Date: February 28, 2024

CC: To the House of Commons Standing Committee on Health

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Re: Call for Submissions on the Study: "Opioid Epidemic and Toxic Drug Crisis in Canada".

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Acknowledgement

We acknowledge that our work is taking place on the unceded and traditional territories of First Nations, Metis, Inuit, and Indigenous First Peoples. We recognize that our work takes place on lands that are steeped in rich Indigenous history, traditions, and teachings. We are committed to learning from Indigenous Elders and knowledge keepers, and to incorporating Indigenous knowledge and perspectives into our work.

This policy brief represents the collective power of **twenty-six organizations** and **fifty-two** passionate peers, allies, and experts who have united as one formidable voice to propose rational and actionable strategies to reduce the harms caused by the current drug policy which is rooted in racist and colonial ideology. This brief is dedicated to those we've needlessly lost as a result of Canada's nonsensical and counterproductive drug policy.

Disclaimer

The opinions expressed in this brief do not necessarily reflect those of the authors' employers and funders.

Context

Canada is in the midst of a drug-poisoning crisis fueled by the unpredictable, illicit drug supply. It is important to recognize that the vast majority of overdose deaths involve fentanyl or other potent synthetic opioids from the illicit drug supply, not prescribed pharmaceutical-grade opioids.[1] Rates of illicit drug use and substance use disorder (SUD) have remained stable since 2017 suggesting the increases in drug-involved deaths stem from the unpredictability and contamination of the unregulated, illicit drug supply.[2-4] From January to March 2023, there were 1,904 apparent opioid toxicity deaths in Canada, averaging 21 deaths per day.[5] The number of opioid-related poisoning hospitalizations during this period was similar to the same period in 2022.[5] Most of these hospitalizations occurred in Ontario, British Columbia, and Alberta.[5]

In British Columbia, 1,455 people died from drug poisoning in the first seven months of 2023, setting a record for the province.[6] In September 2023 alone, 175 lives were lost to toxic drugs in British Columbia, averaging approximately 5.8 deaths per day.[7] In Ontario, 2,535 people died from apparent opioid toxicity in 2022 with 94% deemed accidental.[4] Statistics from 2021 in Ontario reveal that over two-thirds (68.1%) of opioid-involved deaths involved other substances and 90% of opioid-involved deaths involved non-pharmaceutical opioids.[6,8] In November 2023 alone, 306 suspected drug-related deaths occurred in Ontario, averaging over 10 deaths per day.[9] Recent reporting reveals that 2023 was Alberta's deadliest year on record with 1,706 overdose deaths.[10]

These figures highlight the severity of the drug-poisoning crisis in Canada. The crisis is particularly severe in provinces like British Columbia and Alberta, where record numbers of drug-poisoning deaths have been reported in 2023. The data underscores the urgent need for interventions to address this public health emergency.

Background

Prescribed Alternatives to the Toxic Drug Supply (PATDS)–also known as Safe Supply, Safer Supply, Prescribed Safer Supply, Risk Mitigation Prescribing–has been implemented primarily in British Columbia, Ontario, and New Brunswick to reduce the harms associated with the unpredictable, illicit, unregulated drug supply. The primary overarching principle behind PATDS is that providing people with a pharmaceutical alternative of known content and concentration will allow people to better manage the amount they consume thus reducing the risk of overdose and overdose death. Secondary benefits include reductions in hospitalizations, improved health outcomes, reductions of consumer involvement in the illicit market, and reductions in petty crime to fund drug procurement.[11]

Marginalized populations continue to be disproportionately impacted by the overdose crisis, including those experiencing homelessness, poverty, and mental illness.[12] Supply-side reduction strategies–ex. drug seizures, arrest of drug dealers, etc.–only lead to more variation in the supply creating a less predictable and more dangerous illicit drug supply.[13,14] Prohibiting drugs encourages the production and use of uncontrolled analogues that can lead to overdoses when unknowingly (i.e. fentanyl) introduced into the illicit drug supply. Prohibition also fuels violence as drug dealers and consumers have no legal recourse to address business disputes.[15]

The combination of violence, crime, and death directly attributable to drug prohibition more than justifies the pursuit of alternative strategies that have the ability to (1) reduce deaths caused by illicit, unregulated substances, (2) reduce consumer involvement in the illicit market, (3) reduce the reliance on petty crime to obtain money to procure drugs from the illicit market, and (4) prevent money going into the illicit drug market operated by cartels, gangs, and mafias.[16-20] Scaled up PATDS interventions that meet the needs of people who use drugs have the ability to yield these positive outcomes for individuals and society.

For these reasons and others, this strategy has been recognized by physician and nursing professional bodies, health authorities, and the Health Canada Expert Task Force on Substance Use as a vital component to reducing overdose deaths caused by the illicit, unregulated drug supply.[21-27] PATDS are also supported by the Canadian Association of Chiefs of Police (CACP) and Ontario Association of Chiefs of Police (OACP) as a public health approach to substance use.[28,29] CACP and OACP also acknowledge that many people with a problematic relationship to drugs commit petty crimes such as theft, breaking and entering, and robbery to support their drug use and that PATDS has the potential to reduce crime and improve public safety.[28,29]

Furthermore, two ethical analyses were conducted and concluded that expanded access to PATDS was ethical and imperative.[30-32] The ethical analysis from the B.C Office of the Provincial Health Officer states that if the “most effective ways of reducing adverse reactions to drug usage is to provide access to a pharmaceutically controlled drug supply as an alternative to what currently is available through uncontrolled and unsupervised street interactions, then society has an obligation to do so.”[33] That ethical analysis also concludes that substance use must be understood as a public health issue and through a social determinants of health lens and that effort and investment must be made to address income inequality, lack of access to safe and secure housing, decolonization and reconciliation in addition to PATDS in order abate this crisis.[34]

Recent research reveals that people receiving PATDS have reduced their chance of overdose death by 89% compared to those who used illicit, unregulated opioids and did not have access to PATDS.[17] This substantial reduction in overdose death can be attributed to people knowing (1) what drug and (2) how much they are consuming (which is not possible with the illicit, unregulated supply). This information allows people to tailor their use to their needs and desired effect without unwittingly overconsuming. As an example, consider the harm to a consumer who ordered a cocktail containing ‘vodka’ in an unregulated alcohol market where the cocktail they received instead contained grain alcohol (more potent than vodka) contaminated with methanol (which can cause blindness and death). The consumer is unaware of what they’re consuming, its potency, and its contaminants which significantly increases the chance of harm. Regulated substances can also be recalled due to contamination or mislabelling to protect consumers just as over 70 cannabis products have been recalled since legalization. If alcohol were made

illegal again, we would almost certainly see high rates of poisoning just as we are with unregulated opioids. The regulation of alcohol, cannabis, and pharmaceuticals is in place to protect consumers and permit them to make educated decisions on their substance use based on factual information. It is discriminatory and arguably a violation of the Canadian Charter of Rights and Freedoms to not extend these same life saving protections to people who use illicit substances.

The ability for people to access a regulated market also decreases their involvement as well as funding of the illicit market.[16,18,19,35] In order to achieve this goal, Canadians must have adequate access to a legal, regulated supply of the same or similar substances at comparable doses in order to outcompete the illicit, unregulated market. This aligns with the recommendation from the ethical analysis from the B.C Office of the Provincial Health Officer that concludes that, "pharmaceutical alternatives should be safe, effective and appropriate in response to the needs of the affected person".[33] Absent access to comparable substances and doses, people will continue to access the illicit, unregulated market and needlessly be placed at increased risk of overdose and death.[16] Canadian pharmaceutical companies are nearly unable to manufacture the controlled substances needed to reverse this crisis due to excessive regulation.[4,6] Although it is possible to obtain legal authorization to produce and store controlled substances, the established licensing requirements for legal producers of high-value controlled substances continue to pose a major challenge for pharmaceutical companies in Canada seeking to produce life-saving pharmaceutical products for people who use drugs.[36] Aligning production regulations for substances such as diacetylmorphine (heroin) and methamphetamine with hydromorphone and amphetamine (both arguably as 'high-value' in the current market) would permit Canadian pharmaceutical companies to produce adequate amounts to meet the needs of people who qualify for PATDS. The currently available options for providing regulated pharmaceutical products fail to adequately serve those in this population.[34] The lack of rational and obtainable licensing requirements has reduced the country's ability to respond with the scalable production of the necessary substances and formulations needed to address this crisis.

Concerns over diversion and its harms have been overblown and fuelled by misinformation for political gain. The ethical analysis conducted by the B.C. Office of the Provincial Health Officer concurrs and concludes that, "realistic considerations suggest that their [non-PATDS patients] ability to access quality-controlled pharmaceuticals would reduce the incidence of harm that would otherwise be caused by their use of toxic drugs."[33] This is further supported by data pre- and post-PATDS that show no increase in hydromorphone-involved overdoses as would be predicted if mass diversion was occuring to the broader community.[37,38] This data suggest that hydromorphone prescribed as part of PATDS is not contributing to the increase in opioid-involved toxicity deaths.[37,39,40] Furthermore, a recent study on PATDS demonstrated an 89% reduction in overdose related death when compared to similar people with opioid use disorder but not receiving prescribed pharmaceutical opioids.[17] This large reduction in overdose-related death strongly suggests that the vast majority of prescribed pharmaceutical opioids from PATDS are being taken by those prescribed or such a significant reduction in overdose related deaths would be unlikely. Studies suggest that the diversion occurring is due to PATDS not meeting people's needs (doses being too low) and as a form of mutual aid to support others experiencing withdrawal and reducing others' exposure to the illicit, unregulated drug market.[11,41] Providing appropriate doses, substances, and widespread low-barrier access to PATDS is arguably the best way to prevent diversion. Concerns that widespread low-barrier PATDS would reignite a second prescription opioid crisis lacks merit. First, there is widespread understanding of the harms associated with opioid use contrary to the 1990s when risks were consistently downplayed to increase prescribing.[42] Second, the availability of a drug does not automatically mean that use will increase. Case in point is tobacco in which access has largely remained unchanged over the past two decades yet tobacco consumption has dropped 16.9% between 2000-2022.[43]

The federal government should also begin constructing regulations to govern the operation of compassion clubs. A recent study of an unsanctioned compassion club providing tested and accurately labeled heroin, cocaine, and methamphetamine to club members demonstrated reductions in non-fatal overdoses similar to medicalized PATDS.[44,45] A consistent critique of medicalized PATDS is their inability to provide access to the doses and substances the population requires and is unable to support the large number of people requiring access to PATDS.[46,47] The operators of the aforementioned compassion club sought a federal exemption from Health Canada to operate but were ultimately denied and later arrested.[48,49] This case shares similarities with the previous battle for medical cannabis compassion clubs two decades prior that resulted in Health Canada being court ordered to construct regulations for the legal operation of medical cannabis compassion clubs. Creating a regulatory framework for regulation and distribution was also a key recommendation of the Health Canada Expert Task Force on Substance

Use making their actions to deny an exemption to a compassion club contrary to their own recommendations.[50] We strongly advise Health Canada to not waste precious time and voluntarily begin constructing a rational regulatory framework that would permit the operation of compassion clubs to ensure people in need have access to a tested and accurately labeled supply capable of reducing overdoses.

In conclusion, we applaud the federal government's initial investment into PATDS to establish proof of principle and the ethical imperative to provide people with a regulated, pharmaceutical-grade supply to reduce overdose deaths. It is now time to substantially invest, expand, and promote PATDS in order to meet the needs of the hundreds of thousands of people at increased risk of death from the illicit, unregulated toxic drug supply. Additionally, frameworks for alternative yet similar strategies that provide people with a regulated supply–such as compassion clubs as well as the creation of a legal, regulated market–should simultaneously be pursued so the country is best positioned to accommodate those lacking access to prescribers. Specific recommendations on how to best pursue, amend, and expand the described programs are provided below. Absent PATDS and a regulated supply, the death toll will almost certainly continue to rise, more families will be forced to bury their loved ones, and this crisis will rage on unabated.

Recommendations

1. **Amendment** to **section 56** of the **CDSA** to **include Compassion Clubs**, defined as; a cooperative (or "co-op"), as an autonomous and democratic enterprise owned and operated by its members who share its benefits as they work towards mutually set goals.[51-53]
2. **Amendment** to **section 4(1)** of the **CDSA** to No person shall produce a substance included in Schedule I, II, III or IV **without a license** issued by the Minister of Health.[51-53]
3. **Repeal Section 5** of the **CDSA** or to **Amend Section 5(1)** of the **CDSA**. Proposed wording; No person shall possess a substance included in Schedule I, II, III or IV for the purpose of trafficking without a *valid* license issued by the Minister of Health.[64]
4. **Repeal subsection 4(7)(a)(i)** of the **CDSA.** Implication: Those who want to obtain substance included in Schedule I **will not be penalized.**[64]
5. **Repeal Section 5(3)a** of the **CDSA** due to its extreme penalty for trafficking substance included in Schedule I, II, III or IV which states that if the subject matter of the offence is a substance included in Schedule I or II, is guilty of an indictable offence and liable to imprisonment for life.[64]
6. **Repeal Section 6 of the CDSA or follow the proposed amendment of Section 6(1) to add an exemption for the importation of opium for personal, medical or scientific purposes. 64**
7. **Repeal Section 8 of the CDSA or amend by;**
    a. **Adding subsections to define 'small amount' for the purposes of subsection 8(1).**
8. **Amendment** to Section **2.8 Sales NCR 25.4** to include all populations that meet the criteria for severe opioid use disorder and severe stimulant use disorder.[54]
9. **Amendment** to section 2.5 Personnel **FDR Part G, G.02.001 (2) Qualifications (i)** to include individuals with Lived/Living Experiences.[55] Peer-led interventions are a promising approach to engaging people who remain disconnected from health services.[56]
10. Amendment to the **Narcotic Control Regulations - C.R.C., c. 1041 (Section 35)** to repeal subsection 1(b) and 1(c).[57]
11. Amendment to the **Narcotic Control Regulations - C.R.C., c. 1041 (Section 31)** to repeal subsection 2(b).[58]
12. Amendment to the **Narcotic Control Regulations - C.R.C., c. 1041 (Section 33)** to allow the Minister of Health to issue a license to a person/organization to produce pharmaceutical grade diacetylmorphine for personal, medical and/or scientific purposes.[65]
13. **Amendment** to **Section 24(1) of the Narcotic Control Regulations** to allow for pharmaceutical supply provision of narcotics **including inhalable and injectable formulations of diacetylmorphine (heroin)** from the licensed dealer to individuals at risk of overdose death from toxic illegal drugs and to the designated Safe Consumption Sites (SCS).[59]
14. **Amendment** to the **Narcotic Control Regulations - C.R.C., c. 1041 (Section 31)** to **add a subsection for Diacetylmorphine (Heroin);** A pharmacist may sell or provide Diacetylmorphine, including inhalable options, to the following persons, in addition to the persons referred to in subsection (2).[58]
15. Amendment to the **Narcotic Control Regulations - C.R.C., c. 1041 (Section 65)** to **include Diacetylmorphine;** "On receipt of a written order or prescription signed and dated by a practitioner, the

person in charge of a hospital may permit a narcotic, including diacetylmorphine (heroin), to be administered to a person under treatment as an in-patient or out-patient of the hospital, or to be sold or provided for the person."[60]

16. **Amendment** to the **Narcotic Control Regulations - C.R.C., c. 1041 (Section 25.2)** to include Diacetylmorphine.[61]
17. Standardized procedure and regulations for the operation of **Indoor Safe Inhalation Spaces**.
18. **Streamline access** to evidence-based treatment methods at any point of contact within the health and social service systems.
19. Support a variety of pharmaceutical **amphetamine alternatives** to address the needs of people who use stimulants.[56]
20. Providing **pharmaceutical options** as one of the **diversified options for care** ensures appropriate treatment access for vulnerable groups.[60]
21. The Canadian government should provide **subsidies to non-profit pharmaceutical corporations to enable them to meet the established Health Canada guidelines for the legal manufacture, storage, and sale of high-value controlled substances** (i.e. substances with an illicit value of $250,000 per kg or higher). Subsidies would allow these non-profits to legally produce and distribute such controlled substances, potentially helping to address the toxic illegal drug supply.
22. **Include Diacetylmorphine (Heroin) Transdermal Patches** as a PATDS option for people who use opioids and are currently on Patch-for-Patch (P4P) return programs.
23. **Partnership with Provincial Health Authorities:** Pursuant to its constitutional authority over health matters, Parliament is strongly encouraged to enter into cooperative agreements with provincial health authorities to augment the capacity for individualized opioid and stimulant treatment options. Such partnerships would enable the Parliament to harness the expertise and resources of provincial health authorities, thereby facilitating the implementation of evidence-based measures to address the urgent need for accessible and effective opioid and stimulant treatment services. This collaborative approach would ensure a coordinated and comprehensive response to the toxic drug crisis, maximizing the utilization of available resources and minimizing duplication of efforts.
24. **Increase Capacity for Individualized Treatment Options**: Considering that 3% of Canadians, which translates to about 1.1 million individuals, reported past-year use of at least one of six illegal drugs, the capacity for individualized treatment must at least be able to accommodate 100,000 Canadians.[2,53] Increasing the availability of take home doses can improve treatment retention.
25. **Enact Recommendations from Health Canada Expert Task Force on Substance Use Immediately:** The Expert Task Force unanimously recommended an end to criminal penalties for simple drug possession (decriminalization) and support the creation of a legal framework for the regulation of drugs (legalization) to reduce deaths from the illicit, unregulated drug supply.[62]
26. **Addressing Conflicts of Interest**: Require all persons testifying on PATDS and drug policy to declare all potential or perceived financial conflicts of interest. Many opponents of PATDS own, in part or in full, urine drug screening companies, abstinence-based addiction treatment centers, rapid access addiction medicine (RAAM) clinics (i.e. methadone and buprenorphine), pharmacies, etc. that may financially benefit by restricting access to PATDS and a regulated market. Financial interests are typically protected by 1) misrepresenting anecdotal information as research and/or fact and 2) omitting pertinent peer-reviewed research from analyses as done in prior debates on harm reduction strategies such as supervised consumption services.[63]

Nominating Organizations General Introduction

The J Healthcare Initiative We are a Canadian non-profit organization dedicated to improving healthcare access for people who use drugs. We leverage technology innovations and engage meaningfully with past and current drug users to drive change. Our mission is to reform drug policy, normalize substance use healthcare, and end the drug poisoning crisis. We collaborate with peers, allies, medical professionals, and policymakers to achieve these goals. .

Toronto Harm Reduction Alliance (THRA) is a coalition of people who use drugs, workers, students, researchers, and allies. We are advocates working to end prohibition and save lives. We believe in harm reduction as a philosophy and a socio-political approach to support people who use drugs. We are the beating heart and frontrunners for harm

reduction and policy change in the GTA, constantly working to reduce the harms associated with the criminalization of drug use.

Potential Conflicts of Interest
BWS has no personal or financial conflicts of interests to declare
AJ has no personal or financial conflicts of interests to declare
JS has no personal or financial conflicts of interests to declare

Thank you for reading our brief

Sincerely,

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3. Natasha Touesnard on behalf of Canadian Association of People Who Use Drugs (CAPUD)
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5. Petra Schulz on behalf of Moms Stop The Harm
6. Leslie McBain on behalf of Moms Stop the Harm
7. Jamie Sinclair on behalf of Lifeguard Digital Health
8. Daniel Snyder on behalf of Langley Community Action Team
9. Atika Juristia on behalf of The J Healthcare Initiative
10. Robert Guerra on behalf of Collier Collective LLC
11. Scott Maclean on behalf of Street Health Community Nursing
12. Shay J. Vanderschaeghe on behalf ofAAWEAR
13. Gregory V Nash on behalf of London InterCommunity Health Centre
14. Deborah Sheila Schmitz on behalf of BC Hepatitis Network
15. Natalie Smith on behalf of Eva's Initiatives for homeless youth
16. Shelley Turner on behalf of Ekosi Health Centre Corp
17. Carolyn King on behalf of Peterborough 360 Degree NPLC
18. Patty Wilson on behalf of Alberta Nurses Coalition For Harm Reduction (ANCHR)
19. Kayla DeMong on behalf of Prairie Harm Reduction
20. Byron Wood on behalf of Workers for Ethical Substance Use Policy (WESUP)
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22. Natalie Vera Montaque on behalf of Street Health Nursing Foundation
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71. Sarah Jane MacDonald
72. Sean O'Callaghan
73. Sheila Henry
74. Stephanie McCulligh
75. Stephanie Myers
76. Tonya Evans
77. Travis Frampton
78. Troylana Manson

References

1. Government of Canada. Joint statement from the co-chairs of the Special Advisory Committee on the epidemic of opioid overdoses - latest national data on substance-related harms and deaths [Internet]. Ottawa: Government of Canada; 2023 Sep [cited 2024 Jan 21]. Available from: https://www.canada.ca/en/public-health/news/2023/09/joint-statement-from-the-co-chairs-of-the-special-advisory-committee-on-the-epidemic-of-opioid-overdoses-latest-national-data-on-substance-related.html.
2. Canadian Alcohol and Drugs Survey - 2019 Summary. Health Canada [Internet]. Available from: https://www.canada.ca/en/health-canada/services/canadian-alcohol-drugs-survey/2019-summary.html.
3. Indigenous people and the criminal justice system. Statistics Canada [Internet]. Available from: https://www150.statcan.gc.ca/n1/pub/75-006-x/2023001/article/00011-eng.htm.
4. Health Infobase Canada. Opioids and Stimulants [Internet]. Ottawa: Government of Canada; [cited 2024 Jan 21]. Available from: https://health-infobase.canada.ca/substance-related-harms/opioids-stimulants/.
5. Government of Canada. Joint statement from the co-chairs of the Special Advisory Committee on the epidemic of opioid overdoses - latest national data on substance-related harms and deaths [Internet]. Ottawa: Government of Canada; 2023 Sep [cited 2024 Jan 21]. Available from: https://www.canada.ca/en/public-health/news/2023/09/joint-statement-from-the-co-chairs-of-the-special-advisory-committee-on-the-epidemic-of-opioid-overdoses-latest-national-data-on-substance-related.html.
6. Anadolu Agency. Canada province sets record with 1,455 drug deaths in 2023 [Internet]. 2023 [cited 2024 Jan 21]. Available from: https://www.aa.com.tr/en/americas/canada-province-sets-record-with-1-455-drug-deaths-in-2023/2978839.
7. CTV News Edmonton. 2023 had highest number of drug poisoning deaths of any June on record: Alberta health data [Internet]. 2023 [cited 2024 Jan 21]. Available from: https://edmonton.ctvnews.ca/2023-had-highest-number-of-drug-poisoning-deaths-of-any-june-on-record-alberta-health-data-1.6577402.
8. Gomes, T., Leece, P., Iacono, A., Yang, J., Kolla, G., Cheng, C., Ledlie, S., Bouck, Z., Boyd, R., Bozinoff, N., Campbell, T., Doucette, T., Franklyn, M., Newcombe, P., Pinkerton, S., Schneider, E., Shearer, D., Singh, S., Smoke, A., Wu, F. (2023). Deaths caused by alcohol, stimulant, opioid, and benzodiazepine toxicity in Ontario. https://www.publichealthontario.ca/-/media/Event-Presentations/2023/10/characteristics-substance-related-toxicity-deaths-ontario.ashx?rev=-1&sc_lang=fr.
9. Office of the Chief Coroner, Ontario. (2023). OCC Monthly Update: Suspect drug opioid related deaths December 2023. [XLSX]. https://odprn.ca/occ-opioid-and-suspect-drug-related-death-data/.
10. Edmonton Journal.More than 4 Albertans died — each and every day — from opioids in 2023. [Internet]. 2023 [cited 2024 Jan 21]. Available from: https://edmontonjournal.com/news/politics/edmonton-saw-more-than-300-drug-poisoning-deaths-in-first-half-of-2023 .
11. National Safer Supply Community of Practice. Reframing Diversion for Health Care Providers. Canada; 2022. Available from: www.nss-aps.ca/reframing-diversion-prescribers.
12. Homeless Hub. Racialized Communities and Homelessness [Internet]. [cited 2024 Jan 21]. Available from: https://www.homelesshub.ca/about-homelessness/population-specific/racialized-communities.
13. Babalonis, S., Walsh, S. L., & Gwin Mitchell, S. (2019). The emergence of fentanyl as a drug of abuse: Pharmacology, therapeutic use, and fatalities. Drug and Alcohol Dependence, 204, 107537. https://doi.org/10.1016/j.drugalcdep.2019.107537.
14. Ray B, Korzeniewski SJ, Mohler G, Carroll JJ, Del Pozo B, Victor G, Huynh P, Hedden BJ. Spatiotemporal Analysis Exploring the Effect of Law Enforcement Drug Market Disruptions on Overdose, Indianapolis, Indiana, 2020-2021. Am J Public Health. 2023 Jul;113(7):750-758. doi: 10.2105/AJPH.2023.307291. PMID: 37285563; PMCID: PMC10262257.
15. Alberta Health Analytics Portal [Internet]. Alberta: Alberta Health; [cited 2024 Jan 21]. Available from: https://healthanalytics.alberta.ca/SASVisualAnalytics/.
16. Ivsins A, Boyd J, Mayer S, Collins A, Sutherland C, Kerr T, McNeil R. "It's Helped Me a Lot, Just Like to Stay Alive": A Qualitative Analysis of Outcomes of a Novel Hydromorphone Tablet Distribution Program in Vancouver, Canada. J Urban Health. 2021;98:59-69. doi: 10.1007/s11524-020-00489-9.
17. Slaunwhite A, Min JE, Palis H, Urbanoski K, Pauly B, Barker B, et al. Effect of Risk Mitigation Guidance opioid and stimulant dispensations on mortality and acute care visits during dual public health emergencies: retrospective cohort study. BMJ. 2024;384:e076336. doi:10.1136/bmj-2023-076336.
18. Oviedo-Joekes E, Marchand K, Lock K, Chettiar J, Marsh DC, Brissette S, et al. A chance to stop and breathe: participants' experiences in the North American Opiate Medication Initiative clinical trial. Addict Sci Clin Pract. 2014;9(1):21.
19. Palis H, Marchand K, Guh D, Brissette S, Lock K, MacDonald S, Harrison S, Anis AH, Krausz M, Marsh DC, Schechter MT, Oviedo-Joekes E. Men's and women's response to treatment and perceptions of outcomes in a randomized controlled trial of injectable opioid assisted treatment for severe opioid use disorder. Subst Abuse Treat Prev Policy. 2017;12(1):25.
20. McNeil R, Fleming T, Mayer S, Barker A, Mansoor M, Betsos A, et al. Implementation of Safe Supply Alternatives During Intersecting COVID-19 and Overdose Health Emergencies in British Columbia, Canada, 2021. American Journal of Public Health. 2022;112(S1):S151-S158. doi:10.2105/AJPH.2021.306692.
21. College of Physicians and Surgeons of Ontario. "Advice to the Profession: Prescribing Drugs." Available from: https://www.cpso.on.ca/Physicians/Policies-Guidance/Policies/Prescribing-Drugs/Advice-to-the-Profession-Prescribing-Drugs#:~:text=%E2%80%9CSafer%20supply%E2%80%9D%20opioid%20prescribing&text=It%20refers%20to%20the%20direct,street%20supply%20of%20illicit%20opioids.
22. Registered Nurses' Association of Ontario (RNAO). RNAO releases In Focus mental health and addiction web page; calls on provincial government to commit to end the opioid overdose crisis [Internet]. Toronto: RNAO; 2022 Aug 31. Available from: https://rnao.ca/news/media-releases/rnao-releases-in-focus-mental-health-and-addiction-web-page-calls-on-provincial.
23. British Columbia College of Nurses & Midwives. G: Prescribing for Opioid Use Disorder and/or Pharmaceutical Alternatives for Safer Supply [Internet]. Vancouver: BCCNM; 2024. Available from: https://www.bccnm.ca/NP/ScopePractice/part2/Pages/prescribing_oat.aspx.

24. BC Nurses' Union. BCNU Renews Calls for Action as Province Marks Anniversary of Toxic Drug Crisis [Internet]. Burnaby: BC Nurses' Union; 2023 Apr 14. Available from: https://www.bcnu.org/news-and-events/news/2023/bcnu-renews-calls-action-province-marks-anniversary-toxic-drug-crisis.
25. Nurses and Nurse Practitioners of British Columbia (NNPBC). Overdose and Toxic Drug Crisis [Internet]. Vancouver: NNPBC. Available from: https://www.nnpbc.com/advocacy/advocacy-priorities/overdose-and-toxic-drug-crisis/.
26. Government of British Columbia. B.C. introduces new prescribed safer supply policy, a Canadian first [Internet]. Victoria: Government of British Columbia; 2021 Jul 15. Available from: https://news.gov.bc.ca/releases/2021MMHA0035-001375.
27. Health Canada Expert Task Force on Substance Use. Report #2 Recommendations on the Federal Government's Drug Policy as Articulated in a Draft Canadian Drugs and Substances Strategy (CDSS). https://www.canada.ca/en/health-canada/corporate/about-health-canada/public-engagement/external-advisory-bodies/expert-task-force-substance-use/reports/report-2-2021.html.
28. Canadian Association of Chiefs of Police (CACP) [Internet]. Available from: https://www.cacp.ca/index.html?asst_id=2189.
29. Ontario Association of Chiefs of Police (OACP). OACP Statement - Decriminalization for Simple Possession of Illicit Drugs [Internet]. Available from: https://www.oacp.ca/en/news/oacp-statement-decriminalization-for-simple-possession-of-illicit-drugs.aspx.
30. Duthie K, Mathison E, Eyford H, et al. Prescribing safe supply: ethical considerations for clinicians. Journal of Medical Ethics. 2023;49:377-382. https://www.google.com/url?q=https://doi.org/10.1136/jme-2021-108087&sa=D&source=docs&ust=1707970460325871&usg=AOvVaw0SPbAt7p577Alb6pvtKbg7.
31. Klude, EHW. Alternatives to the Toxic Drug Supply An Ethical Analysis. https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/ethical_analysis_of_pharmaceutical_alternatives_to_the_toxic_drug_supply_2020-12-04.pdf.
32. The Globe and Mail. B.C.'s 'safer supply' program ethically justified despite potential harm to public, analysis finds. February 1, 2024. Retrieved from: https://www.theglobeandmail.com/canada/article-bc-safer-supply-review/#:~:text=British%20Columbia's%20health%20ethics%20advisory,harm%20to%20the%20broader%20population.
33. Kluge EHW. Alternatives to the Toxic Drug Supply An Ethical Analysis. 2024. British Columbia Office of the Provincial Health Officer.
34. Government of British Columbia. A review of prescribed safer supply programs across BC. [Internet]. British Columbia: Office of the Provincial Health Officer; [cited 2023 Dec]. Available from: https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/reports-publications/special-reports/a-review-of-prescribed-safer-supply-programs-across-bc.pdf.
35. Demaret I, Quertemont E, Litran G, Magoga C, Deblire C, Dubois N, et al. Efficacy of heroin-assisted treatment in Belgium: a randomized controlled trial. Eur Addict Res. 2015;21(4):179–187.
36. An Act to amend the Controlled Drugs and Substances Act and to make related amendments to other Acts, SC 2017, c 7. Available from: https://www.canlii.org/en/ca/laws/astat/sc-2017-c-7/latest/sc-2017-c-7.html.
37. Gomes T, Murray R, Kolla G, Leece P, Kitchen S, Campbell T, Besharah J, Cahill T, Garg R, Iacono A, Munro C, Nunez E, Robertson L, Shearer D, Singh S, Toner L, Watford J; The Ontario Drug Policy Research Network; The Office of the Chief Coroner for Ontario / Ontario Forensic Pathology Service; Public Health Ontario. Patterns of Medication and Healthcare Use among People who Died of an Opioid-Related Toxicity during the COVID-19 Pandemic in Ontario. January 2022. Available from: https://www.publichealthontario.ca/-/media/Documents/C/2022/opioid-related-toxicity-deaths-healthcare-report.pdf?rev=4ef5c45ef869480c08e34b24ae71b95&sc_lang=en.
38. British Columbia Coroners Services. Illicit drug toxicity deaths in BC January 1, 2012 – August 31, 2022. [Internet]. 2022 [cited 2024 Jan 21]. Available from: https://www2.gov.bc.ca/gov/content/life-events/death/coroners-service/statistical-reports.
39. National Safer Supply Community of Practice. Prescribed Safer Supply Programs: Emerging Evidence [Internet]. Available from: https://www.nss-aps.ca/evidence-brief.
40. Iacono A, Kolla G, Yang J, Leece P, Moumita T, Wu F, Cheng C, Campbell T, Antoniou T, Juurlink D, Sheikh H, Emblem J, Kurdyak P, Bertrand J, Shearer D, Singh S, Gomes T, on behalf of the Ontario Drug Policy Research Network, Office of the Chief Coroner for Ontario, and Ontario Agency for Health Protection and Promotion (Public Health Ontario). Opioid toxicity and access to treatment among adolescents and young adults in Ontario. Toronto, ON: Ontario Drug Policy Research Network; 2023. Available from: https://odprn.ca/research/publications/opioids-among-adolescents-and-young-adults/.
41. Ledlie S, Garg R, Cheng C, Kolla G, Antoniou T, Bouck Z, Gomes T. Prescribed safer opioid supply: A scoping review of the evidence. Int J Drug Policy. 2024 Feb 8;125:104339. doi: 10.1016/j.drugpo.2024.104339. Epub ahead of print. PMID: 38335867.
42. Van Zee A. The promotion and marketing of oxycontin: commercial triumph, public health tragedy. Am J Public Health. 2009;99(2):221-227. doi:10.2105/AJPH.2007.131714.
43. WHO global report on trends in prevalence of tobacco use 2000–2030. Geneva: World Health Organization; 2024. License: CC BY-NC-SA 3.0 IGO.
44. Kalicum J, Nyx E, Kennedy MC, Kerr T. The impact of an unsanctioned compassion club on non-fatal overdose. Int J Drug Policy. 2024 Feb 22:104330. doi: 10.1016/j.drugpo.2024.104330. Epub ahead of print. PMID: 38395656.
45. Nafeh, F., Mbichila, T., Bouck, Z. et al. A Preliminary Assessment of Short-Term Social and Substance Use-Related Outcomes Among Clients of Integrated Safer Opioid Supply Pilot Programs in Toronto, Canada. Int J Ment Health Addiction (2023). https://doi.org/10.1007/s11469-023-01219-3.
46. May T, Holloway K, Buhociu M, Hills R. Not what the doctor ordered: Motivations for nonmedical prescription drug use among people who use illegal drugs. Int J Drug Policy. 2020 Aug;82:102823. doi: 10.1016/j.drugpo.2020.102823. Epub 2020 Jun 23. PMID: 32585584.
47. A safer drug supply: a pragmatic and ethical response to the overdose crisis Mark Tyndall CMAJ Aug 2020, 192 (34) E986-E987; DOI: 10.1503/cmaj.201618
48. CBC News. Vancouver Compassion Club hands out hard drugs in an effort to curb overdoses. Published October 11, 2023. Accessed on February 12, 2024. Available at: https://www.cbc.ca/news/canada/british-columbia/compassion-club-hands-out-hard-drugs-1.6568839.
49. CBC News. Drug User Liberation Front advocates for harm reduction amid police arrests. Published February 4, 2024. Accessed on February 12, 2024. Available at: https://www.cbc.ca/news/canada/british-columbia/drug-user-liberation-front-harm-reduction-vancouver-bc-police-arrests-1.7009019.

50. Health Canada Expert Task Force on Substance Use. Report #1 Recommendations on Alternatives to Criminal Penalties for Simple Possession of Controlled Substances. May 6, 2021. https://www.canada.ca/en/health-canada/corporate/about-health-canada/public-engagement/external-advisory-bodies/expert-task-force-substance-use/reports/report-1-2021.html.
51. Controlled Drugs and Substances Act, S.C. 1996, c. 19. Section 56(1) [Internet]. Published: 1996. Available from: https://laws-lois.justice.gc.ca/eng/acts/c-38.8/page-7.html#:~:text=56%20(1)%20The%20Minister%20may,the%20opinion%20of%20the%20Minister.
52. Cooperative Identity. International Cooperative Alliance [Internet]. Available from: https://ica.coop/en/cooperatives/cooperative-identity.
53. Giang K, Charlesworth R, Thulien M, Mulholland A, Barker B, Brar R, Pauly B, Fast D. Risk mitigation guidance and safer supply prescribing among young people who use drugs in the context of COVID-19 and overdose emergencies. Int J Drug Policy. 2023 May;115:104023. doi: 10.1016/j.drugpo.2023.104023. Epub 2023 Apr 3. PMID: 37059025; PMCID: PMC10067449.
54. Guidance Document: Inspection Guide for Licensed Dealers of Controlled Substances (CS-GD-016). Section 2.8. Health Canada [Internet]. Available from: https://www.canada.ca/en/health-canada/services/health-concerns/controlled-substances-precursor-chemicals/controlled-substances/compliance-monitoring/compliance-monitoring-controlled-substances/inspection-guide.html#63.
55. Guidance Document: Inspection Guide for Licensed Dealers of Controlled Substances (CS-GD-016). Section 2.5. Health Canada [Internet]. Available from: https://www.canada.ca/en/health-canada/services/health-concerns/controlled-substances-precursor-chemicals/controlled-substances/compliance-monitoring/compliance-monitoring-controlled-substances/inspection-guide.html#63.
56. Scow M, McDougall J, Slaunwhite A, Palis H. Peer-led safer supply and opioid agonist treatment medication distribution: a case study from rural British Columbia. Harm Reduct J. 2023;20:156. doi:10.1186/s12954-023-00883-x.
57. Controlled Drugs and Substances Regulations, C.R.C., c. 1041. Section 35 [Internet]. Available from: https://laws-lois.justice.gc.ca/eng/regulations/C.R.C.,_c._1041/page-8.html?txthl=diacetylmorphine#s-35.
58. Controlled Drugs and Substances Regulations, C.R.C., c. 1041. Section 31 [Internet]. Available from: https://laws-lois.justice.gc.ca/eng/regulations/C.R.C.,_c._1041/page-8.html?txthl=diacetylmorphine#s-35.
59. Controlled Drugs and Substances Regulations, C.R.C., c. 1041. Section 24(1) [Internet]. Available from: https://laws-lois.justice.gc.ca/eng/regulations/C.R.C.,_c._1041/page-6.html?txthl=diacetylmorphine+except#s-24.
60. Controlled Drugs and Substances Regulations, C.R.C., c. 1041. Section 65 [Internet]. Available from: https://laws-lois.justice.gc.ca/eng/regulations/C.R.C.,_c._1041/page-10.html?txthl=diacetylmorphine+except#s-65.
61. Controlled Drugs and Substances Regulations, C.R.C., c. 1041. Section 25.2 [Internet]. Available from: https://laws-lois.justice.gc.ca/eng/regulations/C.R.C.,_c._1041/page-6.html?txthl=diacetylmorphine+exception#s-25.2.
62. Health Canada Expert Task Force on Substance Use. Report #1 Recommendations on Alternatives to Criminal Penalties for Simple Possession of Controlled Substances. May 6, 2021. https://www.canada.ca/en/health-canada/corporate/about-health-canada/public-engagement/external-advisory-bodies/expert-task-force-substance-use/reports/report-1-2021.html.
63. Salvalaggio G, Brooks H, Caine V, et al. Flawed reports can harm: the case of supervised consumption services in Alberta. Can J Public Health. 2023;114:928-933. doi:10.17269/s41997-023-00825-x.
64. Controlled Drugs and Substances Act. S.C. 1996, c. 19. Government of Canada, 1996. https://laws-lois.justice.gc.ca/eng/acts/c-38.8/page-1.html#docCont.
65. Controlled Drugs and Substances Regulations, C.R.C., c. 1041. Section 33 [Internet]. Available from: https://laws-lois.justice.gc.ca/eng/regulations/C.R.C.,_c._1041/page-7.html?txthl=diacetylmorphine#s-33