



DRUG POLICY AND HARM REDUCTION



Harm reduction is a thoughtful, just and science-based approach to drugs. It represents policies, strategies and services which aim to assist people who use legal and illegal psychoactive drugs to live safer and healthier lives. Reduction of drug use is a personal choice, and supported, but is not expected or required in a harm reduction approach. It is understood that most people who use substances do not experience problems, but in some circumstances, substance use can become dependent and/or chaotic. Harm reduction enhances the ability of people who use substances to have increased control over their lives and their health, and allows them to take protective and proactive measures for themselves, their families and their communities.

STREETWORKS (EDMONTON)

Harm reduction reflects widespread consensus among a range of government officials, health care professionals, police and law enforcement agencies, academics and non-governmental organizations.¹ Yet in 2007, the Government of Canada removed harm reduction as an official element of Canada's federal drug strategy and implemented a more punitive approach to drug policy. Once a relative leader in progressive drug policy, Canada has also opposed harm reduction within international forums as a key component of global and national drug strategies.

While provincial governments continue to develop harm reduction services together with the evolution of municipal drug strategies, federal policy priorities are increasingly obstructing the implementation of local harm reduction responses.

For example, despite objections from virtually all health experts, in June 2015 the federal government passed Bill C-2 (the so-called *Respect for Communities Act*). This new law makes it much more difficult for health authorities, municipalities or other organizations to operate supervised consumption services, such as Vancouver's highly successful Insite, without the risk of clients facing criminal charges when using these essential health services.

PRIORITIES FOR ACTION

- Create a legal and policy environment that facilitates the development and scaling-up of harm reduction approaches and services across the country. This includes:
 - reinstating harm reduction as one of the four pillars of Canada's federal drug strategy, supported by adequate funding;
 - repealing laws such as Bill C-2, which impede the implementation of supervised consumption services where they are needed;
 - developing policies to enable and guide the implementation of harm reduction services that are largely missing or only available in limited settings, such as the distribution of naloxone (used to prevent overdoses from being fatal) and the testing of street drugs; and
 - ensuring naloxone can be provided without a prescription, and distributed by medical personnel to people who use drugs, their families and friends, and others who might witness an overdose.
- Scale up harm reduction services Canada-wide, including in remote and rural areas, and in prisons — this includes expanding the range of drug treatment options available behind bars and ensuring access to sterile injection equipment.
- Internationally, advocate for harm reduction to be recognized as an essential component of global and national drug strategies at the upcoming UN General Assembly Special Session on Drugs in April 2016.

FACTS AND FIGURES

- Harm reduction saves lives and safeguards human rights. Evidence suggests that Vancouver's supervised injection site, Insite, may have prevented as many as 48 overdose deaths over a four-year period.² The Supreme Court of Canada has recognized that preventing access

to Insite violates the constitutional rights of people who use drugs.

- Canada's National Anti-Drug Strategy only allocates 2% of its \$578.6 million-dollar budget to harm reduction, while law enforcement receives 70%.³
- Far too many people are contracting infectious diseases because of a lack of harm reduction services. Current data indicates that 12.8% of new HIV infections in Canada are attributable to injection drug use.⁴ Each new infection will cost the health care system at least \$250,000 over a lifetime.⁵
- Harm reduction makes financial sense. A cost-benefit analysis of supervised consumption sites concludes that they save taxpayers money.⁶ But despite their proven benefits, harm reduction programs face perpetual underfunding.⁷

CANADIAN DRUG POLICY COALITION
DRUGPOLICY.CA

CANADIAN HIV/AIDS LEGAL NETWORK
AIDSLAW.CA/DRUGPOLICY

ENDNOTES

¹ Drug Strategy and Controlled Substances Programme & Canadian Centre on Substance Abuse, *National Framework for Action to Reduce the Harms Associated with Alcohol and Other Drugs and Substances in Canada* (Ottawa: Government of Canada, 2005); Canadian Foundation for Drug Policy, *HIV/AIDS and Injection Drug Use: A National Action Plan* (Ottawa: Canadian Centre on Substance Abuse & the Canadian Public Health Association, 1997).

² Urban Health Research Initiative, *Insight into Insite* (Vancouver: BC Centre for Excellence in HIV/AIDS, 2010).

³ Debeck K. et al, "Canada's new federal 'National Anti-Drug Strategy': An informal audit of reported funding allocation," *The Int J of Drug Policy*, 2009, 20, at 188.

⁴ Public Health Agency of Canada, *HIV and AIDS in Canada: Surveillance Report to December 31, 2013* (Ottawa: Minister of Public Works and Government Services, 2014).

⁵ Canadian AIDS Society, *The Economic Cost of HIV/AIDS in Canada* (Edmonton: Canadian AIDS Society, 2011).

⁶ Jozaghi E. and Vancouver Area Network of Drug Users, "Exploring the role of an unsanctioned, supervised peer driven injection facility in reducing HIV and hepatitis C infections in people that require assistance during injection" *Health and Justice*, 2015, 3:16, at 5.

⁷ Canadian Drug Policy Coalition, *Getting to Tomorrow: A Report on Canadian Drug Policy* (Vancouver: Canadian Drug Policy Coalition, 2013), at 30.