

Addiction Medicine Canada

Addictionmedicinecanada.org

October 7, 2026

To:

**Dr. Nancy Whitmore, Registrar and CEO,
College of Physicians and Surgeons of Ontario**

And

The Board of Directors, The College of Physicians and Surgeons of Ontario

Re: Proposed Amendments to

Prescribing Requirements for Safer Supply Opioids

We strongly support the proposed amendments being considered by the CPSO on October 13 and commend the College for taking decisive steps to address the widespread diversion of Safer Supply opioids in Ontario.

There is now extensive evidence from police, patients, physicians, pharmacists, municipalities, and print and online media that prescribed Safer Supply opioids, particularly take-home hydromorphone, are being diverted into the community on a significant scale. Diversion is an important and foreseeable consequence of a prescribing model that routinely provides patients suffering from active addiction with large quantities of potent, take-home short-acting opioids.

Diverted hydromorphone is being made available to people who are not enrolled in treatment, including youth and other vulnerable individuals. It

exposes people who may never previously have used opioids to highly addictive medications, creates a pathway to opioid dependence, and contributes to the broader illicit opioid crisis. There are widespread reports of patients selling their prescribed hydromorphone and using the proceeds to purchase fentanyl or other illicit drugs. Earlier research has demonstrated that youth who use diverted prescription opioids are at increased risk of progressing to more hazardous forms of opioid use and addiction.

Addiction Medicine Canada is aware that a number of organizations and individuals are in opposition to the CPSO's proposed amendments to Safer Supply. These organizations and individuals have advocated for or defended a prescribing model that has contributed to the substantial diversion of opioid medications and the resulting harms.

Ontario is the only place in the world where so-called Safe Supply is dispensed without supervision. Unfortunately, in Ontario, harmful medical practices have been normalized by a flawed medical model, accompanied by a lack of regard for the safety of patients and the public.

We are confident that most experienced Ontario addiction physicians are in support of the CPSO's proposed measures. The current Safe Supply model has resulted in a marked increase in the availability of low-cost pharmaceutical opioids in communities throughout Ontario. It is deeply concerning that the reputation of physicians has been tarnished to the point that municipalities, police, and the media are demanding change.

We have seen some of the submissions to the CPSO from organizations opposed to the measures. They barely mention diversion, and they do not propose any specific measures to stop diversion. The letters discuss at length the possibility that some patients might refuse to switch from hydromorphone to OAT, thus putting them at risk for treatment dropout and relapse. This risk must be balanced against the serious public health harms caused by widespread diversion, and by the benefits of the CPSO policy in stopping diversion and promoting engagement in OAT - an evidence-based treatment proven to reduce overdose and mortality.

One concern raised is that discontinuing take-home short-acting hydromorphone could constitute a “forced taper” and expose patients to harm. That characterization is not an accurate description of the proposed approach. The amendments do not require clinicians simply to withdraw opioid treatment from patients. Rather, they provide for transition to established opioid agonist treatments, including methadone and buprenorphine, which provide effective treatment for opioid use disorder without the same degree of diversion risk associated with large quantities of take-home short-acting opioids.

A second concern is that some patients may refuse the transition and leave treatment. That possibility should not be used as a reason to maintain a prescribing model that creates substantial harm through diversion.

A patient’s refusal of an evidence-based treatment alternative does not create an obligation on physicians to continue prescribing medications in a manner that poses foreseeable risks to their patients and the broader community.

We also note concerns that mandatory observed dosing may cause patients to disengage from treatment. This concern should be kept in perspective. Many patients receiving Safer Supply prescriptions already attend a pharmacy daily to obtain their medication. Directly observed dosing is not an unprecedented or experimental approach. Supervised dosing has been a longstanding component of Opioid Agonist Treatment, particularly with methadone, and is an established means of reducing diversion and protecting both patients and the public.

The proposed amendments represent a reasonable and proportionate response to a well-documented problem. They do not prevent physicians from providing appropriate treatment for opioid use disorder.

We urge the CPSO Board to approve the proposed amendments on October 13. Doing so would be an important step toward ensuring that opioid prescribing is safe, clinically appropriate, and consistent with physicians’ responsibility to protect both patients and the broader community from preventable harm. We commend the College for taking this necessary step.

Sincerely,

Dr. Robert Cooper, LLB, JD, CCFP (AM), FFCP, DFASAM, DABAM, CCSAM

Dr. Mel Kahan, M.D., CCFP, FRCPC

On behalf of the Addiction Medicine Canada Board of Directors

C.C.:

The Honourable Sylvia Jones, Deputy Premier/Minister of Health

sylvia.jones@Ontario.ca

The Honourable Michelle Cooper, Associate Minister of Mental Health

and Addictions,

michelle.cooper@pc.ola.org