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CANADA NEEDS ACTION NOW: TOP PRIORITIES IN HARM REDUCTION AND DRUG POLICY REFORM

As activists and researchers gather in Montreal for global conference, world is watching

TORONTO, May 15, 2017 — Today scientists, medical professionals, policy makers, activists and people who use drugs are gathering in Montréal for the 25th Harm Reduction International Conference 2017 (HR17). Meanwhile the opioid crisis rages on and, even as Canada takes an important step forward by legalizing and regulating cannabis, outdated prohibitionist drug policies continues to kill in this country. The world is looking to Canada to show leadership and replace criminalization with drug policy that is rooted in harm reduction principles, human rights standards and scientific evidence.

The Canadian HIV/AIDS Legal Network calls on all levels of government to work together to

1. **Scale up overdose response measures to create a robust response to the ongoing opioid crisis.** This includes dramatically increasing access to naloxone in user-friendly formulations.
2. **Improve access to treatment for opioid dependence**, including removing restrictive requirements on methadone treatment, improving access to prescription hydromorphone and diacetylmorphine for people with chronic opioid dependence, and developing a national strategy to train primary care doctors in addiction medicine.
3. **Rapidly expand access to life-saving safer consumption services (SCS), including** enabling faster and simpler means of getting exemptions to operate such services free from the risk of criminal liability for the clients and operators. *Parliament must also reject the Senate's amendments to Bill C-37 that would add unwarranted requirements and therefore delays in getting such exemptions.*
4. **Implement comprehensive harm reduction in prisons**, given rates of HIV and HCV many times higher in prison than in the population as a whole. Contrary to evidence and to human rights, people in Canadian prisons are denied essential harm reduction services available outside, including needle and syringe programs. In addition, in every prison in the country, people should be fully able to *continue*

receiving opioid substitution therapy they were receiving before being incarcerated, and should be able to *start* such treatment while in prison if they choose.

5. **Strengthen harm reduction, including community-based responses, by increasing funding under the Canadian Drugs and Substances Strategy** to support and expand harm reduction services. This includes supporting community-based organizations of people who use drugs, as front-line, peer experts.
6. **End the “war on drugs”** because the continued emphasis on drug prohibition — from policing to prosecution to prisons — is not achieving the goals of public health and public safety. A smart regulatory approach to managing drugs and drug-related problems, including first the decriminalization of the possession of drugs for personal use as has been successfully done in numerous countries, will achieve health, human rights and fiscal benefits.

Prohibitionist Canadian drug policy has failed. Instead, we need policies and laws that are guided by evidence, public health objectives and a clear commitment to protecting the human rights of people who use drugs.

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