BRITISH COLUMBIA CENTRE ON SUBSTANCE USE
Networking researchers, educators & care providers

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Standing Committee on Health
House of Commons, Canada
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RE: Brief – Committee Study on "Opioid Epidemic and Toxic Drug Crisis in Canada"

This brief is submitted following last week's committee session on "Opioid Epidemic and Toxic Drug Crisis in Canada". In particular, the line of questioning claiming that "recreational fentanyl" is being prescribed to children (reference: Session dated Monday, February 26, 2024).

The British Columbia Centre on Substance Use (BCCSU) was responsible for developing the clinical protocols from which the committee member made these claims. This brief is submitted with the hope of providing clarity about these clinical resources and related public health policy to ensure recommendations made by your committee are based on fact.

More information on the clinical protocols and their development is provided below. **However, it is important to note that the clinical protocols being referenced do not target youth populations specifically**. Additionally, the emphasis on youth access is completely untrue – no youth under the age of 19 has been prescribed fentanyl as an alternative to toxic unregulated drugs since the protocols were published.

About the BC Centre on Substance Use

The BCCSU is a provincially networked organization with a mandate to develop, help implement, and evaluate evidence-based approaches to substance use and addiction through integrated activities of its three core functions: research and evaluation, education and training, and clinical care guidance.

The BCCSU is an independent research centre affiliated with the University of British Columbia's Department of Medicine and Providence Research. Funding from the Government of British Columbia supports BCCSU's mandate to develop and deliver clinical education, training, and care guidance related to substance use and addiction, in order to help shape a comprehensive, connected system of treatment and care that reaches all British Columbians. This includes developing clinical care guidance, resources, and protocols for the provision of prescribed safer supply.

Defining prescribed safer supply

We offer this description of prescribed safer supply to aid the committee members in understanding the complex nature of this approach in the context of an increasingly toxic, unpredictable, and deadly unregulated drug supply that is killing an average of 22 Canadians every single day – a trend that began long before even the smallest pilot programs began implementing prescribed safer supply.

Prescribed safer supply is considered one public health intervention and harm reduction approach to help reduce or eliminate reliance on the unregulated drug supply. There are a variety of harm reduction programs and services like overdose prevention sites, naloxone and needle distribution services, which aim to reduce the negative consequences of drug use. These services have proven, through decades of peer-reviewed research and evaluation in jurisdictions around the world, to be successful at reducing infectious disease transmission, overdose, and death while also helping to improve connections to other health and social services like addiction treatment.

Prescribed safer supply may be offered in different forms, depending on a person's needs and circumstances, and based on clinical judgment. They include opioid and stimulant medications. It is a model for providing a legal and regulated supply of drugs, of known quality and content, through off-label prescription from a health care provider. Off-label prescribing is a common practice amongst health care providers who have the medical training and expertise to weigh any medication benefits. It is one part of the larger substance use continuum of care – which also includes screening and assessment, treatment, psychosocial supports, prevention/health promotion, and recovery.

As a new strategy to address toxic drug deaths, evidence is still being gathered on the safety and effectiveness of prescribed safer supply; however, early findings published in peer-reviewed journals have found this approach may be effective in reducing fatal drug poisonings. While ongoing evaluation of both intended and unintended consequences is necessary, currently available surveillance data suggests that claims that diversion of prescribed safer supply medications has led to an increase in new opioid use disorder diagnoses are unfounded.

Prescribed safer supply as response to toxic drug death

Not everyone who uses substances has an addiction. Many people are able to consume substances – including alcohol, tobacco, cannabis, opioids, and stimulants – relatively safely and in a way that would not be considered problematic. However, those who consume substances that are unregulated, such as fentanyl or cocaine, are at a high risk of toxic and potentially fatal drug poisoning.

Since 2016, when the provincial public health emergency was declared in BC, the unregulated drug supply has become increasingly toxic and unpredictable – a trend that has only increased since the pandemic.

More than 85% of toxic drug deaths in Canada are the result of fentanyl exposure. Early in the public health emergency, fentanyl (a synthetic opioid used pain medication in clinical settings) began to replace heroin (also an opioid) in the unregulated drug supply. At that time, many people consumed their drugs not knowing if they contained heroin or the more powerful fentanyl. This led to a dramatic increase in overdose, also known as toxic drug poisoning.

Since then, drug checking, along with toxicology reports from the BC Coroners Service, have shown that concentrations of fentanyl in the unregulated drug supply have increased dramatically. In addition, other adulterants such as benzodiazepines (a depressant) and xylazine (a tranquilizer) have emerged in the drug supply. The combination of these factors means that the unregulated drug supply has become both more toxic and more unpredictable. Someone who thinks they're consuming fentanyl likely does not know how

much is in their dose or if there's anything else in the drug; likewise, for someone who uses other drugs, like cocaine, which may also contain fentanyl or other substances without them knowing.

As a result, responding to overdose events has become increasingly difficult. What worked before, like naloxone – the overdose reversal drug – doesn't necessarily work as well with these new drugs in the unregulated supply. And more powerful and addictive unregulated drugs mean it's much more difficult for a health care provider to offer treatment that meets a person's needs to manage withdrawal from those drugs.

Prescribed safer supply is not substance use treatment. As such, outcomes should not be compared to those of opioid agonist treatments (OAT), the gold standard of treatment for opioid use disorder and the standard of care which should always be offered. In cases where that care is declined, however, prescribed safer supply is a potentially lifesaving option that can reduce or eliminate a person's reliance on the unregulated drug supply – whether or not they have a diagnosed addiction.

The goal of prescribed safer supply is to save lives by giving health care providers another tool to help separate people from the unregulated drug supply that can better address these challenges with managing withdrawal.

British Columbia's Prescribed Safer Supply Policy

In July 2021, BC's Ministry of Mental Health and Addictions, Ministry of Health, and Office of the Provincial Health Officer released "Access to Prescribed Safer Supply in British Columbia: Policy Direction", which enables individuals to access a range of medications through prescription to reduce the risk of drug toxicity death due to accessing the unregulated drug supply.

Provincial clinical resources for prescribed safer supply were developed by the BCCSU to provide guidance for health care providers and health authorities to implement this policy as safely and consistently as possible.

There are three separate prescribed safer supply clinical resources, or protocols, that have been developed: fentanyl tablet, fentanyl patch, and sufentanil. These resources were developed specifically for a highly specialized clinical audience and provide comprehensive details for the careful provision of prescribed safer supply medications in health care settings that are dedicated to providing addiction care.

Despite claims to the contrary, in no way do these protocols target youth populations specifically. **The reality is that very few people have access to this option and the emphasis on youth access is completely untrue – in fact, no youth under the age of 19 has been prescribed fentanyl as an alternative to toxic unregulated drugs since the protocols were published.**

As with any medical intervention, decisions about how best to treat young people struggling with addictions are made by doctors and clinicians, guided by B.C.'s mature minor consent rules under the *Infants Act*. Medical treatment cannot be denied simply because of a person's age. Accordingly, the protocols do not exclude youth, but include additional safeguards that recognize the unique nature of working with youth and adolescents, the additional resources that may be available to them, and the

extreme care and attention that is required when dealing with a particularly vulnerable population. These considerations can be found on page 10 of the protocols.

Furthermore, provincial laws are in place that protect individual rights to health care, including allowing the patient to determine the extent to which their parents and/or caregivers are involved in their health care. No clinical guidance, regardless of the health issue, can circumvent these laws.

Conclusion

It is false to claim that British Columbia – or any other region in Canada – has a policy to provide children with recreational fentanyl. Clinical resources have been developed to help protect all people – adults and youth alike – from the deadly unregulated drug supply that is central driver of toxic drug deaths.

Missed amongst all the misinformation being trafficked on this topic is the reality that young people have very little access to youth-focused services that appropriately meet their needs. If this committee is truly committed to identifying solutions to address the ongoing and worsening toxic drug poisoning emergency that has touched every community in this country, we hope its members will also consider the needs of young people and that those considerations are based on evidence, clinical expertise, and lived experience.