

NP View: The safer supply farce is unravelling

The program needs to be fixed, or abolished, as soon as possible

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An intravenous drug user fills a syringe with street drugs in Vancouver's Downtown Eastside in 2020.
PHOTO BY JESSE WINTER/REUTERS

For almost a year, harm reduction advocates and their allies in the Liberal government assured the public that Canada's "safer supply" experiment was going splendidly. They insisted, often quite aggressively, that giving out free drugs to keep addicts safe is an "evidence-based" strategy and that any concerns raised by critics, such as the mass resale ("diversion") of these drugs on the black market, was just "disinformation."

Well, it turns out, unsurprisingly, that they were wrong. Safer supply is demonstrably failing and it needs to be fixed, or abolished, as soon as possible.

Last spring, the B.C. government ordered a report from Provincial Health Officer Bonnie Henry into safer supply after reporting by National Post columnist Adam Zivo. Zivo extensively detailed how these programs are being widely defrauded, flooding communities with diverted opioids and fuelling relapses and new addictions, including among youth.

When these stories first emerged, many dismissed them as “disinformation” and “fearmongering.” For example, after Conservative leader Pierre Poilievre spotlighted them and pushed to defund safer supply, the federal Ministry of Mental Health and Addiction told CBC News that it was “incredibly irresponsible” to “state untrue information about safer supply.”

Yet, no one provided any credible evidence to suggest there was anything inaccurate in our reporting, and it was enough to spur the B.C. government to investigate further — which meant interviewing clinicians and drug users all across the province. This investigation went on for months throughout the latter half of 2023, culminating in the report which was completed in December, but released last week.

Not only did the report corroborate that safer supply diversion is a “common occurrence” that has been causing “moral distress” among the province’s clinicians, it also confirmed that addicts were abandoning evidence-based treatments, such as methadone, to access free safer supply drugs. Providing free opioids seemed to only derail the recovery process for some patients, leading some prescribers to wonder if their actions were doing more harm than good.

Clinicians also reported that vulnerable women were being put under “an immense amount of pressure” from abusive or violent romantic partners to obtain safer supply, which led to “a sense of paralysis, where any action or inaction by prescribers may cause harm.” Some feared that some pharmacies were even exploiting safer supply programs for profit.

As explained in the report, doctors often felt uncomfortable with prescribing safer supply but believed that the government was pressuring them into doing so. Problems with the program were so severe that many physicians, particularly in downtown Vancouver, nonetheless decided to abandon it.

While the province publicly acknowledged declines in safer supply prescribing as early as last September, harm reduction activists claimed at the time that this was driven by “myths and misconceptions” (this narrative was, of course, amplified by CBC News). Dr. Henry’s report confirmed that there were no myths and misconceptions at play — doctors were simply responding to the horrors that they were directly observing.

The only major alleged harm which the report could not corroborate was whether diverted safer supply is being consumed by youth — but the province also made no apparent effort to engage with youth, despite spending months researching this issue, which is concerning.

Despite all of these harms that she herself detailed, Dr. Henry inexplicably recommended that safer supply be further expanded and rebranded as “prescribed alternatives” — which the provincial government agreed to do. To justify this, B.C. Mental Health and Addictions Minister Jennifer Whiteside cited the results of a recent study by the B.C. Centre for Disease Control (BCCDC), which suggested that safer supply reduces mortality by 55-91 per cent.

However, doctors not politically invested in safer supply found that study had relied on cherry picked data and inflated positive results. When confounding factors were filtered out, there were actually no statistically significant reductions in mortality, suggesting that safer supply does not, in fact, save lives.

After Dr. Henry’s report was made public, Alberta’s Mental Health and Addiction Minister Dan Williams sent a public letter to his federal counterparts and urged them to make safer supply drugs traceable through special packaging, shapes, colours and chemical identifiers. According to Williams, half-a-dozen experts confirmed to his team that implementing these measures would be technically feasible as they are already broadly used in the U.S. to stop drug counterfeiting.

Williams said that he had originally brought these recommendations up to the federal government last October, but that they “went nowhere” and “fell on deaf ears.”

Even if these drugs could be traced, it is clear that safer supply, at least as it currently exists, simply cannot go on. It is irresponsible to perpetuate an evidence-free experiment that has shown no signs of success (overdose deaths only continue to climb) and which has already irreparably harmed communities, drug users and children.

Worse yet, safer supply advocates and their government friends have broken the public’s trust. They claimed that everything was fine and that they were “following the science” — but this was not true. What few studies they can cite in their defence are inadequate and untrustworthy. Considering that thousands of Canadians are dying from drug overdoses every year, focus on credible solutions to the addiction crisis is needed. Safer supply is not one of them.

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