SAFE SUPPLY

CONCEPT DOCUMENT

February 2019

Canadian Association of People who Use Drugs©

#SAFESUPPLY CONCEPT DOCUMENT

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The Concept of Safe Supply

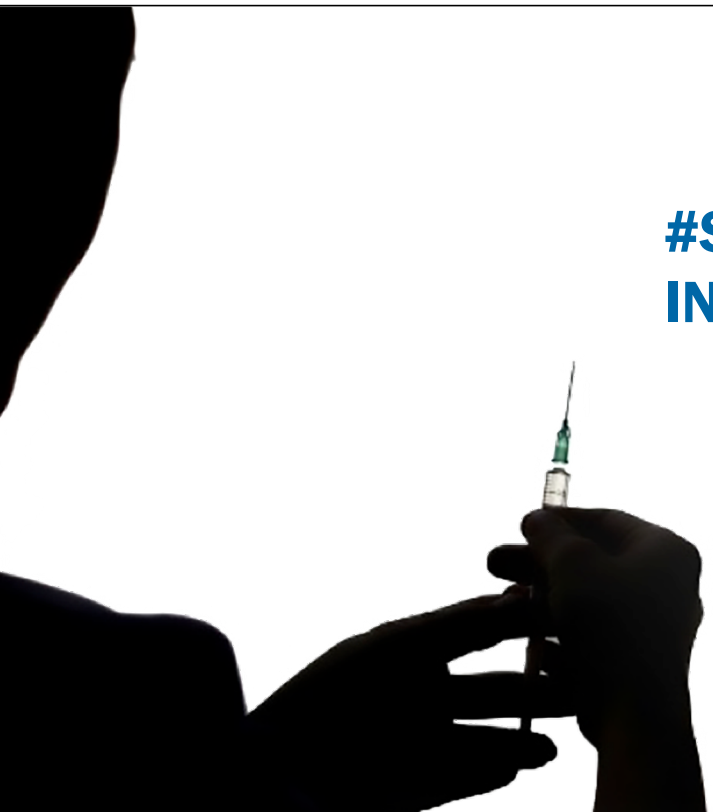
This report is a general outline of the “safe supply” concept, of what safe supply is, and the role of safe supply in drug policy. The purpose of this document is to provide clarity to what is meant by the term “safe supply” with a mind to keeping conversations on point when safe supply and drug policy are being discussed.

The safe supply ideas set out in this report are meant to be examples of how they could be provided and are not meant to form a comprehensive guideline for designing a safe supply system. Safe supply program designers should be creative and thoughtful to the needs/wants of the drug using population being served. The thoughtful approach to safe supply requires thinking as economists to imagine policies and programs that will truly appeal to those who would otherwise prefer to consume drugs purchased on the illicit market.

HOW “SAFE SUPPLY” IS DEFINED

Safe supply refers to a legal and regulated supply of drugs with mind/body altering properties that traditionally have been accessible only through the illicit drug market.

Drugs included are opioids such as heroin, stimulants such as cocaine and crystal methamphetamine, hallucinogens such as MDMA and LSD, and marijuana.



#SAFESUPPLY INCLUDES INJECTABLE DRUGS

The Need for Safe Supply

SAFETY: In the midst of the worst overdose epidemic in Canada's history, 11 people are dying every day. Most of the deaths are related to the rise of fentanyl and its analogues adulterating the illicit drug market, a reality that is likely to stay for the long term.[1] Yet, the need for safe supply has existed long before the current overdose epidemic. For many decades the drug using community has had to risk overdose, poisoning, infection, disease transmission, and death because it has been forced to rely on the illicit drug market.[2] Meaningful and purposeful expansion of the provision of safe and regulated drugs to compete with the black market will significantly curtail these harms, and is a necessary step to stop the ongoing overdose crisis.

HUMAN RIGHTS: Prohibition based drug policy is by nature dehumanizing and degrading to individuals, our society, and humanity, as the suffering it causes affects the least fortunate among us the most. Historically, prohibition has been a tool to stigmatize the poor as morally deficient by their choice to consume drugs, and therefore not deserving of even their basic needs. Safe supply changes that narrative by respecting the agency of individuals who choose to use drugs, removing the labels of "wrong" and "bad" in respect to drug using behaviour. The provision of a regulated drug supply is a necessary step to end the stigmatization of drug use and drug users.

The purpose of this document is to provide clarity to what is meant by the term "safe supply" with a mind to keeping conversations on point when safe supply and drug policy are being discussed.

JUSTICE: Abuse by the criminal justice system under the War on Drugs has disproportionately affected people of colour and the poor, especially relative to the amount of drugs consumed by society as a whole.[3] Those with more resources have better means to navigate the legal pitfalls of engaging in illicit drug use and, especially if they are white, tend to be less likely targets by law enforcement in the first place. Safe supply is a means to limit this source of stratification, allowing all drug users to feel dignified regardless of who they are in the social hierarchy and the substance they choose to consume.

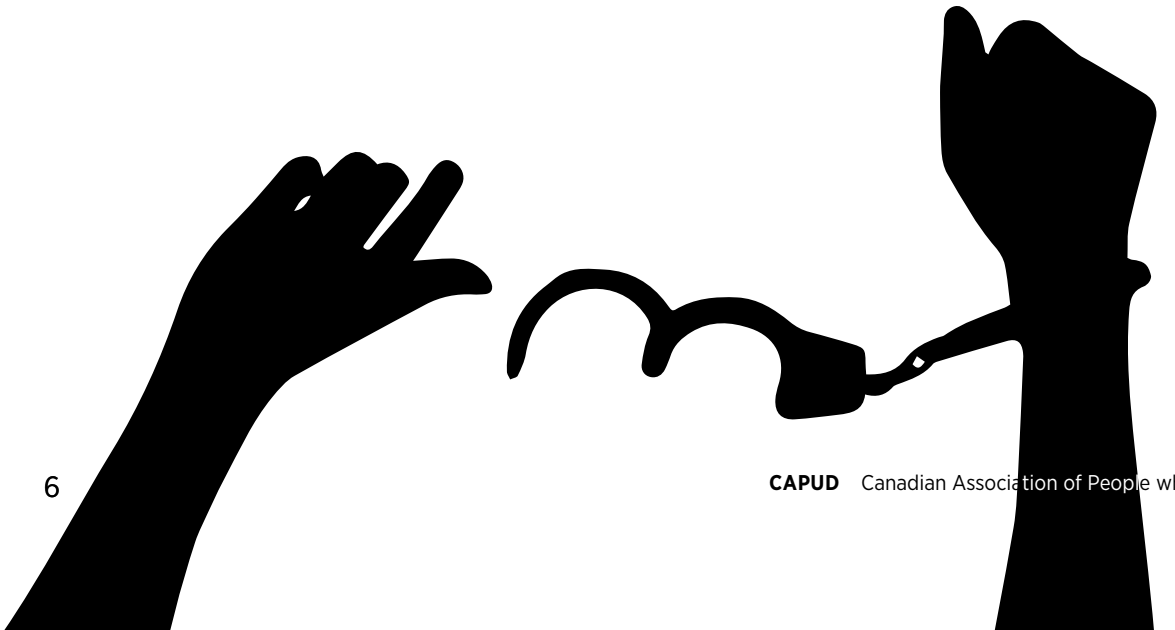
EFFECTIVENESS: While different interventions work best for different individuals, the evidence is consistent in showing that people who use drugs are more likely to benefit from safe supply treatment options in comparison to more traditional treatments in terms of keeping clients on treatment, lowering their amount of illicit drug use, creating stability and improving their quality of life. For example, recent heroin maintenance trials in Vancouver involving over 200 participants had retention rates over 80 per cent after a year on treatment, and those remaining on treatment had drastic reductions in illicit opioid use.[4] In comparison, in British Columbia retention rates of new clients on methadone is under 35 per cent after a year,[5] and suboxone[6] and slow release oral morphine are similar in effectiveness.[7]

Safe Supply and the Harm Reduction Concept

"Safe supply" is an element of harm reduction, as it is a strategy designed to reduce the risks associated with drug use in a criminalized context. Like harm reduction, safe supply is based on a moral foundation that the individual choosing to use drugs has the right to do so and people who use drugs should not be treated as morally deficient, be criminalized, or deemed mentally ill for their drug use. However, there are some conceptual dilemmas that exist with the harm reduction concept creating a need for safe supply to exist as its own category. Harm reduction has essentially been a strategy for reducing the harm and risks of drug use that arise from drug prohibition. Needle exchanges, supervised injection sites, and drug checking machines all require the existence of the current morally-based punitive drug policy framework in order to have their meaning and/or utility as harm reduction.

If a morally neutral drug policy framework were in place, there would not be a need for a special philosophy to justify providing services that are essentially basic health care to people who use drugs. For example, sterile needle distribution would simply be considered standard practice in health care if not for the backdrop of the War on Drugs. The practical need for drug-checking machines, naloxone, and supervised consumption sites would be greatly diminished if drug consumers simply had access to a legal and regulated supply of drugs. In short, the conceptual dilemma of harm reduction is that its supporters often advocate for interventions (e.g., supervised consumption, drug checking, naloxone) that a fully realized harm reduction model would have much less need for if people had access to a safe and regulated supply of their preferred drugs. So in this way harm reduction gets in its own way.

#SAFESUPPLY MEANS FREEDOM.



The idea of safe supply addresses this conceptual difficulty by sorting the contradictory role of harm reduction. Harm reduction has the important role of mitigating the harms and risks that arise from drug use continuing to be criminalized, while safe supply strategies work toward new framework solutions that remove, or greatly reduce, the criminalized context of drug use altogether, preventing the harms and risks associated with it in the first place. Safe supply is the next step in the construction of a human rights based drug policy framework, whereas harm reduction is a humane response to deal with the outcomes of inhumane policy.

Safe supply is a drug policy category that ought to fit alongside other "pillars" of drug policy such as treatment, harm reduction, education, and prevention. *For humane drug policy to be comprehensive, policy makers must consider and implement safe supply measures in order to meet the needs of the significant portion of the drug using population that, for whatever reason, choose to consume drugs.*

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Unlike other categories, safe supply has been neglected because it does not fit well within the prohibition-based frameworks that guide drug policy in most parts of the world. As harm reduction has gained acceptance and legitimacy in some parts of the world, it has created more political space for safe supply measures to be seriously considered. If we are serious about ending prohibition then is imperative that collectively, we pursue the new political and sociological policy landscape that allows us to create drug policy based on a new framework that respects the human rights of those who choose to use drugs.

#SAFESUPPLY MEANS FREEDOM FROM INCARCERATION.

How Safe Supply Can Be Provided

The purpose of safe supply is to provide a safer way for people to access what they are seeking in street drugs. Safe supply strategies must balance the need to minimize the risks of the drug itself while ensuring dispensing models are accessible enough to "undercut" the illicit market. If the model overburdens the clients with surveillance, punitive measures, safety controls, and/or other requirements that are either too time consuming or invasive, the program runs the risk of turning clients off altogether, failing in its primary mission. Models should be designed based on the drugs being substituted, the people it is serving, and feasibility considerations.

Further considerations include:

- The drug being offered should be a safe version of the drug sought by the client, or a close approximation of that drug being sought.
- Safe supply programs should be developed in partnership with people who use drugs. Every effort should be taken to ensure an environment that resembles one that people would use drugs in. Providing an environment that is overly medicalized or clinical will turn off many people who would otherwise participate in safe supply programming.
- Respect that people use drugs to provide euphoria, not just maintenance. If safe supply doses are too low, people will continue using street fentanyl.
- Withholding drugs from someone in a program as punishment without a process that addresses the dynamics of the power imbalance between staff and patient is unethical.
- Multiple daily visits to a clinic or health care facility can be a hindrance for some people to stay in safe supply programming. Models that allow for take homes doses would increase retention and should be considered if the opportunity permits.
- Safe opioid programs typically use diacetylmorphine, the active ingredient of heroin, to substitute for heroin. Some clients of injectable programs have complained that pharmaceutical grade opioids, such as diacetylmorphine and hydromorphone, are too intense and lack the warmth of opioids found in the illicit market. Future programs may want to consider using more artisanal versions of opioids if possible.
- Since fentanyl and its analogues are being commonly used across Canada, care must be taken to understand how tolerance to a substance like fentanyl may impact an individual's dosage on a safe supply program. However, concerns about fentanyl tolerance should not dissuade decision makers from utilizing opioids like heroin and hydromorphone in their programming. Tolerance to a drug can increase quickly, but it also falls just as quickly.

- While options of dexedrine, ritalin, adderall, etc. as replacements for illicit stimulants are helpful, policy makers need to consider ways to provide regulated access to cocaine for people who seek cocaine. This drug is already used in Canada as a topical anaesthetic for some surgical procedures in a liquid hydrochloride preparation.

- The same logic applies to people using methamphetamine, which is on Health Canada's special access program in a pharmaceutical preparation (desoxyn).

DISPENSING MODELS

Moving from more controlled dispensing models to less, the following are some of the ways that can be considered for dispensing drugs to clients accessing safe supply:

1. Drugs are prescribed and administered in a supervised setting under the care of health professionals and/or peer workers.

2. Drugs are prescribed and dispensed by a health care worker or pharmacist, but have the option to administer it on their own terms outside of a supervised setting, such as their own home, in take home doses.

3. Drugs are dispensed without prescription, but are administered in a supervised setting under the care of health professionals and/or peer workers.

4. Drugs could be dispensed at entertainment venues or social settings that are licensed to do so (e.g., MDMA, alcohol, powdered cocaine).

5. Drugs can be made available without prescription in dispensaries and shops (e.g., cannabis, hallucinogenic mushrooms, poppy seed tea, opium bulbs).

STIMULANT USERS NEED #SAFESUPPLY TOO.

Some Examples of Safe Supply

ALCOHOL

The commonly used example of safe supply is alcohol, available legally and regulated in various ways throughout much of the world. In contrast to the era of alcohol prohibition early last century, when thousands of Americans perished from the effects of consuming alcohol from the black market that was either tainted or distilled very poorly, the benefits of a legal and regulated supply of alcohol is obvious.[8] During prohibition it was possible to acquire safe alcohol through prescription, but being able to dispense it in stores, bars, and restaurants with conditions has proven to be more effective in meeting the needs of alcohol consumers.

CANNABIS

Only recently has the political climate allowed for consideration of a safe supply of cannabis, even though the health risks with cannabis are generally not as severe as they are for alcohol. Traditionally one had to rely on the cannabis cafes in the Netherlands for safe supplies of marijuana, but recent developments in the Americas in the last decade and some have changed all that. Beginning in the 1990s with cannabis becoming available by prescription and administered through dispensaries in California, cannabis policy has relaxed to the point where regulated supplies of cannabis are available without prescription in a number of states in the US, as well as Canada and Uruguay.

OPIOIDS (HEROIN/FENTANYL)

Under the War on Drugs it has not been as practical or feasible politically to consider safe supply options for certain drugs such as heroin, but there are examples. Perhaps the most well known are the Heroin Assisted Treatment (HAT) clinics first set up across Switzerland, and then spread to Germany, Denmark, Spain, the Netherlands and Vancouver, Canada. In these clinics, heroin is prescribed and administered to clients on site under the supervision of health care workers. The amount of the drug prescribed is tailored to the tolerance level of the user and the aim is to give enough so there is no incentive for the client to get more from the black market. (Clinics somewhat similar to these used to operate with success in North America in the early part of last century.)[9]

In the United Kingdom, heroin has been available as a take home prescription off and on, depending on the region, for almost a century. However, the practice of take home supply has diminished greatly as the War on Drugs took its toll on UK drug policy. An interesting example was a clinic run by Dr. John Marks in Liverpool, England in the late 1980s that prescribed and administered heroin

(and cocaine) to his patients in tea-leaf cigarettes. Dr. Marks' program had a significant effect on reducing involvement in crime and lowering HIV transmission rates among the drug using population surrounding the clinic. After running for 15 years, Dr. Marks program came to an end after receiving exposure in the US media, forcing the ideologically opposed Thatcher government to take notice and intervene.[10]

In Canada as of late, injectable opioid programs are expanding beyond the Crosstown Clinic in Vancouver, although far slower than many would like considering the severity of the present overdose crisis. Regulatory barriers around diacetylmorphine have required the expanding injectable programs to rely on liquid hydromorphone, an opioid similar to diacetylmorphine (heroin) used in the SALOME clinical trial. However, the high cost of the liquid hydromorphone in Canada has led to a push to pursue administering (much cheaper) hydromorphone tablets to clients who will crush, filter, and inject them.

STIMULANTS

There is an ongoing search in the research community to find a replacement for cocaine that will retain participants in cocaine replacement trials, but the level of success has been limited. A 2016 Cochrane review of 26 studies and nine potential replacement stimulant medications concluded that although the evidence is unclear, the treatments looked promising and that the concept should be investigated further.[11] In 2007, Vancouver City Council was seriously considering implementing a large-scale stimulant replacement program testing a number of these options, but was unable to follow through with the idea.[12]

What seems clear is that stimulant replacement treatment needs to include options that resemble what people are seeking in the illicit market. We must find ways to provide regulated cocaine, to those who seek cocaine. One successful program of this sort was again by Dr. John Marks, who administered limited amounts of cocaine in tea-leaf cigarettes from his clinic in Liverpool. Vancouver's own drug research legend, Dr. Bruce Alexander, in his work on safe supply suggested that cocaine could potentially be administered as maintenance in oral form as pills, chewing gum, tea, or wine.[13] Allowing our minds to wander, perhaps a smart machine placed in a controlled setting could be designed to dispense cocaine to clients in increments agreed upon with a physician.

PARTY DRUGS

Party drugs like MDMA (ecstasy) and LSD (acid) have a reduced risk of negative physical or mental health side effects and could be sold at nightlife venues and/or music clubs. The drugs could be dispensed by specialized staff and sold behind the counter in limited amounts to people who meet certain criteria such as age and are exhibiting signs of self-control.

What Safe Supply is Not

Substitution treatments, such as methadone, buprenorphine/suboxone, and slow release oral morphine do not meet the criteria as safe supply because they do not contain the mind/body altering properties that people seek in recreational drugs. Substitution treatments have benefited many people and absolutely must be made available to anyone who is ready to make it work, but this is not what we are talking about when referring to safe supply. It should be mentioned that many people would benefit from access to both substitution treatment and safe supply options, and these options can be used in conjunction with each other.

Implementing Safe Supply

In light of the current overdose crisis and the changing realities of the illicit drug market, the benefits of expanding safe supply measures cannot be understated. Although there is not a wealth of real world models, and relatively little research for guiding the expansion of safe supply options, the following two resources do an excellent job of introducing ideas for regulating the drug industry:

- The Transform Drug Policy Foundation based out of the United Kingdom (www.tdpf.org.uk), in particular its 2009 guide *After the War on Drugs: Blueprint for Regulation*, was a helpful resource for this document and would be a great starting point for those looking for safe supply possibilities.[14]
- The 2018 report *Regulation/The Responsible Control of Drugs* by the Global Commission on Drug Policy provides a strong, balanced, and comprehensive perspective on the regulation of drugs.[15]

ASK YOUR DOCTOR ABOUT PRESCRIPTION HYDROMORPHONE.

CONSIDERING THE SYSTEM

In Canada today, and especially in British Columbia, the legal and regulatory conditions are no longer a factor preventing the expansion of decent safe supply options. And the challenge for implementing safe supply strategies is not coming up with good ideas for safe supply, but in being able to normalize those ideas and make them palatable to decision makers who ultimately answer to the public. Using a "low-hanging fruit" strategy, policy makers should first look to identify those most at risk of harm from the illicit market and provide them access to proven safe supply interventions, such as injectable treatment using heroin or hydromorphone. As these programs are implemented and improved to suit the needs of those clients, new programs can be developed and refined to suit the preferences of drug consumers who are more difficult to identify and whose needs vary more broadly. It is important that the research community be quick on its feet to collect good data from new programs in order to better inform what is working and what is not as we look to expand the safe supply system quickly.

Thankfully today, rather than criminalizing drug use, there is increasing momentum to treat drug policy as a public health issue. However, the move toward a public health approach is not complete when the legitimacy of the choice to use drugs is still not recognized and users must continue to depend on the illicit market for their supply. Solutions to the overdose crisis that centre on getting people to stop taking drugs (even if it is by putting them in treatment as opposed to jail) continues the entrenchment prohibition and the harms associated with it. Treatment options for those who want treatment are extremely important, but treatment must be made available on a policy framework based on legal and regulated supply.

CONSIDERING THE PERSONAL

As is typical of movements for social change, protectors of the current standard will first take steps to block progressive ideas altogether, and when that fails, resort to contesting and redefining progressive concepts to be less of a challenge to the way things are done. For example, the more conservative minded may look to frame safe supply options as fringe interventions that are meant to be applied only as a last resort and on a temporary basis until clients can be transitioned to the traditional treatment options. Logistical challenges (e.g., cost, space, location, staff, training), of which there will be many, will be welcomed by some to provide further reasons for not pursuing safe supply strategies at all.

Those looking to implement safe supply programs should be cognisant and emotionally prepared for the barriers and setbacks that are typical with challenging the status quo. Even though the current drug policy framework has been a disaster for our society, there are many people working within it that may see their own particular role as effective and will point to cases where they see success as reasons to avoid making significant change. It is fair to encounter resistance from people emotionally invested in the work they do that they feel works and is being threatened. It is important to engage these perspectives with a mind to being respectful and constructive.

Appropriateness of the Term “Safe Supply”

There are some who argue that “safe” in the term safe supply is inappropriate and misleading because even legal drugs have risks associated with their use. It is true the word “safe” could be misconstrued, but most should recognize its meaning by the way it is being used and in comparison to unsafe drugs. Using an analogy, we can say that thrusting a hammer toward a nail in your hand is not inherently safe, but because hammering nails is legal we can easily access hammers and nails that are “safe” and learn how to use them in safe ways. It is in this sense that legal and regulated drugs are “safe” even though there is still risk of harm. With the quality of the substance assured, people who use drugs are in a far better position to confront the risks associated with drug use.

Expectations of Safe Supply

Just as a safe supply of alcohol was not meant to solve all of the problems of alcoholism, it did provide the starting point eliminating the need to correct the many problems created from it being illegal. Safe supply works toward ending the criminalizing of the vulnerable through drug policy. Safe supply brings back the possibility of hope, stability, and dignity for people who use drugs. It will not be a “cure all,” or a magic bullet, but it is a necessary component of ending the War on Drugs that has done so much to divide and harm our society. Those who are truly invested in ending prohibition will make expanding safe supply a top priority.

#SAFESUPPLY IS PRESCRIPTION HEROIN.

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“NOTHING ABOUT US WITHOUT US” IS OUR GUIDING PRINCIPLE.

The Canadian Association of People Who Use Drugs (CAPUD) is raising the voice of people who use(d) drugs throughout the policy making process at every level of government.

We strive to reduce oppressive societal conditions that people who currently or formerly use drugs face and emphasize the need for their direct involvement in public policy decision making. We focus on the strengths, talents, and merits of our membership as we build a better future for people who use drugs.

We currently have membership in nine Canadian provinces. Our board is composed entirely of people with lived experience.

Read our Safe Supply fact sheet: capud.ca/safesupply

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