

SELECT SPECIAL COMMITTEE TO EXAMINE SAFE SUPPLY
c/o Committee Clerk
3rd Floor, 9820 – 107 Street NW, Edmonton, AB T5K 1E7

May 2, 2022

Dear committee members:

RE: “A Public Supply of Addictive Drugs: A Rapid Review”

We are research scientists and clinicians writing to express our collective concern regarding the review report listed above that was produced by researchers affiliated with the Centre for Applied Research in Mental Health & Addiction at Simon Fraser University. This report was commissioned by the Alberta Ministry of Health for the Legislature’s Select Special Committee to Examine Safe Supply.

We are a group of clinicians specializing in addiction medicine and university-affiliated researchers funded by Tri-Council agencies, the US National Institutes of Health, and other funders to conduct independent substance use and addiction research. We publish original peer-reviewed research in top addiction/substance use journals, and many of us are actively involved in evaluating existing safe supply programs. Collectively, we are deeply concerned about the aforementioned report, its methods, content and conclusions, and the recommendations your committee may make as a result of this report.

This report fails to adhere to best standards for evidence reviews. [An assessment of the report conducted by experts in reviewing methodologies](#) at the BC Centre on Substance Use used the well-established AMSTAR tool and found the report to be of **“Critically Low-Quality”** (see attached assessment). This is due primarily to its problematic search strategy, which resulted in the exclusion of key studies, as well as a number of irrelevant studies being included. There are, however, many other shortcomings associated with this report:

- 1. The report’s conclusion is not based on the existing evidence.** The authors of this report conclude that they found no evidence demonstrating the benefits of safer supply. The report’s portrayal of the state of ongoing safer supply evaluations in Canada is inaccurate and arguably misleading. At this time there are numerous safer supply evaluations in process (see the [British Columbia provincial evaluation](#), for example), including several funded by Health Canada, the CIHR and the Ontario HIV Treatment Network, and in some cases preliminary data is available but not reported on by the report’s authors. As well, given that many of these evaluations and the associated programs are quite new, long-term outcome data is not yet available or published in many instances. The conclusions reached by the review report’s authors about safer supply interventions are premature and also overlook a large body of evidence about heroin assisted trials, including systematic reviews, that have been published in the most

highly rated addiction journals. While they do not cite any evidence demonstrating that safer supply interventions are ineffective or harmful, the report's authors still claim that this is a dangerous and unethical form of intervention with immense potential for harm. They write that the provision of safer supply will be "associated with highly probable adverse effects", but fail to cite empirical work to support this claim. Indeed, an [initial evaluation of British Columbia's Risk Mitigation Guidance](#) indicates that overdose deaths continue to be attributed primarily to the illicit and toxic drug supply and not the introduction of safer supply programs.

- 2. The report does not accurately describe safer supply interventions.** The authors claim that safer supply interventions are "ill-defined". This is not true. [Health Canada has developed a framework of safer supply interventions](#) with the input of national experts. In addition, [several clinical protocols](#) for the provision of safer supply have been [developed](#), implemented, and supported by Health Canada and approved by university research ethics boards.
- 3. The report does not accurately portray the range of clinical opinion on safer supply and the associated ethical issues.** The authors claim that safer supply conflicts with the ethical principles of physicians and others. Relevant [provincial bodies that monitor and regulate the practice of physicians \(e.g., provincial colleges\) have knowledge of and continue to permit safer supply interventions to operate](#). It is notable that Health Canada, several provincial health ministries, and the Chief Coroner of British Columbia have called for the immediate implementation and evaluation of safer supply interventions as a key strategy to reduce overdose deaths. Additionally, the BC Ministry of Mental Health and Addiction commissioned an independent ethical review of safer supply which noted that society has an "obligation to provide an alternative to the toxic drug supply where this alternative would have a greater chance of producing good and reducing harm than what currently exists" (Kluge, 2020).
- 4. The report does not accurately portray the preferences of people who use drugs.** The authors suggest that safer supply is not a preferred intervention of people who use drugs. This is based largely on their review of studies involving people in treatment settings (i.e., those with the desired goal of achieving abstinence) outside of Canada and one large US-based online survey. They fail to acknowledge that the [Canadian Association of People who use Drugs \(CAPUD\) has made public their support for safer supply](#) and several other organizations representing people who use drugs have similarly indicated their strong support for the implementation and evaluation of safer supply.
- 5. The report mischaracterizes the research expertise of those currently evaluating safer supply.** The authors have also mischaracterized the expertise of several of the authors of the studies they reviewed in saying that "(a)ll of the BC-based papers were led (i.e., first or senior author) by researchers with expertise in HIV/AIDS" and "(m)ost of the identified studies (n=15) were conducted in British Columbia by teams with primary expertise in infectious diseases (e.g., HIV)." This is false. The authors of the report go on

to state that safer supply has been inappropriately framed within an infectious disease model in existing safer supply studies. However, a careful review of the papers cited reveal this to be entirely false and this is not a framework endorsed by the signatories on this letter.

6. The report misrepresents the range of recommendations made by those currently evaluating safer supply. A primary critique of the studies reviewed focus on the failure to mention the need for interventions outside the realm of safer supply, in particular those focused on unemployment, homelessness, poverty, mental illness and food insecurity. This is highly unusual and not standard practice when employing reviewing methodologies, as the focus should be on assessing what the studies say about the effectiveness of safer supply interventions. Ironically, the authors of the studies reviewed have published extensively on the topics of housing, poverty, mental illness, employment and food insecurity in other publications, which the authors of the report appear to ignore.

7. The report includes recommendations that go beyond safer supply, and hence the central focus of the review, are not based on scientific evidence. The authors advocate for interventions in place of safer supply, including several with limited evidence of sustained effectiveness in the context of substance use and addiction, such as contingency management. Further, the authors state that “OAT must be accompanied by social and psychological services”. However, the available evidence, [including a Cochrane review](#), shows that adding these services to OAT does not improve retention in OAT.

8. The report does not properly analyze cost or cost-effectiveness. The cost analysis provided is very elementary and [does not follow methodological standards for such analyses](#).

We recognize that the state of the science specific to safer supply is in its infancy and there remains much to be learned. It is too early to make firm conclusions such as those offered by authors of this report. A sound methodological review will be essential once the findings from these studies are published. Given the ever-escalating opioid overdose crisis, decisions must be based on rigorous empirical studies and reviews.

It is also critically important to recognize that we are in a unique time given that the number of people lost to preventable overdoses is increasing each year. Many existing interventions, including those recommended by the authors of the report, have been scaled up and yet deaths due to overdose continue to rise. Clearly, accepting the status quo is not acceptable, and we must explore novel interventions with potential to save lives. Safer supply is one such intervention, and until we have high quality outcome data from safer supply evaluations, reports such as the one discussed herein are unhelpful and potentially dangerous.

We ask that you kindly refrain from basing any policy or funding decisions regarding safer supply interventions on this flawed report.

Sincerely (in alphabetical order),

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