriorating mental health as well (Ministry of Mental Health and Addictions, 2021). SSP reduce the number of overdoses and deaths from overdoses, consequently reducing the distress for people around the drug user. The Health Canada funded assessment points out the amending relationships between participants and their family and friends (McMurphy & Palmer, 2022). SSP are a stepping-stone to treatment for substance use disorders too, and as an individual receives help, those around the user are positively affected by the journey. Alternately to distressing about the user's substance use disorders and their consequent actions, friends and family can find relief and joy in the individual's progress (McMurphy & Palmer, 2022).

Healthcare Burden

In a different perspective, reducing the number of overdose incidents through SSP would help alleviate the healthcare system's burden. The Public Health Infobase (2022) data discloses how healthcare costs related to depressants and stimulants totaled to one billion dollars in 2017. The money and resources allocated to hospitalizations and emergency medical service responses due to toxicity drug overdoses could be allocated to other simultaneously occurring health issues in the emergency room. The Public Health Infobase (2022) reveals how within the first three months of 2022, there were 1350 opioid-related hospitalizations in Canada. Furthermore, Canadian emergency medical services were required 9832 times to handle opioid overdoses in 2022. With the implementation of SSP, the reduction in the number of people hospitalized or requiring emergency medical services from toxicity overdoses can allow prioritization of other patients in need of these services, the associated medical staff, the beds, the medication, and the

medical equipment. In short, the implementation of SSP reduces the healthcare burden from an upstream level and can increase healthcare service efficiency.

The Importance of SSP Expansion

SSP at Capacity

The implementation of 27 SSPs fails to meet the national demand of these SSP as demonstrated by the data. The Public Health Agency of Canada submitted data showing how from 2017 to 2021, the crude rate of opioid toxicity deaths doubled from 10.7 per 100 000 to 20.7 per 100 000 in Canada. While there may be variations in how the provinces and territories identify and report cases, or temporal changes in the past four years, the data still demonstrates a significant increase in deaths (Canada, 2022c). Tied-up with current participants and at full capacity though, safer supply services can not receive new participants (Canada, 2022a). A program in the Health Canada funded assessment estimated that 6000 people could benefit from SSP in their region, but SSP supported only 300 people there. The assessment describes many SSP sites working with only one case manager and one prescriber, and they require appointments which negates the goal of low barrier, flexible walk-in programs. Staff and clients express how their interested friends and family on the waitlist exhibit the high and unmet demand of SSP. Even if staffing increases, some staff report working in the hallways and closets due to the limited space (Dale McMurphy Consulting, 2022). Hence, expansion is required to overcome staffing shortages, limited space and at capacity programs.

The Absence of SSP in Rural/Remote Areas

The Health Canada (2022) interactive map of Canada's response to the overdose crisis displays the locations of the SSP and a trend of inequitable distribution of programs emerges. To effectively analyze the impact of the SSP, it is illogical to ignore the potential benefits or barriers

for rural and remote area residents; what works in one setting, may not work in another and what works for one sub-population may not for another. In BC and ONT, the SSP are found clustered in the southern parts of the provinces. In the 2021 BC Budget though, the province provided 22.6 million dollars to the BC health authorities for setting up and overlooking SSP (British Columbia, 2021). Yet in the Vancouver Coastal Health Authority, there are five SSP, while there are zero in the Northern and the Interior Health regions (Health Canada, 2022).

One could attribute the SSP distribution to the higher proportion of people at risk in the southern parts such as in the Metro-Vancouver and Vancouver Island regions. The BC Centre of Disease Control's (BCCDC) data, however, reveals an annual illicit drug toxicity death rate of 52.93 per 100 000 in Northern BC, compared to 48.14 per 100 000 annually in Vancouver (BCCDC, 2022). Furthermore, the BCCDC Mortality Context Application graphs the top 15 causes of death in BC from October 2021 to September 2022. Illicit drug toxicity death rates are ranked second to cancer with approximately 40 to 47 potential years of life lost within each health authority: Northern Health, Interior Health, Vancouver Island Health, Fraser Health, and Vancouver Coastal Health (BCCDC, 2022). People struggling with substance use disorders can be identified in all the health authorities, but everyone does not share the same access to a safer supply. Health equity consists of being one's healthiest version, no matter what their social factors such as ethnicity, age, or socioeconomic status are (Ministry of Mental Health and Addiction, 2021). With the current distribution of SSP though, the provincial and federal governments neglect the needs of Canadian subpopulations outside the vicinity of the southern safer supply. Despite current funding and implementation of new drug policies, those living in rural and remote areas, or even outside of the major cities, experience inequitable access to SSP (Ministry of Mental Health and Addiction, 2021).

The inequitable implementation of SSP is highlighted in Akshay Kulkarni's (2022) CBC News article *Interior Health's slow progress on safe supply frustrates doctor, advocates* where a doctor for the past four years has repeatedly approached Interior Health to communicate the need for SSP. With an inadequate transit system, and most people at least an hour's distance from opioid agonist treatment clinics, individuals already face difficulties in meeting their health needs. The article emphasizes how individuals in Nelson and West Kootenay find it burdensome to travel to bigger urban centres and access services in cities like Vancouver. Studies indicate how residents of rural and remote areas experience worse health outcomes and the inequitable access to SSP exacerbates the disparities between regions (Ministry of Mental Health and Addiction, 2021). These individuals without access to SSP are more likely to turn to the illicit and toxic drug supply, leading to an otherwise preventable risk of death (Kulkarni, 2022).

The doctor explains how the B.C College of Physicians and Surgeons (CPSBC) recommends doctors to prescribe safer supply drugs in a team-based setting and with the appropriate measures (B.C College of Physicians and Surgeons [CPSBC], 2022; Kulkarni, 2022). Prescribing particular drug types can be difficult and in addition to self-learning, a secondary opinion or assessment can be vital (CPSBC, 2022). Not to mention, the social and health complexities of participants produce a considerable case load for one practitioner (Dale McMurphy Consulting, 2022). In contrast, a team can comprise of different types of people, such as nurse practitioners, registered psychiatric nurses, Indigenous peer navigators, social workers, and pharmacists depending on the community (Ministry of Mental Health and Addiction, 2021). The lack of funding and slow progress in rural and remote areas, however, leads to an absence of a qualified multidisciplinary team meeting the CPSBC guidelines. Therefore, even though BC SSP allow the prescribing of drugs including fentanyl and morphine and the doctor recognizes

patients who can benefit from the listed drugs, he is unable to do so. The consequent absence of SSP can induce feelings of abandonment for rural community members since other areas in BC have the safer supply alternative (Kulkarni, 2022).

The solution, however, is not to shift one or a few of the existing programs to the other health authorities. The Health Canada (2022a) funded assessment indicates promising results with the current programs and closing SSP to shift them when they operate at full capacity will impede on the current service users' journey. Other creative strategies include mobile outreach service hubs and multidisciplinary team members communicating with each other and patients through virtual care. Despite these strategies, a funding increase is necessary.

Increase Funding for Expansion

Health Canada Expert Task Force on Substance Use (2022) delves into addressing how pertinent it is to recognize the need for SSP expansion and to provide the necessary funding for SSP. Substance use tends to be designated to mental health and addiction services, a sector recipient to insufficient funding. To combat SSP expansion challenges such as cost, space, and location, the Health Canada Expert Task Force on Substance Use (2022) report recommends utilizing existing infrastructure to carry out safer supply services. Safer Supply can be distributed through community health clinics, prior harm reduction services, and pharmacies to help with the funding. In spite of applying the existing infrastructure strategy for expansion, it is still reasonable to expect high amounts of investment into SSP. The report also mentions how the illicit drug toxicity overdose crisis and general drug possession cost the healthcare system and the legal system over six billion dollars in 2017. Hence, the government's investment should be proportional to the urgent and layered substance use issues at hand. A costly start should not

justify the slow progression in policy implementation and expansion capable of reducing the risk of death from drug toxicity.

Conclusion

Government data as well as independent organizations collectively recognize the benefits of SSP. SSP apply the innovative approach of harm reduction to tackle the urgent issue of overdoses and deaths from the illicit and toxic drug supply. SSP accept that it is impractical and disrespectful to expect individuals with substance use disorder to abstain from drugs. They recognize the drug user's journey, focus on protecting participants and provide specialized support to improve the participant's quality of life. The participant's social circle and the healthcare workers, as a result, can experience less distress too. Furthermore, the current number of hospitalizations and the high use of emergency medical services burden the healthcare system. Hence, preventing the event of an overdose helps reduce the costs and use of resources. To observe these benefits and create a national impact, an increase in funding is necessary. The high demand of SSP calls for an expansion of programs throughout Canada. Regardless of the location and the social factors, Canadians deserve effective and equitable health and social services to cultivate their optimal health.

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