

COMMENTARY

Safe Supply in the Midst of a Crisis of Unregulated Toxic Drug Deaths— A Commentary on Roberts and Humphreys (2023)

ACCIDENTAL DRUG TOXICITY deaths are ravaging communities across North America, without a commensurate response. In 2021 there were 24.2 opioid-related deaths per 100,000 people in the United States (Centers for Disease Control and Prevention, 2023) and 20.9 opioid-related deaths per 100,000 people in Canada (Government of Canada, 2023). More than 80% of deaths involve non-pharmaceutical opioids, yet little action has been taken to address the unregulated supply. Existing approaches, such as treatment and opioid agonist therapy, have failed to make an impact on this crisis, justifying the need for additional interventions related to the unregulated drug supply. Safe supply is an approach to reduce risk of accidental drug toxicity deaths and other harms from reliance on the unregulated drug supply. As a group with experience in drug user advocacy, safe supply prescribing, and research, we are responding to Roberts and Humphreys' (2023) commentary regarding several hypothetical harms of safe supply. Roberts and Humphreys point out that there is no universal definition of safe supply; typically, safe supply is defined as a legal and regulated supply of drugs with mind/body-altering properties that traditionally have only been accessible through the illegal drug market (Canadian Association of People Who Use Drugs, 2019). For this response we are referring to this type of safe supply, which is a medicalized intervention implemented across several regions in Canada (Glegg et al., 2022). Most medicalized safe supply programs use the terminology *safer supply* to acknowledge inherent risks while affirming that drugs of known quality, composition, and potency are safer than unregulated sources (National Safer Supply Community of Practice, 2023). Although most health care professionals have adopted "safer" supply as the terminology they use, that's not what people who use drugs have put their blood, sweat, and tears into advocating for a safe supply—we also know that safer supply is not an authentic safe regulated supply of drugs, but it is what is available. We will continue to advocate for a safe supply of all drugs.

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Ethical imperative to listen to people who use drugs

Although Roberts and Humphreys are right that some health care professionals were key advocates for expanding naloxone availability, this history should be understood in the context of people who use drugs leading the push. Any acceleration of safe supply stemming from the success of "dramatic de-regulatory changes associated with naloxone" is not ironic, but rather pragmatic and rooted in social justice. People who use drugs know what they need to be healthy and are entitled to autonomy and agency over their lives and bodies (Csete & Elliott, 2021). From supervised consumption sites to needle and syringe programs to naloxone, people who use drugs have been at the forefront of innovations to save lives and promote health in their communities (Canadian Drug Policy Coalition, 2023). In each case, health care professionals had to be dragged along, with arguments of insufficient evidence and unfounded fears slowing implementation (Hyshka et al., 2012). Rates of uptake and retention in traditional opioid agonist therapy remain low because many people do not find it sufficiently helpful. People who use drugs are telling health care professionals that they need alternative medication options and more flexible models of care (Pauly et al., 2022).

Unregulated and illegal drugs are more potent, harmful, and deadly than regulated drugs

We agree that opioids carry potential for addiction, harm, and overdose, and that treatment should be available to people who want medical support. However, safe supply is targeted at people who use drugs to reduce risks of the unregulated market such as using drugs adulterated with unknown contaminants. Safe supply is a Band-Aid response to try and reduce the harms of policy failures created by prohibition (Beletsky & Davis, 2017). Roberts and Humphreys (2023) are particularly concerned about diversion. People who use drugs engage in diversion for a wealth of reasons including providing a safe supply to others, helping people experiencing withdrawal, and accessing funds to pay for essential needs such as food (Bardwell et al., 2021). Diversion could be

considered “secondary safe supply,” much like the practice of secondary needle exchange (Craine et al., 2010). We do not contend that there are no potential harms from diverting safe supply medications, but rather that harms and benefits must be balanced. Data from the provincial coroner in British Columbia indicate that diverted safe supply is not playing any role in overdose deaths (BC Coroners Report, 2023).

Evidence for increased therapeutic contact between health care professionals and people who use drugs

We strongly agree with Roberts and Humphreys (2023) that “Efforts to make it as easy as possible for people who use drugs to access health care professionals should be supported, and flexible, personalized arrangements based on an individual’s needs should be the hallmark of addiction care” (p. 646) and see this reflected in safe supply programs. Most funded safe supply programs connect patients to wrap-around services including primary care, infectious disease care, wound care, housing support, and standard substance use treatment if desired (Bonn et al., 2020; Ivsins et al., 2020). Emerging evidence suggests that safe supply reduces accidental drug toxicity deaths, decreases emergency department visits and hospital admissions, and improves health and well-being (Gomes et al., 2022; Haines & O’Byrne, 2023; Lew et al., 2022). This is consistent with longstanding evidence that harm reduction programs facilitate access to health care and addiction treatment (Potier et al., 2014). Furthermore, positioning health care oversight and contact as unconditionally good ignores the racist, colonial, ableist, and anti-drug user harms perpetuated by medicine and erases valid reasons why people who use drugs do not find contact with the health care system beneficial, especially people who are also marginalized, such as racialized and gender diverse communities (Allan & Smylie, 2015; Hall et al., 2022; O’Byrne & Jeske Pearson, 2019). Health care professionals and services should be concerned with providing care that meets people’s needs rather than demanding a gatekeeper role to force people to engage.

Conclusion

Safe supply is a person-centered approach supporting people who use drugs in their array of care, and a pragmatic and socially just response to the unregulated drug supply. Diversion of safe supply can be understood as a practice of care, and potential risks must be balanced against the known harms of unregulated drugs. Evidence suggests that safe supply reduces accidental drug toxicity deaths and improves the health and well-being of people who use drugs. Until there is access to a legal, regulated supply of all drugs, prescribed safe supply has an essential role in reducing the harms associated with the unregulated drug supply, increasing the benefits of using safe drugs, and improving the quality of life

of people who use drugs. Having access to a safe supply ensures that they can live respectful, genuine, and meaningful lives honoring their human right to life, liberty, and security.

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