



Diversion of safer supply drugs is a trivial issue distracting us from the real challenge: Toxic drug deaths



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On March 7, Corporal Jennifer Cooper, the media relations officer at the RCMP detachment in Prince George, B.C., issued a [press release](#) about a pair of drug busts, saying police had seized 10,000 “individual pills” and “large quantities” of street drugs like fentanyl and meth.

Pretty routine stuff.

Cpl. Cooper went on to say that morphine and hydromorphone are also types of “safe supply prescription drugs” and that the RCMP have “noted an alarming trend” in prescription drugs being used as currency to purchase more potent street drugs. She also claimed, “Organized crime groups are actively involved in the redistribution of safe supply and prescription drugs,” which are resold outside B.C.

Given the political debate about safer supply programs, these were explosive allegations.

Conservative Leader Pierre Poilievre, citing the Prince George seizure, said he would [scrap safer supply programs](#) if he became prime minister. Alberta Premier Danielle Smith said she worried diverted drugs would end up in her province.

But, as B.C. politicians and media sought details to back up the claims (how many of the pills were actually from safer supply programs, and how did police distinguish safer supply pills from other prescription drugs?) the RCMP did some furious backpedalling.

[B.C. RCMP say no evidence of widespread safer supply diversion following drug seizures](#)

Assistant Commissioner John Brewer, the top Mountie in B.C., said that “[notable quantities](#)” of prescription drugs were being seized but: “There is currently no evidence to support a widespread diversion of safe supply drugs to the illicit market in B.C. or Canada.”

Important points, both.

We prescribe drugs by the truckload. For example, around 12 per cent of Canadians use [prescription painkillers](#) each year – more than four million people.

[Eighty-six per cent](#) of hydromorphone (also known as Dilaudid) is prescribed to patients with cancer and arthritis; only 14 per cent of “dillies” are prescribed to patients in safer supply programs. The pills prescribed in each environment are mostly indistinguishable from each other.

Some of those drugs are diverted – from hospitals, from pharmacies, and from granny’s medicine cabinet – and end up on the streets. There are also significant quantities of counterfeit drugs that look like the real thing.

A market certainly exists. There are an estimated 115,000 people with opioid-use disorder in B.C. alone.

Only 4,331 of them are [enrolled](#) in safer supply programs. These individuals are prescribed drugs like hydromorphone and morphine as an alternative to consuming potentially fatal street drugs.

Some people don’t like harm-reduction measures. They feel prescribing safer drugs is enabling drug use. In a speech to the Greater Vancouver Board of Trade, Mr. Poilievre said: “We will stop funding drugs and start funding treatment and recovery to bring our loved ones home drug-free.”

[B.C.’s ‘safer supply’ program ethically justified despite potential harm to public, analysis finds](#)

A lovely sentiment: More treatment spaces are definitely needed. But for people to get into treatment, they need to be alive.

Ending safer supply programs – essentially research projects at this point – is not going to end drug use, or overdose deaths. There are an average of seven [toxic drug deaths](#) daily in B.C. alone – about 8,000 a year Canada-wide.

But back to the question of diversion: are some of the 4,331 people with safer supply prescriptions sharing them with friends or trading them for street drugs like fentanyl?

Undoubtedly, yes. And we know why. These are hardcore addicts with tremendous tolerance. Some of their prescription drugs aren’t strong enough, so they turn to street drugs, using the only currency they have to buy those drugs. It’s called survival.

Last December, Dr. Bonnie Henry, B.C.’s Provincial Health Officer, issued a no-nonsense report about safer supply programs, noting that their impact is unclear but, if anything, they should be expanded, cautiously.

On the touchy issue of diversion, she said: “Diversion is not in itself good or bad or right or wrong.” Those are brave words in the current political climate. But she’s right.

Diversion of safer supply drugs is a triviality in the grand scheme of things. If we're worried about it, then let's figure out why it's happening and address the problems.

Altered forms of fentanyl are the big killer. One solution is to prescribe more of it – currently, there are 43 people prescribed fentanyl tablets, and eight receiving sufentanil in B.C.

Other measures can also limit diversion, like urine tests and witnessed dosing in the presence of a health worker to ensure drugs are being consumed as prescribed. Both of these measures are in place, to varying degrees.

What won't solve the toxic drug crisis is rage-farming about relatively insignificant issues like the diversion of safer supply drugs.