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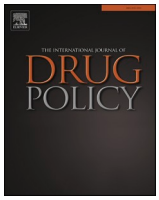

Commentary

Safer supply and political interference in medical practice: Alberta's Narcotics Transition Services

Patty Wilson [a,b,*], Kate Colizza [c], Elaine Hyshka [d,e]

[a] Lawrence S. Bloomberg Faculty of Nursing, University of Toronto, Toronto, Canada
[b] CUPS Medical Clinic, Calgary, Alberta, Canada
[c] Department of Medicine, University of Calgary, Calgary, Alberta, Canada
[d] School of Public Health, University of Alberta, Edmonton, Alberta, Canada
[e] Inner City Health and Wellness Program, Royal Alexandra Hospital, Edmonton, Alberta, Canada

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ABSTRACT

Across much of Canada, opioid poisoning deaths have been increasing due to a toxic, contaminated, and unpredictable drug supply. Multiple prescribed safer supply pilot projects are being implemented and evaluated in an attempt to save lives. In the province of Alberta, however, new regulations introduced in 2022 significantly constrain safer supply prescribing by banning the prescription, dispensing, and administration of safer supply outside of a very limited number of clinics. In this commentary, we review prescribed safer supply programs in Canada and outline how the Alberta Government's change in regulations conflict with emerging evidence and efforts by other jurisdictions to address the rising opioid poisoning deaths. We examine the development of these regulations and analyze how the Alberta government shaped and justified this restrictive policy. We conclude by identifying important lessons learned from the experience in Alberta for researchers, healthcare providers, and decisionmakers in other jurisdictions.

Across Canada and the United States, a toxic drug supply is causing alarming mortality amongst people who use drugs. Between January 2016 and September 2023, 42,494 Canadians died from apparent opioid toxicity. Within Canada, Alberta is one jurisdiction that has been severely impacted by drug deaths. The toxic drug crisis in Canada, as in the United States, has evolved over time and refers to the exponential increase in drug-related deaths from illegally obtained drugs, primarily opioids. Initially, diverted prescription opioids were a primary driver of mortality, but in the mid-2010's clandestinely manufactured fentanyl infiltrated the drug supply, dramatically increasing the number of drug-related deaths (Belzak & Halverson, 2018). The drug market has continued to evolve, creating more potent opioids often adulterated with other central nervous system depressants, e.g. clandestinely produced benzodiazepines or sedatives, leading to unprecedented deaths that have reduced life expectancy in some provinces (Paradis, 2023; Russell et al., 2023; Xibiao et al., 2018).

The highest death rates have been observed in the westernmost provinces of British Columbia and Alberta. With a crude death rate of 41.6 opioid toxicity deaths per 100,000 population, Alberta's death rate is nearly twice the national average of 21.2 per 100,000 (Public Health Agency of Canada, 2024). More than 80 % of deaths involve unregulated fentanyl in Canada (Public Health Agency of Canada, 2024) with this figure rising to 98 % in Alberta (Government of Alberta, 2024a). In 2023, an average of 5 people in Alberta died daily due to this and other unregulated opioids (Government of Alberta, 2024a). These deaths are overrepresented among First Nations people who, due to historical and contemporary impacts of colonization, racism, and discrimination are over eight times more likely to die compared to non-First Nations people (The Alberta First Nations Information Governance Centre & Government of Alberta, 2024).

Although healthcare is considered shared jurisdiction between federal and provincial/territorial governments in Canada, the provinces/territories are primarily responsible for the delivery of healthcare services (Health Canada, 2023c). Responses to the toxic drug crisis from provincial and federal governments have varied depending on the region, but generally have include increasing availability of take-home naloxone, drug checking services, supervised consumption services (Dow-Fleisner et al., 2022; Freeman et al., 2017; Maghsoudi et al., 2022), and opioid agonist treatment (OAT) (Bruneau et al., 2018; Fairbairn et al., 2019). Canadian national opioid use disorder guidelines

* Corresponding author.
E-mail address: patty.wilson@mail.utoronto.ca (P. Wilson).

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include three medications for OAT, buprenorphine/naloxone (Suboxone ®), methadone, and slow-release oral morphine (Kadian ®). These medications can be prescribed in specialty addiction centres as well as community settings. To initiate on these medications, a patient must have a diagnosis of opioid use disorder and there are incentives for patients who are abstinent from unregulated substances. The most straightforward example are more take-home doses of opioid agonist treatment if urine drug screens are positive for only their medications, reducing the frequency of pharmacy visits and/or observed dosing (Canadian Institutes of Health Research, 2019).

Opioid agonist medications significantly reduce risk of mortality amongst people who use drugs (McNair et al., 2023; Santo et al., 2021). However, not all people at risk of drug poisoning death qualify for this medication, as many do not meet criteria for opioid use disorder. Further, those who do qualify for OAT may not experience sufficient benefit from treatment, or may face significant barriers to initiating and stabilizing with these medications (Friedmann et al., 2023; Klimas et al., 2021).

Because this toxic drug crisis is overwhelmingly driven by the volatility and unpredictability of the drug supply, many have called for a 'safe' or 'safer' supply of drugs to replace the unregulated supply (Canadian Association of People who Use Drugs, 2019). While there is no consensus definition of safer supply, most are described as harm reduction and entail pharmaceutical grade drugs or "prescribed medications to people who use drugs, overseen by a health care practitioner, with the goal of preventing overdoses and saving lives." (Health Canada, 2023b, para 4). This commentary reviews the events leading up to safer supply legislative changes in the province of Alberta and the potential impact on the affected individuals. This is contextualized within the Canadian safer supply landscape and outlines Alberta's unprecedented regressive policy change. Lastly, we examine some of the narratives employed by the Alberta government to justify these changes and highlight implications for other jurisdictions.

Prescribed safer supply models

Within Canada, there are various prescribed safer supply models each with the goal of reducing unregulated opioid overdose without requiring cessation of substances. While some programs offer non-opioid safer supply options including stimulants and benzodiazepines, the primary focus remains opioids. These programs range in medications offered, clinical setting, and witnessed or unwitnessed ingestion (Health Canada, 2023b; Ledlie, Garg, et al., 2024).

Some prescribed safer supply models require patients to consume the medication onsite, under the supervision of staff. Other models provide short-acting opioids as take-home doses (often via daily dispensing) but may require witnessed ingestion for long-acting opioid agonist treatment. Opioid medications offered include oral hydromorphone tablets (the most commonly), injectable hydromorphone, long-acting morphine (M-Eslon ®), oxycodone tablets, fentanyl powder, and fentanyl patches (Klaire et al., 2022; Ledlie, Garg, et al., 2024).

Program settings are diverse, from dispensing at a pharmacy or biometrically controlled dispensing machine to integration within supervised consumption services, addiction treatment clinics, primary care clinic, or harm reduction housing. Models have also included temporary spaces such as dispensing within COVID-19 isolation spaces (Kolla et al., 2024; Ledlie, Garg, et al., 2024). While the majority of research has focused on dedicated safer supply clinics or those receiving federal funding, a notable proportion of safer supply prescribing has occurred in existing primary care clinics, although in British Columbia (BC) much of the scale-up was driven by specialized addiction medicine providers (Glegg et al., 2022).

Policies that necessitate witnessed ingestion multiple times a day pose a substantial barrier for many patients, and can lead to return to use of toxic drugs (Bardwell et al., 2023). However, witnessed dosing remains a common practice due to concerns of diversion, which is the selling or sharing of safer supply medication to/with others.

Development of prescribed safer supply in Canada

Canada's first prescribed safer supply model was introduced in 2016 in the province of Ontario (Kolla et al., 2021). Since then, additional prescribed safer supply programs have been implemented in British Columbia, New Brunswick, Nova Scotia, Ontario, and Quebec (Glegg et al., 2022; Hales et al., 2020; Health Canada, 2023a; Kolla et al., 2021; North End Community Health Centre., 2024).

Many formal safer supply programs in Canada are supported by temporary federal grant funding. In 2019, the Health Canada announced the first of multiple requests for proposals seeking to fund development, implementation, and evaluation of safer supply programs across the provinces and territories. Alberta did not receive federal grants for prescribed safer supply programs (Health Canada, 2023a). Although there were no formal or federally-funded prescribed safer supply programs in Alberta, some clinicians were prescribing safer supply medications to a limited number of patients as part of regular primary and addiction care (Government of Alberta, 2024a).

Despite a growing body of evidence supporting safer supply as one response to the toxic drug crisis, the approach remains controversial nationally, and has received tepid political support. Although implemented in multiple jurisdictions in Canada, political endorsement of prescribed safer supply programs has been limited to the federal government or the province of BC (Wyton, 2023).

Preliminary Canadian data suggests that safer supply programs reduce deaths due to drug toxicity, improve the physical and mental health of clients, and increase quality of life (Ledlie, Garg, et al., 2024; Slaunwhite et al., 2024). Limitations of prescribed safer supply programs include their low capacity, inequitable access especially for rural and remote communities, an emerging evidence base, and inadequate medication options and dosages (Kalicum, 2023; Karamouzian et al., 2023; Pauly et al., 2024). Safer supply has also been criticized for not decreasing the overall deaths attributable to unregulated opioids (Staples, 2024). While existing research suggests that prescribed safer supply can reduce drug toxicity deaths for those who can access it, availability has been limited to a small number of patients, therefore, it is not expected that overall mortality in a province or country would be impacted (BC Coroner's Service Death Panel Review, 2023; Slaunwhite et al., 2024).

A core feature of the controversy of prescribed safer supply has been related to unobserved dosing and concerns around potential diversion (Bromley, 2022). Concerns about diversion centre on the potential harms of opioid-naïve individuals ingesting diverted opioid medication, as well as the threat of associated professional sanction from regulators (Macevicius et al., 2023; Pauly et al., 2024). This concern is partly informed by the history of early waves of opioid-overdose deaths linked to prescription opioids for chronic pain (Fischer & Wood, 2020) which led to changes in opioid prescribing guidelines as well as several provinces augmenting or implementing prescription drug monitoring programs. These prescriber-targeted interventions have contributed to significant declines in opioid prescribing across Canada since 2012 (Jones, Kaoser, et al., 2021).

Unfortunately, the sharp decline in available prescribed opioids created a supply void for non-medical opioid use coinciding with the introduction of unregulated fentanyl into the drug supply (Jones, Lee, et al., 2021). Toxic drug overdose deaths now far surpass prescription drug related deaths (Public Health Agency of Canada, 2024). Despite the differences between historic chronic pain prescribing and current prescribed safer supply practices, concerns about diversion persist. This is despite the lack of objective evidence supporting substantial diversion or involvement of prescribed safer supply in overdose deaths (McMurchy & Palmer, 2022; Meissner & Owen, 2024; Public Health Agency of Canada, 2024).

Political acceptance of prescribed safer supply in Alberta

In terms of formal policy, safer supply was endorsed nominally by a ministerial commission in 2018 but never implemented by the provincial New Democratic Party government (Minister's Opioid Emergency Response Commission, 2018). The election of the United Conservative Party in 2019 led to a shift in policy direction away from harm reduction towards an abstinence-focused 'recovery-oriented system of care' that has included strong opposition to all forms of prescribed safer supply (Smith, 2020).

The Alberta government's approach to the increasing death rate due to opioid poisoning has prioritized ideology and 'expert' opinion over evidence. The role and qualifications of experts endorsed by the Alberta government will be explored in the following sections. Endorsement by the government was not required for prescribers to implement safer supply in Alberta, however, significant barriers related to external support through funding and political acceptance have influenced prescriber willingness to engage in this practice (Glegg et al., 2022). The Alberta government did not provide funding for these programs and pressured applicants to withdraw their successful federal funding applications (Woo, 2021).

This culminated in the government taking steps to formally prohibit safer supply prescribing under the provincial *Mental Health Services Protection Act* (Smith, 2022b). This was enforced through the threat of substantial fines to health professionals who were found in breach of these regulations. Below we review the events leading up to these legislative changes.

The special select committee to examine safe supply

In December 2021, the provincial government motioned to establish a bipartisan Special Select Committee on Safe Supply in the Legislative Assembly of Alberta. The committee's mandate was to examine the concept, evidence, and impact of safer supply. The committee originally included members of the legislative assembly (MLAs) from both the Alberta Government (United Conservative Party) and the Official Opposition (New Democratic Party) (Johnson, 2021). However, the New Democratic Party (NDP) MLAs quit the committee after the second meeting, alleging anti-safer supply bias on the part of the majority government MLAs in structuring the work plan and determining the witnesses. These witnesses were seemingly chosen by the government MLAs for their expertise on the committee's mandate however most had publicly expressed anti-safer supply opinions ahead of the committee's work (Smith, 2022a). Noticeably absent from the government MLA's witness list were any clinicians with experience prescribing safer supply, researchers evaluating safer supply programs, or people who use drugs (United Conservative Caucus, 2022).

The committee continued to meet with only government MLAs present and heard oral presentations from 23 government-selected witnesses between January and March 2022. They released their final report in June 2022 (Legislative Assembly of Alberta, 2022a). The committee also commissioned a literature review to inform their work (Moniruzzaman et al., 2022). This review was not peer-reviewed and was heavily criticized as methodologically flawed due to its poor search strategy leading to a mischaracterization of the safer supply literature (Ahamad et al., 2022). See Fig. 1 for a timeline of significant events related to the committee's work.

Amendments to mental health services protection regulation

In October 2022, the Alberta Government amended the *Mental Health Services Protection Regulation*, which formally prohibited prescribing of safer supply in most clinical settings in Alberta (Smith, 2022b). The Special Select Committee to Examine Safe Supply's findings were used to justify these amendments (Smith, 2022c). The changes restricted the prescribing and dispensing of short-acting opioid medication with the indication of opioid use disorder to only six locations at the newly named 'Narcotic Transition Services' clinics and required mandatory witnessed dosing (Government of Alberta, 2022c). As a result, by March 2023, any patient unable to transfer their care to one of these designated clinics was cut off their prescribed safer supply medications.

Narcotic Transition Services

Narcotic Transition Services are the only clinics in Alberta licensed to dispense and oversee prescribed safer supply for opioid use disorder. The establishment of these sites entailed renaming existing health authority-operated OAT programs rather than creating new services. The *Community Protection and Opioid Stewardship Standards* that guide the Narcotic Transition Services stipulate that short-acting opioids should only be used as a temporary measure and "best efforts must be made to transition patients to an evidence-based OAT medication, such as Suboxone or Sublocade, as soon as reasonably possible" (Government of Alberta, 2022b, p.1). However, to qualify for Narcotic Transition Services, patients must have unsuccessfully attempted to stabilize on OAT medication (Government of Alberta, 2022c). This creates a paradoxical situation where patients are required to fail to achieve clinical stability on OAT to access potentially more effective medications, only to be transitioned back to the previously ineffective therapies as soon as possible. Even patients admitted to hospital in Alberta for opioid use disorder are unable to receive short-acting opioids except under limited circumstances. Instead, these regulations strongly suggest using only conventional OAT for symptom management (Government of Alberta, 2023).

Notably, these *Standards* are prescribing regulations and therefore must be followed by all prescribers and pharmacists in Alberta

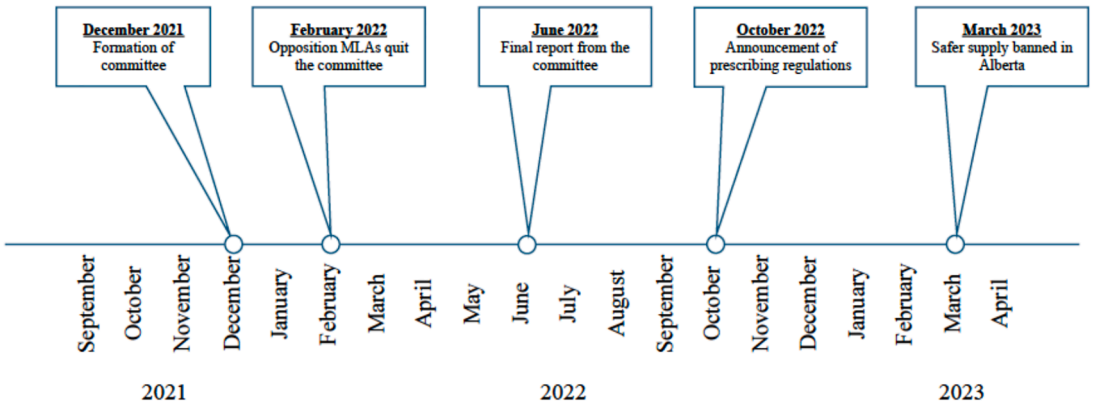

Fig. 1. Timeline of significant events during Select Special Committee to Examine Safe Supply and Notable Outcomes.

(Government of Alberta, 2023). The penalty for non-adherence by prescribers or dispensing pharmacies is a $10,000 CDN fine for each day they are found to be in contravention of the regulations (Government of Alberta, 2023). The proposed enforcement mechanism of these standards is via pharmacy auditing but this process remains largely undefined (Alberta College of Pharmacy, 2023).

Impact of new regulations

The changes to the prescribing regulations were announced in October 2022 and took effect in March 2023 (Government of Alberta, 2022c; Smith, 2022b). Despite the lack of formal prescribed safer supply programs, an estimated 350 people in the province were receiving prescribed safer supply and were therefore impacted by the change in regulations (Aldous & Turner, 2023).

The new regulations required that patients transition from receiving short-acting opioids at their local pharmacy to receiving either OAT alone (despite many having previously tried OAT) or traveling multiple times a day to one of the few Narcotic Transition Services clinics for witnessed dosing of short-acting opioids. Travel to these facilities multiple times per day is likely a barrier for many patients who had other personal and occupation commitments, lacked access to transportation, and preferred to avoid the areas where the clinic was located. Anecdotal reports indicate that several patients were unable to transition to Narcotic Transition Services due to these substantial barriers (Aldous & Turner, 2023). Accounts from frontline workers describe fracturing of therapeutic relationships between healthcare providers and patients, declining patient health, and hopelessness as many patients returned to toxic street opioid use (Wilson & Morris, 2023).

There is no public tracking of what has happened to people cut off community prescribed safer supply, or a record of how many were able to successfully transition to Narcotic Transition Services clinics. Similarly, evaluations of this policy change have not been published. However, it is expected that people rapidly tapered off their safer supply have experienced substantial harm. Research related to rapid opioid reductions is well-established and demonstrates increased overdoses, decreased primary care attendance, increased mental health crises, and increased hospitalizations (Agnoli et al., 2021; DiPrete et al., 2022; Magnan et al., 2023).

Comparing provincial data available before and after the full implementation of these regulations reveals a 28 % average monthly increase in deaths due to the unregulated poisoned supply (Government of Alberta, 2024a). These tragic deaths are likely attributable to factors beyond just the change in prescribing regulations, but it is a reflection that prohibiting prescribed safer supply has not reduced the severity of the current toxic drug crisis.

One prescribed safer supply patient unable to practically attend a Narcotic Transition Services clinic filed a legal challenge of the government's decision, alleging that the new regulations violated her rights under the *Canadian Charter of Rights and Freedoms*. A provincial court judge granted a temporary injunction, which allows her to continue to access her prescribed safer supply, as it was found that she, "has a strong position that her constitutional rights have been infringed, that she will suffer irreparable harm" if her prescriber was required to follow the new regulations (*Black v Alberta, 2023 ABKB 123 (CanLII)*, 2023).

Health professional regulators did not publicly condemn the encroachment of the provincial government on clinical autonomy resulting in harm to patients. The reasons for this inaction are unknown but potential contributing factors include the vilification of the College of Physicians and Surgeons of Alberta during the committee's work (Legislative Assembly of Alberta, 2022a), the history of colleges in upholding policies that problematize opioid prescriptions (Madryga v. College of Physician and Surgeons of British Columbia, 2023; TPP Alberta, 2024), stigma against people who use drugs (Livingston, 2020), and/or lack of safer supply expertise among regulators.

Having discussed the history of prescribed safer supply in Alberta, this commentary will now review some of the narratives used by the Special Select Committee to Examine Safe Supply. The committee's findings shaped a narrative that legitimized the prohibition of prescribed safer supply. During this process, narratives from witnesses portrayed both recipients and prescribers of safer supply as causing harm.

Political narratives and policy justifications

Framing of addiction and prescribed safer supply

Central to many of the committee's findings is the erroneous assumption that Alberta's current toxic drug crisis is due to addiction and not an unregulated poisoned drug supply. This was highlighted during the first session of the committee when NDP MLAs requested sessions be opened with a moment of silence to recognize lives lost due to the toxic drug supply while UCP MLAs countered with recognizing lives lost due to addiction (Legislative Assembly of Alberta, 2022e). While "addiction" is frequently invoked by the Government of Alberta, no formal definition is provided in the committee's Final Report nor key documents underpinning their "recovery-oriented system of care" (Government of Alberta, 2022a; Legislative Assembly of Alberta, 2022a).

By framing toxic drug deaths as an "addiction crisis", prescribed safer supply was implicated as increasing the risk of addiction and overdose. This presupposes that prescribed safer supply will either be inappropriately prescribed to opioid-naïve individuals or broadly diverted across Alberta. In all areas of medicine, prescribers regularly engage in the assessment of benefits and harms of an intervention to strike an appropriate balance in patient-centred care. The committee's work assumes this assessment is not an important and routine part of safe supply prescriber's practice.

Among the government MLA-invited witnesses were addiction medicine physicians, researchers, addiction treatment centre directors, and book authors, however, none had experience in safer supply. The government's witnesses were criticized as they, "appear to have been hand-picked for their stances against safe supply" (Junker, 2022, para. 2). The witnesses described different clinical manifestations of addiction purportedly arising from exposure to prescribed safer supply. One witness described how prescribed safer supply takes away someone's motivation for abstinence: "safe supply takes away the impetus to go to recovery because what it does is it keeps the addiction going. It lets the addiction flourish" (Legislative Assembly of Alberta, 2022c, p.ESS-89). The committee's disproportionate focus on the potential harms related to prescribed safer supply, whether diverted or prescribed, neglects the significant dangers posed by accessing the toxic drug supply. Furthermore, many descriptions of addiction within the committee's work, such as the one above, paint addiction as undermining capacity. This reductive understanding of harms and concerning assumptions about patients' capacity frame prescribed safer supply as a precursor to addiction, creating a perceived need for government oversight.

Stigmatization of recipients of prescribed safer supply

The potential for diversion was a primary focus in the committee's work, and was defined by them as, "the transfer of medication from what is a lawful channel to an unlawful channel of distribution or use by medication tampering" (Legislative Assembly of Alberta, 2022b, p. ESS-139). The committee's framing of diversion as merely unlawful reduces it to a matter of criminality, ignoring the complex reasons, often rooted in unmet needs, behind why people divert their medication (Harris & Rhodes, 2013). While concern of diversion of prescribed safer supply is acknowledged in peer-reviewed literature, the committee's portrayal of the scale and harms of diversion is disproportionate to existing data (Glegg et al., 2022; Meissner & Owen, 2024). The committee determined that, without government involvement, diversion of

safer supply would contribute to community addiction and increase overdoses, "harmful pharmaceutical practices such as widespread prescription of full agonist opioids, often used in the practice of safe supply, that can lead to community diversion and increased addiction and overdose" (Legislative Assembly of Alberta, 2022a, p.1). This perspective disputes one of the committee's mandates to examine the health impacts of prescribed safer supply as it portrays those on prescribed safer supply as primarily intent on diversion, rather than acknowledging their legitimate health and social needs (Legislative Assembly of Alberta, 2022g).

Motivations for diversion were nearly always framed as nefarious and included income generation, exchanging safer supply for fentanyl, as explained by one MLA, "using safe supply as currency to get unclean drugs, if you like, that give them a bigger high." (Legislative Assembly of Alberta, 2022d, p.ESS-99). Canadian law enforcement drug seizures, however, demonstrate that fentanyl, not prescribed safer supply prescriptions, are the most common circulating opioid (Government of Canada, 2024). Canada's national police force acknowledged that "there is currently no evidence to support a widespread diversion of safe supply drugs to the illicit market in B.C. or Canada" (Picard, 2024, para 6). The link between individuals receiving prescribed safer supply and the numerous references to crime associated with diversion, reinforces stigma and criminalizes those receiving prescribed safer supply.

Characterization of clinicians who prescribe safer supply

Prescribers of safer supply, usually physicians, were depicted as causing harm, both unintentionally and intentionally. Historical overprescribing of opioids for chronic pain was often used to emphasize the risks of current prescribed safer supply, ignoring important differences in patient population and drug supply toxicity. Both historical and current prescribing practices were framed as harmful and a reckless approach to care. Reckless prescribing was frequently attributed to either the influence of pharmaceutical companies or clinicians adopting a defeatist ("palliative") approach in their practice (Legislative Assembly of Alberta, 2022a). When prescribed safer supply was described as palliation or abandonment, the provided care was often described as less comprehensive, less evidence-based, or an end-of-life option. One witness explains, "I think that, really, what is being proposed is palliative care for all addicts […] But we're treating 25-year-olds suffering from opioid addiction, either heroin or fentanyl, as though they're 75-year--olds at the end of their lives" (Legislative Assembly of Alberta, 2022c, p.ESS-63). Furthermore, prescribers were framed as reckless and responsible for the spread of addiction. A specific example was offered in relation to safer supply biometric dispensing machines:

> *This machine distributes high doses of hydromorphone directly to the individual who struggles with a fentanyl addiction multiple times daily. Regrettably, in my opinion, these machines have proliferated across Canada.*
>
> (Legislative Assembly of Alberta, 2022c, p.ESS-64)

In fact, there were only four machines nationwide (three in Vancouver and one in Victoria, BC), which were part of a tightly regulated program where patient prescriptions were stored in highly secure storage lockers that could be accessed once per day using a patient-specific biometric palm scan (mySafe Society, n.d.). There are several documented program oversights that were incorporated into various prescribed safer supply programs including daily dispensing of medication, regular follow-up by prescribers and nurses, regular on-call hours, urine drug screening, support from peers, and pharmacist oversight (Ledlie et al., 2024). These oversights are part of a self-regulation framework, where regulatory bodies, empowered by provincial and territorial governments, govern professional standards and practices to ensure public safety (Leslie et al., 2021).

The MLAs of the committee further undermined the expertise of safer supply medical professionals in an attempt to build the case for political oversight of prescribing practice beyond conventional self-regulation of the profession by a) questioning the intentions of medical advocacy bodies such as the Alberta Medical Association, b) erroneously suggesting that prescriptions from safer supply programs are not monitored, and c) questioning the ethics of current prescribed safer supply prescribers (Legislative Assembly of Alberta, 2022c, 2022d, 2022b). Representatives from the Alberta Medical Association voiced support for continued access to prescribed safer supply during their presentation to the committee (Legislative Assembly of Alberta, 2022d). In fact, hundreds of Canadian substance use experts, including physicians, have voiced support for prescribed safer supply and value ongoing research on this intervention (HIV Legal Network, 2023). The framing of prescribers of safer supply as providing criminalized substances, without any monitoring, acting in opposition to their ethical standards, with the support of medical interest groups, sets up the need for political oversight and regulation of the medical profession.

Final report recommendations

In March of 2022, the committee released their final report to government, which included recommendations. The committee had successfully created an inaccurate narrative that cast prescribed safer supply as a significant contributor to addiction. The committee's recommendations were advanced as a way to restore order and control to "protect the public from high-risk opioids" (Government of Alberta, 2022a, para.1).

The report's recommendations include the provision of prescribed safer supply, "in the context of a treatment plan under strict in-clinic medical supervision", that any safer supply policies "should consider the interplay between diversion of drugs used in provision of safe supply away from the intended user to the illicit market" (Legislative Assembly of Alberta, 2022a, p.1). Many health experts raised concerns about the government's recommendations and the potential harm they could inflict on people who use drugs. They pointed out several issues: the infringement on healthcare providers' practices, and the mandate requiring people, for whom conventional opioid agonist treatments have failed, to revert to those same ineffective medications, the poor quality of evidence underpinning their recommendations, and the ideologically driven policy prioritizing abstinence. Additionally, the limited accessibility of Narcotic Transition Services clinics was highlighted as infringing on the right of Albertans to equal access to care (Alberta Nurses Coalition for Harm Reduction, 2022; National Safer Supply Community of Practice, 2023).

Discussion

Prescribed safer supply emerged as a pragmatic response to a poisoned drug supply in recent years, and has undergone considerable evaluation and scrutiny (Ledlie, Garg, et al., 2024; Willows et al., 2020). In Alberta, prescribed safer supply never received political endorsement and this likely represented a significant barrier to its implementation (Glegg et al., 2022; Smith, 2020). Despite its limited uptake, the Government of Alberta sought to investigate safer supply through a legislative committee which was heavily criticized for its anti-safer supply bias, including a methodological-flawed and critically low-quality literature review (British Columbia Centre on Substance Use, 2022; French, 2022). These findings supported the implementation of restrictions on prescribers, further limiting access to this emerging practice. Alberta's safer supply prescribing restrictions are unprecedented in Canada. Nationally, the conversation regarding prescribed safer supply is expanding beyond robust but collegial debate and Canada is witnessing a growing movement of political interference in healthcare access (Richmond, 2024). Political infringement on access to safe healthcare expands beyond safer supply, and outside of Canada. Further examples include the restriction of gender-affirming hormone therapies for transgender patients in Alberta (Tran, 2024) and increased

restrictions on abortion in the United States (KFF, 2024). By manipulating professional regulations, governments can swiftly and unilaterally impose wide-reaching restrictions without needing additional evidence, approval, or debate.

The new regulations in Alberta underscore several key lessons for health policy and broader implications of political interference in healthcare.

Health policy

Infringement on substance use policy

Firstly, the trend towards ideologically driven health policy over evidence-informed care is evident in Alberta's approach. While people in Alberta can still access short-acting opioids for treatment of opioid use disorder, the prescribing requirements guiding this practice differ from prescribed safer supply programs in important ways. In Alberta, access is limited to only six high-barrier health authority-run clinics and mandates deprescribing patients from these opioids as soon as possible (Alberta Health, 2022). These prescribing regulations digress from existing evidence and established prescribed safer supply programs, which supports a low-barrier model and open-ended enrollment in prescribing (Ledlie, Garg, et al., 2024). The Government of Alberta's decision to ban prescribed safer supply furthers their movement away from harm reduction and evidence-based policy, favouring an abstinence-based approach. The government's actions also infringe on healthcare professionals' clinical discretion, compromising patient care. These restrictions erode healthcare professionals' ability to provide patient-centred care (National Safer Supply Community of Practice, 2023; Wilson & Morris, 2023).

A similar instance occurred in 2019 when the government commissioned a report to review the impact of supervised consumption services in the province. Despite criticisms of methodological flaws (Livingston, 2021; Salvalaggio et al., 2023), this report was used to justify the closure and reorganization of supervised consumption services in Alberta and enacted additional restrictions on the practice of supervising drug consumption (Kalinowski, 2020; Mohatarem, 2021). Though flawed, this report has been cited as a reason to halt an overdose prevention site from opening in Philadelphia (Pesaruk, 2021). This has concerning implications for the biased findings of the Special Select Committee to Examine Safe Supply, as well as the literature review commissioned by the committee to inform broader health policy which was criticized as "[failing] to adhere to best standards for evidence reviews" (Ahamad et al., 2022, para 3).

Infringement on health policy in other sectors

This infringement extends to other health sectors in Alberta, such as the government's plan to limit gender-affirming hormone therapies for youth, representing the most restrictive gender-affirming regulations in Canada despite contradicting established pediatric health standards. The proposed changes would restrict prescribers from providing puberty blockers to trans youth until much later in adolescence, using parental choice and youth safety as justification (Rodriguez, 2024). Similar to banning safer supply, the restrictions on gender-affirming hormone therapy represent ideology-driven policy over evidence-based policy, denying access to medically necessary care (French, 2024).

An international example of this type of control is access to reproductive care in the United States. After overturning *Roe v. Wade*, a landmark decision by the Supreme Court that made abortion care legal, individual States were permitted to ban abortion. This reversal has allowed States to impose abortion bans by restricting medical practice despite significant medical concerns and evidence of harm (ACLU of Texas, 2022; Tuma, 2024).

Framing

Alberta has experienced a nearly 2.5 times increase in years lost to life due to toxic drugs between 2019–2021, when the majority of safer supply programs were implemented in other provinces (Ledlie, Juurlink, et al., 2024). The high death rate attributable to unregulated opioids has been primarily labeled by the Government of Alberta as an "addiction crisis", asserting that addiction is the main cause of the rising death toll (Government of Alberta, 2024b). However, it is important to note that addiction rates have remained relatively stable in Canada over the past decade (Statistics Canada, 2023). In contrast, deaths due to exposure to the toxic drug supply have surged dramatically across the country, including in Alberta (Government of Alberta, 2024a; Public Health Agency of Canada, 2024). This indicates a clear increase in the volatility of the drug supply rather than a rise in addiction rates. Despite this, the Government of Alberta continues to support a narrative that interventions like prescribed safer supply, which seek to separate people from the toxic drug supply, will worsen the current death rate (Black, 2024).

While the Special Select Committee to Examine Safe Supply's narrative was not essential for instigating changes in prescribing regulations, it facilitated the involvement of a diverse range of witnesses with limited or irrelevant experience, thereby publicly legitimizing and endorsing the impending policy change.

Framing plays a crucial role in the public perception of political agenda. The Alberta Government and the federal opposition have used framing to influence public perception and justify government actions opposing safer supply. Framing can be used by governments to change public opinion, minimize opposition, and create an appearance of responsiveness to public safety concerns (Chen, 2019; Li, 2022).

Harm reduction in Canada

The Government of Alberta's ban on safer supply provides critical lessons for broader harm reduction policies in Canada and internationally. Governments have an ethical responsibility to protect the health and well-being of their citizens, a duty that the Government of Alberta has failed to uphold by banning safer supply. Concerningly, similar policies have been proposed at the Canadian federal level. The federal opposition leader has indicated an intention to ban safer supply, using similar justifications as the Government of Alberta (Arthur, 2023). There is growing opposition to or withdrawal of public endorsement of harm reduction interventions in Canada from multiple jurisdictions. Alberta's safer supply ban is an early example; however there has been increasing disparaging remarks by other municipal and provincial governments against harm reduction interventions including the distribution of safer drug use supplies, naloxone, safer supply, decriminalization of personal possession of drug use, and safe consumption services (Caruk, 2022; D'Andrea, 2024; Davis, 2023; Ryan, 2023; Taylor, 2024). Furthermore, as harm reduction has become a political wedge issue, there is a decrease in support from governments who have previously endorsed harm reduction practices (Little, 2024; McInnes, 2024). Health policy and practice should reflect current scientific evidence and not be controlled by political agendas that prioritize power over human rights.

Unfortunately, all too often, Canadian patients and their advocates have had to turn to legal action to secure their access to lifesaving interventions. While a court injunction allowed one patient in Alberta to continue accessing safer supply, her case is likely to take years to be settled and may only bring partial (if any) protection for prescribed safer supply. It is important to recognize that she is not the first person relying on the legal system to protect her constitutional rights in the face of government overreach. Insite, Canada's first supervised consumption service, faced threats of funding termination by the former Conservative federal government in 2008, based on anecdotal accounts (Dooling & Rachlis, 2010). This decision was reversed only after legal action. Injectable opioid agonist treatments have also faced threats at both

federal and provincial levels but were allowed to continue after litigation by patients (Omstead, 2021; Pivot Legal Sociery, 2024).

Regressive policies such as these often fail to meet the needs of marginalized populations. Even when successfully challenged in court, protections are often focused and limited, leaving the door open to ongoing policy threats to the safety of people who use drugs.

Conclusion

The introduction of the Narcotic Transition Services regulation in Alberta serves as a stark reminder of the dangers of ideologically driven health policies. It underscores the need for health policies to be grounded in evidence and protected from political interference. Harm reduction policies continue to face opposition and Alberta's safer supply ban serves as a lesson for other jurisdictions or health sectors of the potential for government overreach into health decisions. The deliberate mischaracterization of harm reduction policy and the manipulation of evidence serves to advance a political agenda, while failing to protect structurally vulnerable populations.

CRediT authorship contribution statement

Patty Wilson: Writing – original draft, Visualization, Formal analysis, Conceptualization. **Kate Colizza:** Writing – original draft, Visualization, Resources, Conceptualization. **Elaine Hyshka:** Writing – review & editing, Validation, Conceptualization.

Declaration of competing interest

The authors declare the following financial interests/personal relationships which may be considered as potential competing interests:

Elaine Hyshka previously served in two (unpaid) scientific advisory roles relevant to this paper: Co-Chair Alberta Minister of Health's Opioid Emergency Response Commission; and Co-Chair, Health Canada's Expert Advisory Group on Safer Supply. She also reports receiving peer-reviewed research funding from the Canadian Institutes of Health Research to evaluate aspects of safer supply programs, and travel costs from the National Safer Supply Community of Practice to attend a scientific meeting.

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