



Harm Reduction  
Nurses Association

Association des  
infirmiers et infirmières  
en réduction des méfaits

OPEN LETTER TO THE BRITISH COLUMBIA MINISTER OF HEALTH  
2022-01-11

Hon. Minister of Health Adrian Dix  
[HLTH.Minister@gov.bc.ca](mailto:HLTH.Minister@gov.bc.ca)

**Re: Immediate and expanded access to diacetylmorphine for people who use opioids**

Dear Minister Dix:

201 British Columbians lost their lives in October as a result of the poisoned drug supply. A grim new record set, equating to [6.5 deaths](#) every day. At present, safe supply in B.C. is widely inaccessible to those who need it. With the exception of low-capacity pilot programs, most British Columbians who would experience benefits from regulated substances are unable to navigate the medical barriers created through B.C.'s [Risk Mitigation Guidance](#) (RMG). Your policies continue to communicate clearly that people who use drugs are not worthy of evidence-based legal and regulated options of drugs (safe supply) that could stabilize and save their lives. Among the many difficulties that people have had with this source of safe supply, the provision of hydromorphone tablets should be considered a half-measure in terms of acceptability, and for most people who use drugs, not an option that will replace what is available in the illegal market.

In BC, there are a few hundred people fortunate enough to have access to heroin (diacetylmorphine) through specialized clinics. This option needs to be expanded far more broadly and in a variety of contexts to meet the needs of those who still rely on the illegal market to address their needs for opioids. In an article published in the [Vancouver Sun](#), the co-founders of Fair Price Pharma (FPP) Inc. reported that “15 kilograms of diacetylmorphine they bought from a licensed European supplier arrived in Canada in November”. This lifesaving supply is already here, expiring somewhere in a steel drum instead of being used to help those who are dying each day.

[That naloxone is our most effective tool in mitigating deaths](#) from overdose highlights the inadequacy of our total response. Naloxone is an emergency response and the intervention is applied when a person is found to not be breathing. For obvious reasons, Naloxone does not work when people use drugs alone, and the [vast majority of overdose deaths are people using at home alone](#). The growing trend of benzodiazepine contamination in the illegal supply has amplified the risk for overdose death, while simultaneously complicating overdose prevention and response. Naloxone does not work on benzodiazepines. We are in serious jeopardy of safe supply being outpaced by whatever is available on the streets. The result of the government's inaction will be more people dead, more loved ones in grief, more nurses and community workers in distress.

In order to adequately address the policy gaps left by the limitations in the effectiveness of treatment and harm reduction, the need for good options of safe supply cannot be overstated. The provision of safe supply to all those who currently rely on the illegal market for their preferred substance would not only be a giant step in mitigating the high rate of death we are



currently experiencing in this province, but would also go a long way toward ending an ongoing historic injustice of inhumane treatment of people who use drugs. Ending stigma of people who use drugs first requires respecting the rights of people, to be people who use drugs.

The [evidence](#) is clear - people who are prescribed heroin are less likely to access the illicit drug supply. When the alternatives are unknown toxic substances killing a record-breaking 1,782 British Columbians in the first 10 months of 2021, the answer is obvious: we must invest in every option at our disposal. That includes diacetylmorphine. The provision of pharmaceutical grade diacetylmorphine has been shown, through numerous clinical trials, to better lives through improved health, stabilized activities of daily living and the dignified reintegration of people back into society. Moreover, the [Canadian Agency on Drugs and Technologies in Health \(CADTH\)](#) has concluded that diacetylmorphine saves tax-payer money with lower ED visits and hospitalizations and decreased expenditures for public disorder, policing, jails, prisons, courts, and gang violence. The current strategy of restricting DAM access to only a small number of patients in central Vancouver and denying it to so many others is both a cruel social policy and a misguided economic one.

We cannot stand idle any more in this public health emergency, nor can we expect health authorities to do this work in isolation. If the government was serious about ending this crisis, we would at least see them pursuing low-hanging fruit options such as providing diacetylmorphine to those who regularly frequent INSITE, as well as other clinics and harm reduction facilities. Effective and accessible safe supply can be easily achieved through community, grass-roots, and most importantly, peer-run organizations. We are ready. We, the Harm Reduction Nurses Association and the undersigned partners, are calling on your government to use your emergency powers to:

- 1. Immediately add diacetylmorphine coverage under B.C.'s PharmaCare formulary,**
- 2. Immediately expand the supply and provision of pharmaceutical grade diacetylmorphine in both injectable and inhalable formats, and**
- 3. Convene an urgent provincial meeting of stakeholders to develop an alternate delivery system through OPS.**

As B.C.'s Chief Coroner, Lisa Lapointe, said during a recent [CTV Interview](#), "An emergency requires an urgent response. How many more deaths are we willing to accept?" Your ministry has the option of allowing more British Columbians to have access to this life-saving alternative to the illegal supply, but so far you have chosen to forego or delay this option.

CC

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Hon. Minister of Mental Health and Addictions Sheila Malcolmson

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Signed,

Harm Reduction Nurses Association (HRNA)

Canadian Association of People who Use Drugs (CAPUD)

Drug User Liberation Front (DULF)

SOLID Outreach Society

Coalition of Substance Users of the North (CSUN)

The HIV Legal Network

Canadian Drug Policy Coalition

Moms Stop the Harm

Vancouver OPS

Substance: Vancouver Island Drug Checking Project

AVI Health and Community Services

The Victoria SAFER Initiative

Nurse and Nurse Practitioners of British Columbia (NNPBC)

The BC Centre on Substance Use (BCCSU)

Canadian Students for Sensible Drug Policy (CSSDP)

Dr. Peter AIDS Foundation

Urgent Public Health Need Sites (UPHNS)