

December 17, 2019

TO WHOM IT MAY CONCERN

**Re: S.O.L.I.D. Outreach Temporary Use Permit Application**

I am writing today in support of the temporary use application recently submitted to your office by S.O.L.I.D., a local organization providing support, education, and advocacy for our community members who use illicit substances. We understand that this application is currently under review by your office and I welcome the opportunity to share my support with you during the review process.

On April 14, 2016 Dr. Perry Kendall, Provincial Health Officer, under the *Public Health Act of British Columbia*, declared a Public Health Emergency because of the unparalleled number of deaths from opioid ingestion. Since that declaration, thousands of individuals have died in British Columbia from opioid overdose. This crisis has spawned a variety of responses such as making previously restricted naloxone readily available to the public and the creation of overdose prevention sites that were previously not allowed by law. Through community-based efforts by healthcare providers, people with lived experience, and elected officials, the number of fatal and non-fatal opioid overdoses has been blunted. Leveling an upward trend is not enough. Further progress to reduce the rate of overdoses has been realized through enhancements in care and treatment, drug testing and other facility-based interventions. Despite these efforts, the number of overdoses and overdose deaths remain unacceptably high.

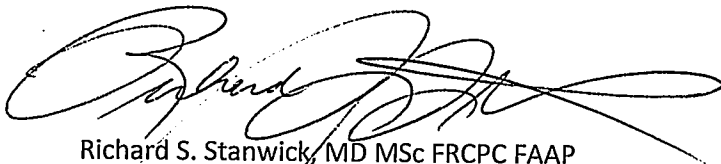
Our province supports the provision of pharmaceutical grade opioids under medical supervision as a form of harm reduction by ensuring both safety of supply and the opportunity to link people to care where they are receiving that safe supply. This accepted approach to harm reduction has been adopted locally by S.O.L.I.D., an organization of people with lived experience of substance use. S.O.L.I.D. provides harm reduction supplies, naloxone training, peer support, and other services. It also has been seeking out less dangerous means of addressing opioid dependency including withdrawal symptoms. They have gained experiential knowledge on using cannabis, a now legal product in Canada, as an alternative to opioid substitution that successfully addresses withdrawal, pain management, and at times replaces the ingestion of opioids. Their Cannabis Substitution Program only engages established opioid users and provides an opportunity to connect these individuals with supportive services including support groups, harm reduction supplies, supervised consumption services and linkage to care, if desired. The potential

benefits of this harm reduction initiative has attracted the attention of University of Victoria researchers and the interest of Island Health. It is notable that promising evidence is emerging from research studies on the potential efficacy of so-called cannabis substitution programs in providing equitable access to cannabis and reducing the risk of illicit drug overdoses among those at highest risk. Indeed, emerging evidence suggests that cannabis has a potential role as part of a broader strategy to support people who use other substances.

The Cannabis Substitution Program at S.O.L.I.D. faces a number of possible impediments to fully exploring the potential of this novel approach. An early and very significant one is that S.O.L.I.D. does not have the appropriate zoning for employing this cannabis alternative to individuals with established opioid dependency. The application submitted to your department aims to address this first of what likely will be a number of barriers to achieving mainstream harm reduction. Other challenges going forward will include ensuring a safe and sanctioned supply of product, as is being done with medically supervised pharmaceutical grade opioids.

As the physician tasked with serving our region as the Chief Medical Health Officer, I would be supportive of S.O.L.I.D.'s temporary use permit application with the City of Victoria be given serious consideration. Complying with legislation is a requirement for Island Health to engage and to work with S.O.L.I.D. in exploring and evaluating the potential of cannabis substitution to reduce overdose deaths in our region.

In conclusion, meeting legal requirements of the site is central to S.O.L.I.D., their research associates and health partners investigating a novel form of harm reduction for a contaminated and deadly drug supply on our streets.



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Chief Medical Health Officer

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