



DRUG PREVENTION NETWORK OF CANADA

NGO in Special consultative status with the Economic and Social Council of the United Nations

April 28, 2022

Select Special Committee to Examine Safe Supply
Alberta Legislature

Dear Committee Members,

Over the past twenty years, Canada has liberalized its drug laws. These changes have not decreased the consumption of illegal drugs nor curtailed drug overdose deaths. Instead, the changes have created more challenges to society because of the increased consumption of drugs.

Currently, studies that make illicit drugs more available are being conducted by the federal government. These studies relate to a policy called, “Safe Supply”, which provides drugs to addicts, supposedly to prevent them from purchasing drugs off the streets that are contaminated with substances such as fentanyl. This policy requires the government to provide prescription opioids and stimulants to those who are addicted, free of charge, without a prescription, in the form of take-home kits. The drugs provided to the addicts include pharmaceutical opioids, heroin, crystal methamphetamine, cocaine, as well as other substances.

On March 21, 2022, federal Minister of Addictions, Carolyn Bennett, informed the House of Commons Health Committee that the Safe Supply model is an appropriate method to curtail deaths by drug overdose. Her conclusion however, is not based on evidence, but appears to be a matter of political expediency.

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Our organization, the Drug Prevention Network of Canada (DPNC) is deeply concerned about this development which may have the effect of increasing even more deaths by drug overdose. A critical analysis of such a program must be undertaken before it can be considered for national implementation.

Safe Supply Policy

The federal Liberal government has funded studies on Safe Supply, to provide evidence of the effectiveness of this policy and to make its implementation more socially acceptable.

These studies have not been reassuring. For example:

- In March 2020 the government approved a program to provide addicts in Vancouver's downtown East Side with a "safe supply" of hard drugs during the Coronavirus pandemic. This resulted in the deadliest year on record in British Columbia's opioid crisis as far more lives were lost than in previous years. The Chief Coroner, Lisa LaPointe reported¹ that the death toll in their province from drug overdose, at the end of 2021, had climbed 26% to 2,224 deaths. Dr. LaPointe stated, "it is with tremendous sadness that I report that our province is in a worse place than it has ever been in this drug toxicity crisis".

¹ Deadliest Year in B.C.'s Opioid Crisis: Death toll 26% higher in 2020 than previous record, Kendra Mangione, CTV News, February 9, 2022.



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- In April 2020, Dr. Mark Tyndall, a physician and professor with the School of Population and Public Health at the University of British Columbia and founder of the MySafe Society, B.C., in a podcast interview on April 30, 2020, stated that 90% of the addicts who had received a “safe supply” of drugs were tested and found to have had fentanyl in their urine. This indicates the drugs provided under his safe supply program were insufficient for the addicts, who still continued to purchase drugs from traffickers, off the streets.
- A grant in the amount of \$6.5 million was provided by Health Canada Substance and Addictions program in March 2020 to the London Intercommunity Health Centre which had established in 2016 a Safer Opioid Supply Program. The clinic’s lead, Dr. Andrea Sereda, published a preliminary report on November 22, 2021². In the report, she claimed a 94% treatment retention rate was evidence of the program’s success. The fact that severely addicted patients regularly return to the clinic for free, high doses of medical grade opioids should not have been surprising. According to this report, addicts enrolled in the program self-reported that they were healthier and had reduced their criminal activities, etc.

It was only during a webcast to launch her report, however, that Dr. Sereda, when asked directly, acknowledged that some of the addicts in the program were “no longer enrolled” but had died from fentanyl overdoses or from infections acquired

² Gillian Kolla, Cathy Long, Melissa Perri, Andrea Bowra and Rebecca Penn (2021) “Safer Opioid Supply Program, Preliminary Report”, London: London InterCommunity Health Centre, November 22, 2021.



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from injection use. Others were incarcerated or moved into long-term care facilities. The exact number remains unclear, as the report's authors provided no further information. The report itself made no mention that some of its enrolled patients were dead. This creates a misleading picture of the safety and efficacy of the program.

Two further flawed studies have not provided positive results for the Safe Supply program.

These studies are:

1. The North American Opiate Medication Initiative (NAOMI)³
2. Study to Assess Longer-term Opioid Medication Effectiveness (SALOME)⁴

Both studies provided high doses of heroin and hydromorphone to severely addicted patients under strictly monitored conditions. Usually, Safe Supply programs however, do not provide strictly monitored/supervised conditions but, rather, widely distribute the drugs to the addicts. This provides the latter with the opportunity to “divert” their government-provided drugs by sharing or selling them to other addicts. The authors of these studies contend that the program had a positive response in “treatment retention” by the addicts. As stated above, the fact that addicts return to a readily available source of free drugs should not come as a surprise, and does not indicate that the addicts have not obtained further drugs from traffickers.

³ *New England Journal of Medicine*, 2009.

⁴ *JAMA Psychiatry*. 2016;73(5):447-455. doi:10.1001/jamapsychiatry.2016.0109



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Availability of Drugs Increases Consumption

According to a large study in the U.K.⁵, it was found that a higher rate of heroin-related deaths occurred in the treated population during the 1960s to mid-1970s where take-home heroin was a prevailing choice of treatment for heroin addiction. This study indicates that unsupervised, legal use of heroin increases rather than decreases overdose deaths.

Evidence that easy access to drugs increases their consumption was apparent as a result of the federal government's decriminalized consumption of marijuana on October 17, 2018.

Statistics Canada reports on April 21, 2021⁶, that there was an increase in marijuana use resulting from decriminalization. The report stated that,

By late 2020, one in five Canadians (20%) reported having used cannabis in the past three months, which was more than both the 14% reporting use before legalization and the 18% reporting use in the first few months after enactment of the *Cannabis Act* (October 2018). Daily, or almost daily, use also increased to 7.9% from 6.1% in 2019 and 5.4% in 2018.

⁵ Basak T. Pharmaceutical Heroin Prescribing and Mortality Rates in the 'British System' of the 1960s and early 1970s. A Systematic Literature Review. Society for the Study of Addiction, May 10, 2019.

⁶ Statistics Canada, "Health Reports: Looking back from 2020, how Cannabis Use and Related Behaviours Changed in Canada", April 21, 2021.



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The increased use of cannabis after decriminalization has led to serious problems that have not been widely reported by the mainstream media. These problems include the doubling of drug-impaired driving⁷, cannabis-use in adolescents associated with altering neurodevelopment⁸, increased incidents of suicide in adolescents⁹, and increased schizophrenia among cannabis users¹⁰.

Indigenous Communities

The Safe Supply policy has raised concerns among indigenous communities.

On December 7, 2021, the Alberta government established a Select Special Committee to review the policy of Safe Supply. A number of indigenous chiefs testified before this Committee¹¹. They stated that the safe supply policy was objectionable to their communities as it was not their way of dealing with drug abuse. They sought a continuum of health care be provided on their reserves for indigenous addicts by way of recovery and cultural programs, managed by indigenous people themselves. They stated that it

⁷ New England Journal of Medicine, “Cannabis Legalization and Detection of Tetrahydrocannabinol in Injured Drivers”, January 13, 2022.

⁸ Journal of American Medical Association, “Association of Cannabis Use during Adolescence with Neurodevelopment”, June 16, 2021.

⁹ Journal of American Medical Association, Han, Compton, Einstein, Volkow, “Associations of Suicidality Trends with Cannabis use as a Function of Sex and Depression Status, 2021; Gobbi G, et al, “Association of Cannabis Use in Adolescence and Risk of Depression, Anxiety, and Suicidality in Young Adulthood: A Systematic Review and Meta-analysis, April 1, 2019.

¹⁰ “Safer Opioid Supply Program, Preliminary Report”, November 22, 2021, London InterCommunity Health Centre.

¹¹ Alberta Select Special Committee to Examine Safe Supply, February 17, 2022.



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was disrespectful to have these significant roles filled by non-indigenous individuals.

Chief Eric Shirt, in his presentation said,

Conventional methods of treatment for addictions such as alcohol and drug dependence constitute only partial treatment of the disease because they focus on the psychological symptoms of addiction and ignore the underlying physical dimensions of damage. Research shows that most psychological disorders associated with addiction are precipitated by biochemical imbalances and other physiological damage caused by the alcohol/drugs. Unless that damage is repaired (and we know now that in most cases it can be), it will lead to not only further physical deterioration, but will also continue to give rise to mental, emotional and behavioral problems”¹².

Effects of Safe Supply on Addicts

Providing drugs freely to addicts does not help them, as the main driving force for their addiction is frequently poverty, mental and physical illness which causes despair and hopelessness. They lose their human dignity, become malnourished, and have a pervasive lack of self-esteem, and become homeless as a result of their continued drug use. According to evidence provided to the Alberta Select Special Committee by Michael

¹² A presentation by Chief Eric Shirt to the Alberta Select Special Committee to Examine Safe Supply, February 17, 2022.



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Shellenberger, U.S. author of the book, San Fransicko, the practice of Safe Supply is “a bizarre medical experiment helping homeless drug addicts use drugs which is handing a loaded gun to a suicidal person¹³.

Assisting the Addict

Treatment and readily available social support is a rational approach to dealing with addiction and its physical, psychological and spiritual dimensions. These support systems deal with the underlying problems. Providing readily available drugs does not help the addict, but only deepens dependency and leads to continued and sustained suffering and frequently, to a terrifying and lonely death. The addict becomes a victim, with all discipline, responsibility, and accountability removed from him.

Financial Impact of Safe Supply on the Provinces

The federal government determines drug policies, but it is the provinces that are required to fund the collateral damage caused by policies that have made drugs easily accessible. This is due to the fact that the provinces, under our Constitution, are solely responsible for health and welfare matters, costs which increase monumentally with increased use of drugs.

¹³ Evidence submitted by Michael Shellenberger, before the Alberta Select Committee to Examine Safe Supply, February 16, 2022



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Summary

A safe supply program does not meet the needs of addicts, but permits and encourages their addiction to continue. This results in the continuation of misery, unhappiness, and desperation. This policy is not a rational nor is it a humane approach to illicit drug use. Healing is a slow and painful journey that requires access to recovery and treatment facilities. We must not fail the addicts by failing to provide them with these services and providing them instead with a ready supply of free drugs under a “Safe Supply” policy.

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