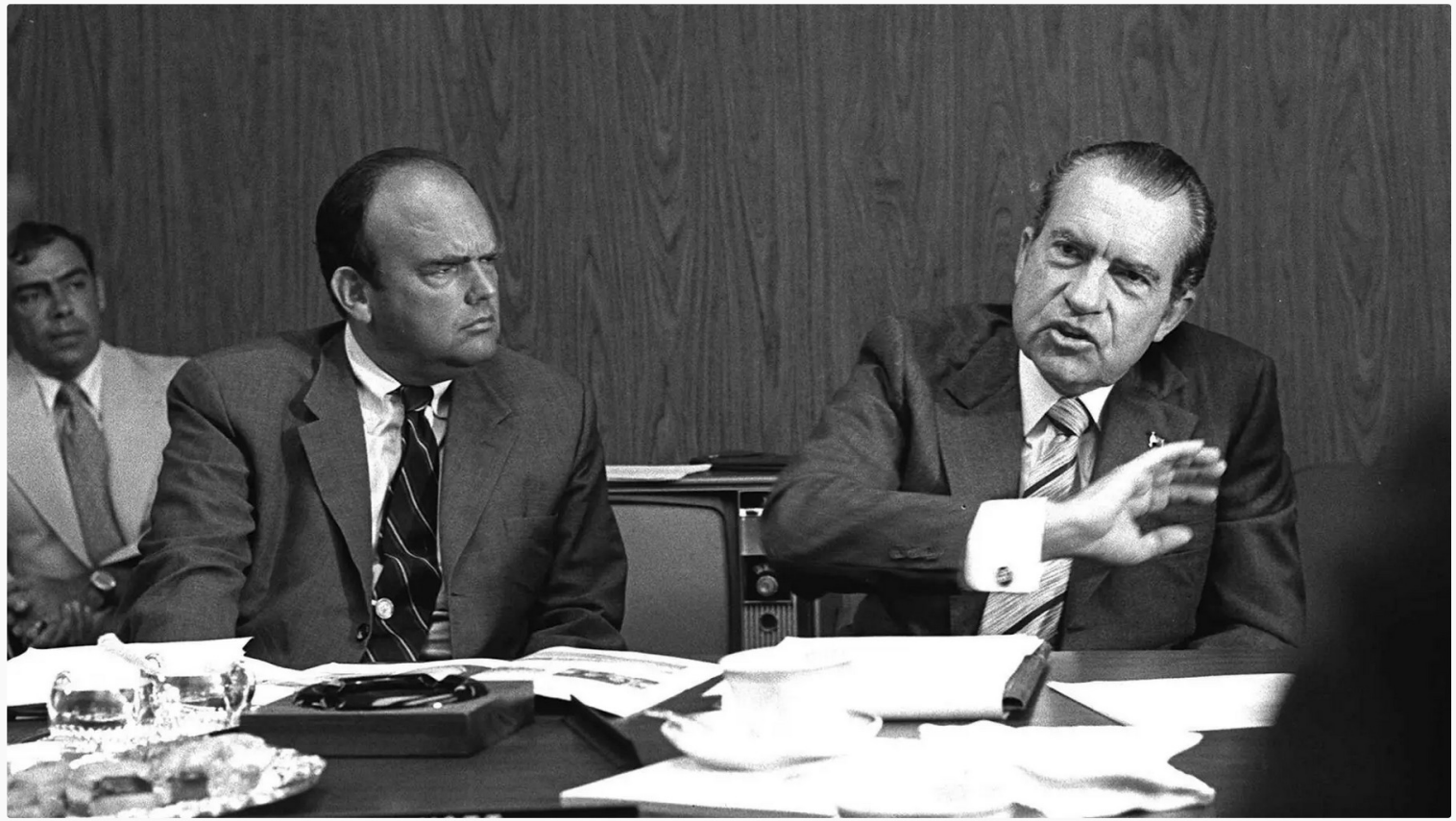


AP PHOTO/FILE

Nixon seated with his domestic policy advisor, John Ehrlichman.

The war on drugs - Nixon

"You want to know what this was really all about? The Nixon campaign in 1968, and the Nixon White House after that, had two enemies: the antiwar left and black people. You understand what I'm saying? We knew we couldn't make it illegal to be either against the war or black, but by getting the public to associate the hippies with marijuana and blacks with heroin, and then criminalizing both heavily, we could disrupt those communities. We could arrest their leaders, raid their homes, break up their meetings, and vilify them night after night on the evening news. Did we know we were lying about the drugs? Of course we did."

- John Ehrlichman

Alcohol Prohibition

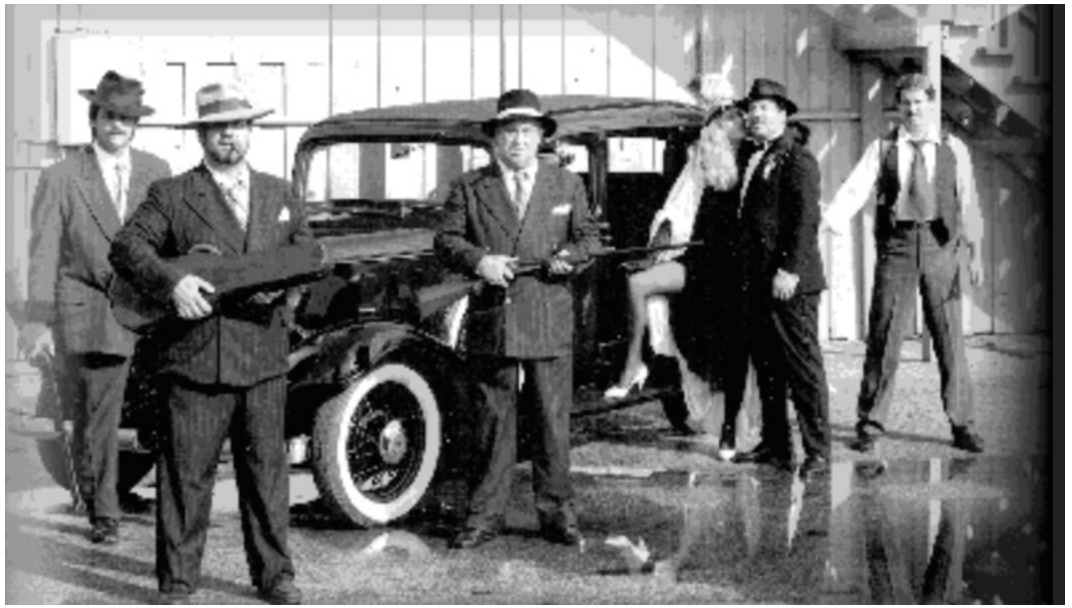
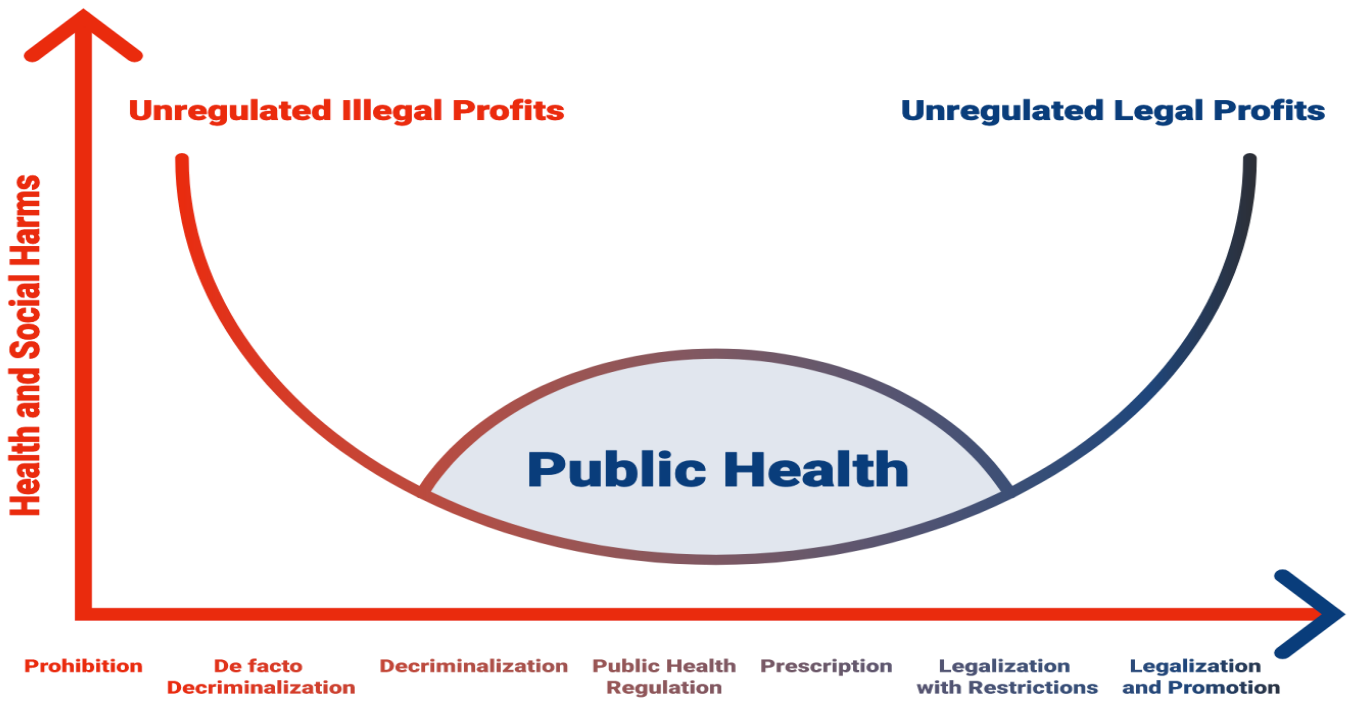


Figure 4.1 - Continuum of Drug Policy Approaches

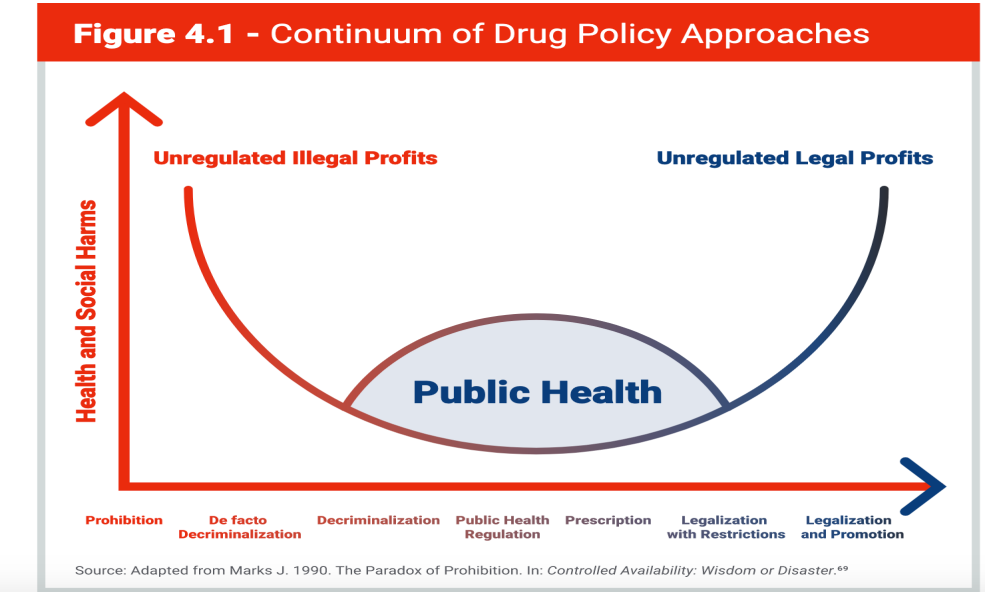


Source: Adapted from Marks J. 1990. The Paradox of Prohibition. In: *Controlled Availability: Wisdom or Disaster.*[69]

What brings safety to a system?

Regulation

- Licensing
- Standardizing
- Inspections
- Supply chain standards
- Taxes
- Audits
- Who gets the profits?
- Limits on advertising, marketing and and packaging
- Price controls
- Diving restrictions
- Bi-laws and zoning on where products can be sold, standard hours of sale
- Bi-laws on where use can occur
- Age restrictions
- Limits on amount that can be purchased at one time



Balance with suppressing an illegal market

Clinical Challenges

- Dosing of traditional treatment for opioid use disorder don’t meet the opioid need of our patients
- Patients have been requesting fentanyl, in order to match what they are using on the street

Clinical Challenges

How to deliver fentanyl in community in a manner that is:

- Adequate dosing
- Reasonable delivery mechanism
- Safe for the patient
- Operationally feasible for nursing time and scope of practice (we couldn’t hang mini-bags of fentanyl like they do in ICU!)

Considerations for a Fentanyl Program

- Fentanyl is a challenging molecule
  - The molecule itself is very large
  - Requires a large amount of liquid in solution
  - Available formulations of injectable fentanyl are for the operating room or inpatient pain and would require much volume to deliver to a dose appropriate for our patient population
  - The physical amount of granules per dose is incredible small

Safe Supply Programs at PHS

- Methadone, Suboxone, Kadian
- Injectable Opioid Agonist Treatment
- Dilaudid tablets
- Sufentanil
- Fentanyl Patch
- Fentora
- Fentanyl Powder

SAFER Fentanyl Powder Program

- This is a new protocol, created by the PHS HealthCare team, providing pure fentanyl in powder form, in pre-filled capsules at fixed doses.
- The PHS Health Care team worked with a national pharmaceutical supplier and local compounding pharmacy to create a new vehicle to deliver fentanyl in the community
- We are using fixed doses of fentanyl powder in colour coded capsules

SAFER Fentanyl Powder Protocol

- This launched in late March
- Medical Model – all observed doses
    - Already very successful
    - Patients report it is working well to replace the street supply
    - We are adjusting the capsules based on patient feedback – taking out the caffeine, decreasing the amount of powder, and accelerating the titration

Enhanced Access

a take home sales option for regulated Fentanyl

Enhanced Access to Fentanyl Powder

- This is an expansion option for access to this medication
- Runs in harmony with the SAFER medical program
- Patients can purchase their fentanyl powder capsules for take home use.
- Patients can flow back and forth between the medical/observed model, and a payment/take home model

- This is a new formulation of fentanyl, and not covered by pharmacare

Work Flow – Enhanced Access

- Physician assessment (The same as current clinical programs at phs)
  - Documentation
  - Urine drug test
  - Pharmanet check
  - Consent process
  - Patient information Sheet
  - Physician writes and order in the chart to start the titration

Work Flow – Enhanced Access

- Titration with nurse (The same as current clinical programs at phs)
  - Patient centered
  - Decision support tool
  - Patient says when they are at their dose
  - Over about 3 days, if no missed doses
  - A patient specific physician duplicate prescription is created for each of these doses administered

Work Flow – Enhanced Access

- Physician generates a prescription based on the dose when titration is complete.
- Sends this to the pharmacy
- The medication is filled and delivered to our safe daily

Work Flow – Enhanced Access

- The PHS acts as the patient agent – PHS pays for the medication from the pharmacy on the patient's behalf

  - Allows for weekly purchase
  - Smooth supply chain
  - Easier work flow when the patient has inconsistent attendance
  - Meets College of Pharmacy regulations for dispensing a medication

- PHS attempts to recoup the cost of the drug from each patient.
- PHS makes no revenue from this process, it is a cost recovery framework.
- The physicians and nurses are on standardized hourly rates, and have no revenue from this program

Work Flow – Enhanced Access

- The patient presents to the program to purchase their medication, as per the pick up and dosing schedule on the prescription
  - Some will be on daily dispense, while others on weekly or monthly, depending on the dose and context
- They can pre-pay a tab to have on file
- Family members can put money on their account
- They can pay by:
  - Cash
  - e-transfer
  - Credit Card/Debit Card

Work Flow – Enhanced Access

- There is an option to partial pay for a partial dose any day
  - For example, if the prescription is for 8 capsules, but the person only has $40, they can purchase 4 capsules that day
  - Patients can return to the program throughout the day and pick up partial fills of their medication each time
- The nurse then gives the person the drugs, as per the prescription and payment

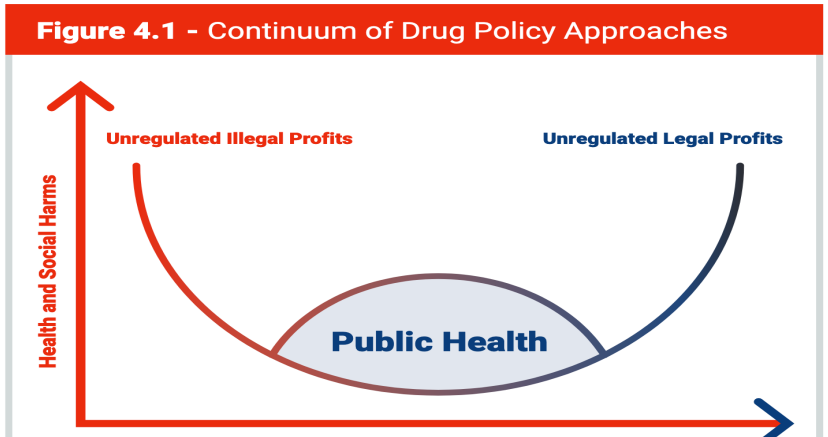
- All of the doses are take-home
- All of the medications are labelled at the pharmacy with patient and medication information as per College requirements

Work Flow – Enhanced Access

- If someone wants to increase their dose, they are required to have a day of observed doses at the new dose
- After the full day of witnessed doses, they will be back on take home doses for purchase.

What makes the program different

- The patient pays for their drugs
- The cost is on par with the illegal market - $10 for 1 ”point” of fentanyl (5,000mcg)
- Decreases risk of diversion
- No need for a diagnosis of substance use disorder
- Decreases risk of organized crime hijacking the program
- Significant benefit to the patient
  - known drug, known dose, 100% purity



What makes the program different?

- We are matching the drug and formulation of what is being sold on the street

- After initial titration, all doses are take home doses
  - More patient autonomy and flexibility
  - Less operational needs for staffing and space
  - Increased scalability

Safety Features in Place – Patient Level

- Robust intake process with a physician
- Observed titration process with nurse
- Connections to primary care and OAT
- Low barrier support to connect to recovery and treatment
- People can flow between this model and our higher intensity medical programs, as fits the context of their lives and needs

Safety Features in Place – Systems Level

- Independent evaluation by BCCSU
- Any dose increases after the initial titration require a return to witnessing until the new dose is safely established
- Extensive and detailed policy and procedure for pharmacists, nurses, and physicians
- Legal Review by Arvay Findlay
  - We meet all Federal and Provincial Regulatory requirements