

Harm Reduction in Canada:

What Governments Need to Do Now



Canada is in urgent need of comprehensive harm reduction policy that jettisons the failed, costly model of drug prohibition that has ravaged so many lives, from fueling the spread of HIV and hepatitis C virus (HCV), to contributing to over-incarceration, to creating conditions for the ongoing epidemic of overdose fatalities. A harm reduction approach must include measures to reduce the harm sometimes associated with various substances (legal or illegal), and also a commitment to end the harms produced by the existence and enforcement of punitive drug laws and policies. Drug policy must be guided by evidence, public health objectives and a commitment to upholding the human rights of people who use drugs. The federal government can and should act now on several fronts to protect the health and human rights of all Canadians, particularly those most at risk of harms.

1 Scale up overdose response measures

Canada's opioid overdose crisis needs a robust, multi-faceted response.

- The federal, provincial and territorial governments must work together to rapidly **scale up access to naloxone** in user-friendly formulations by
 - adding naloxone to all provincial and territorial formularies to ensure it is covered under provincial and territorial drug plans;
 - committing funds for large-scale purchases of naloxone kits;
 - ensuring all first responders are supplied with naloxone, and authorized and trained to administer it;
 - removing regulatory restrictions so as to enable a broader range of personnel such as fire, police, emergency shelter personnel and others to administer naloxone;
 - mandating all pharmacists to supply affordable naloxone kits;
 - distributing naloxone kits to front-line, community-based organizations and organizations of people who use drugs for use and distribution via their outreach programs; and
 - ensuring harm reduction and treatment referrals are provided to anyone at risk of an overdose, including people being discharged from correctional facilities, acute care hospitals and drug treatment programs.
- Parliament has enacted **Bill C-224, the Good Samaritan Drug Overdose Act**, which gives immunity from prosecution for simple possession of a controlled substance to anyone who calls 911 to report an overdose. While Bill C-224 is unnecessarily limited in scope, it is an important step. Federal, provincial and municipal governments should allocate funds for public education efforts to ensure strong public awareness of the immunity provided by the “Good Samaritan” law, and should mandate their respective police forces to generally not respond to 911 calls related to overdose emergencies (unless requested because of safety issues).

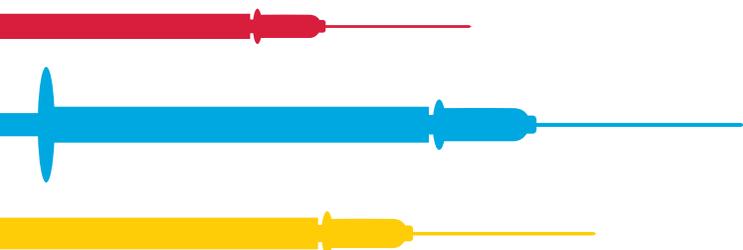
2 Improve access to treatment for opioid dependence

Access to opioid substitution therapy (e.g., methadone and buprenorphine) and injectable opioid therapy (i.e., prescription heroin and hydromorphone) remain limited and uneven across Canada. Federal, provincial and territorial governments must work with people who use drugs, front-line workers, health professionals and their regulatory bodies to rapidly scale up low-threshold access to treatment options for opioid dependence, including by

- eliminating the need for physicians to seek section 56 exemptions from the *Controlled Drugs and Substances Act* (CDSA) in order to prescribe methadone;
- removing restrictive requirements on directly-observed methadone treatment;
- proceeding with immediate regulatory action to scale up injectable opioid therapy, including by adding diacetylmorphine and hydromorphone to provincial and territorial formularies, expanding access to injectable hydromorphone and diacetylmorphine, and expediting the licensing procedures for diacetylmorphine for use in treatment of problematic opioid use;
- reducing unaffordable user or clinic fees; and
- developing a national strategy to train primary care physicians in addiction medicine.

3 Rapidly expand access to life-saving safer consumption services

Bill C-37 is a welcome legislative initiative currently before Parliament that would repeal the current deficient legal framework for getting an exemption from the federal Health Minister to operate a safer consumption service (SCS) without risk of prosecution for drug possession. However, the federal government should amend the Bill to create simpler, faster pathways to getting exemptions from criminal liability for the clients and operators of SCS. This should include: granting additional authority to issue such exemptions to provincial and local health officials based on local needs; and legislating fewer, simpler, evidence-based criteria for obtaining an exemption. Parliament must also reject the unhelpful amendments recently made to the bill by a Senate committee, which would add onerous requirements and hence further delays in getting an exemption to operate SCS, and reinforce stigma against people who use drugs.



The federal government should also: suspend the need for exemptions for a 12-month period during the unprecedented opioid overdose crisis; approve without delay all outstanding applications for SCS; provide emergency funding where necessary to get such services up and running; and work with provincial and territorial governments to ensure they commit to an immediate and significant investment in the form of sustained core funding for SCS.

4 Implement comprehensive harm reduction in prisons

Rates of HIV and HCV in Canada's prisons are many times higher than they are in the community as a whole. This is because of the significant number of people who use drugs in prison and a lack of essential harm reduction services behind bars, including needle and syringe programs, which federal, provincial and territorial governments have refused to implement, despite decades of evidence of the successful implementation of such programs in many other countries. The federal government should implement prison-based needle and syringe programs in all federal prisons without delay, in consultation with key service providers, advocates and people in prison. Provincial governments should do the same in provincial prison systems. In most prisons in Canada, there is still inadequate access to opioid substitution therapy in prison: in any prison in the country, someone should be able not only to *continue* such treatment they were receiving in the community before incarceration, but should be able to *start* such treatment in prison. Furthermore, all prison systems must ensure access to naloxone to people while incarcerated, but also upon release, a time when ample evidence demonstrates people with problematic drug use are at heightened risk of opioid overdose.

5 Fund harm reduction, including community-based responses

Harm reduction services remain woefully underfunded in much of Canada by federal, provincial and territorial governments. Even basic, long-standing services such as needle and syringe programs have far from adequate coverage. The federal government has declared it is restoring harm reduction to the newly-renamed "Canadian Drugs and Substances Strategy," which strategy will treat problematic drug use primarily as a health issue rather than criminal justice matter. In keeping with this commitment, the federal government should dramatically increase funding under that strategy to support and expand harm reduction services and initiatives (particularly as it appears to be excluding many harm reduction initiatives from its federal strategy on HIV and hepatitis C). Provincial and territorial governments should similarly fund harm reduction services. Supporting community-based responses must include explicit funding for the development of organizations led by and for people who use drugs, who are key experts in addressing their health needs and those of their peers.

6 End the "war on drugs" and the criminalization of people who use drugs

Canada must undertake a deeper rethinking of its drug laws and policies. An overwhelming body of evidence demonstrates that the continued emphasis on drug prohibition — from policing to prosecution to prisons — is failing to achieve both the stated public health and public safety goals of prohibition, and resulting in costly damage to the public purse, to public health and to human rights, in Canada and globally. Mounting evidence shows the health, human rights and fiscal benefits to be achieved by moving towards a smart, regulatory approach for all drugs, including through the decriminalization of the possession of drugs for personal use. The federal government should introduce legislation immediately to decriminalize the possession for personal use of all controlled substances, as has been done in some other countries with very positive outcomes. In addition, building on the current initiative with cannabis, the federal government should move to the legalization and regulation of other currently illegal drugs, in order to better protect individual and public health.

By the Numbers

- In B.C. alone, over 900 people died of an overdose in 2016¹ while in Ontario, more than two people die of opioid overdoses every day,² making 2016 the deadliest overdose year on record in Canada.
- In 2014, over 10% of new HIV infections in Canada were attributed to injection drug use, a figure that rises to 45% among Indigenous people,³ many of whom use drugs as a means of coping with traumatic life circumstances, including those related to their experiences with the residential school and child welfare systems in Canada, legacies of colonialism and racism, and childhood traumas.
- Harsh drug laws open the door to widespread discrimination against already marginalized groups, particularly drug dependent people, people living in poverty, Indigenous and Black people and women. Federally incarcerated women, for example, are twice as likely as men to be serving a sentence for drug-related offences, with Indigenous and Black women more likely than White women to be in prison for that reason.⁴
- Almost 60% of federal prisoners used drugs in the months immediately preceding their incarceration and almost one-third reported using drugs during the past six months in prison, while 17% of men and 14% of women reported injecting drugs.⁵
- Rates of HIV and hepatitis C in prison are considerably higher than they are in the community as a whole. A 2016 study indicated that about 30% of those in federal facilities and 15% of men and 30% of women in provincial facilities are living with hepatitis C, and 1–2% of men and 1–9% of women are living with HIV.⁶

¹ B.C. Coroners Service, *Illicit Drug Overdose Deaths in BC: January 1, 2017 – March 31, 2017*, April 2017.

Available at www2.gov.bc.ca/assets/gov/public-safety-and-emergency-services/death-investigation/statistical/illicit-drug.pdf.

² Ontario Drug Policy Research Network.

³ Public Health Agency of Canada, *Summary: Estimates of HIV Incidence, Prevalence and Proportion Undiagnosed in Canada*, 2014.

⁴ Annual Report of the Office of the Correctional Investigator 2014–2015.

⁵ D. Zakaria et al., *Summary of Emerging Findings from the 2007 National Inmate Infectious Diseases and Risk-Behaviours Survey*, Correctional Service Canada, 2010.

⁶ F. Kouyoumdjian et al., "Health status of prisoners in Canada," *Canadian Family Physician* 62 (March 2016): 215–22.