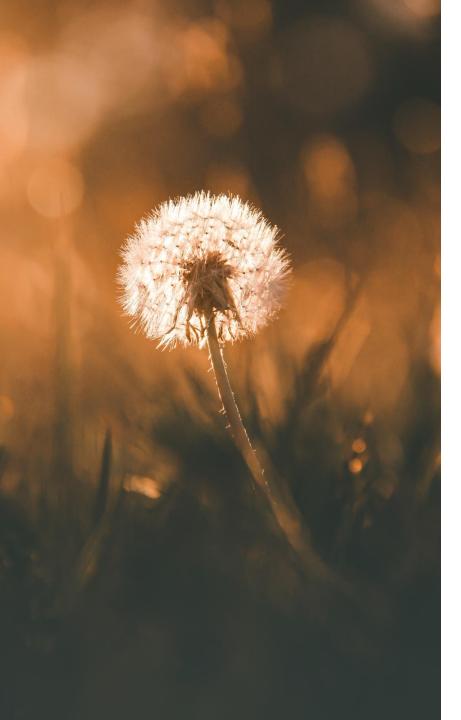


Acknowledgment

"We wish to draw attention to the intersecting factors, including Indigenous-specific racism, colonialism and intergenerational trauma that have led to a disproportionate impact of the unregulated drug emergency on First Nations, Métis and Inuit peoples and communities in BC. This disproportionate impact has led to a death rate from the unregulated drug emergency that is 5.9 times higher for First Nations individuals compared to non-First Nations British Columbians, and 11.2 times higher for First Nations women compared to other BC women. Throughout this ethical analysis we strive to highlight our commitments to honour Indigenous human rights, including the Indigenous Right to Health."





Introduction

• Who we are

- PHEAT is BC's
 Provincial Health Ethics
 Advisory Team.
- Our team includes ethicists and other healthcare providers working in BC health authorities, including First Nations Health Authority.

Background

- In August 2023, the Public Health Officer of BC asked PHEAT to look at ethical issues related to Prescribed Safer Supply (PSS).
- Safer supply programs are intended to reduce harms related to drugs and connect people to healthcare and social supports.
- determining the best way to respond to a problem.

Our Approach

- We reviewed research, government reports, and media stories about PSS in BC.
- We connected with 375 people who use drugs (PWUD), Indigenous leadership, healthcare providers, policy makers and others interested in PSS about the pros and cons of the current PSS policy in BC.

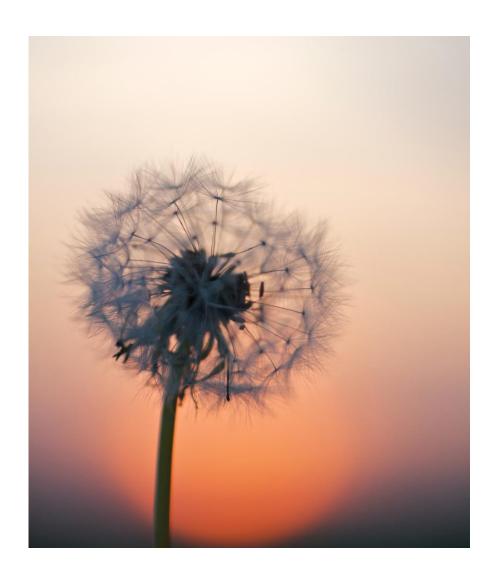
What we learned

Benefits

- PSS can improve quality of life, stability, physical health, and mental health
- PSS is life-saving and life changing for some PWUD
- PSS can reduce harms, including from overdose and involvement with police
- PSS can support increased engagement in work, school and healthcare
- PSS supports dignity, autonomy, self-determination and client-centred care
- Diversion of PSS may have beneficial impacts, including access to safer supply for PWUD without PSS and other unmet needs



What we learned



Concerns

- BC may not provide enough support for PWUD or prescribers
- It is difficult to access PSS, particularly for youth and people in rural and remote areas
- Current delivery methods may increase stigma and do not meet the needs of many people who use drugs PSS may increase tolerance, making detox and opioid agonist therapy more difficult
- Diversion of PSS may have harmful impacts, such as contributing to increased substance use, dependence, overdose, and trauma PWUD may not have basic needs met, such as access to housing, food, and healthcare
- More substance use treatment, recovery programs or mental health services are needed
- Some groups are more affected by the toxic drug emergency because of systemic inequities and/or racism, such as: Indigenous peoples, people with mental health issues, people living in poverty, youth, and people living in rural and remote areas
- Safer supply decisions are made without enough consultation with PWUD, prescribers
- Partnership with Indigenous leaders and communities is inadequate. There is not enough research on safer supply, including PSS



Public Health Ethics

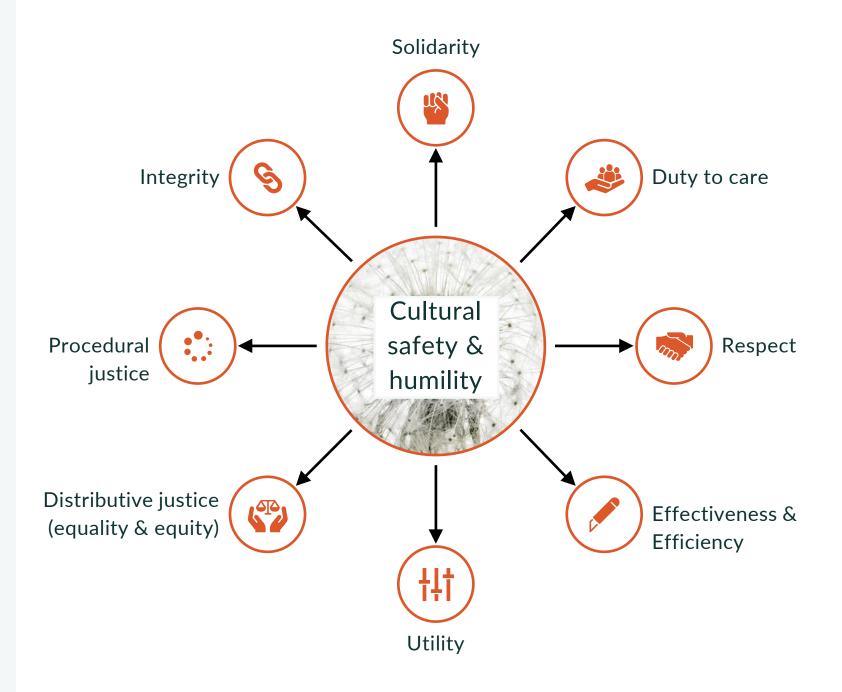
Public health interventions should reduce harms to individuals and the population, providing rationale for prioritizing either group when risk levels are unequal.

Interventions in public health should consider the population's health & interests to inform decisions; only offer if more beneficial than harmful.

Consider physical, emotional, psychological, social & cultural benefits/harms.

Principles & Values

Cultural Safety and Cultural
Humility are cross cutting values
that are both procedural and
substantive in nature, are
relevant to each of the other
values and principles and are
applied throughout the analysis





Ethical Questions

1. How should we balance the real and potential benefits and harms of PSS? 2. How should the benefits of PSS be balanced with the impacts of diversion?

3. How should we address tensions between the needs of individuals accessing PSS and prescriber practices?

4. What is an ethical approach to addressing concerns about PSS?





Conclusions

Harm reduction

Safer supply is currently an ethically defensible way to reduce harms for PWUD.

Balancing risks and benefits

It is reasonable to attempt to mitigate harms for individuals who face certain and severe harm, even if the intervention results in some risk of harm to others in the broader population.

Diversion

Diversion is a consequence of people attempting to address unmet needs as a result of the social determinants of health

Strategies to reduce diversion should not disrupt benefits to those accessing PSS (including those who may rely on diverted PSS to avoid the unregulated drug market).

Healthcare Providers

HCP preferences and decisions related to PSS should not be a barrier to accessing PSS.



Recommendations 1-4

1 Support PSS delivery within healthcare systems

PSS policy should aim to reduce inequities and not place unfair burdens on particular individuals and/or populations. Policies should not perpetuate stigma and/or systemic or structural inequities. Partnership with Indigenous leaders is essential to ensure culturally safe supply options.

3 Recognize and address the disproportionate impact on Indigenous populations.

Partner with Indigenous leaders & communities to develop culturally safe supply that addresses oppression, racism & colonialism in healthcare.

2 Partner with PWUD, prescribers and Indigenous leaders

in developing, implementing and revising safer supply policies and services to ensure they are maximally effective.

4 Recognize and address the unique needs of youth.

Partner with youth to develop strategies to decrease risks from the unregulated drug emergency, such as tailored mental health resources and harm reduction services.

Recommendations 4-8

Invest in services to improve health and reduce harms from substance use for PWUD.

For example: access to safer supply, prevention services, treatment services, culturally safe services, mental health services, housing, and food.

7 Consider diverse safer supply models including providing safer supply in non-healthcare settings.

This may include different substances, doses, and criteria for access, as well as a range of delivery methods.

6 Evaluate safer supply program effectiveness (including cultural safety)

by drawing on available and emerging evidence, including quantitative and qualitative research. Implement ethically sound evaluation and reporting mechanisms. Be prepared to adapt interventions based on emerging evidence.

8 Ensure strategies to address diversion reduce negative impacts of diversion without disrupting benefits

to those accessing PSS, including benefits of diversion for those who rely on diverted PSS to avoid unregulated drugs.

Recommendations 9-12

9 Ensure strategies to reduce diversion address unmet needs of people who divert PSS.

Provide appropriate supports for prescribers of PSS.

Provide education and supports necessary to ensure PSS is accessible to all who need it. Policies should be aligned with prescribers' standards of practice & regulatory requirements.

Develop processes for people to raise concerns about safer supply policy and services.

Processes should be put in place for PWUD, Indigenous leaders, prescribers, and other interested parties to raise concerns, including issues related to cultural safety and humility.

Regularly update this ethical analysis

to incorporate new evidence. Partner with Indigenous leadership to ensure cultural safety and humility.

Future Steps







