

February 10, 2021

Attention: Office of Legislative and Regulatory Affairs, Controlled Substances Directorate
Controlled Substances and Cannabis Branch, Health Canada

Re: Notice of intent to amend the Food and Drug Regulations and the Narcotic Control Regulations to restore potential access to restricted drugs through Health Canada's Special Access Program

We would like to clearly state that we **oppose** Health Canada's proposal to reverse regulatory changes made in 2013 that prohibited access to restricted drugs through the Special Access Program (SAP) with respect to cocaine and related products.

The Canadian Society of Addiction Medicine (CSAM-SMCA) is a national society of medical professionals and scientists committed to helping Canadians understand and recover from substance use disorders with dignity. Our board of directors is composed of addiction medicine experts from across Canada.

We support decriminalization of drugs but have grave concerns around medicalizing the drug supply of stimulants. We fear that allowing access through the SAP to prescription of a stand-alone drug supply has the potential to replace comprehensive addiction treatment.

We are not aware of any high-quality evidence or indications for prescribing cocaine or methamphetamine and have concerns about the interpretation of "serious or life-threatening conditions" and "other therapies have failed or are not suitable or are not available." These criteria for prescribing a product in the SAP are excessively broad and, in



our opinion, will encourage and facilitate inappropriate prescribing of potentially life-threatening substances to one of the most vulnerable populations in Canadian society. The evidence clearly demonstrates that increasing the supply of a substance results in increasing use, and by extension, pathological use and Substance Use Disorders in those with predisposing factors. The opioid epidemic was initiated with prescription opioids; additionally, alcohol and tobacco account for approximately 70% of substance-related costs and harms to society. These are obvious examples of how supply and harms are causally linked. We believe that this proposal will result in non-evidence-based prescribing of cocaine and related products and increase harms. Moreover, by taking a narrow, medicalized approach to Stimulant Use Disorder, the complex psychosocial foundations of addiction will be ignored and will open the door to a profit-driven supply framework of hazardous addicting substances, as has occurred with cannabis, alcohol and tobacco.

We have board members practicing in communities where patients are receiving government-funded, high-dose prescription hydromorphone (e.g., London, Ottawa and the lower mainland in British Columbia). These programs allow for the prescription of high-dose hydromorphone to be consumed without observation. Permitting unobserved doses of hydromorphone has caused many problems in these communities including increased availability and lower cost of illicit hydromorphone, diversion, violence towards those prescribed hydromorphone, and patients declining evidence-based treatment (i.e. methadone, buprenorphine/naloxone) due to the ready availability of hydromorphone. We have concerns that Health Canada's proposal to reverse the regulatory changes as proposed will result in some medical prescribers prescribing cocaine as first-line treatment for individuals who use cocaine, resulting in increased availability of low cost cocaine and a repeat of the harms we are seeing from the prescription of high dose hydromorphone for persons with Opioid Use Disorder.

The Precautionary Principle asserts that the burden of proof for potentially harmful actions by industry or government rests on the assurance of safety and that when there are threats of serious damage, scientific uncertainty must be resolved in favor of prevention. There is no evidence that prescription of cocaine or related products for Stimulant Use Disorder is safe.

It is our opinion that Health Canada's Proposal to Reverse Regulatory Changes that Prohibited Access to Restricted Drugs, particularly cocaine, is based on faulty assumptions, ignores the Precautionary Principle, and has not been subject to a rigorous risk analysis that



incorporates the potential for probable harms. We urge Health Canada to uphold the Regulatory Changes that Prohibit Access to cocaine and related products through the Special Access Program.

Thank you for considering our perspective,



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