March 30, 2007

Canadian HIV/AIDS Legal Network | Réseau juridique canadien VIH/sida

Dear Member of Parliament / Senator:

Re: Budget 2007 and the "new National Anti-Drug Strategy"

We write to draw to your attention the important health implications of Budget 2007, specifically the allocations for the federal strategy on illicit drugs and the striking absence of any budgetary support for harm reduction measures.

According to Health Canada, at least as of this writing, the ultimate goal of Canada's Drug Strategy "is to see Canadians living in a society increasingly free of the harms associated with substance use."[1] Accordingly, Canada's Drug Strategy has for years incorporated "four pillars": prevention of problematic drug use, treatment of drug dependence, law enforcement to reduce the supply of drugs, and harm reduction measures "to limit possible secondary effects of substance use, such as the spread of HIV/AIDS and Hepatitis C."

Yet, with Budget 2007, the federal government has completely abandoned harm reduction as part of a comprehensive approach to the linked public health problems of drug use and HIV/AIDS in Canada. The 2007 budget commits almost $64 million over two years to "a new National Anti-Drug Strategy" that consists of only three pillars, completely omitting any support for harm reduction. The budget also indicates that the federal government intends to introduce "a new National Anti-Drug Strategy" and to "refocus" existing programs and initiatives to create "a more focused program for dealing with illicit drug use," a program in which there appears to be no place for harm reduction initiatives.

Such a move is dangerous and short-sighted, and amounts to poor public health policy. It flies in the face of the extensive evidence base that demonstrates the critical importance of various harm reduction measures in protecting and promoting public health. This budget represents a profound shift away from Canada's long-standing commitment to harm reduction, a shift that undermines the health and well-being of Canadians, particularly those who struggle with addiction and are often some of the most vulnerable in our society.

The Public Health Agency of Canada estimates that, in the mid-1990s, over one third of new HIV infections were among people who inject drugs. Likely in part because of harm reduction initiatives, this has declined to an estimated 14 percent of new infections in 2005.[2] Health Canada advises that hepatitis C is transmitted primarily through the sharing of needles and other drug equipment.[3] Hence the importance of harm reduction approaches, such as:

- access to methadone treatment for opioid addiction, which reduces the use of drugs such as heroin by injection;
- needle exchange and similar programs that reduce the sharing of drug-use equipment; and

1240 Bay Street, Suite 600, Toronto, Ontario, Canada M5R 2A7
Telephone: +1 416 595-1666 Fax: +1 416 595-0094 info@aidslaw.ca www.aidslaw.ca
Charitable Registration #141110155 RR0001

- supervised injection sites that not only ensure the use of sterile injection equipment but reduce harmful injecting in other ways, and connect some of the most marginalized people who use drugs to other health services.

Harm reduction measures such as these constitute a central element of Canada's efforts to prevent HIV and hepatitis C. Every tool of demonstrated effectiveness should be brought to bear in reducing drug-related harms, including infectious diseases. Needle exchange and methadone programs are widely endorsed by United Nations agencies and supported by enormous bodies of published research as key HIV prevention measures. Numerous countries have operated supervised injection sites with great success for many years, and Canada's only such site, in Vancouver's Downtown Eastside, has been subject to rigorous evaluation that has produced a considerable body of peer-reviewed research showing its multiple benefits for both those who use the facility and the surrounding community.[4]

Yet the federal budget fails to mention harm reduction or to allocate any funds for harm reduction measures, representing a serious setback for HIV and hepatitis C programs in Canada. It is inevitable that cutting harm reduction out of the federal drug strategy undermines provincial and municipal efforts to sustain these essential and cost-effective programs. In the past, the federal government has supplemented provincial allocations for needle exchange programs and promoted awareness of and research on these programs. The allocations in Budget 2007 repudiate long experience and vast scientific evidence; the price will be paid for in increased risk of HIV and hepatitis transmission.

In fact, what is contemplated appears to be a U.S.-style "war on drugs" — an approach that has been proven time and again to be counter-productive and a tragic waste of public funds,[5] diverting resources from services that are desperately needed to address what is, at root, a health problem.

While abandoning proven harm reduction measures, Budget 2007 includes significant resources for law enforcement initiatives dedicated to "combating illicit drug production and distribution." Previous analyses, including the 2001 report by the Auditor-General of Canada, have found that law enforcement has, for many years, represented by far the greatest portion of federal spending on drugs. Hundreds of millions of Canadians' tax dollars have been spent on law enforcement efforts to stem the supply of illicit drugs, with virtually no progress to show for this huge expenditure. In fact, as concluded in a recent study by the British Columbia Centre for Excellence in HIV/AIDS, many law enforcement measures that are heavily financed in Canada actually contribute to drug-related harms.[6] To add to the waste, at least one third of the new funds allocated in the 2007 budget will go toward law enforcement.

In addition, while at first glance Budget 2007 promises welcome investments in the prevention of drug use and treatment of drug dependence, closer examination suggests there is cause for concern here as well.

The modest amount allocated to prevention is for a "national prevention campaign aimed at youth and their parents." In the past, a primary recipient of such "prevention" funding has been for programs amounting to police officers lecturing children about the dangers of drug use, such

as the Drug Abuse Resistance Education (DARE) program implemented widely in the U.S. and by the RCMP in Canada — even though, according to Health Canada's own review of the literature, repeated evaluations of this program "have been consistent in showing that the program does not prevent or delay drug use, nor does it affect future intentions to use drugs."[7] Further expenditures on this sort of "prevention" are unjustifiable based on the track record of such programs in Canada and other jurisdictions. "Just say no" is a famously ineffective strategy. Will the additional $10 million in Budget 2007 be similarly wasted?

As for support for treatment, the budget promises $32.2 million over two years "to support treatment services that will address substance abuse." There is no question that health services for drug dependence — from methadone therapy for people with addictions to opioids such as heroin to detoxification programs to psychosocial care — are desperately needed in Canada. Yet Budget 2007 indicates that some unspecified portion of the funds ostensibly allocated to treatment will, in fact, be directed to the criminal justice system and to police. The likely outcome is more money for measures such as drug treatment courts, which have not been subject to methodologically rigorous evaluation and raise concerns about coerced treatment, rather than supporting chronically under-funded, voluntary treatment programs that have established success rates.

In addition to ignoring the evidence about what works, the allocations in Budget 2007 ignore the results of a national, multi-year consultative process led by Health Canada and the Canadian Centre on Substance Abuse that developed a new national framework for reducing the drug-related harms, released in 2005, underscoring the importance of harm reduction measures in Canada's drug strategy.[8] This consultation included public events across the country and solicitation of views from a wide range of public and non-governmental experts and advocates, and has been endorsed by several provincial governments and municipalities, experts in addiction medicine, associations of public health professionals, community-based organizations, teachers, research foundations and others. The government should not be allowed to throw out the results of such a public consultation without answering for it.

We therefore urge you to challenge the government's abrupt axing of the harm reduction "pillar" from the federal budget and its planned underwriting of activities that are unlikely to contribute to drug control and are likely to raise the HIV risk faced by many Canadians. We hope, further, that you will support a revision of the drug strategy budget to include a significant allocation of federal dollars for harm reduction, including such measures as:

- research, monitoring and evaluation on gaps in access to needle exchange programs and program funds to help fill those gaps;
- measures to improve public awareness of the importance of harm reduction in controlling infectious diseases in Canada; and
- support for expansion of supervised injection facilities beyond Vancouver where municipalities have determined there is a need to include such health services in their larger array of responses to address the harmful use of drugs.

In the interests of public health, we urge you to raise the absence of support for proven harm reduction measures with the government. Indeed, we urge you to support a study of Canada's

federal drug strategy by the Standing Committee on Health, so that Canada's response will be sound response based on evidence and proven public health approaches.

Sincerely,

Joanne Csete
Executive Director

[1] Health Canada, *Canada's Drug Strategy*, online: www.hc-sc.gc.ca/ahc-asc/activit/strateg/drugs-drogues/index_e.html.

[2] Public Health Agency of Canada, "HIV/AIDS Among Injecting Drug Users in Canada", *HIV/AIDS Epi Update (August 2006)* at p. 75. online: http://www.phac-aspc.gc.ca/publicat/epiu-aepi/epi-06/pdf/epi06_e.pdf.

[3] Health Canada, "It's Your Health – Hepatitis C", online: http://www.hc-sc.gc.ca/iyh-vsv/diseases-maladies/hepc_e.html.

[4] E.g., E. Wood *et al.*, "Summary of findings from the evaluation of a pilot medically supervised safer injecting facility," *Canadian Medical Association Journal* 2006; 175: 1399-1404.

[5] Office of the Auditor General of Canada, *Report of the Auditor General of Canada 2001 – Chapter 11: Illicit Drugs: The Federal Government's Role* (2001), online: www.oag-bvg.gc.ca/domino/reports.nsf/html/0111ce.html.

[6] K. DeBeck *et al.*, "Canada's 2003 renewed drug strategy — an evidence-based review", *HIV/AIDS Policy & Law Review* 2007; 11(2/3), online: www.aidslaw.ca/review.

[7] G. Roberts *et al.*, *Preventing Substance Use Problems Among Young People: A Compendium of Best Practices* (Health Canada, 2001), online: www.hc-sc.gc.ca/ahc-asc/pubs/drugs-drogues/prevent/index_e.html.

[8] Health Canada & Canadian Centre on Substance Abuse, *National Framework for Action to Reduce the Harms Associated with Alcohol and Other Drugs and Substances in Canada* (2005), online: www.nationalframework-cadrenational.ca.