

Prescribed safer supply in British Columbia



In response to the public health emergency due to rising rates of drug overdose deaths, the BC Ministry of Mental Health and Addictions and the BC Ministry of Health released a policy in July 2021 entitled [Access to Prescribed Safer Supply in British Columbia: Policy Direction](#), which applies to health authorities and their clinics and programs. The policy lays out expectations and timelines for expanding access to harm reduction strategies to separate people who use opioids and other substances from the fentanyl-tainted, and increasingly toxic illicit drug supply.

The provincial policy acknowledges this initiative is a significant shift for the health-care system and a change in the established clinical practices of health-care professionals. It addresses concerns raised about public safety, and a lack of orientation and training for prescribers asked to participate in this approach. It further acknowledges there is limited clinical evidence to support such prescribing. The policy states that given the limitation in the empirical evidence base, lack of existing clinical guidance, and concerns about patient and public safety, prescribing should occur at the discretion of prescribers.

To establish an evidence base and ensure appropriate oversight, prescribed safer supply is being launched in a phased approach starting with health authority funded programs or federally funded safe supply programs. Such programs must

- submit and contribute to an evidence gathering process aimed at determining effectiveness of prescribed safer supply,
- assess impacts on patients and public safety,
- inform broader provincial based clinical guideline development, and
- support policy refinements and quality improvement.

The College recognizes that providing pharmaceutical-grade alternatives to the toxic street supply, both in the context of a comprehensive treatment plan or as a standalone harm reduction strategy, allows registrants to support patients with opioid use disorder and may reduce their risk of overdose and death.

While regulators have no role in developing clinical practice guidelines, the College will continue to work with the ministries and health authorities to gain clarity on policies, procedures, and best practices to set standards for registrants.

In the absence of such standards, the following principles should serve as a guide for registrants who prescribe safer supply.

- As with all opioid prescribing, safer supply strategies must be implemented in a way that minimizes the risk of harm and the introduction of unintended consequences that may negatively impact patients or the public more broadly (e.g. diversion).
- The need for caution is heightened in the absence of clinical practice guidelines or strong clinical evidence demonstrating the risks and benefits of a particular approach.
- Registrants must practise within the limits of their clinical competence and scope of practice.
- Registrants must consider and apply relevant practice standards, quality standards, and clinical guidelines, where they exist.
- Registrants must stay current. Where relevant practice standards, quality standards, and clinical guidelines do not exist, or in areas of medicine that are less developed, registrants must consider the best available indirect evidence, including clinical trials and evidence-based research to help inform consensus protocols or best practices.
- Prescribed safer supply is intended to have low barrier access, nevertheless, as with all clinical decision-making and care planning, professional standards cannot be compromised. Registrants must endeavour to review previous treatment strategies, review PharmaNet records, conduct an

appropriate clinical inquiry (history, physical exam, investigations), secure informed consent, and construct a care plan with their patient that includes a rationale for prescribed safer supply medications.

Registrants are further reminded that the importance of careful documentation increases as care departs from recommended standards and guidelines and/or moves into areas of medicine that are less developed.

The College will continue to review its position as the prescription safe supply initiative evolves, and as regional and provincial clinical practice guidelines are developed.