

**From:** [Casanova, Tamara MMHA:EX](#)  
**To:** [Walsh, Taryn MMHA:EX](#)  
**Cc:** [Mayhew, Neilane MMHA:EX](#)  
**Subject:** Final Minister signed letter of support SUAP proposal  
**Date:** September 25, 2019 4:04:03 PM  
**Attachments:** [Letter of Support SAFER SUAP proposal - Signed - 2019-09-25.pdf](#)  
**Importance:** High

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Hi Taryn,

Attached is the final, minister signed letter. I understand this will be include in a package that you are leading.

With thanks,

**Tamara Casanova**

Director, Executive Operations, Office of the Deputy Minister  
Ministry of Mental Health and Addictions  
250-952-1125 | [tamara.casanova@gov.bc.ca](mailto:tamara.casanova@gov.bc.ca)



September 26, 2019

1145117

Substance Use and Addictions Program (SUAP)  
Health Canada  
Address Locator 0900C2  
Ottawa ON K1A 0K9

Re: Letter of Support for Vancouver Coastal Health's SUAP Application entitled "Safer Alternatives For Emergency Response (SAFER) Initiative"

On behalf of the Province of British Columbia, I am pleased to express my support for the SUAP application submitted by Vancouver Coastal Health (VCH) to pilot the expansion of existing continuum of addiction care to include a low-barrier and flexible safer supply of pharmaceutical alternatives to toxic street drugs, while connecting people to wrap around care.

As you are aware, British Columbia is in the midst of an opioid overdose public health emergency. In British Columbia, our coordinated response to the overdose crisis has focused on four key pillars: Prevention; Harm Reduction; Treatment and Other Support Services and Enforcement. Our response has been largely characterized by the expansion of harm reduction services such as naloxone distribution, overdose prevention and safe drug consumption sites, and drug checking services. Additionally, improving uptake of, and access to, evidence-based treatments for opioid use disorder (OUD), namely oral and injectable opioid agonist treatment (OAT), have been prioritized across the province.

Our overdose response efforts have yielded significant results. Specifically, research has demonstrated that the combined impact of naloxone distribution, supervised consumption services and overdose prevention services and OAT have averted more than 3000 additional overdose deaths. However, despite significant efforts, the number of people who died of an overdose essentially remained unchanged from 2017 to 2018, with a small decline expected in 2019. As well, the total numbers of non-fatal overdoses remains high. Accordingly, we know that more must be done to expand the continuum of care for people who use drugs.

As shown by point-in-time data from December 2018, it is estimated that there are nearly 114,000 people in BC living with OUD. As noted in the proposal, there is an additional population identified which adds to the 114,000 estimate of potential patients who could benefit from additional substance use health services. Using a Vancouver Coastal Health (VCH) chart review, more than half of those who died from opioid overdose in 2018 used substances other than opioids on a daily basis and opioids only intermittently, and therefore may not have met the criteria for OAT. Many of these would also likely benefit from access to addiction treatment for other substance addictions that likely drive their use of illegal opioids and increase overdose risk (e.g. stimulant addiction that drives opioid addiction).

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Currently only 65,000 individuals have been formally diagnosed with OUD and only one-third of people diagnosed are receiving OAT at around 22,000 individuals. Further, research shows us that only half of people with OUD who had been prescribed OAT remained engaged in treatment for at least 12 months.

Based on the challenges of providing support to this patient population, the general growth of service development has been to continue to expand service options for OAT and continue to reduce barriers to accessing pharmaceutical-grade opioid medications. The SAFER Initiative offers an innovative approach, that will be compliant with the existing regulatory framework for controlled substances, that aims to pilot the expansion of the existing continuum of addiction care to provide low-barrier access to pharmaceutical-grade opioid medications while also supporting access to the wider array of wrap-around substance use services, including recovery services, public health and social services.

It focuses on both populations noted above, those living with opioid addiction and those with a substance use disorder who are using illegal opioids, where in both case whose treatment has not yet been optimized despite access to evidence-based addiction treatment.

Our understanding is that candidates for program entry will be selected through an eligibility assessment protocol that includes:

- a peer navigator,
- nursing
- physician

who will complete an assessment as to facilitate a shared decision-making process with the potential program participant.

We are appreciative and supportive of the approach taken to developing this flexible model as it has included people with lived experience (PWLE) and will utilize principles of systems user design to further refine the service delivery model as well as implement an iterative process for feedback and program refinements that puts PWLE at the centre of planning, design and evaluation.

The model proposes to start with hydromorphone and then explore fentanyl and diacetylmorphine and would note that it would go beyond current practice that has a strong emphasis on “observation” or “supervision” to include allowing “unobserved” or “take home dosing” (“carries”) as the key element of lowering barriers. We would also note that there is more detailed implementation and operational design work to be completed to address some challenges to the effectiveness of the approach; however, this proposed pilot offers both an opportunity to evaluate if further lowering barriers has a meaningful impact on reducing overdose deaths and enabling patients to access treatment services.

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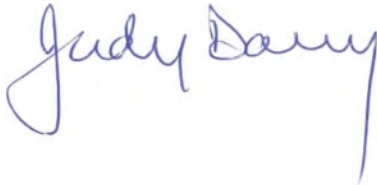
We support the intent of the proposal to try to save more lives through a lower barrier/easier access to pharmaceutical-grade opioid medications within the current legal framework. On this basis, we offer support for the proposal while noting some specific requirements which will need to be addressed before a full endorsement. The Ministry of Mental Health and Addictions (MMHA) and the Ministry of Health (Health) will work with the proponents to address these requirements over the balance of the fall and winter in advance of a final decision from Health Canada on which proposals they would recommend for funding. Specifically, our noted requirements are:

- Clear policy be developed on the circumstances under which “carries” or “take-away” doses of pharmaceutical-grade opioids would be made available and what measures will be taken to ensure the safety of the individuals and to mitigate any risk that these medications would be diverted to the illegal market.
- The concept of “revenue generation” through a sliding scale does not form part of the finalized model.
- Detailed operational criteria, clinical criteria, risk assessment of potential harm, and budget details and implications are fully developed and approved by MMHA and Health before a final decision is made to move forward with this proposal.
- Consultation with BC regulatory colleges (College of Physicians and Surgeons, College of Nursing Professionals, and College of Pharmacists) is undertaken and support for the finalized model is received from those colleges.
- Provincial guidelines for prescribing controlled drugs and substances are developed, which includes detailed guidance for flexible safer supply models, and that MMHA, Health and the regulatory colleges sign-off on these guidelines.

Notwithstanding these requirements, I would like to strongly commend the efforts of the regional health authority (VCH) and health system partners (Portland Hotel Society and BC Centre on Substance Use) in their efforts to innovate better ways to support and protect these patients. Moreover, the partner organizations on this grant have a demonstrated history of providing community-based health services to people who use drugs, engaging with and supporting people with lived experience, and conducting innovative research in the field of substance use.

Once again, on behalf of the Ministry of Mental Health and Addictions, I am pleased to offer my support to VCH for the SAFER Initiative. Please contact me if further clarification is required.

Sincerely,

A handwritten signature in blue ink that reads "Judy Darcy". The signature is fluid and cursive, with the first name "Judy" and last name "Darcy" clearly distinguishable.

Judy Darcy  
Minister

pc: Adrian Dix, Minister, Ministry of Health  
Stephen Brown, Deputy Minister, Ministry of Health  
Neilane Mayhew, Deputy Minister, Ministry of Mental Health and Addictions