To: Members of the Select Special Committee to Examine Safe Supply (the "Committee")

Thank-you for this opportunity to make a written submission to the Committee. Families for Addiction Recovery (FAR) is a Canadian registered charity founded by parents of children who have struggled with addiction from their teens. FAR provides free peer support to parents and other caregivers of those who struggle with addiction across Canada, educates about addiction, and advocates for protective health laws and protective drug policies.

This submission will consider the concept of safe supply as defined in paragraph (a) of the Committee's mandate from a family perspective. It will not address the evidence raised in items (b) to (e) of the Committee's mandate which is best left to those more knowledgeable in that regard.

Definition of Safer Supply (SS)

As a preliminary point, the Committee's definition of SS is restricted to the provision of pharmaceutical alternatives to those who are addicted or dependent. It is important to note that the current BC model is not so restricted and applies to anyone using illegal substances who is at risk of overdose or harms from a toxic drug supply. There is no requirement that the person be addicted or dependent and there is no age restriction. Under the BC model, a 16-year-old who is using illegal substances intermittently and is therefore at risk of overdose qualifies for a **free** supply. This 16-year-old cannot legally **purchase** beer or cannabis. It is difficult to reconcile this approach to intermittent use with two basic public health principles, being minimum pricing and the prohibition of sales to minors. In this respect, it is difficult to understand how the regulation of sales of these substances to adults by the federal government, with a prohibition on sales to minors, would not be a preferable public health approach.

As a second preliminary point, it is important to note that Health Canada's definition of SS and the Committee's definition of SS are also not restricted to adults; both are restricted to those who are addicted or dependent.

It is remarkable that in the testimony received to date by the Committee there has been little, if any, discussion of the provision of SS to addicted or dependent minors.

Addiction is a pediatric illness

"Those who use addictive substances before age 15 are 6.5 times as likely to develop addiction as those who delay use until age 21 or older."[1] In other words, early use is a major risk factor for developing addiction. Ninety percent of the time addiction is triggered by use prior to 21 years of age.

Addiction is a Disability

Addiction is a mental disorder which gives employees rights under provincial human rights acts/codes. For example, in the Ontario case of Sunnyside Home v Ontario Nurses Association, a nurse who was caught stealing pain medications from patients due to her untreated opioid use disorder, had to be accommodated in the workplace by her employer once she was in recovery. Her addiction resulted in a complete or significant impairment in her ability to not engage in addictive behaviours. In other words, addiction is a lack of, or significant impairment in, autonomy with respect to one's use and one's actions to acquire substances to continue use.

[1] The Disease of Addiction: A Critical Pediatric Prevention Issue

Treatment on Demand

The biggest enabler of addiction is the lack of treatment on demand.

"Young people and stakeholders discussed limited availability of detox and treatment spaces. Because of limited space, it is often only young people in dire need who can access detox. In addition, young people who want treatment may face wait times of over three months. We heard that all too often, by the time a treatment space is available, young people may no longer be ready and the window of opportunity has been missed. There needs to be immediate access to both detox and treatment space."[2]

Given that there is no treatment on demand, it is imperative to ensure that those waiting for treatment do not die on the waitlist.

"We undermine our capacity to respond to this crisis when harm reduction is pitted against treatment and recovery. This need not be a matter of either/ or, it is a matter of both. Harm reduction is not an approach to be used in isolation. Rather, it is an essential tool of a recovery-oriented response."[3]

Accordingly, we support the call of the Office of the Child and Youth Advocate (OCYA) for supervised consumption sites and other harm reduction services specifically for youth. If this is seen as undesirable, the solution is to provide treatment on demand.

Best practices for those not seeking treatment

Most addicted youth have other mental health conditions that also require treatment. Pathways to care for youth with concurrent mental health and substance use disorders identifies that one of the many barriers to treatment for adolescents (those 12 – 24 years old) with concurrent mental health disorders is their inability to realize that their substance use is problematic. They don't consent to treatment because they don't see the need. This is evidence of a lack of capacity to make treatment decisions (see the Supreme Court of Canada decision in Starson v. Swayze).

FAR advocates for the development of national best practices to protect those with addiction (and often other mental health conditions), especially youth, who are not seeking treatment. We believe that the protections of our mental health acts extend or should extend to those with addiction as they do to those with eating disorders, suicidality or serious mental illness. However, it is our lived experience (and we have been advised) that psychiatrists do not assess those with addiction to determine if they have capacity when they refuse treatment. We are told that involuntary treatment does not work for those with addiction as if this is an acceptable answer when someone does not have capacity to make treatment decisions or when someone is at serious risk of harm to self or others due to untreated addiction and is not seeking treatment. We also believe it is a violation of the UN Convention on the Rights of the Child not to intervene for those who are minors.[4]

Alberta does have the Protection of Children Abusing Substances Act (PChad) which allows for short term detention. This legislation was found to be inadequate in a Public Fatality Inquiry Report which

[2] Renewed Focus: A Follow-Up Report On Youth Opioid Use In Alberta, OCYA, June 2021
[3] ibid
[4] Secure Care; A question of capacity, autonomy and the best interest of the child

stated that detention for purposes of stabilization is insufficient. Detention must be for purposes of treatment and the maximum period of detention should be 120 days but 180 would be better.[5]

We support the OCYA in calling for a review of PChad to better meet the needs of youth and families and for a youth opioid and substance use strategy.

The plight of parents of addicted youth who are not seeking treatment was recently the focus of a Fifth Estate episode entitled "Parents without Power" which focused on BC but it resonates with families across Canada.

SS

FAR would prefer treatment on demand and an ability to intervene to SS for those struggling with addiction. Neither of these options exist.

It is unacceptable to allow people, especially youth, to play Russian roulette with their lives particularly when it is because there is no treatment on demand or ability to intervene. People, even youth, who are struggling with addiction and using illegal drugs need the option of accessing pharmaceutical alternatives in a medical model. If diversion is a concern, then consumption could be witnessed.

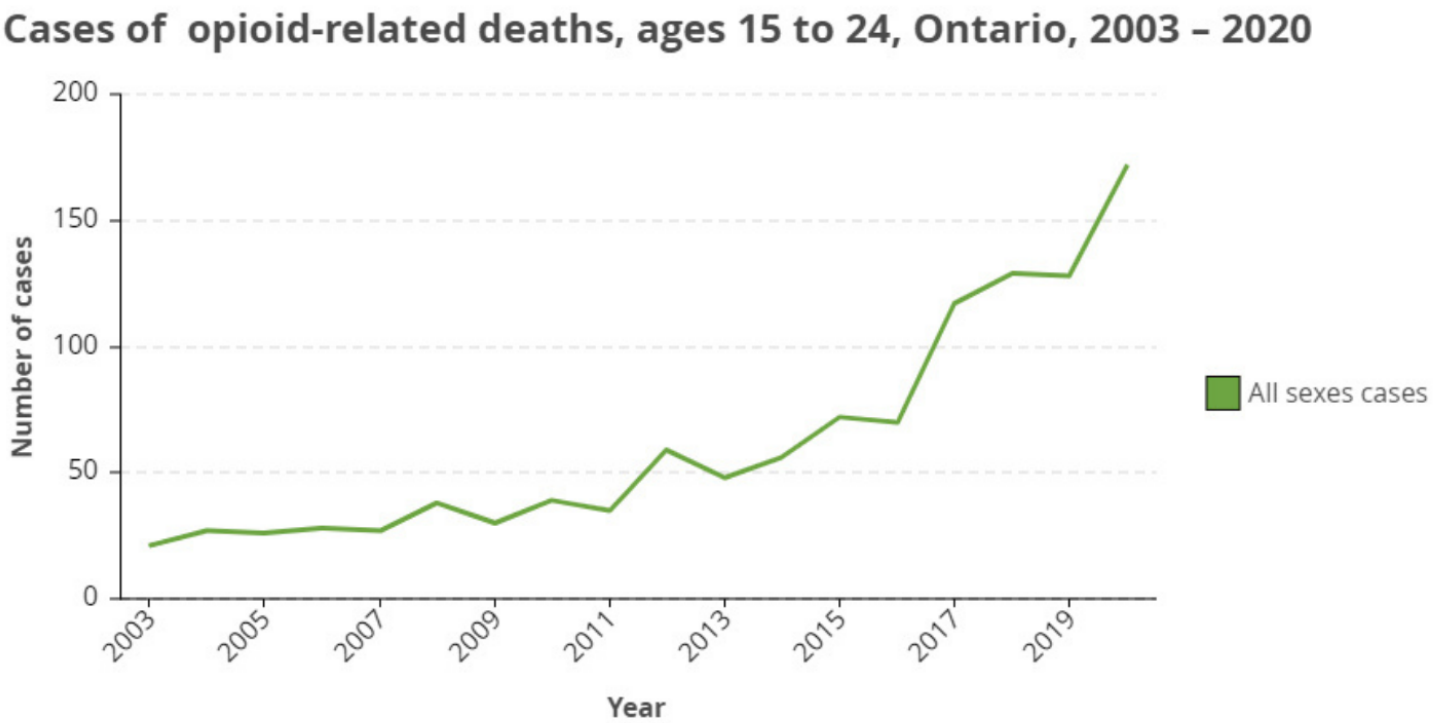
The attached infographic is a sober reminder of what is at stake.

Angie Hamilton
Executive Director
Families for Addiction Recovery (FAR)

[5] *Public Fatality Inquiry Report to the Minister of Justice and Solicitor General, The Honourable Judge Lloyd W Robertson into the death of MHC, 17 of Calgary, Alberta [report].* Edmonton: Alberta Government; 2017 Nov. 6.

Increase in Ontario Youth Opioid Deaths

36% increase in deaths in the 15-24 age range
(from 128 to 174 in 2020)
odprn



In 2015 1 in 9 deaths of Ontarians aged 15-24 was opioid related
odprn

In 2018 and 2019 it was 1 in 6
Statistics Canada, Public Health Ontario

In 2020 it was 1 in 4.5
Statistics Canada, Public Health Ontario

We can act now to save lives
We just need the will

Families for Addiction Recovery