A MACDONALD-LAURIER INSTITUTE PUBLICATION

Adam Zivo

RECKLESS

British Columbia's "safe supply" fentanyl tablet experiment

December 2023

MLI
TRUE NORTH
IN CANADIAN PUBLIC POLICY

TRUE NORTH
IN CANADIAN PUBLIC POLICY

BOARD OF DIRECTORS

ADVISORY COUNCIL

RESEARCH ADVISORY BOARD

Contents

Cover design: Renée Depocas (using Etatics Inc)

Executive summary | *sommaire*

This past August, British Columbia's government quietly launched new protocols that allow doctors to prescribe "safer supply" fentanyl tablets and liquid sufentanil. Fentanyl is at least 10 times stronger than hydromorphone and sufentanil, which is derived from fentanyl, is a further 5 to 10 times more potent than its parent drug. While in theory these drugs could save lives if provisioned cautiously, the way the province has chosen to distribute these dangerous opioids is nothing short of reckless.

There is evidence to support the use of opioid agonist therapy ("OAT") medications, such as methadone, buprenorphine, and slow release oral morphine in addiction treatment, but the government's new protocols extrapolate OAT-related evidence to support "safer supply" fentanyl even though the two therapies have little in common. In fact, the government's protocols stress that providing safer supply fentanyl or sufentanil is "not a treatment for opioid use disorder" and that "there is no evidence available supporting this intervention, safety data, or established best practices for when and how to provide it." It is deeply concerning that the BC government has, over the past several years, significantly increased access to "safe" fentanyl and sufentanil despite openly admitting that there is no evidence showing that these interventions provide any benefits and can be implemented safely.

"Safer supply" programs claim to reduce overdoses and deaths by providing free pharmaceutical-grade drugs as alternatives to potentially tainted illicit substances. While safer supply sounds nice in theory, addiction experts have found that drug users are reselling ("diverting") a significant portion of their free hydromorphone on the black market to purchase harder substances. This has fuelled new addictions while generating handsome profits for organized crime. Some patients have even been coerced into securing safer supply they didn't need. Pimps and abusive partners pressure vulnerable women into securing as much hydromorphone as possible for black market resale. Other vulnerable patients, such as the geriatric and disabled, have been robbed of their safer supply outside of pharmacies.

There are other issues with the protocols, too. They require that clients be told that their access to free fentanyl and sufentanil will almost certainly be cut off if they are hospitalized, or if they attend withdrawal management or substance use treatment facilities. This creates

powerful disincentives for drug users to seek life-saving health care. Further, none of the safer supply protocols by the British Columbia Centre on Substance Use (BCCSU) discuss the rights and roles of the parents of minors struggling with addiction. It appears that health care providers can give fentanyl and sufentanil to minors regardless of whether parents are aware of, or consent to, this intervention. The protocols do not specify a minimum age for safer supply clients.

It would not take much to reshape BC's safer supply fentanyl and sufentanil programs into something more responsible and genuinely safe. There is nothing preventing the province from redesigning safer supply as a recovery-oriented intervention. Experts argue that safer supply could be helpful if used as a temporary intervention that helps severely-addicted users make the transition to recovery-oriented treatments, such as OAT.

There is also nothing stopping the province from fixing many of the issues with the safer supply program – including lax safeguards for youth. Any safer supply model must require supervised consumption. It is the absence of this supervision that has enabled the mass diversion of safer supply drugs onto the black market.

Governments have a duty to provide evidence-based treatment to vulnerable citizens and consider collateral harms to others. Rather than fulfil this duty, the BC government is committing to risky and highly experimental interventions that lack an appropriate evidence base. **MLI**

En août dernier, le gouvernement de la Colombie-Britannique *a discrètement adopté de nouveaux protocoles permettant aux médecins de prescrire du fentanyl en comprimé ou du sufentanil liquide « plus sûr ». Le fentanyl, qui est lui-même au moins 10 fois plus puissant que l'hydromorphone, produit un dérivé, le sufentanil, d'une puissance entre 5 et 10 fois supérieure. Si, en théorie, ces médicaments peuvent sauver des vies lorsqu'ils sont prescrits prudemment, la façon dont la province a choisi de distribuer ces dangereux opioïdes n'est rien de moins qu'irréfléchi.*

Des données probantes démontrent l'efficacité des thérapies d'opioïdes agonistes (« OAT » ou opioid agonist therapy en anglais) dans le traitement des dépendances, par exemple celles à base de méthadone, de buprénorphine et de morphine à libération lente par voie orale. Or, les nouveaux protocoles gouvernementaux de « distribution sécuritaire » sont validés par extrapolation à partir de ces données probantes même si les deux types de thérapies ont peu en commun. En fait, ces protocoles excluent expressément le traitement des troubles liés à l'utilisation d'opioïdes de leur champ d'application et soulignent l'absence de preuves à l'appui de ce type d'intervention et l'inexistence de données de sécurité et de pratiques exemplaires quant à la posologie. Il est profondément inquiétant que le gouvernement de la Colombie-Britannique ait nettement élargi l'accès au fentanyl et au sufentanil « sûr » au cours des dernières années, alors qu'il admet ouvertement qu'aucune preuve n'existe relativement au bien-fondé et à la sûreté de telles interventions.

Les programmes de « distribution sécuritaire » sont mis de l'avant pour réduire le nombre de surdoses et de décès en permettant l'accès gratuit à des médicaments de qualité pharmaceutique en remplacement de substances illicites potentiellement toxiques. Bien qu'une telle distribution semble bonne en théorie, les experts en toxicomanie ont constaté que les toxicomanes revendent sur le marché noir (« détournent ») une partie importante de l'hydromorphone qu'ils obtiennent gratuitement pour acheter des narcotiques plus puissants et plus addictifs. Cette situation a contribué à l'accroissement du nombre de dépendances tout en générant des profits considérables pour le crime organisé. Certains patients sont même forcés de profiter du programme sans en avoir besoin. Les proxénètes et les partenaires maltraitants font pression sur les femmes vulnérables pour qu'elles se procurent autant d'hydromorphone que possible à des fins de revente sur le marché noir. Certains patients vulnérables, tels que les personnes âgées ou handicapées, sont privés de leurs sources sûres hors des pharmacies.

Les protocoles posent également d'autres problèmes. Ils exigent que les clients soient informés du fait que leur accès gratuit au fentanyl ou au sufentanil risque de prendre fin s'ils sont hospitalisés ou fréquentent des centres de gestion du sevrage ou de traitement de la toxicomanie. Cela dissuade fortement les toxicomanes de s'adresser aux services de santé pour obtenir des soins vitaux. En outre, aucun centre de toxicomanie de la Colombie-Britannique n'a de protocole de distribution sécuritaire qui tient compte des droits et du rôle des parents d'enfants mineurs aux prises avec des problèmes de dépendance. Il appert que les prestataires de soins de santé peuvent administrer du fentanyl et du sufentanil à des enfants mineurs, que leurs parents en soient ou non informés ou y consentent ou non. Les protocoles ne prévoient pas d'âge minimum pour la distribution sécuritaire.

Pour les rendre plus avisés et véritablement sûrs, il suffirait de remodeler juste un peu les programmes britanno-colombiens encadrant la distribution sécuritaire de fentanyl et de sufentanil. Rien n'empêche la province de remanier ces programmes pour les axer sur le rétablissement. Selon les experts, la distribution sécuritaire pourrait être utile à titre transitoire pour aider les utilisateurs gravement dépendants à progresser vers des traitements axés sur le rétablissement, tels que l'OAT.

Rien n'empêche non plus la province de résoudre un certain nombre de problèmes liés au programme de distribution sécuritaire – y compris le manque de protection pour les jeunes. Tout modèle de distribution sécuritaire doit intégrer une supervision de la consommation. C'est l'absence de cette supervision qui a permis le détournement massif des drogues à moindre risque vers le marché noir.

Les gouvernements ont le devoir de fournir des traitements éprouvés aux citoyens vulnérables et de prendre en compte les dommages collatéraux subis par les tiers. Plutôt que de s'acquitter de ce devoir, le gouvernement de la Colombie-Britannique s'engage dans des interventions risquées et hautement expérimentales qui ne reposent pas sur une base factuelle appropriée. **MLI**

Introduction

This past August, British Columbia's government quietly launched new protocols that allow doctors throughout the province to prescribe "safer supply" fentanyl tablets and liquid sufentanil (BC Centre on Substance Use 2022, 2023). While theoretically these drugs could save lives if provisioned cautiously, it is in fact the case that the province has chosen to distribute dangerous opioids in a reckless manner.

"Safer supply" programs claim to reduce overdoses and deaths by providing free pharmaceutical-grade drugs as alternatives to potentially tainted illicit substances. In Canada, that typically means distributing 8 mg tablets of hydromorphone, an opioid as potent as heroin, to mitigate fentanyl use (Dunn, Brands, Marsh, and Bigelow 2018).

Though safer supply sounds nice in theory, over two dozen addiction experts have told me this year that drug users are reselling ("diverting") a significant portion of their free hydromorphone on the black market to purchase harder substances (Zivo 2023a). This has allegedly flooded some communities with the drug, causing its street price to collapse and fuelling new addictions while generating handsome profits for organized crime.

Over the autumn, addiction experts released multiple open letters calling upon the federal government to either reform or abolish safer supply (Zivo 2023b). One letter, which was released this November, featured 35 signatories, many of whom are leaders in the addiction medicine world. But the federal government has ignored or dismissed these efforts (Zivo 2023c).

Concerns about abuse of the drugs distributed in the name of safer supply have been so prevalent that, in June 2023, the BC government announced that it would be reviewing its hydromorphone program (Nassar 2023). Yet the province is continuing to expand access to "safe" fentanyl

and sufentanil, even though both drugs are many times more potent than hydromorphone.

Fentanyl is at least 10 times stronger than hydromorphone (Ridgeview Hospital 2023), and sufentanil, which is derived from fentanyl, is a further 5 to 10 times more potent than its parent drug (Oh, Il, Byung, et al. 2019). While some addiction physicians have argued that "safe" fentanyl and sufentanil could be useful for reducing addiction-related harms if provided in carefully controlled program settings, the system proposed by BC's government throws caution to the wind.

Under the province's new protocols, drug users will receive free "safe" fentanyl tablets that they will not be required to consume under supervision. There will be few accountability measures in place to ensure that these tablets aren't resold on the black market.

The evolution of "safer supply" fentanyl

Although the widespread provision of "safer supply" fentanyl tablets and sufentanil is a new development, a limited distribution of fentanyl to drug users by the federal and BC governments has been going on since at least 2020. That year, the federal Liberal government funded 10 safer supply programs across three provinces (British Columbia, Ontario, and New Brunswick), and, while most of the clients in these programs received hydromorphone, a small number were given fentanyl patches (Canada 2022). These patches, which provide a slow release of the drug for up to 72 hours, are applied to a client's skin by a health care professional and then covered with a transparent adhesive dressing, upon which the date of application is written. Participants come back two to three times a week for supervised patch changes.

The PHS Community Services Society (PHSCSS), a Vancouver-based nonprofit organization that offers housing and harm reduction services (i.e., drug checking, needle exchanges, and overdose prevention sites), became the leading organization for the distribution of fentanyl patches. In 2022, the PHSCSS developed a "Fentanyl Patch Policy" which stated that the "scientific

literature in this area is minimal" and that the organization "is not responsible for any adverse outcomes related to the implementation of this policy" (PHS 2022). Against this, however, the policy stated that there is "extensive evidence and provincial guidelines" to support the use of opioid agonist therapy ("OAT") medications, such as methadone, buprenorphine, and slow release oral morphine, and that PHSCSS was extrapolating OAT-related evidence to support "safer supply" fentanyl (CAMH 2016).

This extrapolation was unjustified, though, because OAT and safer supply treatments are completely different interventions. With OAT, recovering addicts are given relatively mild, long-acting opioids that, at typical doses, stave off withdrawal without providing a euphoric high. In contrast, safer supply drugs are intended to mimic the euphoric effects of illicit opioids, not manage withdrawal. While OAT is considered an addiction treatment, safer supply is framed as a back-up option that theoretically prevents overdoses and death until a user is ready to enter a treatment program.

There are some forms of OAT that include supervised injection of hydromorphone and heroin, and, while this may resemble safer supply, it nonetheless has different goals. Dr. Lisa Bromley, an Ottawa-based addiction physician, said that while there is credible evidence supporting injectable OAT, she is concerned about how this research has been "stretched beyond recognition to apply to 'safer supply.'"

"Safer supply isn't even framed as treatment, since that would mean it has to meet the standards of a medical treatment of being proven safe and effective. Advocates frame it as providing an alternative to the toxic supply so that it doesn't have to meet this standard," she said.[1]

Despite a lack of supporting evidence, the PHSCSS's in-house patch policies were adapted into province-wide protocols in 2022, thereby allowing health care providers across BC to prescribe safer supply fentanyl patches themselves (Watson 2021). This process was overseen by the British Columbia Centre on Substance Use (BCCSU), an organization created by former HIV/AIDS researchers that exerts immense influence over addiction policymaking in Canada. The BCCSU has previously published guidelines and studies that have been instrumental in expanding safer supply across the nation. The BCCSU's fentanyl patch protocols note that, while there is limited clinical experience to suggest that the patches could help drug users, "there is no evidence supporting this intervention or established best practices for when and how to provide it"

(BCCSU 2022, 5). The protocols did not require health care providers to tell clients about this lack of evidence when obtaining informed consent to begin treatment.

Neither the PHSCSS nor the BCCSU mandated the supervised consumption of these patches, but this was actually not unreasonable. Fully supervising the long-term use of patches would require monitoring clients at all times, which is clearly impossible. The "patch-for-patch" exchange system, wherein old patches must be returned to clinicians, also predates safer supply and has been used as an effective anti-diversion measure for years.

While it is possible for patients to scrape the gel off their patches and smoke it, or provide the gel to others, this kind of tampering is very noticeable. Both the PHSCSS and the BCCSU's guidelines stated that if patients' patches were missing or showed signs of being tampered with (i.e., cut or damaged in any way), clinicians were to treat this as diversion. However, if patients said their patches fell off due to moisture (i.e., sweating or showering) and were able to eventually present their missing patches, then this would not be considered diversion.

While the PHSCSS required clinicians to pause or discontinue treatment if a patient diverted their patches three times, the BCCSU protocols did not include these anti-diversion measures. The BCCSU's patch protocols also explicitly allowed minors to receive patches, although it was recommended that health care providers get a second opinion from another prescriber before distributing fentanyl to youth. Considering these changes, "safer supply" patch programs actually became less controlled than before 2022 and more open to abuse as they were expanded across the province.

In 2022, the year after "safe" fentanyl patches were made available across British Columbia, the PHSCSS launched an "enhanced access" program that provided drug users with prescriptions for fentanyl tablets (Larsen 2022). After receiving their prescriptions, clients could go to a pharmacy and purchase their tablets just as with any other prescription drug.

Supervised consumption was, once again, not required, even though tablets, unlike patches, can easily be diverted. There appeared to be few, if any, measures to prevent drug users from reselling their fentanyl tablets on the streets.

The PHSCSS then developed a "Fentanyl Tablet Policy" and "Sufentanil Policy." Mirroring what had been done with fentanyl patches, the BCCSU adapted these policies into province-wide protocols; these are the protocols that were published in August 2023 and which are the central focus of this report.

The BCCSU's protocols for fentanyl tablets and sufentanil were published without any public announcement by the provincial or federal governments, which was unusual considering that the BC NDP and the Trudeau Liberals typically publicize their expansions of safer supply (Zivo 2023d). The BC government was thus able to greatly expand safer supply fentanyl with little public scrutiny. There has been no media coverage of this story and, even when BC United (a provincial political party formerly known as the BC Liberals) released a statement condemning the protocols, no media outlet picked it up (BC United Caucus 2023). The documents have received so little attention that I would not have known about them had I not received an email from two concerned addiction physicians shortly after their release.

"The documents have received so little attention that I would not have known about them had I not received an email from two concerned addiction physicians.

I emailed the BCCSU, Health Canada, and the BC Ministry of Mental Health and Addictions with a list of questions about the new rules, and inquired into who was responsible for the new fentanyl and sufentanil protocols. The Ministry of Mental Health and Addiction confirmed through an emailed response that it had contracted the BCCSU to develop the protocols "to further support clinicians prescribing safer supply across the province."[2] The BCCSU confirmed this in an emailed response as well, and added that the protocols were "developed specifically for provincial health authorities looking to implement programs in their regions."[3]

Health Canada said that it did not play a role in the development of these protocols, but it did not respond to a follow-up email where I asked whether the department would fund safer supply fentanyl and sufentanil programs, either directly or indirectly, and whether Health Canada has any objections to providing safer supply fentanyl and sufentanil to minors.

How fentanyl tablets and sufentanil will be provided

BC has separate protocols for fentanyl tablets (BCCSU 2022) and liquid sufentanil (BCCSU 2023a) and while these two documents often overlap, they differ in some important respects.

Under the newest rules, drug users may receive fentanyl tablets or sufentanil if they: i) have an active diagnosis of an opioid use disorder (OUD); ii) are actively using illicit fentanyl; and iii) are at risk of harms associated with illicit opioid use (i.e., overdose or injection-related harms). The need for an OUD diagnosis can be waived by clinicians if they feel that this is appropriate. As there is no guidance on when this requirement should be waived, clinicians appear to have significant leeway here, which calls into question whether the diagnosis requirement can actually shape clinical practice, since it can be easily ignored.

There is also no requirement that clients first try evidence-based OAT medications before receiving fentanyl or sufentanil. They can skip recovery-oriented treatment and go straight to receiving high-potency opioids. Both protocols stress that providing safer supply fentanyl or sufentanil is "not intended for treatment of substance use disorders" and that, "To date, there is no evidence available supporting this intervention, safety data, or established best practices for when and how to provide it" (BCCSU 2023a, 5). Unlike the fentanyl patch protocols, patients can only give informed consent to receiving free tablets and sufentanil after "a discussion of the absence of evidence supporting this approach" (BCCSU 2023a, 18). The protocols also state that informed consent can only be given if patients understand that "access to this novel intervention will likely be impossible if they are discharged, hospitalized, incarcerated, attending withdrawal management or substance use treatment facilities, or otherwise unable to attend the clinic" (BCCSU 2023a, 18).

Just as with fentanyl patches, the province now allows minors to receive fentanyl tablets and sufentanil (BCCSU 2023a, 9, 12). A second opinion is still recommended before giving fentanyl to youth, but the new protocols recommend using a more structured "two prescriber approval system," wherein one prescriber conducts the patient intake interview and another reviews the client's charts before signing off. The BCCSU claims that this improves patient safety.

None of the BCCSU's safer supply protocols discuss the rights and roles of the parents of minors struggling with addiction. It appears that healthcare providers can give fentanyl and sufentanil to minors regardless of whether parents are aware of, or consent to, this intervention. The protocols do not specify a minimum age for safer supply clients. When I asked the BCCSU whether a minimum age existed, the organization did not answer my question and only stated that "program eligibility is described in detail in the protocols" and that two-prescriber approval was recommended for minors.

> *The main differences between the fentanyl tablet and sufentanil protocols largely boil down to supervised consumption and take-home doses.*

The main differences between the fentanyl tablet and sufentanil protocols largely boil down to supervised consumption and take-home doses. The sufentanil protocols contain only two sentences that address take-home doses: "There are currently no programs offering take-home sufentanil. As clinical experience grows, this option may be explored in the future" (BCCSU 2023a, 18). However, the protocols seem to treat take-home sufentanil as an inevitability as the document includes a section describing what may count as diverted take-home sufentanil (i.e. syringes that are missing or have been tampered with).

In contrast to sufentanil, the fentanyl tablet protocols clearly state that take-home doses are permitted if a client: i) shows signs of clinical and social stability (i.e., improved well-being, reduced use of illicit drugs), ii) has a place to safely store their drugs (i.e., a locked container); and iii) clinicians judge that take-home tablets could be beneficial. Because the BCCSU's fentanyl tablet protocols are based on the PHSCSS's policies, where take-home doses are the norm, it seems likely that most of the province's fentanyl tablets will not be consumed under professional supervision. Just as with the PHSCSS's "enhanced access" program, clients who are approved for take-home fentanyl

tablets will be permitted to pick them up at community pharmacies, with no significant monitoring of what happens afterwards, creating opportunities for diversion to the black market.

The BCCSU recommends using urine testing to check for diversion, but also claims that it is "impossible to differentiate unregulated fentanyl from prescribed fentanyl tablets via urine drug tests" (BCCSU 2023b, 40). So it seems that the sole recommended tool for measuring diversion is, by the BCCSU and government's own admission, ineffective.

The BCCSU also advocates for a very lenient approach to diversion. Its protocols advise that "a single incidence of diversion is not a reason for discharging a participant from the fentanyl tablet program" (BCCSU 2023a, 40). Apparently repeat diversion should not be treated as a criminal issue because it only indicates that a "client's needs are not being met." The recommended response to repeat diversion is to "reassess and explore alternative options" in collaboration with the client, via "shared decision-making" (BCCSU 2023a, 40).

In other words, if a client habitually sells their safer supply fentanyl on the street, doctors are supposed to work with the seller to collaboratively decide what should be done, even though the seller has little incentive to propose a solution that interrupts their profits.

A concerning lack of evidence

It is deeply concerning that the BC government has, over the past several years, significantly increased access to "safe" fentanyl and sufentanil despite openly admitting that there is no evidence showing that these interventions provide any benefits and can be implemented safely.

In general, there is no real evidence showing that safer supply programs work (Somers 2023). Almost all of the studies that support these programs are flawed and many rely on low-quality evidence that would be unacceptable in most health care settings. For example, researchers often simply interview drug users who are enrolled in safer supply programs and then, disregarding obvious issues with bias, frame their testimonials as objective evidence of success (Zivo

2023e). Nonetheless, safer supply advocates have falsely insisted that their interventions are based on a "growing body of evidence" (Zivo 2023f). In this context, the BCCSU fentanyl and sufentanil protocols are notable because they are the first safer supply initiatives that openly abandon this pretence. Governments have a duty to provide evidence-based treatment to vulnerable citizens and consider collateral harms to others. Rather than fulfil this duty, the BC government is committing to risky and highly experimental interventions that lack an appropriate evidence base.

The BC government also appears to be neutralizing legal liabilities created by its reckless policies by requiring that patients acknowledge, as a condition of receiving these opioids, that safer supply is not evidence-based. It is more difficult for patients to seek damages if they knew what they were getting into. It's questionable whether the informed consent processes outlined in the BCCSU's protocols are ethical. The prospect of free fentanyl and sufentanil creates powerful incentives to sign away one's rights to evidence-based treatment, so the province is essentially exploiting clients' addictions so that it can experiment on them without taking legal responsibility for potential harms. In normal settings, such experiments would require a robust ethics approval process, which is absent here.

> *It is concerning that the BC government and Trudeau Liberals keep insisting to the public that safer supply is "evidence-based."*

It is concerning that the BC government and Trudeau Liberals keep insisting to the public that safer supply is "evidence-based," but then, in the fine print of the related policy documents, quietly admit that no evidence actually exists.

The BCCSU's protocols are actually self-contradictory when it comes to discussion of evidence. While these protocols repeatedly emphasize that "safe" fentanyl and sufentanil is not evidence-based, they also claim that there is "limited clinical evidence" that fentanyl tablets work. This "limited clinical

evidence" originates from the BC-based pilot projects which distributed fentanyl tablets prior to the existence of the BCCSU's protocols. References to "clinical evidence" mean that these programs claim to have had some success with fentanyl tablets, but that formal studies have not yet substantiated these observations.

It is incredibly rare to exclusively rely on a small number of clinical observations to justify high-stakes, province-wide addiction policies, especially if these observations were gathered over the course of just a year or two. Clinical observations are unsystematic and vulnerable to bias – they do not constitute a suitable evidentiary base for wide-scale addiction policy. Exceptions can be made when such observations identify harms that have been overlooked by formal studies (i.e., flagging the OxyContin (Feldscher 2022) and safer supply diversion crises), as health care research operates according to a precautionary principle that permits lower standards of evidence when measuring harms.

Misrepresenting existing evidence

It is unclear whether the clinical evidence cited by the BCCSU can be trusted. In an email, I asked the BCCSU how positive outcomes were measured at the aforementioned pilot projects. I was told in an emailed response that "Reports of decreased use of unregulated drugs were both self-reported and witnessed through clinical assessments, such as urine drug screening."[4]

There's a problem with that answer. As mentioned earlier, when examining the issue of diversion, the BCCSU claimed that it is "impossible to differentiate unregulated fentanyl from prescribed fentanyl tablets via urine drug tests." It is therefore impossible, by the BCCSU's own admission, for urine tests to show that prescribed fentanyl tablets actually decrease illicit fentanyl consumption, which means that the "clinical evidence" cited by the organization cannot actually show evidence of success.

Perhaps the term "Schrodinger's urine test" might be apt here because it seems that, for the BCCSU, whether urine testing can differentiate between

"safe" and illicit fentanyl depends on what looks best for safer supply. When it comes to measuring diversion, urine tests are allegedly useless, but when it comes to showing that safer supply works, urine tests are suddenly effective.

According to Dr. Lori Regenstreif, a Hamilton-based addiction physician, urine tests are a flawed measurement tool and can only show reduced illicit fentanyl use under specific circumstances. Many derivatives of fentanyl, known as "fentanyl analogues," exist – i.e., sufentanil, carfentanil and acetylfentanyl (Pacific Northwest National Laboratory Undated). When purchased on the street, these drugs can sometimes be contaminated with other substances, such as Xylazine (an animal tranquilizer that has become particularly prevalent lately). According to Dr. Regenstreif, urine testing may be able to show that "safe" fentanyl or sufentanil is reducing consumption of street drugs if tested urine contains only the fentanyl analogue provided through safer supply and if no other contaminants are present (i.e., the patient has only fentanyl and sufentanil in their system, but not carfentanil or Xylazine). However, Dr. Regenstreif cautioned that this could just as easily suggest that the patient is accessing a relatively clean supply of illicit fentanyl.[5]

She said that there is no way to tell which conclusion is more reasonable without making comparisons to urine tests taken from patients who are only accessing the local street supply (a control group, essentially). That kind of comparison cannot be made without conducting a proper scientific study – but no such study has been published yet.

It should also be noted that urine tests only show the presence or absence of a drug within a client's body, but not its concentration. Imagine a client is using illicit fentanyl contaminated with Xylazine. The client then claims that safer supply has caused them to reduce their consumption of illicit drugs by half. Regardless if the client is lying or not, their urine test will be the same and will simply show the presence of fentanyl and Xylazine without indicating how much of those substances were consumed. In such a case, urine testing cannot verify the client's claim and prove that safer supply is actually working.

If urine tests are unreliable, then all that is seemingly left of the BCCSU's emerging "clinical evidence" is clients' self-reported changes in drug use, which would mean that the BC government is justifying distributing free fentanyl province-wide primarily based on the testimonials of a very unwell subpopulation that has strong incentives to provide positive assessments of safer supply. There are obvious problems with this.

People in recovery will tell you, "Addicts aren't idiots. They're cunning, manipulative, and capable of saying or doing whatever is needed to get the drugs they want." This behaviour includes telling doctors what they want to hear if that means securing more drugs. This is a well-understood and widely documented problem in the addiction world, and was one of the reasons why the OxyContin crisis exploded in the 2000s. So it is baffling that the BCCSU and the BC government seems to put so much weight on self-reported measures.

It is concerning that low-quality clinical evidence is being used to create a veneer of legitimacy around unscientific safer supply fentanyl and sufentanil programs. This will only confuse health care providers and allow stakeholders who have vested interests in pushing safer supply to misrepresent these programs by claiming they are evidence-based when they are not.

For example, when I emailed Health Canada and asked whether it was concerned about the lack of evidence supporting safer supply fentanyl and sufentanil, the agency responded that these interventions are backed by "current clinical practice and emerging evidence," and ignored all of the other language in the protocols that repeatedly and unequivocally stated that no real supporting evidence exists.[6]

Undermining recovery-oriented care

There are many addiction treatments that are demonstrably effective at addressing opioid use disorder and are backed by decades of research. Although OAT is not the only option in this space, it is widely considered to be the gold standard. Unfortunately, by directing its efforts and funding to safer supply fentanyl and sufentanil, the BC government appears to be actively undermining evidence-based treatments.

I have interviewed numerous addiction physicians who have said that safer supply has had a disastrous impact on OAT uptake. Several have said that they or their colleagues have had patients destabilize and discontinue OAT for the sake of obtaining safer supply.

Dr. Meldon Kahan, medical director of the substance use service at Women's College Hospital in Toronto before retiring earlier this year, said that safer supply was causing patients to refuse or drop out of OAT, even though they were doing well in treatment. After reading the BCCSU's new protocols, he felt that the fentanyl tablet scheme would only exacerbate the problem. "Most patients who are actively using fentanyl will be far more attracted to the tablets than to OAT. Unproven fentanyl tablet programs could thus well end up diverting people away from life-saving, evidence-based treatment," said Dr. Kahan.[7]

Dr. Regenstreif had similar concerns and said that it was "unacceptable" that the BC government was experimenting on drug users and minors with evidence-free safer supply fentanyl programs at the expense of proven, life-saving medications.

Dr. Martyn Judson, an addiction physician who pioneered the use of methadone in Ontario in the 1990s, questioned the BCCSU's decision to allow clients to access safer supply fentanyl without first trying OAT. He said that offering powerful, short-acting opioids "is the last thing which should ever be offered because that encourages the destabilization of the nervous system and physical tolerance contributing to individuals seeking evermore supplies of opioids."[8]

"Although the BCCSU's protocols state that health care providers may combine safer supply fentanyl or sufentanil with OAT, co-treatment is not actually required.

Although the BCCSU's protocols state that health care providers may combine safer supply fentanyl or sufentanil with OAT, co-treatment is not actually required, which, given how poorly implemented safer supply has been so far, has raised some eyebrows. Although health care providers are encouraged to transition clients onto OAT if they discontinue safer supply, some addiction specialists believe this is not nearly enough.

Dr. Regenstreif has criticized the fact that safer supply clients are allowed to receive free fentanyl and sufentanil indefinitely and with no recovery-oriented exit strategy. She and several other physicians compared the province's strategy to giving low-quality palliative care that gives up on drug users and devalues their lives. "No experienced health care provider would want to be offering this kind of palliation without an adequate trial of medication that is known to work and save lives. It's quite literally like telling someone with a treatable cancer that chemotherapy is too hard for them to tolerate and they should just be kept comfortable and wait to die," said Dr. Regenstreif.

The protocols also require that clients be told that their access to free fentanyl and sufentanil will almost certainly be cut off if they are hospitalized, or if they attend withdrawal management or substance use treatment facilities. This creates powerful disincentives for drug users to seek life-saving health care. Persuading people to use treatment facilities is already a herculean task (Sunrise House Treatment Center 2022). Imagine how much more difficult this will be when drug users are told that seeking treatment will cause them to lose access to free drugs. The government's fentanyl protocols are essentially bribing drug users into staying unwell.

> *It is also concerning that the province is enacting policies that functionally penalize drug users for receiving hospital care.*

It is also concerning that the province is enacting policies that functionally penalize drug users for receiving hospital care. It's not hard to imagine that some drug users will avoid seeking treatment for injuries, including drug-related injections that can lead to amputation or permanent disfigurement, to stay on safer supply. It is also plausible that some drug users might advise their friends or associates to avoid calling paramedics in case of incapacitation, which would increase the risk of overdose deaths. In an email, I asked the BCCSU whether it was concerned about giving patients disincentives to seek care. The organization ignored that question.

Diversion and increased demand

> **It's incredible to me** *that no one is meaningfully studying diversion of hydromorphone, and then the BC government launches a program to distribute a much more potent opioid without any consideration whatsoever of the problem of diversion. Wouldn't it make sense to categorically lay the diversion concerns to rest before launching the distribution of an even more potent opioid?*
>
> *– Dr. Lisa Bromley*

One can reasonably expect that a significant portion of the fentanyl tablets being distributed by the BC government will end up being traded or resold on the black market. Mass diversion is already a major issue for safer supply hydromorphone and there are many reasons to believe that fentanyl tablets will not be much different.

Many drug users find that hydromorphone is too weak for them, as the drug is only one tenth as powerful as fentanyl. This fact has been repeatedly asserted by interviewed addiction physicians and was recognized by Health Canada in a 2022 report that examined the early findings of 10 safer supply pilot programs (Canada 2022). Many drug users consequently sell their free hydromorphone on the street to purchase harder substances, including illicit fentanyl.

One would imagine that, considering all this, the diversion of fentanyl tablets, which are stronger than hydromorphone, would be less of an issue, but it seems that the tablets the government is using are much weaker than many assume.

The BCCSU's protocols encourage clinicians to primarily distribute tablets that contain 800 mcg (micrograms) of fentanyl. This is the equivalent of 80 mg (milligrams) of morphine (Ramos-Matos, Bistas, and Lopez-Ojeda 2023), or 20 mg of hydromorphone (Tan, Lee, Lee, et al. 2022). That means that these fentanyl tablets will only be 2.5 times stronger than the 8 mg hydromorphone tablets that currently constitute the bulk of Canadian safer supply.

Safer supply programs currently provide around 10 to 40 hydromorphone tablets per drug user per day, but this still fails to satisfy clients. Large quantities of fentanyl tablets will therefore be needed to meet or exceed the potency of current hydromorphone programs, which creates ample opportunities for diversion.

Dr. Sharon Koivu, an addiction physician working in London, Ontario, says that she has treated patients who were coerced into securing safer supply they didn't need. Pimps and abusive partners would pressure vulnerable women into securing as much hydromorphone as possible for black market resale. Other vulnerable patients, such as the geriatric and disabled, were robbed of their safer supply outside of pharmacies.[9]

These observations were corroborated by several other addiction physicians, including Dr. Caroline Ferris, a Victoria-based safer supply prescriber I interviewed this summer (Zivo 2023g). According to Dr. Ferris, vulnerable patients were telling her and her colleagues that gang members were confiscating their safer supply. "These are disabled people. Old people. Little women. So very early on, we knew it was happening," she said.

> *It is almost certain that diversion will remain an issue. It cannot be stressed enough how dangerous this is.*

As the causes of diversion – insufficient potency, predatory fraud, and outright theft – are not addressed by BC's fentanyl tablet scheme, it is almost certain that diversion will remain an issue. It cannot be stressed enough how dangerous this is. Several addiction physicians have confirmed to me that a single 8 mg hydromorphone tablet is strong enough to induce a potentially fatal overdose in an opioid-naive consumer, especially if mixed with alcohol. Over the summer, I interviewed several Vancouver-area teenagers who corroborated these risks by describing how friends and acquaintances had overdosed after taking only a few tablets (Zivo 2023h).

While BC's fentanyl tablets are only approximately 2.5 times stronger than 8 mg hydromorphone tablets, this is a big difference for a novice opioid user. If just two to three 8 mg hydromorphone tablets put youth at significant risk of overdose, then a single 800 mcg fentanyl pill, which has an equivalent strength, is just as dangerous. It is inexcusable to flood communities with these

drugs. One would hope that the province is taking diversion seriously, but that simply isn't happening.

The BCCSU provides no guidelines on how to measure diversion aside from urine testing, which it claims is ineffective anyways, and asserts that "there are no evidence-based methods available for addressing diversion," which simply isn't true.

There is ample evidence (Saulle, Vecchi, and Gowing 2017) that diversion can be addressed by requiring supervised consumption, but the BCCSU and BC's governing NDP party have ignored that solution along with any others that would restrict easy access to dangerous opioids.

Dr. Kahan has predicted that fentanyl tablets will flood the market and push dealers to lower their prices or increase the quality of their product. "I fear that the net result will be an increase in the number of people using and dying from fentanyl," he said. He was also worried that that province was using the BCCSU protocols to create a "back door" to implement a "pure" safer supply program that would "provide a supply of free, pure fentanyl, with no clinical oversight" and would be similar to the safer supply hydromorphone vending machines currently operating in Vancouver. He called these types of public health policies "deeply misguided."

Dr. Regenstreif was similarly concerned about the province's fentanyl experiment, and said, "This will inevitably kill people. Especially those who are new to opioids and don't understand tolerance and drug potency – like teenagers in high school."[10]

Among the questions I sent to the BCCSU (see Appendix 1), I asked whether the organization would assume any responsibility for potential deaths caused by the provision of "safe" fentanyl or sufentanil, whether diverted or not. The BCCSU did not answer that question in its response. Dr. Julian Somers, director of Simon Fraser University's Centre for Applied Research in Mental Health and Addiction (CARMHA), noted that Canada is increasingly finding people who provide fatal drugs guilty of murder and manslaughter. "Given the absence of evidence of effectiveness, is the BCCSU advising physicians to put themselves at risk of criminal charges when a patient dies from dispensed fentanyl?" he asked.[11]

Fentanyl and youth

Under the BC government's current rules, minors can now receive free fentanyl tablets and sufentanil with almost no safeguards in place. The only precaution protecting youth is the aforementioned "two prescriber model," wherein two health care professionals must sign off on providing safer supply to an underage client. Dr. Regenstreif questioned the rigour of the province's safeguarding measures and said that it would be hard to imagine two tablet prescribers, who work in the same clinic, disagreeing or questioning each other about a prescribing decision, aside from a light debate on dosing.[12]

The BCCSU's protocols do not mention parental rights or involvement in care. In fact, the word "parent" does not appear in the documents even once. There is no discussion of when parents should be informed that their child is receiving fentanyl from the government, or how to navigate issues around parental consent. The protocols seem to establish a system where the government can give minors fentanyl and sufentanil behind their parents' backs. This is shocking considering that, by the government's own admission, there is no evidence that safer supply fentanyl is actually safe or beneficial.

When I interviewed three Vancouver-area parents whose children had developed opioid addictions because of safer supply, they lamented the fact that, in BC, it is almost impossible to gain access to addiction treatment; public waiting lists are long and private treatment is prohibitively expensive. Yet while parents cannot get their children treatment, the government is more than willing to give these youth fentanyl. How is all of this legal? The answer is murky.

In Canada, minors have the power to make some decisions regarding their own medical treatment, although the laws governing this differ from province to province (Coughlin 2018). As safer supply is legally considered a health care intervention, youth can consent to receiving it in some cases. Generally speaking, a minor's capacity to consent to medical treatment depends on the nature of the treatment being deliberated. The simpler and less serious an intervention is, the more likely a minor will be able to legally exercise control over their own body.

Some jurisdictions, such as Ontario and Quebec, set a minimum age for youth who want to control their own medical decisions (typically between 14

and 16 years old). While youth above the minimum can make many health care decisions for themselves, their autonomy can still be curtailed in some circumstances. For example, Ontario's *Substitute Decisions Act* deems that youth 16 years or older can give or refuse consent to their own care "unless there are reasonable grounds to believe otherwise."

In British Columbia, where there is no minimum age for consent, youth can control their own health care decisions so long as they are "capable" (People's Law School 2023). Capability, in this respect, means that the minor understands the need for the health care intervention, what the intervention involves, and the risks and benefits of receiving or not receiving care. A young child may be capable of consenting to the dressing of a wound, while an older child may be incapable of refusing life-saving treatment.

It is hard to imagine any scenario where a minor is capable of consenting to receiving safer supply fentanyl and sufentanil, because any minor who is asked to provide such consent will already have incapacitated judgement by virtue of being a fentanyl addict. It should also be noted that addiction is often caused by poor mental health, and that mental disorders typically emerge during adolescence and young adulthood. All of these factors further undermine capacity to consent.

When a person becomes addicted to a substance, the substance takes over the reward and decision-making centres in their brain and inhibits their ability to make rational decisions. While adults have extensive rights to self-determination, which permits them to make impaired or self-destructive decisions if they so choose, it is debatable whether these rights should be extended to youth in this area. Allowing a minor to consent to receiving recreational fentanyl and sufentanil without parental consent or knowledge is simply unreasonable. By reframing the provision of unlimited recreational fentanyl as medical care, the provincial government may inadvertently turn itself into a parent's worst nightmare – an unstoppable drug dealer with endless supply and unrestricted access to their child.

Some safer supply advocates could point out that many youth using street drugs are estranged from their parents or are in foster care, which would make it nearly impossible to secure parental consent and involvement. Would it be appropriate to waive expectations of parental oversight for this population? The answer is no; if safer supply is only made available to these types of youth, that could give an incentive for underage drug users to run away from home

and even cut ties with their families in order to have access to free addictive substances. Teenagers who struggle with addiction often have strained relationships with their parents, yet parents are often a youth's greatest asset for recovery. Any safer supply program that undermines child-parent relationships is dangerous and potentially lethal.

I emailed the BCCSU a list of questions concerning minors. I asked: i) why the organization's protocols made no reference to parents; ii) whether they could confirm whether minors can receive fentanyl without parental consent or knowledge; iii) what the BCCSU would say to parents who do not want their children to receive safer supply fentanyl or sufentanil; iv) whether the BCCSU believes that fentanyl-addicted youth can consent to receiving this kind of safer supply; and v) what parents can do if they believe that their children are being harmed by safer supply fentanyl or sufentanil. The BCCSU did not respond.

What could a responsible model of "safe" fentanyl look like?

While the addiction experts I spoke with in 2023 have been overwhelmingly critical of unsupervised safer supply, many of them believe that the solution is not to abolish it, but rather to radically reform safer supply so that these drugs can be provided much more responsibly.

These experts argue that safer supply could be helpful if used as a temporary intervention that helps severely-addicted users make the transition to recovery-oriented treatments, such as OAT.

Many fentanyl users currently find it difficult to transition to OAT, as fentanyl leaves them with formidable opioid tolerances that render them less responsive to treatment. Determining the right dose of an OAT medication ("titration") for these patients takes longer than usual and, during this period, a patient may continue to experience cravings and withdrawals, leading to ongoing drug use until appropriate OAT doses are achieved.

In some scenarios, it might be helpful to temporarily provide OAT patients with safer supply opioids during the early titration period, thereby

ensuring that they are kept safe during the first steps of their recovery journey. In these cases, safer supply (with supervised consumption) could be offered for a defined period of time, lasting a few weeks or months, in accordance with strict prescribing and clinical guidelines. The presence of a time limit and clear, recovery-oriented goals would ensure that this model of safer supply does not simply enable and entrench ongoing drug use.

Such a model of safer supply would contrast sharply with the system currently being rolled out by the BC government, and would resemble Alberta's new "narcotic transition services" (Alberta 2022), which help people with severe opioid addiction adapt to recovery-oriented medications by providing tightly controlled, temporary access to hydromorphone, heroin, and recovery-oriented supports.

> *The main point, emphasized repeatedly by addiction experts, however, is that any safer supply model must require supervised consumption.*

The main point, emphasized repeatedly by addiction experts, however, is that any safer supply model must require supervised consumption (Mallet 2023). It is the absence of this supervision that has enabled the mass diversion of safer supply drugs onto the black market.

A recovery-oriented approach to safer supply would actually require more supervision than the current model used in BC, because patients who use OAT and safer supply at the same time typically find that the effects of their safer supply drugs are significantly reduced. These patients thus have a greater reason to sell their safer supply opioids to purchase other types of drugs, like crystal meth, whose effects are not dampened by OAT.

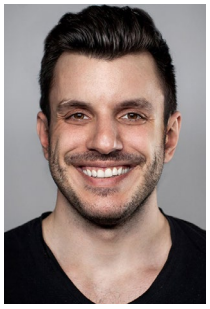
Most experts who have advocated for reforming safer supply have also said that providing safe fentanyl would be critical – otherwise, fentanyl users would have little reason to use the program. Weaker opioids cannot satisfy them and supervised consumption would prevent them from selling their supply, as is currently the norm.

It would not take much to reshape BC's safer supply fentanyl and sufentanil programs into something more responsible and genuinely safe. There is nothing preventing the province from redesigning safer supply as a recovery-oriented intervention. There is also nothing stopping the province from fixing many of the issues outlined in this report – including lax safeguards for youth.

Supervised consumption could simply be mandated for fentanyl tablets and liquid sufentanil. As for tamper-proof fentanyl patches, there would be no need for additional supervision – the risk of undetected diversion is minimal, but penalties for diversion should be significantly strengthened.

Safer supply fentanyl and sufentanil availability should also be scaled back and restricted to a few pilot projects, as was the case until very recently. Until actual, *objective* evidence supporting these interventions is produced, dispensing these drugs province-wide is simply indefensible. To generate this evidence, however, these pilot projects need tighter supervision and should be rigorously examined by investigators who operate at arms length from service providers. MLI

About the author



Adam Zivo is a freelance writer and political analyst best known for his weekly columns in the *National Post*. In early 2023, he wrote a 10,000 word investigative report exposing the extent to which Canadian safer supply programs are being defrauded. The report caused a political scandal and was debated in parliament, leading the Conservatives to introduce a bill to defund safer supply, which failed.

His subsequent reporting, which has focussed heavily on drugs and addiction policy, has been cited by major Canadian media outlets and by dozens of addiction physicians who are now publicly calling for safer supply to be reformed or abolished. In response to his investigative work, Reddit, a popular social media site, terminated several drug trafficking networks operating on its platform.

Zivo holds a Master of Public Policy from the Munk School of Global Affairs and Public Policy. He recently founded the Centre for Responsible Drug Policy, a nonprofit advocacy organization.

References

Alberta. 2022. "Protecting Albertans from High-Risk Opioids." News (October 5). Government of Alberta. Available at https://www.alberta.ca/release.cfm?xID=84811A3784A4C-F22F-9167-64DE8803563DE876.

British Columbia Centre on Substance Use [BCCSU]. 2022. *Prescribed Safer Supply Protocols: Fentanyl Patch*. BC Centre on Substance Use. (October). Available at https://www.bccsu.ca/clinical-care-guidance/prescribed-safer-supply/fentanyl-patch/.

British Columbia Centre on Substance Use [BCCSU]. 2023. *Prescribed Safer Supply Protocols: Sufentanil*. BC Centre on Substance Use. (August). Available at https://www.bccsu.ca/clinical-care-guidance/prescribed-safer-supply/sufentanil/.

British Columbia Centre on Substance Use [BCCSU]. 2023b. *Prescribed Safer Supply Protocols: Fentanyl Tablet (PRN Program)*. BC Centre on Substance Use. (August). Available at https://www.bccsu.ca/wp-content/uploads/2023/09/PSS-Fentanyl-Tablet-PRN.pdf

BC United Caucus. 2023. "BC United Calls for Clarity as NDP Quietly Approves New Publicly-Supplied Addictive Drug Protocols." BC United Caucus (September 7). Available at https://www.bcunitedcaucus.ca/2023/09/bc-united-calls-for-clarity-as-ndp-quietly-approves-new-publicly-supplied-addictive-drug-protocols/.

Canada. 2022. *Early Findings from Safer Supply Pilot Projects*. Government of Canada, Health Canada (March 17). Available at https://www.canada.ca/en/health-canada/services/opioids/responding-canada-opioid-crisis/safer-supply/early-findings-safer-supply-pilot-projects.html.

Centre for Addiction and Mental Health [CAMH]. 2016. *Opioid Agonist Therapy*. CAMH. Available at https://www.camh.ca/-/media/files/oat-info-for-clients.pdf.

Coughlin, Kevin W. 2018. "Medical Decision-Making in Paediatrics: Infancy to Adolescence." *Paediatrics and Child Health* 23, 2: 138-146. Available at https://doi.org/10.1093/pch/pxx127.

Dunn, Kelly E., Bruna Brands, David C. Marsh, and George E. Bigelow. 2018. "Characterizing the Subjective, Observer-Rated, and Physiological Effects of Hydromorphone Relative to Heroin in a Human Laboratory Study." *Psychopharmacology* 235, 4 (April): 971-981. Available at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5871549/.

Feldscher, Karen. 2022. "What Led to the Opioid Crisis—And How to Fix It." Harvard T.H. Chan School of Public Health (February 9). Available at https://www.hsph.harvard.edu/news/features/what-led-to-the-opioid-crisis-and-how-to-fix-it/.

Larsen, Karin. 2022. "First Ever Paid Prescription Fentanyl Program Launches in Vancouver." CBC News (April 8). Available at https://www.cbc.ca/news/canada/british-columbia/paid-prescription-fentanyl-vancouver-1.6412696.

Mallet, Mark. 2023. "We Must End the Unwitnessed Safe Supply of Opioids." *Globe and* Mail (September 10). Available at https://www.theglobeandmail.com/opinion/article-we-must-end-the-unwitnessed-safe-supply-of-opioids/ [paywall].

Nassar, Hana Mae. 2023. "B.C. to review hydromorphone distribution amid concerns." *CityNews* [Vancouver] (June 5). Available at https://vancouver.citynews.ca/2023/06/05/bc-hydromorphone-review/.

Oh, Seok Kyeong, Il Ok Lee, Byung Gun Lim, Hyerim Jeong, Young Sung Kim, Sul Gi Ji, and Jong Sun Park. 2019. "Comparison of the Analgesic Effect of Sufentanil Versus Fentanyl in Intravenous Patient-Controlled Analgesia After Total Laparoscopic Hysterectomy: A Randomized, Double-Blind, Prospective Study." *International Journal of Medical Sciences* 16, 11: 1439-1446. Available at https://doi.org/10.7150%2Fijms.34656.

Pacific Northwest National Laboratory. Undated. "What are Fentanyl Analogs?" Pacific Northwest National Laboratory. Available at https://www.pnnl.gov/explainer-articles/fentanyl-analogs.

People's Law School. 2023. "Dial-A-Law: Children and Consent to Health Care." People's Law School. Available at https://dialalaw.peopleslawschool.ca/children-and-consent-to-health-care/.

PHS. 2022. "Fentanyl Patch Policy." PHS (5 May). Available at https://healthqualitybc.ca/wp-content/uploads/PHS-Fentanyl-Patch-Policy-May-5_22.pdf.

Ramos-Matos, Carlos F., Karlyle G. Bistas, and Wilfredo Lopez-Ojeda. 2023. "Continuing Education Activity: Fentanyl." National Library of Medicine, National Center for Biotechnology Information (May 29). Available at https://www.ncbi.nlm.nih.gov/books/NBK459275/#:~:text=Fentanyl%20is%20a%20potent%20synthetic,approximately%2010%20mg%20of%20morphine.

Ridgeview Hospital. 2023. "Fentanyl vs Morphine: Which Opioids Are Most Dangerous?" Available at https://ridgeviewhospital.net/fentanyl-vs-morphine-which-opioids-are-most-dangerous/.

Saulle, Rosella, Simona Vecchi, and Linda Gowing. 2017. "Supervised Dosing with a Long-Acting Opioid Medication in the Management of Opioid Dependence." *Cochrane Database of Systematic Reviews* 4 (April 27), Art. No.: CD011983. Available at https://doi.org/10.1002%2F14651858.CD011983.pub2 .

Somers, Julian. 2023. "Our Study Found 'Safe Supply' Isn't Safe. We Were Smeared for Our Work." *National Post* (July 5). Available at https://nationalpost.com/opinion/julian-somers-our-study-found-safe-supply-isnt-safe-we-were-smeared-for-our-work.

Sunrise House Treatment Center. 2022. "Steps to Convince Someone to Go to Addiction Treatment" (November 28). https://sunrisehouse.com/addiction-treatment/convincing-rehab-needed/.

Tan, Savannah, Ellen Lee, Stephen Lee, Sangeeta S. Sakaria, and Jennifer S. Roh. 2022. "Morphine Equianalgesic Dose Chart in the Emergency Department." *Journal of Education and Teaching in Emergency Medicine* 7, 3 (July): L1. Available at https://doi.org/10.21980%2FJ8RD29.

Watson, Bridgette. 2021. "B.C.'s Prescribed Safer Supply Program Expands to Reduce Overdoses and Deaths from Illicit Drugs." CBC News (July 15). Available at https://www.cbc.ca/news/canada/british-columbia/expanding-prescribed-safer-supply-1.6104665.

Zivo, Adam. 2023a. "Drug Fail: The Liberal Government's 'Safer Supply' is Fuelling a New Opioid Crisis." *National Post* (May 9). Available at https://na-

tionalpost.com/feature/how-the-liberal-governments-safer-supply-is-fuelling-a-new-opioid-crisis.

Zivo, Adam. 2023b. "The Fight Against 'Safer Supply' Heats Up." *National Post* (October 5). Available at https://nationalpost.com/opinion/the-fight-against-safer-supply-heats-up.

Zivo, Adam. 2023c. "Doctors Fed Up with Activists Gaslighting Them over 'Safer Supply.'" *National Post* (November 16). Available at https://nationalpost.com/opinion/adam-zivo-doctors-fed-up-with-activists-gaslighting-them-over-safer-supply.

Zivo, Adam. 2023d. "Trudeau Defends 'Safer Supply' Drugs that Are Destroying Lives." *National Post* (May 11). Available at https://nationalpost.com/opinion/adam-zivo-trudeau-defends-safer-supply-drugs-that-are-destroying-lives.

Zivo, Adam. 2023e. "Liberals Rely on Poor Quality Research to Defend Safer Supply." *National Post* (May 19). Available at https://nationalpost.com/opinion/adam-zivo-liberals-rely-on-poor-quality-research-to-defend-safer-supply.

Zivo, Adam. 2023f. "Carolyn Bennett's Exit is Good News in the Fight Against Opioid Diversion." *National Post* (July 28). Available at https://nationalpost.com/opinion/carolyn-bennetts-exit-is-good-news-in-the-fight-against-opioid-diversion.

Zivo, Adam. 2023g. "Safer Supply Doctor Wants More Critical Debate About the Program." *National Post* (May 25). Available at https://nationalpost.com/opinion/safer-supply-doctor-wants-more-critical-debate-about-the-program.

Zivo, Adam. 2023h. "A 14-Year-Old Is Dead. Her Dad Blames 'Safer Supply' Drugs." *National Post* (May 31). Available at https://nationalpost.com/opinion/adam-zivo-teen-dies-from-overdose-after-becoming-addicted-to-drug-used-in-safer-supply.

Endnotes

1 Personal correspondence with addiction physician Dr. Lisa Bromley, September 20, 2023.

2 Personal correspondence from an anonymous representative from the BC Ministry of Mental Health and Addictions on August 29, 2023.

3 Personal correspondence from Kevin Hollet, the BCCSU's Associate Director of Communications, on August 29, 2023.

4 Personal correspondence from Kevin Hollet, the BCCSU's Associate Director of Communications, on August 29, 2023.

5 Personal correspondence with addiction physician Dr. Lori Regenstreif on September 20, 2023.

6 Personal email correspondence from an anonymous Health Canada representative, August 28, 2023.

7 Personal email correspondence from Dr. Meldon Kahan, August 27, 2023.

8 Personal email correspondence from Dr. Martyn Judson, August 27, 2023.

9 Personal correspondence with addiction physician Dr. Sharon Koivu, January 14, 2023.

10 Personal e-mail comment from Lori Regenstreif, September 20, 2023.

11 Personal e-mail correspondence with Dr. Julian Somers, sent on August 29, 2023.

12 Personal e-mail comment from Lori Regenstreif, September 20, 2023.

Appendix 1

List of questions I sent to the BCCSU on August 24, 2023, asking about the BCCSU's new protocols on prescribed fentanyl and tablets and prescribed sufentanil:

1. Why does the BCCSU support prescribed fentanyl tables and prescribed sufentanil if there is no evidence to support these interventions?
2. What KPIs will be sued to measure the success of these protocols
3. Does the BCCSU intent to measure diversion arising from its new protocols?
4. What minimum age is there, if any, for patients who want to access prescribed fentanyl and sufentanil?
5. Is the BCCSU concerned that making access to prescribed fentanyl/sufentanil dependent on patients not accessing hospitals, withdrawal management programs, or substance use treatment facilities would dissuade drug users from seeking critical healthcare and drug treatment?
6. In your fentanyl tablet protocols, it says, "Based on real-life experience, some people have been able to reduce or stop using unregulated fentanyl once they report feeling stable on fentanyl tablets." Can you clarify how reduction or cessation of unregulated fentanyl was measured? Is this just anecdotal self-reports from patients again?
7. If fentanyl or sufentanil distributed through these protocols is diverted and later seriously harms or kills someone, would the BCCSU consider itself responsible in some sense for that harm?

Source: Personal correspondence from Adam Zivo to BCCSU Associate Director of Communications, Kevin Hollet, on August 24, 2023. See https://www.dropbox.com/scl/fi/ashtvphcra391iga6595k/Screenshot-2023-12-07-at-3.41.58-PM.png?rlkey=z10sa8pethsade8u6tamciphw&dl=0

constructive important forward-thinking excellent insightful high-quality active

Ideas change the world

WHAT PEOPLE ARE SAYING ABOUT **MLI**

The Right Honourable
Paul Martin

I want to congratulate the **Macdonald-Laurier Institute** for 10 years of excellent service to Canada. The Institute's commitment to public policy innovation has put them on the cutting edge of many of the country's most pressing policy debates. The Institute works in a persistent and constructive way to present new and insightful ideas about how to best achieve Canada's potential and to produce a better and more just country. Canada is better for the forward-thinking, research-based perspectives that the **Macdonald-Laurier Institute** brings to our most critical issues.

The Honourable
Jody Wilson-Raybould

The **Macdonald-Laurier Institute** has been active in the field of Indigenous public policy, building a fine tradition of working with Indigenous organizations, promoting Indigenous thinkers and encouraging innovative, Indigenous-led solutions to the challenges of 21st century Canada. I congratulate **MLI** on its 10 productive and constructive years and look forward to continuing to learn more about the Institute's fine work in the field.

The Honourable
Irwin Cotler

May I congratulate **MLI** for a decade of exemplary leadership on national and international issues. Through high-quality research and analysis, **MLI** has made a significant contribution to Canadian public discourse and policy development. With the global resurgence of authoritarianism and illiberal populism, such work is as timely as it is important. I wish you continued success in the years to come.

The Honourable
Pierre Poilievre

The **Macdonald-Laurier Institute** has produced countless works of scholarship that solve today's problems with the wisdom of our political ancestors. If we listen to the **Institute**'s advice, we can fulfill Laurier's dream of a country where freedom is its nationality.

MACDONALD-LAURIER INSTITUTE

TRUE NORTH IN CANADIAN PUBLIC POLICY

323 Chapel Street, Suite 300,
Ottawa, Ontario K1N 7Z2
613-482-8327 • info@macdonaldlaurier.ca

@MLInstitute
facebook.com/MacdonaldLaurierInstitute
youtube.com/MLInstitute
linkedin.com/company/macdonald-laurier-institute