Expert Advisory Group on Safer Supply

[redacted]

Final Report

June 2023

Prepared by
R.A. Malatest & Associates Ltd.
with the Expert Advisory Group
on Safer Supply for Health Canada

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Glossary of Terms

Benzodiazepines (Benzos): A medication generally used as a sedative or tranquilizer often used to treat anxiety. It can cause delusions, hallucinations, skin reactions, sudden anxiety, euphoria, restlessness and agitation, irritability, and aggressiveness. [1] Benzodiazepines obtained by prescription include Xanax, Ativan, valium and on the illegal market include etizolam and flu alprazolam.

Controlled Drugs and Substances Act (CDSA): An Act administered by Health Canada respecting the control of certain drugs, their precursors and other substances that forbids their sale, export, import, possession, and production unless exemptions have been authorized for specific purposes (e.g., medical, scientific, industrial).[2] [3]

EAG: Expert Advisory Group on Safer Supply convened by Health Canada.

Fentanyl: Fentanyl is a potent opioid pain reliever. It is a widely used pharmaceutical (e.g., for anesthesia and analgesia) but is also illegally manufactured and predominant in the illegal toxic drug supply (in injected, smoked, snorted, or ingested forms). Its potency and inconsistent dosing when produced illegally, makes the risk of accidental overdose high.[4]

Injectable Opioid Agonist Treatment (iOAT): A treatment option for severe opioid use disorder that includes injectable hydromorphone or diacetylmorphine.

Nonmedical use of drugs: Use of psychoactive drugs for sleep, increased endurance, relaxation, increased alertness, to cope with stress or anxiety or challenges of daily life, mood alteration, pleasure, performance improvement, creativity, social interaction, and religious, spiritual, or ceremonial use.

Opioid agonist treatment (OAT): A treatment for opioid use disorder. Methadone (oral) or buprenorphine (including oral, subcutaneous, injectable, and implantable formulations) are prescribed as treatment to reduce cravings and prevent withdrawal.[5]

Opioids: Opioids are drugs with pain relieving properties that can also induce euphoria. Opioids include prescribed medications such as codeine, fentanyl, morphine, oxycodone, hydromorphone, and diacetylmorphine (pharmaceutical grade heroin). Opioids may also be illegally produced and distributed (e.g., illegally manufactured fentanyl). There are serious side effects and risks of using opioids, including physical dependence, substance use disorder, overdose, respiratory depression, and death.[6]

PWUD: People who use drugs.

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[1] https://www.canada.ca/en/health-canada/services/substance-use/controlled-illegal-drugs/benzodiazepines.html

[2] https://laws-lois.justice.gc.ca/eng/acts/c-38.8/page-1.html

[3] https://www.canada.ca/en/health-canada/corporate/mandate/regulatory-role/what-health-canada-regulates-1/controlled-substances-precursors.html

[4] https://www.canada.ca/en/health-canada/services/substance-use/controlled-illegal-drugs/fentanyl.html#a1

[5] www.camh.ca/-/media/files/oat-info-for-clients.pdf

[6] https://www.canada.ca/en/health-canada/services/opioids.html#a1

Regulated Drugs: A drug or other substance that is legally available under specific conditions set out by government. Controls apply to the way the substance is made, used, handled, stored, and distributed. Examples of regulated drugs include pharmaceuticals approved by Health Canada, tobacco, alcohol, and cannabis.

Risk Mitigation Guidance (RMG) and Risk Mitigation Prescribing: RMG is guidance for prescribers that was issued in British Columbia in the context of the COVID-19 pandemic aimed at supporting individuals who may be at increased risk of overdose, withdrawal, and other harms related to their substance use.[7]

Safer Supply: Safer supply refers to providing regulated medications as a safer alternative to the illegal drug supply to people who are at risk of overdose. The goals of safer supply services are generally to help prevent overdoses, save lives, and connect people who use drugs to other health and social services. Safer supply programs are a novel intervention that build on the evidence base for conventional opioid agonist treatment (OAT) (e.g., methadone and buprenorphine), and injectable medication (iOAT) (e.g., diacetylmorphine; hydromorphone).[8] [9]

Stimulants: Stimulants are psychoactive substances often taken to improve alertness, energy, and focus. Prescription stimulants can be used to treat medical conditions such as attention deficit hyperactivity disorder (ADHD), narcolepsy, or obesity. Prescription stimulants include dextroamphetamine and methylphenidate. Non-pharmaceutical stimulants include cocaine, ecstasy, crack-cocaine, methamphetamine (street names include speed, meth, chalk, ice, crystal meth, jib), and methylenedioxymethamphetamine (MDMA).[10]

[7] https://www.bccsu.ca/wp-content/uploads/2020/04/Risk-Mitigation-in-the-Context-of-Dual-Public-Health-Emergencies-v1.5.pdf
[8] https://www.canada.ca/en/health-canada/services/opioids/responding-canada-opioid-crisis/safer-supply.html
[9] https://www.nss-aps.ca/sites/default/files/resources/2019-Health-Canada-Safer-Supply-Tool-Kit.pdf
[10] https://www.camh.ca/en/health-info/mental-illness-and-addiction-index/amphetamines

Executive Summary

Canada's toxic drug poisoning crisis continues to grow, affecting people, families and communities and resulting in increased morbidity and mortality. [redacted] In response to the crisis, Health Canada supported implementation of safer supply pilot programs to provide alternatives to the illegal marketplace for people who use drugs (PWUD). Further, Health Canada convened our Expert Advisory Group (EAG) to conduct a two-phase analysis and produce two briefs on safer supply. This brief is the first of the two and reports on Phase 1 of this work. It focusses on [redacted]

During Phase 1, the EAG met virtually eight times from October 2022 until March 2023 to hear presentations from experts in the field including researchers, people with lived/living experience, and/or service providers delivering innovative safer supply projects. Following the presentations, members of the EAG were given the opportunity to ask questions. After presenters left the meeting, the EAG engaged in reflections and discussions about the information provided in the presentation. This report represents these discussions and subsequent written input provided from committee members.

[redacted]

[redacted]

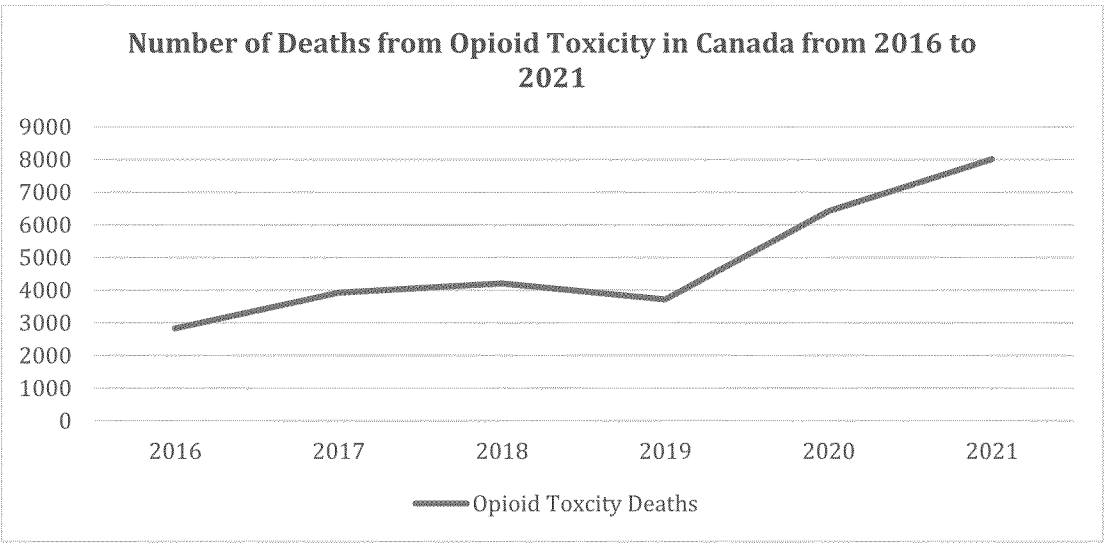
SECTION 1: PROJECT BACKGROUND AND PURPOSE

Background

Canada's toxic drug poisoning crisis continues to grow, affecting people, families and communities and resulting in increased morbidity and mortality. For example, in some provinces, deaths due to drug toxicity have led to declines in life expectancy.[11] Drug poisonings are adding a substantial burden to already overstretched emergency medical services and hospitals in many parts of the country. The high frequency and preventable nature of deaths is also negatively impacting health and social service providers who are experiencing burnout, grief, and moral injury.

The crisis is being driven by lack of access to a legal and regulated drug supply consequent to drug prohibition and the emergence of an illegal market. Lack of regulation creates a wide variance in content and toxicity resulting in a significant increase in injury and death for both the regular and occasional consumer.[12] From January 2016 through to December 2021, there have been 29,095 apparent opioid toxicity deaths (see Figure 1) and 30,969 opioid-poisoning related hospitalizations. This rate of death has continued, with 5,360 toxicity deaths (approximately 20 deaths per day) occurring in the first nine months of 2022.[13] People who use illegal drugs (PWUD) are also at increased risk for other negative health and social outcomes, such as brain injuries, severe infections, and victimization connected to stigma and discrimination. A disproportionate number also face barriers accessing health, housing, and social services.

Figure 1



Source: Federal, provincial, and territorial Special Advisory Committee on the Epidemic of Opioid Overdoses. Opioid- and Stimulant-related Harms in Canada. Ottawa: Public Health Agency of Canada; March 2023. https://health-infobase.canada.ca/substance-related-harms/opioids-stimulants/

[11] https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/death-review-panel/review_of_illicit_drug_toxicity_deaths_2022.pdf

[12] https://pubmed.ncbi.nlm.nih.gov/34061846/

[13] https://health-infobase.canada.ca/substance-related-harms/opioids-stimulants/

The Expert Advisory Group (EAG) on Safer Supply was established to provide independent expert advice to Health Canada on emerging evidence from safer supply pilot projects, which includes:

- Addressing barriers and identifying best practices or gaps in services;
- Knowledge transfer strategies with respect to safer supply; and
- Emerging needs related to safer supply, including options for lower-barrier models.

Purpose and Objectives

In 2022, Health Canada requested that the EAG on Safer Supply (Appendix A) provide advice [redacted] This work was divided into two phases (for more information on the two phases, see Appendix B). This report represents the results of Phase 1.

[redacted]

[redacted] A separate report will be created at the conclusion of this component.

To support the EAG, Health Canada hired Malatest to attend EAG meetings, compile detailed meeting notes and analyze the EAG discussion to develop the first report. EAG members were invited to review the draft report and provide feedback using an iterative process. The scope of Malatest's work on Phase 1 was as follows:

1. Work with the EAG from November 2022 to April 2023 by attending and capturing discussions at meetings.
2. Create the first report, which summarized recommendations of the EAG developed during Phase 1 of this project.

For a list of the meetings and the presenters in Phase 1, see Appendix C.

SECTION 2: FINDINGS

Based on discussions at the EAG meetings from October 2022 to March 2023, and subsequent reviews of report drafts, the following views of the EAG members[14] are reflected below. For a definition of terms, refer to the Glossary of Terms.

CONTEXT

[redacted]

CONSIDERATIONS

[redacted]

The *Controlled Drugs and Substances Act* prohibits possession of psychoactive drugs that are listed in that Act, such as opioids, stimulants, and psychedelic drugs unless prescribed. Due to the demand for these drugs, the illegal market has responded by establishing production, transportation, distribution and selling networks for an alternative drug supply that is highly variable in quality and potency and frequently toxic. People accessing this supply of drugs are at high risk of injury and death.

The illegal drug market is constantly evolving. There are a growing number of novel substances (i.e., opioids, benzodiazepines, tranquilizers, stimulants) that are sold in various combinations and forms on the illegal market are increasingly unpredictable in dose and effect. [redacted]

[14] Views of EAG members reflect their personal views and not the views of the organizations where they work.

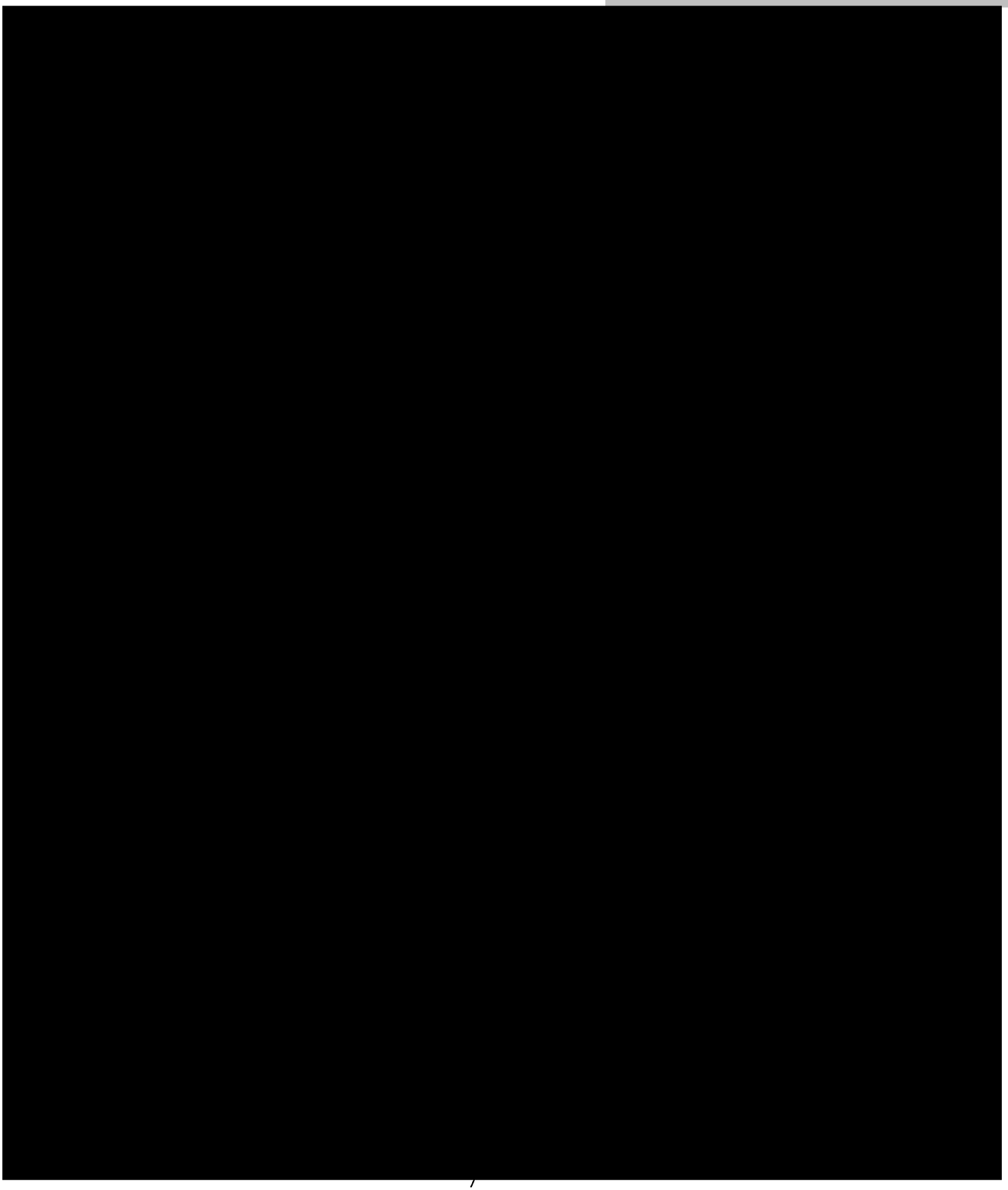
[redacted]

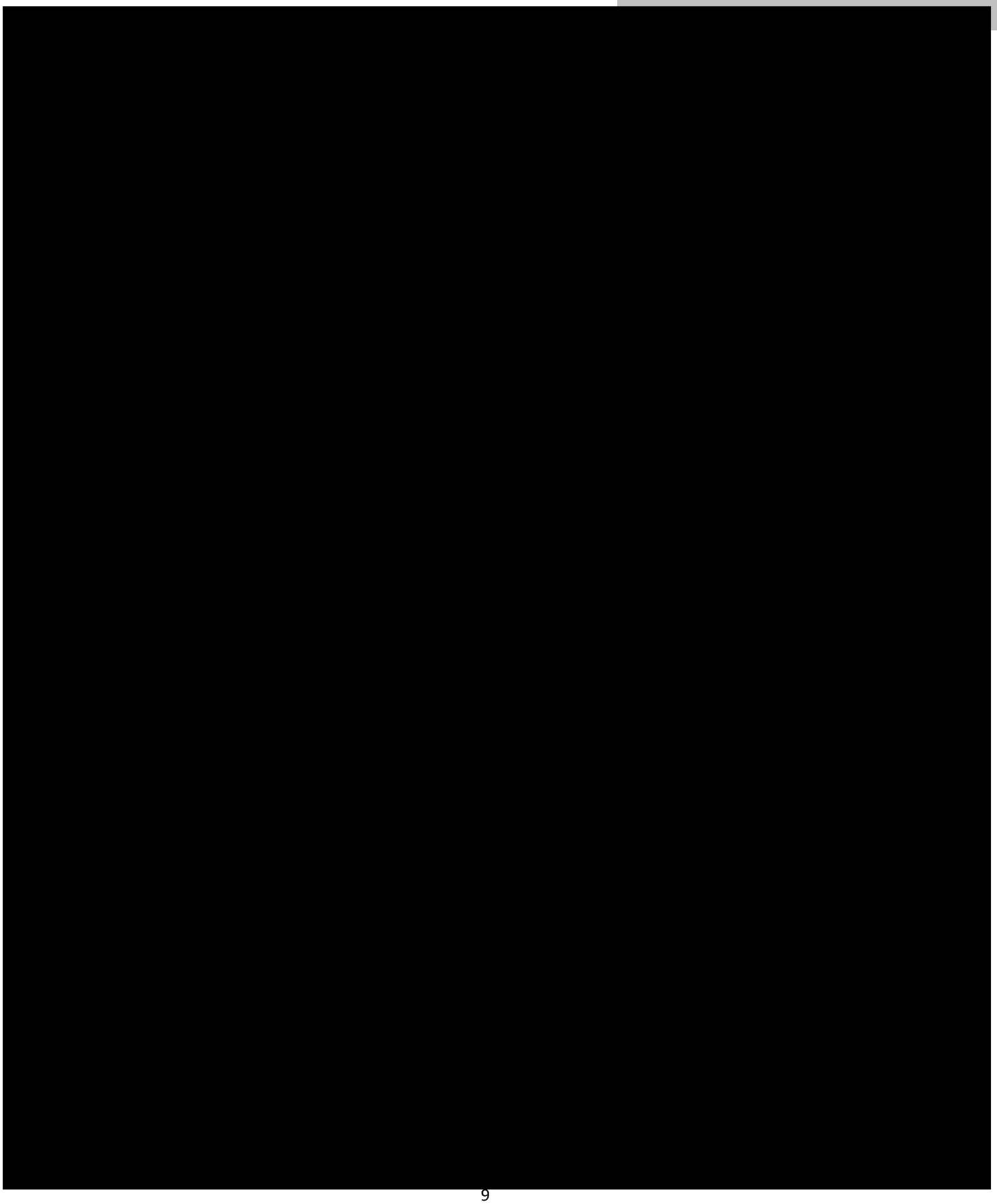
[redacted]

[redacted]

[redacted]

[24] http://www.bccdc.ca/Health-Professionals-Site/Documents/societal_consequences/Increased-Overdoses.pdf





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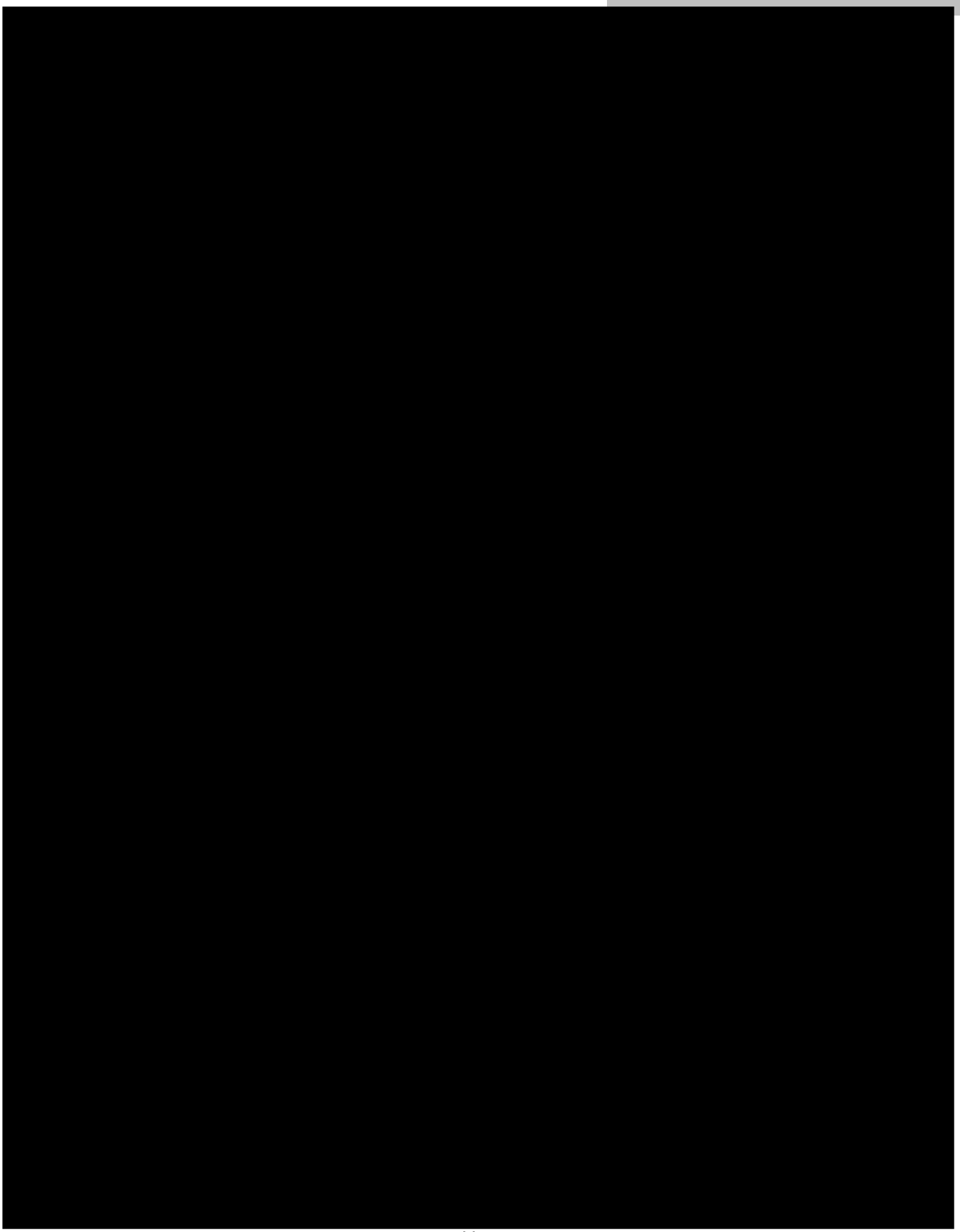

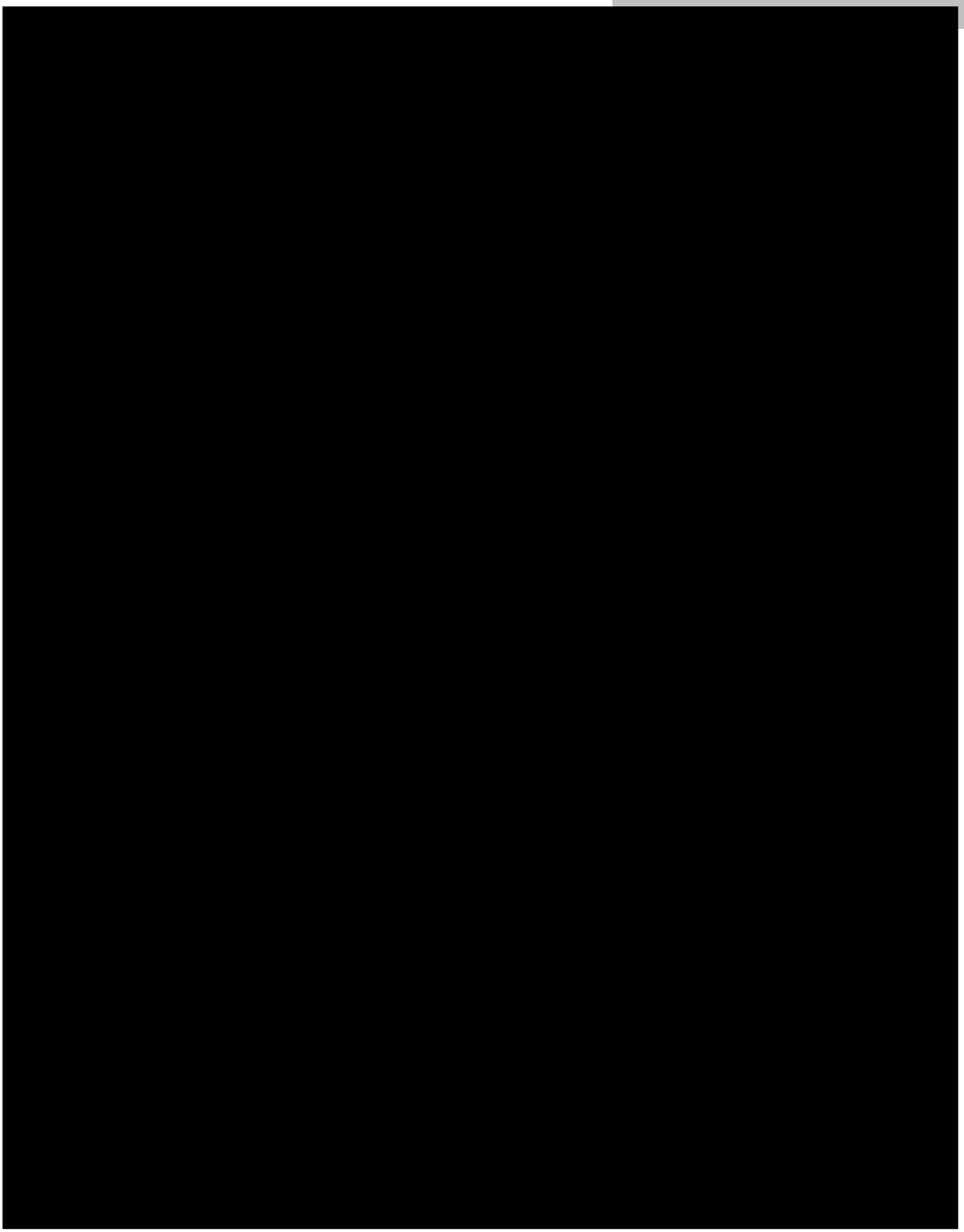

Appendix A

Membership List – Expert Advisory Group on Safer Supply

Acknowledgement of the Expert Advisory Group members' contributions to this report. Note, the opinions expressed do not necessarily represent the organizations where the members work.

Elaine Hyshka (Co-Chair)
School of Public Health, College of Health Sciences, University of Alberta

Jordan Westfall (Co-Chair)
Canadian Association for Safe Supply

Rob Boyd
Ottawa Inner City Health

Dr. Angela Carol
Hamilton Urban Core Community Health Centre, and Family Medicine McMaster University

Dr. Sara Davidson
River Stone Recovery Centre, Fredericton, New Brunswick

Brian Emerson
Office of Provincial Health Officer, British Columbia Ministry of Health

Tara Gomes
Ontario Drug Policy Research Network

Catherine Hacksel
Ottawa Inner City Health

Carol Hopkins
Thunderbird Partnership Foundation (a division of the National Native Addictions Partnership Foundation)

Mae Katt
Thunder Bay and Temagami First Nation

Frankie Lambert
Aids Community Care, Montreal

Dr. Carole Morissette
Direction régionale de santé publique du CIUSSS du Centre-Sud-de-l'Île-de-Montréal

Shanell Twan
Streetworks

Appendix B

Project Charter – EAG Analysis

SCOPE:

Health Canada has requested two analysis products from the Expert Advisory Group on Safer Supply (EAG).

[redacted]

Timelines for Item 1: The EAG members will participate in 4, two-hour virtual meetings, November to December 2022, with the final report due by end of January 2023. All EAG members are also invited to participate in/observe the three Knowledge Exchange Series meetings on safer supply being hosted by Health Canada in fall 2022. Additional informal meetings of the EAG could take place if needed (**for decision by Health Canada/EAG**).

[redacted]

Timelines for Item 2: The EAG members would participate in 4, two-hour virtual meetings over a period of approximately 8 weeks, from early February to late March, with the final report due in April 2023.

Note: The prompting questions provided above describe the extent of scoping guidance from Health Canada with respect to the desired reports. Beyond directly answering the above questions, the EAG is responsible for determining what other issues and considerations are included in their advice and reports to Health Canada.

ROLES AND RESPONSIBILITIES:

Health Canada will:

- Establish a contract with a report writer to support both phases of the EAG's analysis;
- Provide Secretariat support for group operations (setting up calendar invitations for meetings, drafting agendas/annotated agendas in collaboration with EAG, attaching meeting materials);
- Sending invitations to desired presenters; and
- Setting deadlines.

The Expert Advisory Group will:

- Be responsible for leading this work, working with their report writer. This will include sending the report writer content directly, communicating directly with them to provide feedback and drafts, etc.;
- Identify content for meeting agendas and materials and provide direction to Secretariat;
- Determine length of paper and what content will be included, respecting scope outlined by Health Canada;
- Identify a content lead if Co-Chairs do not have capacity to take on lead communication roles with report writer, EAG members, and Health Canada;
- Determine desired presenters; and
- Provide feedback on deadlines.

Appendix C

Expert Advisory Group Meetings and Presenters for Phase 1

Below is a list of the EAG meeting dates and the presenters for Phase 1.

EAG Meetings

The EAG met nine times via videoconference:

1. October 13, 2022 (not attended by Malatest)
2. November 17, 2022 (not attended by Malatest)
3. November 29, 2022
4. December 7, 2022
5. January 11, 2023
6. February 22, 2023
7. March 1, 2023
8. March 22, 2023
9. May 3, 2023 (not attended by Malatest)

Meetings included presentations from experts in the field including researchers, people with lived/living experience, and/or service providers delivering innovative safer supply projects. Following the presentations, members of the EAG were given the opportunity to ask questions. After presenters left the meeting, the EAG engaged in reflections and discussions about the information provided in the presentation.

Presenters

- Health Canada presented information on the federal legislative and regulatory framework governing controlled substances.

[redacted]

Appendix D

Values and Principles of Safer Supply Programs

Safer supply programs need to consider a number of values and principles, many of which were outlined during a Knowledge Exchange Session called *Imagine Safe Supply, Values and Principles for Community Oriented Safe Supply* (held November 22, 2022). The emphasis is on harm reduction with the goal of keeping people alive.

Values include:

- Enhancing community capacity
- Supporting autonomy
- Respecting self-determination
- Being culturally inclusive
- Establishing trust and commitment
- Incorporating mutual care
- Including families
- Being person-centered
- Employing supportive staff trained to deal with difficult situations but who also have support to avoid burnout
- Meeting people where they are in terms of their drug use
- Providing various levels of support based on individual need
- Connecting people to other community services including primary care services
- Doing outreach to groups of people who may be active community members (e.g., tradespeople)
- Evidence-based
- Focussed on keeping PWUD alive

Principles that are important for safe supply programs are:

- Leadership (e.g., involvement of people who are respected by the community)
- Drug-user decision-making with meaningful feedback
- Confidentiality
- Ease of access
- Low barrier
- Inclusion
- Respect
- Tailored to the community

Expert Advisory Group on Safer Supply

[redacted]

Policy Brief

June 2023

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APPENDICES

Glossary of Terms

CAPUD: Canadian Association of People who Use Drugs.

Controlled Drugs and Substances Act (CDSA): An Act administered by Health Canada respecting the control of certain drugs, their precursors and other substances that forbids their sale, export, import, possession, and production unless exemptions have been authorized for specific purposes (e.g., medical, scientific, industrial). [1] [2]

EAG: Expert Advisory Group on safer supply convened by Health Canada.

Opioid agonist treatment (OAT): A treatment for opioid use disorder. Methadone (oral) or buprenorphine (including oral, subcutaneous, injectable, and implantable formulations) are prescribed as treatment to reduce cravings and prevent withdrawal.[3]

PWUD: People who use drugs.

Safe Supply: The Canadian Association of People who Use Drugs uses the term **safe supply** to refer to "a legal regulated supply of drugs with mind/body altering properties that traditionally have been accessible only through the illicit drug market." [4]

Safer Supply: Health Canada uses the term **safer supply** to refer to providing regulated medications as a safer alternative to the illegal drug supply to people who are at risk of overdose. The goals of safer supply services are generally to help prevent overdoses, save lives, and connect people who use drugs to other health and social services. Safer supply programs are a novel intervention that build on the evidence base for conventional opioid agonist treatment (OAT) (e.g., methadone and buprenorphine), and injectable medication (iOAT) (e.g., diacetylmorphine; hydromorphone).[5] [6]

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[1] https://laws-lois.justice.gc.ca/eng/acts/c-38.8/page-1.html

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[3] www.camh.ca/-/media/files/oat-info-for-clients.pdf

[4] https://www.capud.ca/capud-resources/safe-supply-projects

[5] https://www.canada.ca/en/health-canada/services/opioids/responding-canada-opioid-crisis/safer-supply.html

[6] https://www.nss-aps.ca/sites/default/files/resources/2019-Health-Canada-Safer-Supply-Tool-Kit.pdf

About this brief

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1. Addressing barriers and identifying best practices or gaps in services;
2. Knowledge transfer strategies with respect to safer supply; and
3. Emerging needs related to safer supply, including options for lower-barrier models.

In 2022, Health Canada requested that the EAG (Appendix A) [redacted] This work was divided into two phases (for more information on the two phases, see Appendix B). Phase 1 focused on [redacted]

[redacted]

This brief represents the results of Phase 2. Note that in Phase 1 of this work, the EAG was able to consult with safer supply programs and other external stakeholders, and was supported by a contract report writer, who drafted the first report with input and revisions from EAG members (for further information please see EAG Report 1).[8] Due to a confluence of factors, a report writer was not made available to the EAG for phase 2, nor was there sufficient time to allow for presentations or meetings with external stakeholders prior to the completion of the project, and formal end of the EAG's term. The advice presented below should be viewed as preliminary and high level. [redacted]

[redacted]

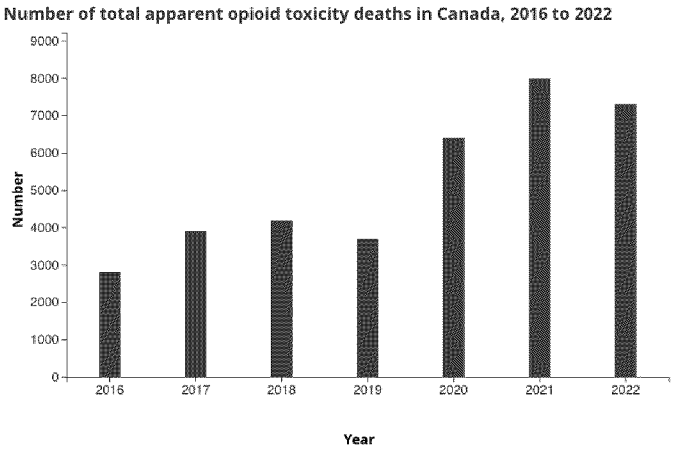
[redacted]

Background

Canada's toxic drug crisis continues to grow, affecting people, families and communities and resulting in increased morbidity and mortality. In some provinces, deaths due to drug toxicity have led to declines in life expectancy.[9] Drug poisonings are adding a substantial burden to already overstretched emergency medical services and hospitals in many parts of the country. The high frequency and preventable nature of deaths is also negatively impacting health and social service providers who are experiencing burnout, grief, and moral injury.

The crisis is being driven by lack of access to a legal and regulated drug supply consequent to drug prohibition and the emergence and operation of a large and lucrative illegal market. Lack of regulation creates a wide variance in content and toxicity resulting in a significant increase in injury and death for both the regular and occasional consumer.[10] From January 2016 through to December 2022, there have been 36,442 apparent opioid toxicity deaths (see Figure 1) and 36,233 opioid-poisoning related hospitalizations. This rate of death has continued, with 7,328 toxicity deaths (approximately 20 deaths per day) in 2022.[11] People who use illegal drugs (PWUD) are also at increased risk for other negative health and social outcomes, such as brain injuries, severe infections, victimization connected to violence in illegal markets, stigma and discrimination. A disproportionate number also face barriers accessing health, housing, and social services.

Figure 1



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[9] https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/death-review-panel/review_of_illicit_drug_toxicity_deaths_2022.pdf

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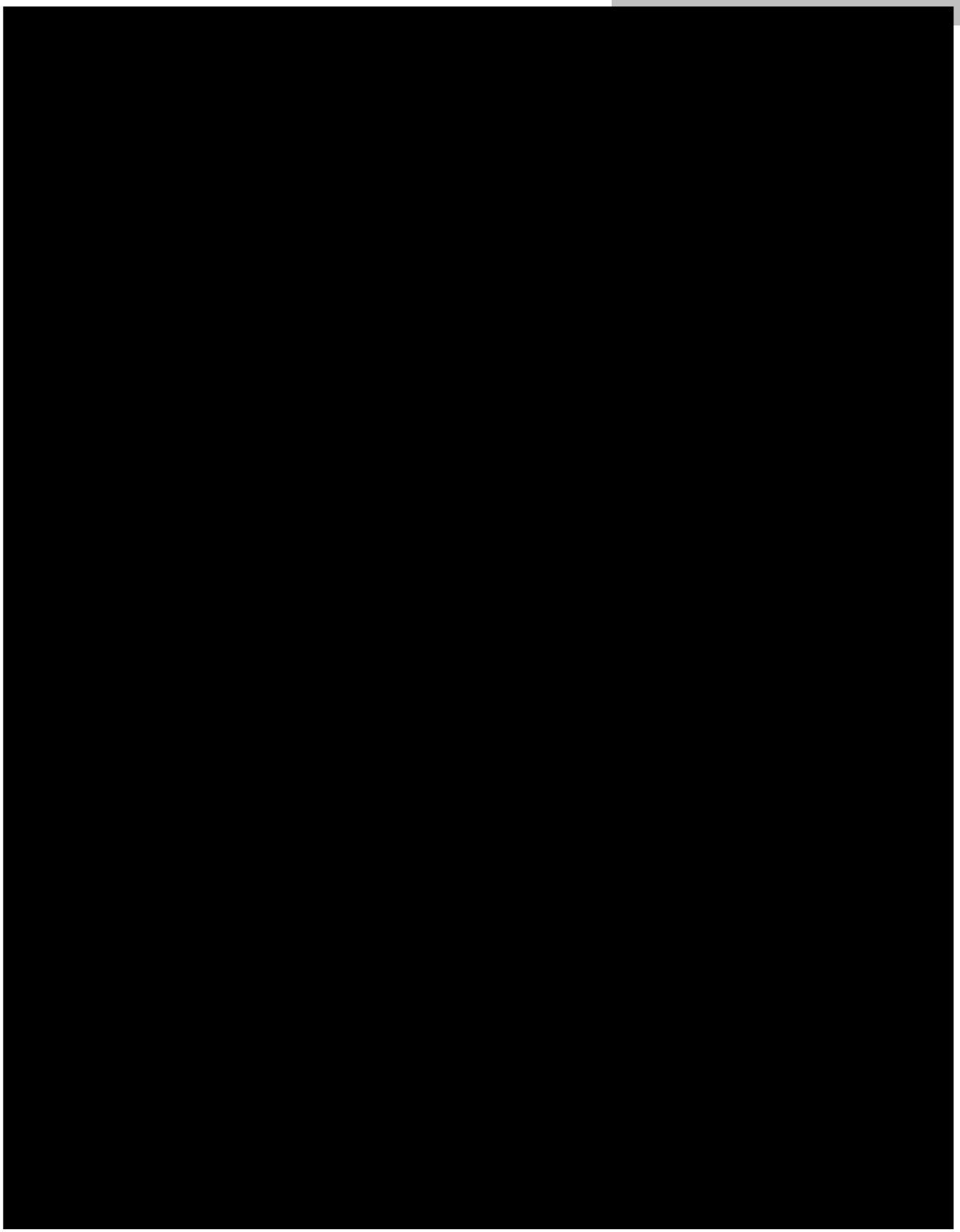

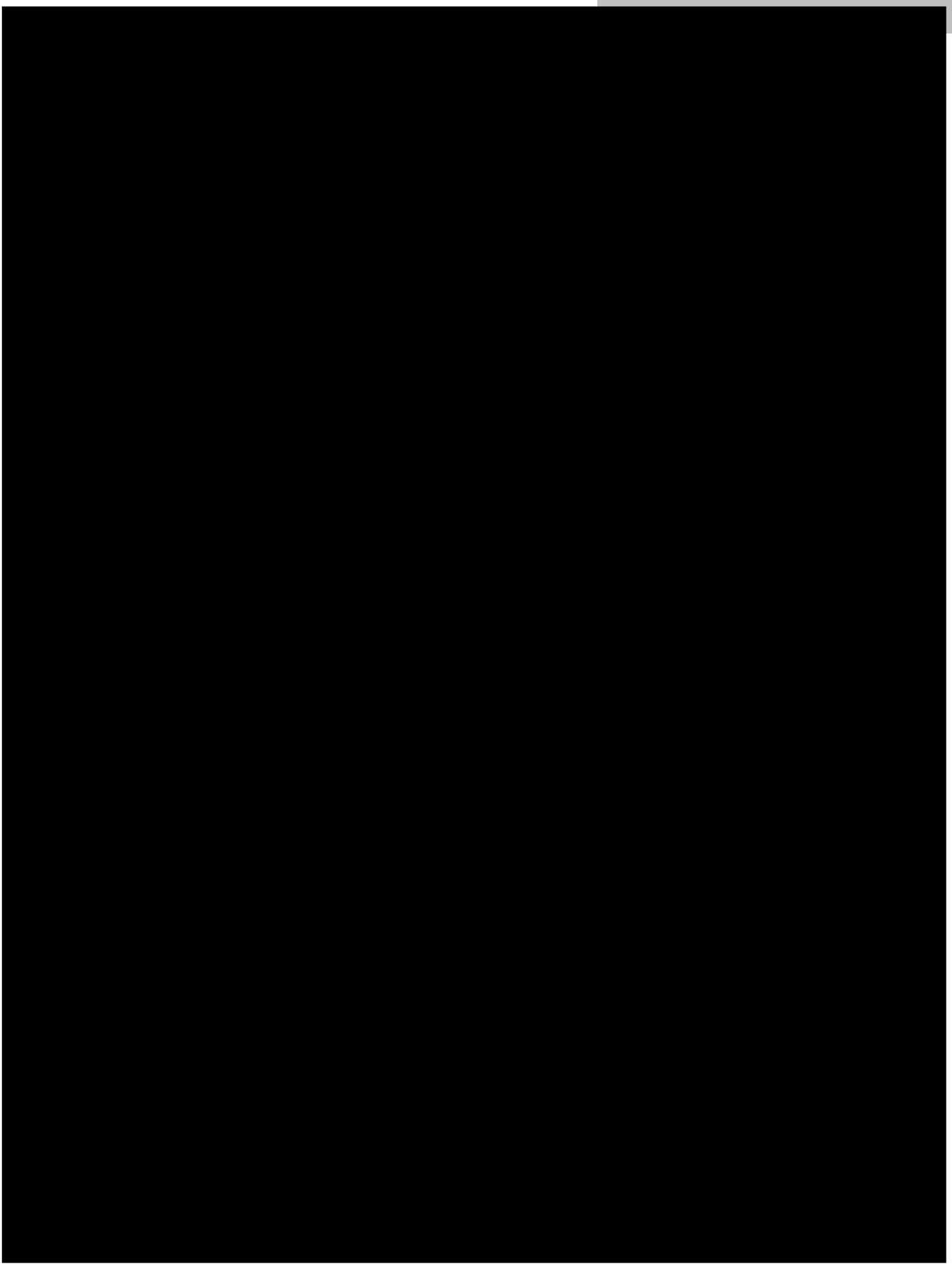

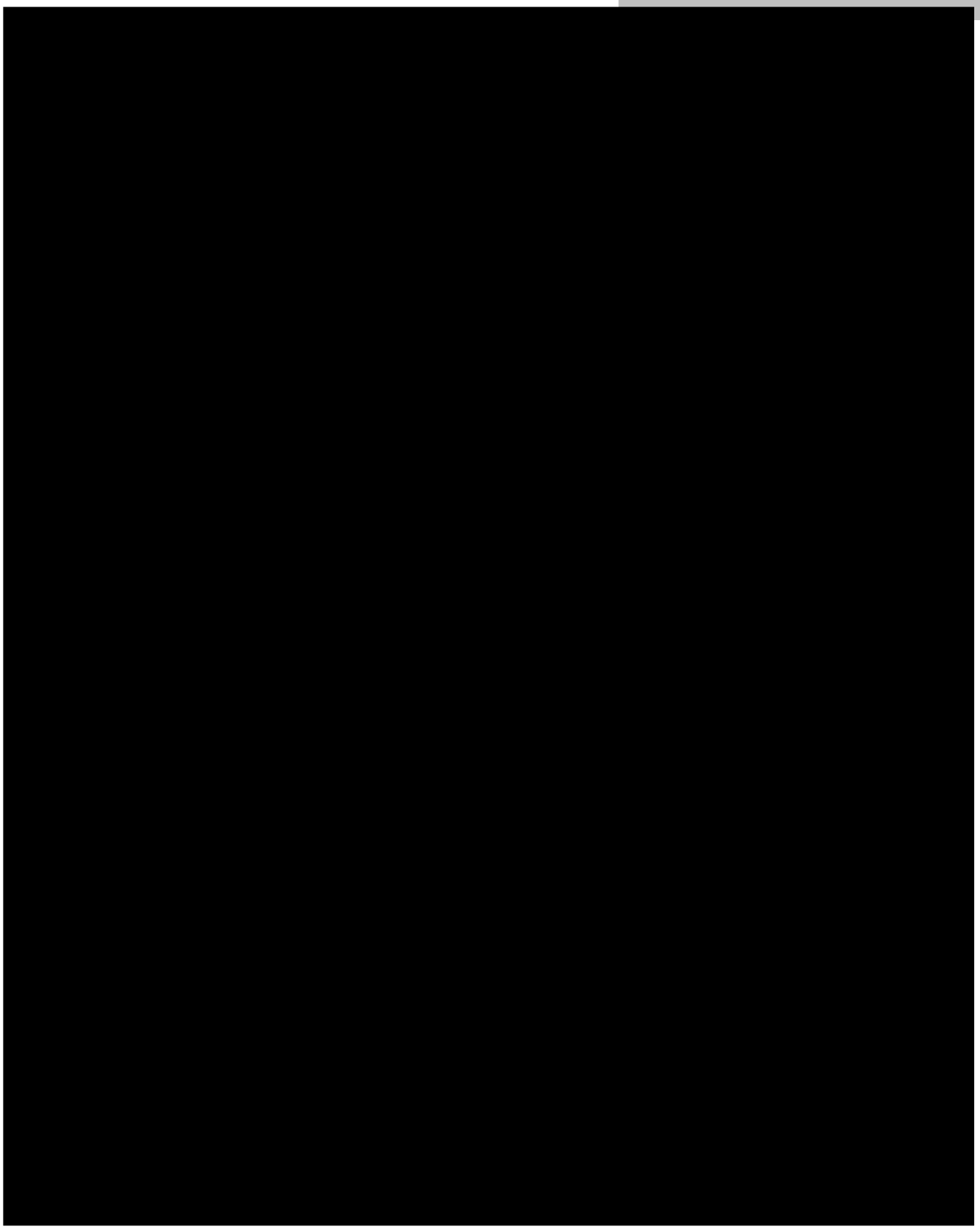

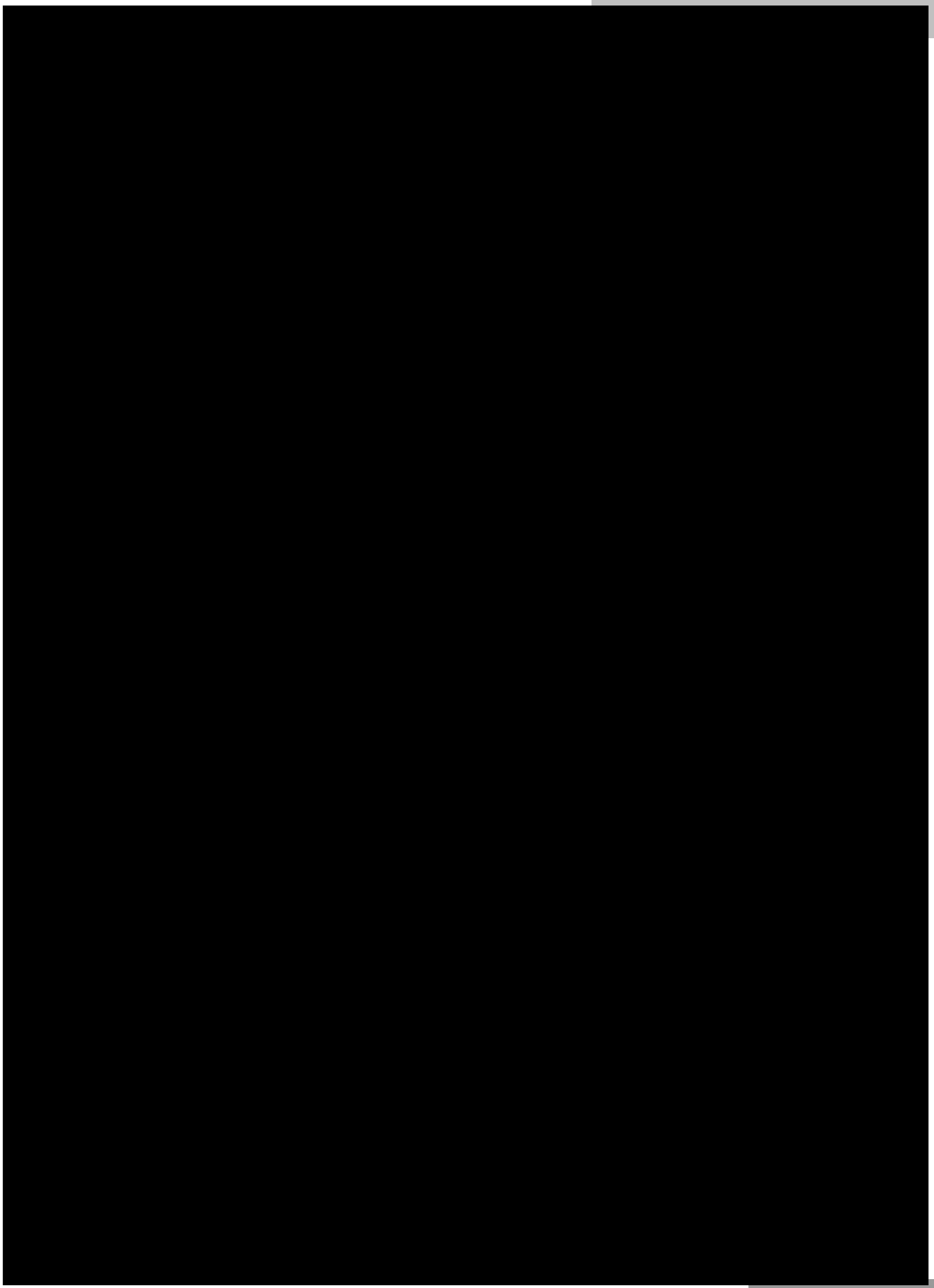

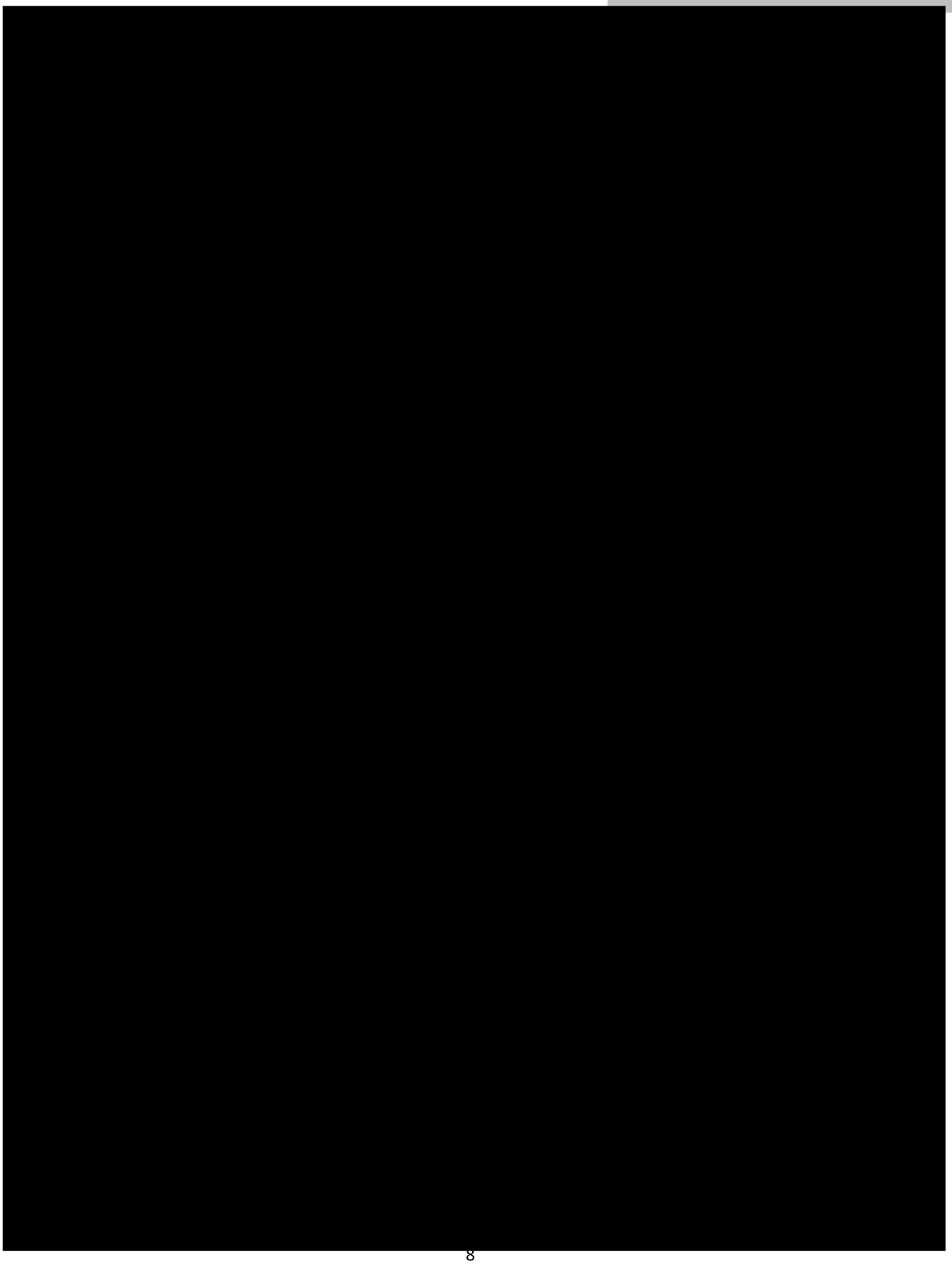

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Shanell Twan
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Appendix B

Project Charter – EAG Analysis

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Timelines for Item 2: The EAG members would participate in 4, two-hour virtual meetings over a period of approximately 8 weeks, from early February to late March, with the final report due in April 2023.

Amendment: Due to a variety of circumstances, Health Canada has requested a policy brief for the second phase of work. The deadline to submit both products, the Phase I Report and Phase II Policy Brief, has been extended to June 30, 2023.

Note: The prompting questions provided above describe the extent of scoping guidance from Health Canada with respect to the desired reports. Beyond directly answering the above questions, the EAG is responsible for determining what other issues and considerations are included in their advice and reports to Health Canada.

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