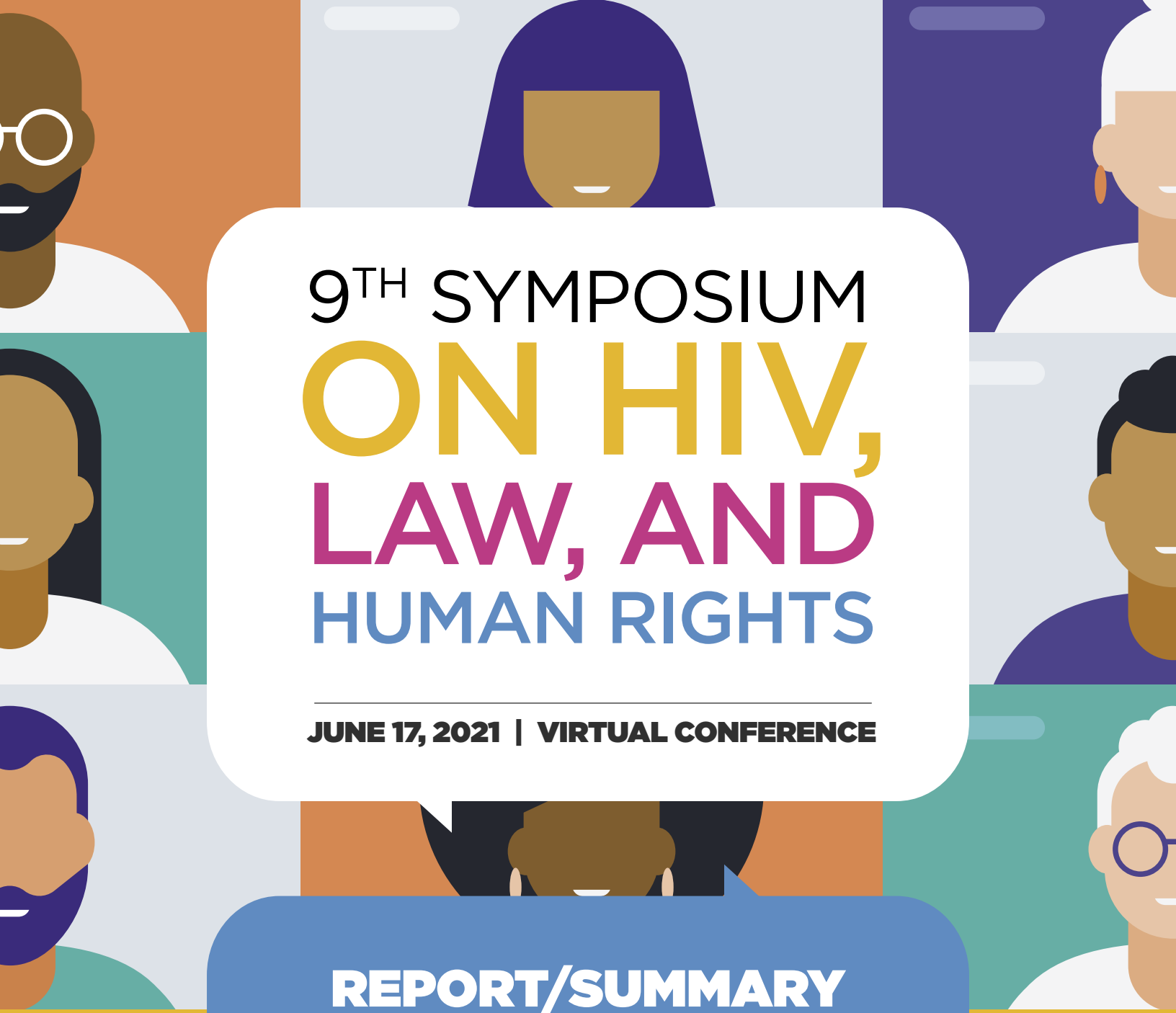


9TH SYMPOSIUM ON HIV, LAW, AND HUMAN RIGHTS

JUNE 17, 2021 | VIRTUAL CONFERENCE

REPORT/SUMMARY

AUGUST 2021

HIV LEGAL NETWORK | RÉSEAU JURIDIQUE VIH

On June 17, 2021, the HIV Legal Network held its 9th Symposium on HIV, Law, and Human Rights. This biannual symposium serves as one of Canada's seminal events regarding HIV and human rights and offers an opportunity for education and networking among advocates, frontline staff, people with lived experience, and academics, among others. Focusing on the pressing issue of drug policy in Canada, this year's symposium — **Hitting the Mark: Ending the HIV pandemic by realizing rights for people who use drugs** — provided a virtual forum for diverse stakeholders to share their real-world experience and for experts in the field to present updates on the current status of decriminalization, supervised consumption services, and safe supply in Canada.

Elder Valerie Nicholson opened the symposium, inviting listeners to put their feet on the floor and feel the energy of Mother Earth. She acknowledged the ancestral traditional territories, lands, and waters across Turtle Island where we work, play, live, and learn, also acknowledging the unceded ancestral traditional lands and waters of the Coast Salish territories. Elder Nicholson reminded us that "new knowledge is old knowledge to new people, and as teachers we are learners and as learners we are teachers." Elder Nicholson pointed us west, east, north, south, up, down, and within, reminding us to be thankful from all directions. She asked us to "open our hearts, minds, bodies, and spirits, to listen, and to do our work in a good way with respect (the buffalo), love (the eagle), honesty (the sasquatch), truth (the turtle), humility (the wolf), wisdom (the beaver), and courage (the bear)."

RICHARD ELLIOTT

ELDER VALERIE NICHOLSON

Introductory Remarks

Richard Elliott, HIV Legal Network

Richard Elliott, Executive Director of the HIV Legal Network, opened the symposium by pointing to the adoption of the new Global AIDS Strategy 2021–26 by UNAIDS ("the Strategy") that sets new, ambitious targets to end HIV as a public health threat by 2030, one of the Sustainable Development Goals. Richard highlighted that in order for the Strategy's objectives to become a reality, we will need to focus on the needs of people who use drugs — members of our communities who are too often marginalized and stigmatized. It is impossible to overcome HIV and AIDS as an ongoing public health challenge without attending to the structural barriers that enable new infections to occur and prevent access to treatment and care, and without protecting, respecting, and realizing people's human rights.

The most important new addition to the Strategy is attention to the structural factors that erect barriers to prevention services and access to health care. Richard highlighted that, according to the Strategy, the health and well-being of people living in prison or other closed settings is threatened by punitive laws and policies. Not only does the state often incarcerate people who use drugs, but it denies them equal access to health services available outside prison settings, including harm reduction services. Richard emphasized that in order to achieve the Strategy's desired outcomes, we need to end these structural inequalities and ensure that people who are living with HIV or who use drugs do not experience stigma and discrimination and that countries abandon their punitive laws and policies.

Richard then described two result areas in the Strategy that are relevant to responding to HIV among people who use drugs: (1) the result area dealing with HIV prevention, and (2) the result area dealing with human rights, stigma, and discrimination. In the area of HIV prevention, states have now committed to intensifying their efforts to scale up comprehensive harm reduction services for people who inject drugs in all settings, ensuring that people who are in prison or other closed settings also benefit from the goal of universal access to these services. Second, in the area of human rights, states have committed to create an "enabling legal environment" by removing punitive and discriminatory laws and policies on a number of fronts, including laws that criminalize drug use or drug possession for personal use. In this second result area, it is also important to proactively take measures and adopt legislation and policy that will protect and promote public health. This entails funding services that are needed to prevent HIV infection in the first place, as well as ensuring that people living with HIV have access to the care they need.

As Richard stated, today in Canada there is more support than there has ever been — from a broader cross-section of Canadian society — for a more enabling legal environment for people who use drugs, and there are concrete measures governments can take to quickly act in this promising environment. For example, the federal government could use the existing flexibility within Canada's federal drug law that criminalizes drug possession and other activities and issue an exemption that will halt unhelpful and unjust prosecutions in a number of circumstances. A more fundamental and longer-term fix would entail changing the law itself and removing the underlying criminal prohibition.

"It is impossible to overcome HIV and AIDS as an ongoing public health challenge without attending to the structural barriers that enable new infections to occur and prevent access to treatment and care, and without protecting, respecting, and realizing peoples' human rights."

RICHARD ELLIOTT

Remarks from

The Honourable Patty Hajdu, Minister of Health, Canada

The Honourable Patty Hajdu, federal Minister of Health, opened the symposium by thanking the HIV Legal Network for its advocacy and acknowledging the significant work still to be done to eliminate the stigmatization of marginalized communities across Canada. While she acknowledged that the Government of Canada has taken many steps to destigmatize substance use and provide access to care and support in a dignified, respectful, and compassionate way, she highlighted that there is more to be done.

She emphasized that, as federal Mister of Health, she has worked to increase support for people who use drugs and push the provinces and territories to use every tool in their toolbox to ensure that services — rooted in dignity — are available for people who use drugs. Minister Hajdu concluded by calling for more action on decriminalization, ensuring equity across all funding programs, and increasing the diversity of Canada in its boards and governing structures. She encouraged activists, experts, and stakeholders to provide her with guidance about next steps.

PANEL 1
Decriminalization

Richard Elliott moderated Panel 1 of the symposium, which focused on drug decriminalization in various jurisdictions in Canada, including at the federal and municipal levels.

Federal Developments: Roundtable with Lawmakers

Nathaniel Erskine-Smith
Member of Parliament, Canada

Nathaniel Erskine-Smith ("Nate") noted that he has been the Liberal Member of Parliament for Beaches-East York (Toronto, Ontario) since 2015 and currently sits on the Committee on Industry, Science and Technology. Nate explained that since being first elected in 2015, he has advocated for issues of fairness in the Canadian criminal justice system and evidence-based drug policy, including pushing for decriminalization and regulating substances according to their expected harms. He recalled that when he first raised the issue within his own party and in public fora, there was not only a dismissal but also a politicization of the issue and his position was subject to attacks within Parliament and the public sphere. He explained that Canada has now moved a distance from that environment in part thanks to the advocacy organizations that have raised their voices, but also tragically because of the opioid overdose crisis that has taken thousands of lives.

Nate emphasized that evidence shows that criminalization is counter-productive to the aim it seeks to achieve. To him, the real question is: how do we address decriminalization in politics? **Nate ended his remarks by inviting politicians to raise their voices and move towards decriminalization and safer supply options to save lives and elevate the public discourse.**

Don Davies
Member of Parliament, Canada

Don Davies, Member of Parliament for Vancouver Kingsway (British Columbia), is the New Democratic Party's Critic for Health and the Deputy Critic for Public Safety and Emergency Preparedness. **Don said that we must recognize that the drug laws that we're dealing with today are race-based. These laws didn't come about because of any scientific or health-based rational approach. Rather, the drugs that we choose to use legally and those which we stigmatize with criminality are a product of the colonial, race-based society in which all laws emerged.**

He then emphasized that to make progress on drug issues, it is important to treat them comprehensively, and not partially, as a health issue. This comprehensive approach entails decriminalizing everything, including possession, use, and supply. In his opinion, when the basis of addiction is trauma and the criminal system is designed to traumatize, when any part of that system continues to criminalize, that means traumatization continues — and so is the very underlying source of one of the major problems of addiction.

Don mentioned that he recently introduced in Parliament Bill C-286, the *Health-based Approach to Substance Use Act*, which takes a comprehensive approach to this issue. As well as decriminalizing all drugs, Bill C-286 would also require regulated low-barrier access to a safe supply of drugs, expunge drug-related convictions, and provide universal access to recovery, treatment, and harm reduction services for problematic substance use, including overdose prevention services, relapse prevention services, and supervised consumption services.

Don also stressed that incrementalism brings delays, and delay kills. Incrementalism ignores and invalidates the evidence that criminalization does not work, and that billions of dollars have been wasted and millions of people have been harmed because of criminalization. Therefore, politicians must recognize that criminalization is a core component of the death and destruction currently being caused.

El Jones, Educator, Journalist, and Activist

El Jones, educator, journalist, activist, and member of the Health Canada Expert Task Force on Substance Use, began by reminding the audience of the Black Lives Matter protests in summer 2020 that spread in Canada and around the world to recognize the impacts of racism and policing. She reminded the audience that George Floyd was a victim of the war on drugs and that the police officer's defence centred around Floyd's alleged drug use and "responsibility" for his own death. The defence at the trial of Derek Chauvin — the police officer who murdered Floyd — sought to dehumanize Floyd to justify Chauvin's actions. **She emphasized that we cannot separate George Floyd's death from our conversation about Black Lives Matter nor our conversation about racism in Canada for the fundamental fact that Floyd is a casualty of the war on drugs, which comes along with the arming of police, the intensification of surveillance, and race structures of policing.**

Moreover, as El highlighted, we must connect the war on drugs to settler colonialism and its impact on Indigenous People in Canada who continue to comprise a significant portion of the prison population. Forty-four percent of federally incarcerated women are Indigenous, Indigenous men are also highly incarcerated, and Indigenous People face harsher conditions of confinement and higher security classifications. Therefore, as El stated, the crisis of the war on drugs is also a prison and policing crisis and cannot be separated from our conversations about defunding policing and incarceration.

El invited the audience to recall the impacts of the decriminalization of cannabis as a warning and pointed to how the structure of criminalization is maintained in more intense ways after decriminalization. For instance, she emphasized that in any conversation about decriminalization, we must recognize that Black people continue to be those most victimized, even after decriminalization. Therefore, while we welcome the dropping of possession charges for simple possession, we must recognize that Crown and police discretion in such matters will continue to be used against Black communities. El said any law that we make in Canada must be subjected to the "Black test" as we ask the question: "How is this law going to impact Black people?"

El also pointed to the importance of understanding how the criminal justice system harms individuals even without criminal charges, including how women are criminalized through so-called care systems. She particularly noted that the social work system continues to remove children from women's custody if the women use drugs.

In closing, El asked the audience to think about decriminalization more broadly and in terms of how racist, colonial, homophobic, and misogynistic ideologies in our society culminate in the punishment of people who use drugs.

Municipal and Provincial Developments

Caitlin Shane, Staff Lawyer, Pivot Legal Society

Caitlin Shane is a lawyer at Pivot Legal Society in Vancouver, a human rights legal organization based in the Downtown Eastside. As the drug policy lawyer, she takes direction from drug user–led movements and advocates for the decriminalization of drug possession and the legal regulation of all drugs. Caitlin began her remarks by discussing the decriminalization movement in Vancouver, and in particular the street-based and grassroots pressure to decriminalize drugs by way of an exemption. **The exemption provision is found in the *Controlled Drugs and Substances Act* (CDSA), Canada's drug law that allows the federal Minister of Health to exempt any person or group of people from any offence in the drug laws, including exempting people from the offence of personal drug possession. Caitlin highlighted that this strategy is a quick way to effect policy and to provide immediate harm reduction to people who use drugs.** Yet it is not enough, she said — an adequate response would also require housing, wealth redistribution, and a safe supply of drugs. However, exemptions are a necessary move, provided that they are expansive enough to apply to and protect people who are most in need of the benefits of decriminalization.

Caitlin explained that at the end of 2020, the City of Vancouver responded to community-based pressures and began a process of applying to Health Canada for an exemption that would extend to everyone in Vancouver. This is referred to as the "Vancouver Model" under which people aged 19 and older are not subject to criminal penalty if they are found to possess certain substances below a defined amount. The Vancouver Model covers various substances, including opioids and cocaine, and with "threshold quantities" for those substances (e.g. a person can have a maximum amount of two grams of opioids, three grams of cocaine, and one gram of crack cocaine).

Caitlin described criticisms of the model, including from civil society groups such as the Vancouver Area Network of Drug Users (VANDU) and Pivot Legal Society, on the basis that the prescribed thresholds are too low and fail to acknowledge that people purchase substances in bulk for use over an extended period of time. As a result, those deemed to fall outside the scope of the "average" drug user will not be protected and, in fact, will probably face additional police crackdowns as police become emboldened to enforce above-threshold possession charges. Moreover, there are concerns about the over-involvement of police, both in the decision-making process related to the establishment of the Vancouver Model and their continued presence as the first point of contact for people who use drugs. Police were effectively given a veto power by the City of Vancouver when it came to setting threshold amounts; in contrast, people who use drugs were largely excluded from the process.

Caitlin elaborated on the important resistance that VANDU has led with respect to the Vancouver Model and the city's proposed threshold amounts. While VANDU was largely left out of the process of defining threshold amounts and developing the model, the organization conducted a rapid user evaluation of more than 160 drug users in the Downtown Eastside. This evaluation confirmed that the amounts of drugs people are buying are far higher than the city-set thresholds, and that the Vancouver Model would therefore not assist or protect people in this jurisdiction. Unfortunately, the city did not appropriately amend its application, and submitted it, as is, at the end of May 2021.

Joe Cressy, Toronto City Councillor

Councillor Joe Cressy is the Chair of the Toronto Board of Health and sits on Toronto City Council. In the former role, Cressy oversees the work of Toronto Public Health, the largest public health unit in Canada. Joe began his presentation by expressing that people in Canada are ready for decriminalization and for a public health approach; the only question is whether the political leadership in Canada is ready to follow the public's position. Toronto, like so many other cities and parts of Canada, is experiencing a public health emergency as a result of the overdose crisis. The most recent data in Toronto shows that 521 residents of the city were lost to overdose in 2020.

Joe explained that in 2017, a Toronto Overdose Action Plan was demanded and driven by the community to address issues such as the expansion of supervised consumption sites and safer supply. More recently, harm reduction and supervised consumption services have been embedded in the shelter system. But none of this is enough in the face of the opioid epidemic and the work that is underway in Toronto is insufficient against the magnitude of the crisis.

It has also all been done without adequate support from the provincial government in Ontario. In fact, as Joe explained, in Ontario, the provincial government hinders rather than helps the city's responses.

For example, Ontario capped the number of supervised consumption sites in the province that it is willing to approve and fund at 21. Harm reduction services in the province were capped even during the acceleration of this crisis during COVID-19. The province has also been unwilling to fund safe supply and harm reduction programs in shelters. Joe highlighted the need for a comprehensive public health response from all levels of government.

Regarding decriminalization, Joe reiterated other panelists' position that drug use is a health issue and not a criminal one. He continued to explain that in Toronto, the Board of Health has called for decriminalization in Canada four times in the past three years, including with a formal call made to the federal government, but no response has yet been received. Toronto's Board of Health recently endorsed taking the next step to prepare and submit an exemption application, similar to the Vancouver Model in terms of logistics. However, the Board of Health would ensure the application is informed by those on the ground, and those with lived experience (i.e. people who use drugs and those who work with them). Joe expressed his concern that there is a game of "political football" being played, and that so long as this game is going on it will be impossible to decriminalize drugs in Canada.

Sandhia Vadlamudy, Executive Director, Association des intervenants en dépendance du Québec

Sandhia Vadlamudy is the Executive Director of the Association des intervenants en dépendance du Québec (AIDQ), where she works for the health and welfare of people who use drugs. She started her presentation by describing the political and social tensions in Quebec with regards to decriminalization: on one hand, the National Director of Public Health (at Quebec's Ministry of Health and Social Services), Dr. Horacio Arruda, has expressed his openness to decriminalization, and the police service of Montreal recently announced for the first time its support for the decriminalization of simple possession. But on the other hand, Quebec's Justice Minister Simon Jolin-Barrette has indicated that he does not support such a change and is instead focusing on the fight against organized crime and drug traffickers. More broadly, a recent report states that a majority of respondents in Quebec felt that the use of a small amount of drugs should be decriminalized. Therefore, AIDQ has turned towards a strategic plan to promote the decriminalization of simple possession and presented its position, alongside other Quebec harm reduction organizations, to the Minister of Justice of Quebec.

In Montreal in January 2021, there was adoption at City Council of a motion put forward by two municipal councillors, supported by AIDQ and other association, calling on the Government of Canada to decriminalize simple possession of illicit drugs. In advance of the City Council meeting, community organizations organized a press conference to encourage Montreal to take concrete steps to facilitate decriminalization and urged the city to request an exemption, as Vancouver had, but the City of Montreal was unwilling at that time. Sandhia explained that the next steps will be pursued in collaboration with public health authorities at the provincial level, in addition to mobilization efforts and community awareness raising. **While AIDQ continues to be committed to decriminalization, it understands that decriminalization does not solve the broader issues of respect and inclusion.**

Civil Society: Common Platform — A Decriminalization Agenda for Canada

Sandra Ka Hon Chu, HIV Legal Network

Sandra Ka Hon Chu, Director of Research and Advocacy at the HIV Legal Network, began by explaining that the Legal Network has been part of a civil society coalition that convened in 2020 in response to federal drug policy developments. The goal was to create a bottom-up approach and narrative about what drug decriminalization and effective drug policy should look like. In October 2020, this coalition penned a short document that has since developed into a more elaborate civil society platform. The basis of the draft platform is that criminalization harms people and violates their liberty and human rights.

There are two principles underpinning this draft. The first is to abolish all laws and policies that control, stigmatize, pathologize, and punish people who use drugs and to redistribute those resources into other areas that are far more helpful for people who use drugs, including greater access to a safe supply of drugs, harm reduction services, income and housing support, and food security. Therefore, a key feature of the platform is the full repeal of section 4 of the CDSA, which makes it a crime to personally possess controlled substances.

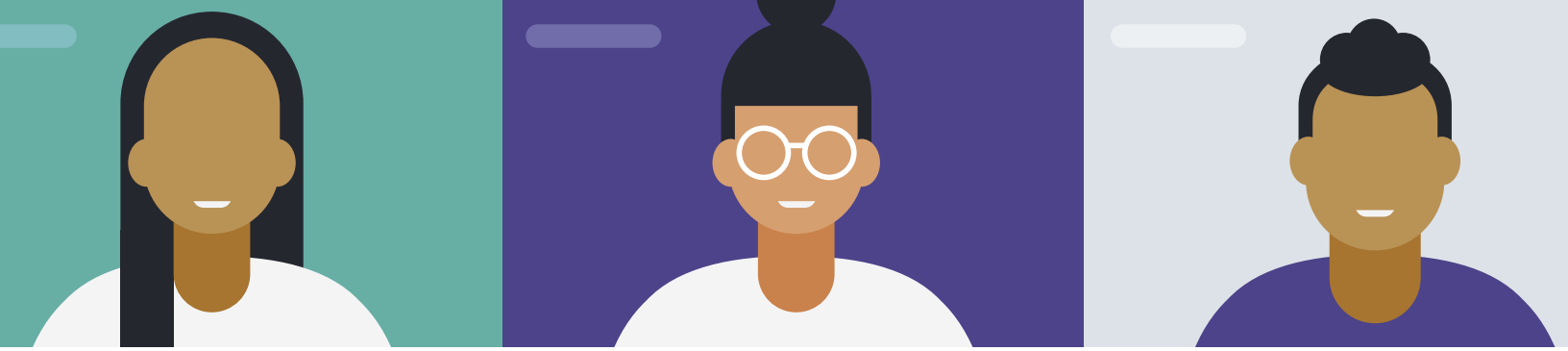
Another feature of the draft platform includes an amendment to section 5 of the CDSA, which criminalizes trafficking and possession for the purpose of trafficking. The amendment would permit the sharing and selling of quantities that do not exceed a set threshold. Sandra explained that thresholds can serve two key purposes: they can both guide people who use drugs to modify their behaviour to avoid criminalization, and reduce police discretion in enforcing drug offences, which has been disproportionately deployed against marginalized and racialized communities. Sandra acknowledged that "when thresholds are not guided by the expertise of people who use drugs, they may be problematic; to mitigate this risk, the civil society platform stresses that thresholds need to be defined by people who use drugs and periodically revisited to ensure they are reflective of actual consumption. The thresholds also ought to serve as a floor and not a ceiling; thus, possession below a threshold is not an offence, but anything above the threshold *could* be, with the burden of proof still falling on the prosecution to prove possession for the purpose of trafficking."

Sandra highlighted that the civil society platform also recommends the removal of *all* sanctions for drug use, including health assessments, dissuasion commissions, and substance confiscation. In addition, the platform also includes the automatic expungement of previous convictions for simple drug possession and trafficking substances below the set threshold quantities, as well as the expungement of previous convictions for breaches of police undertakings, probation, or parole conditions associated with drug charges. She emphasized the importance the draft placed on providing the police with clear and strict rules about when they can stop, search, and investigate a person for drug possession, and on the need to redistribute resources into non-coercive voluntary policies, programs, and services that promote public health.

Finally, Sandra said that repealing criminal sanctions for drug possession and trafficking in limited quantities would be a success, even if does not necessarily lead to greater public health outcomes, because it helps remove the stigma of drug use.

"[W]hen thresholds are not guided by the expertise of people who use drugs, they may be problematic; to mitigate this risk, the civil society platform stresses that thresholds need to be defined by people who use drugs and periodically revisited to ensure they are reflective of actual consumption. The thresholds also ought to serve as a floor and not a ceiling; thus, possession below a threshold is not an offence, but anything above the threshold *could* be, with the burden of proof still falling on the prosecution to prove possession for the purpose of trafficking."

SANDRA KA HON CHU



Garth Mullins, VANDU Member and *Crackdown* Host

The final panelist, Garth Mullins, is the host and executive producer of *Crackdown* podcast and a drug user activist. He is a member of VANDU and is heavily involved in drug policy advocacy in Vancouver. Garth shared his personal experiences as an opioid user and expressed his frustration with politicians "trying to kill me and my friends." He recalled how, when he was in high school, British Columbia's conservative premier objected to HIV education in school. An inevitable outcome of this was that many students, Garth included, went out into the world as injection drug users without being well-informed about the methods of HIV transmission.

Garth also expressed his discontent with the Vancouver Model and the fact that drug users' voices have been omitted from the conversation about thresholds. He explained that since many drug users like himself often possess drugs above the thresholds set by the city, the Vancouver Model has failed to adequately ensure it is serving the needs of those it purports to help.

Garth emphasized that the drug war, both in Vancouver and elsewhere, has long been a weapon of white supremacy. In Vancouver, the war started in the aftermath of a racist riot where Chinatown and Japantown were vandalized by angry white people to exclude Asian communities. The drug war is not racist by accident — it is racist on purpose. He noted that this will not be adequately addressed until politicians openly connect Canada's drug wars with the country's racist past and present.

In closing, Garth offered a powerful statement: "We use drugs because of trauma, colonization, displacement, alienation, and the economy, etc. We have to recognize that it is not us who is sick. Don't fix me, let's fix the world... It's time to listen to [people who use drugs] and recognize that this issue is not in the purview of criminology or medicine, it is sociology. And [the] solution actually comes through politics and through civil society action and organizing and civil disobedience."

"We use drugs because of trauma, colonization, displacement, alienation, and the economy, etc. We have to recognize that it is not us who is sick. Don't fix me, let's fix the world."

GARTH MULLINS

PANEL 2
Supervised Consumption Services: Reducing Barriers to Access

Sandra Ka Hon Chu moderated Panel 2 of the symposium, which focused on reducing barriers to access as they relate to supervised consumption services in Canada.

Elaine Hyshka, University of Alberta

Streamlining the Rules for Supervised Consumption Services

Elaine Hyshka, Assistant Professor of Health Policy and Management in the University of Alberta's School of Public Health, discussed the necessary reforms to the regulatory framework regarding supervised consumption sites (SCS). Elaine noted that the current case-by-case approach creates a complex process of time-consuming applications. To be eligible for an SCS exemption (under section 56 of the CDSA), there are numerous policies and procedures that require significant resources to implement. Many of these policies and procedures are inflexible, leaving a significant portion of people who use drugs unserved by this necessary service. She noted that in the context of SCS, and drug use more broadly, time is not on our side. The burdensome application process stifles the ability of operators to innovate and respond to emergency situations.

Elaine discussed one solution for reforming regulatory requirements: adopting a class exemption through regulation. This reform would extend the section 56 exemption of the CDSA to any SCS that meets a minimum set of criteria. Such a solution would be flexible in accommodating diverse needs without requiring the arduous current application process. These minimum conditions should be defined and created in consultation with people who use drugs, should be uniform across the country to ensure equitable access, and need to be broadly construed. Examples of minimum standards could be ensuring a minimum number of people trained to administer naloxone, having a designated person responsible for overseeing the SCS's operations, having appropriate equipment to provide emergency care, and having basic health and safety procedures. **Elaine stressed that "the emphasis must be on providing maximal flexibility for people to be able to save lives in the situation we're in, which is frankly horrific across the country."** Other necessary measures include drug checking, non-injection forms of consumption, provider assisted injection, splitting and sharing, and safe supply.

Finally, Elaine spoke to the importance of holding our provinces accountable and ensuring that they are not enacting barriers. For example, Alberta is proposing to limit organizations' ability to offer SCS irrespective of how they are funded by requiring prospective SCS to obtain a licence, one condition of which is that the SCS operator must collect identifying information of any client they assist. Such measures increase barriers to access to a service that is already inaccessible to many.

> **"The emphasis must be on providing maximal flexibility for people to be able to save lives in the situation we're in, which is frankly horrific across the country."**
>
> **ELAINE HYSHKA**

Corey Ranger, AVI Health and Community Services

Splitting and Sharing

Corey Ranger is a registered nurse and Clinic Nurse Coordinator for AVI Health and Community Services in British Columbia and an HIV Legal Network Board member. He spoke to the practice of splitting and sharing, whereby two or more people purchase a quantity of drugs together and divide the drugs among themselves. Despite the frequency of this practice for both financial and safety reasons, it continues to be restricted by SCS, creating another barrier to access.

To highlight the importance of lifting these restrictions, Corey presented findings from a recent survey that collected a total of 140 responses, 60% of whom were from people with lived experience of drug use. The research found that restrictions on splitting and sharing within overdose prevention sites (OPS) and SCS create barriers to accessing life-saving services, increase the risk of unintended consequences (including criminalization and overdose), and increase barriers for certain populations who require assistance with injecting, such as women and people with disabilities.

Corey also discussed the Splitting & Sharing Working Group, made up of OPS and SCS service providers, who analyze the impacts of SCS regulation and identify pathways toward policy change. The Group is currently working on creating a policy brief on why splitting and sharing restrictions should be repealed, and has called on Health Canada to expand the section 56 exemption to allow for splitting and sharing in SCS. **Corey reminded us that "none of this work can or should occur without people who use drugs leading the charge,"** reminding participants to centre the voices of those most affected by problematic legislation.

"[N]one of this work can or should occur without people who use drugs leading the charge."

COREY RANGER

Kim Brière-Charest, L'Anonyme

Assisted Injection

Kim Brière-Charest works at L'Anonyme, a Montreal SCS that seeks to promote safe behaviours and egalitarian relationships while preventing transmission of infections through a humanist approach. L'Anonyme has coordinated services for people who use drugs since June 2017. Kim began her presentation by acknowledging the numerous individuals who have recently passed away from overdose.

Kim discussed the importance of assisted injection, whereby individuals inject drugs with the assistance of another person. Oftentimes, this assistance is done by intimate partners or peers. However, perceived legal obstacles to assisted injection remain, imposing a barrier to access for people who live with mobility challenges, youth, people who have difficulty with injection, and people who are socially or geographically isolated. Kim noted that assisted injections at SCS are associated with several benefits, including the ability to inject in a safe space and prevention of overdoses and infections, because individuals often use the same needles outside of SCS when peer injecting. Another important consideration is that the precariousness of assisted injection disproportionately affects certain populations, most often women.

Despite not being explicitly authorized by the Canadian government, some SCS staff do assist clients with injections. However, there remains concerns about legal risks to the staff that participate in this practice — including criminal liability if there were to be an injury or death at the SCS. This concern deters staff from engaging in this practice that is vital for many. Kim believes that "we must put in place as many means as possible to reduce barriers to access" to SCS, and the framework that regulates SCS must be in line with consumption practices in the community without fear of legal reprisal.

In closing, Kim reminded participants that people who use drugs are seeking out SCS to take care of themselves and safely use drugs. Rather than increasing restrictions and barriers to SCS, we must consider the resources and actions that can be taken to reduce barriers to access.

"...we must put in place as many means as possible to reduce barriers to access."

KIM BRIÈRE-CHAREST

PANEL 3

Safe Supply — Expanding Models of Delivery

Corey Ranger moderated Panel 3 of the symposium, which focused on the barriers and benefits of offering a safe supply of drugs as an alternative to the current toxic street supply.

Avnish Nanda, Nanda & Company

Defending Access

Avnish Nanda, an Alberta-based lawyer at Nanda & Company, spoke about his recent experience challenging the Albertan government's plan to end injectable opioid agonist treatment (iOAT) in court. He discussed the critical juncture at which the province of Alberta currently finds itself as the United Conservative Party, led by Premier Jason Kenney, attempts to dismantle progress that has been made over the past decade in addressing substance use. Avnish described the punitive rhetoric of Kenney's government towards drug use, that fails to consider expert evidence and the perspectives of people who use drugs. The Government of Alberta sought to end iOAT, asserting that it was not required therapy and that no one would be harmed by the program's end, despite the fact that approximately 100 people in the Calgary and Edmonton areas would be cut off from the program. Many doctors came together and wrote an open letter criticizing the decision.

Avnish centred the voices of people who use drugs in his lawsuit, including patients in the iOAT program, ensuring their perspectives were properly represented. Ultimately, ten percent of the iOAT patients (i.e. 11–12 individuals) were represented in the lawsuit, which presented to the court the unvarnished perspectives and experiences of those who were a part of the program. Though seeking to buttress these perspectives with expert evidence, many individuals who had knowledge of the program's importance were reluctant to speak out for fear of political reprisal.

Avnish's challenge failed in court — they were not granted the injunction sought. But the public pressure mounting after the lawsuit forced the Government of Alberta to back down from its plan to end the program. **It was ultimately the community who came together, and in centering the perspectives of people who use drugs, encouraged the government to change their "short-sighted" decision.**

Shanell Twan, Alberta Addicts Who Educate and Advocate Responsibly (AAWEAR), Canadian Association of People who Use Drugs (CAPUD)

Consumers' Perspectives

Shanell Twan, member of both Alberta Addicts Who Educate and Advocate Responsibly (AAWEAR) and the Canadian Association of People Who Use Drugs, offered touching personal insights into the benefits the iOAT program on people who use drugs. Twan described how approximately 5,000 individuals come through the doors of the Edmonton Convention Centre, all potentially experiencing homelessness, mental health issues, and/or substance use disorder. Yet only 43 people are enrolled in Edmonton's iOAT program — less than one percent of community members potentially in need.

Offering personal anecdotes about the program, Shanell described "C," who retained housing and is enrolling in a course to become an addictions counsellor after beginning iOAT. There was also "G," who, since beginning iOAT, was able to form family connections that were inaccessible for the past decade because of problematic substance use. "L" had their relationships with their children reinvigorated since beginning iOAT, and "R" retained his housing and began reading novels since beginning the program. Shanell described these major life changes and improvements in quality of life for individuals who can access safe supply.

She also explained how Edmonton City Councillor Scott McKeen asked residents to sign on to a letter to the federal government asking it to step in and address Alberta's decision to end the iOAT program that will certainly cause community deaths. Shanell discussed how there are many residential school survivors in the Edmonton community, and "safe supply is a radical act of reconciliation" for the Indigenous People who will be inequitably affected by the end of safe supply. She ended with a quote from Dr. Bernie Pauly, a professor at the UVic School of Nursing: "What you do today might not change the system overnight, but it will help the people." Shanell similarly believes that what keeps her going is not the potential for immediately changing the system, but the ability to help the individuals most affected by government decisions.

When asked about drug checking at SCS, Shannell pointed out that while drug checking is valuable, there must be alternative substances to provide to individuals whose drugs test positive for fentanyl, as individuals will be unwilling to part with drugs they have paid for, despite the fact that they may be tainted.

"Safe supply is a radical act of reconciliation" for the Indigenous People who will be inequitably affected by the end of safe supply.

SHANELL TWAN

Andrea Sereda, London InterCommunity Health Centre

Prescriber Perspective

Andrea Sereda is a family physician working at the London InterCommunity Health Centre, providing care in a traditional setting but also through street outreach medicine. She operates one of the longest-running safe opioid supply program in London, Ontario, offering a low-barrier, harm reduction model embedded in family care.

Andrea discussed two barriers to safe supply in London. The first is capacity, and she discussed how only 300 individuals in London are on safe supply, while there are 5,000 people who inject drugs in the area. Prescribing safe supply to all such users is not possible through individual doctors, and a public health model is thus necessary if safe supply is to be scaled up. The group Andrea represents in London, the InterCommunity Health Centre, is aiming to make research a bigger part of their approach to demonstrate the positive outcomes from safe supply and thus incentivize the government to adopt it more widely.

The second barrier Andrea discussed is the supply of drugs itself. While initially using hydromorphone, in mid-to-late 2019, and throughout the pandemic, there was an increase in street fentanyl use. Doctors need to be able to prescribe stronger substances so that individuals do not neglect to use safe supply because of its impotency. Furthermore, a wider spectrum of drugs that can be prescribed is necessary, as not all individuals use a uniform concentration or volume of opioids. Andrea believes fentanyl tablets, liquid fentanyl, and heroin tablets are important for broadening access to safe supply. She concluded by noting that these **"barriers are artificially created by the provincial and federal governments and maintained through stigma and false morality against certain types of drugs."** Equity must be demanded for all who use drugs in order to end this crisis.

In the question period, Andrea discussed the potential barrier of education for physicians, as many doctors are educated to treat addiction with abstinence. Such education stands in the way of people who use drugs and the delivery of safe supply.

"Barriers are artificially created by the provincial and federal governments and maintained through stigma and false morality against certain types of drugs."

ANDREA SEREDA

Mark Tyndall, BC Centre for Disease Control

Innovative Delivery

Mark Tyndall, Executive Director of the BC Centre for Disease Control and Deputy Provincial Health Officer of British Columbia, began his presentation by showing a video of the MySafe Project, whereby individuals in Vancouver's Downtown Eastside can access opioids through a vending machine that scans their biometric details and then distributes opioids in an easy-to-access manner. One video participant in the program, Henry, said that the program changed his life and allowed him to form relationships with his grandchildren, while another participant, Michael, said that the MySafe program freed up time in his day that he normally spent finding ways to fund his opioid supply. Another participant, Trey, noted the stigma people who use drugs often face from pharmacists, which MySafe helps reduce by limiting interactions with and judgements from others.

Mark stressed the need to develop solutions that are low-barrier, and that the MySafe program is an innovative method of increasing access to safe supply. Though noting the initial apprehension towards "giving drugs out of a machine," the alternative to such a program is buying an unregulated, potentially toxic substance from a stranger. He said that the MySafe program offers a pragmatic, practical alternative, yet one that still requires a physician's prescription. Mark hopes that the prescription requirement is eventually lifted to further increase access to safe supply.

Mark believes that "safe supply, decriminalization, and defunding the police all go hand in hand to make radical changes to drug policy." Technology like MySafe offers a scalable, efficient model that offers safe opioids that will ultimately save lives as the street drug toxicity levels continue to cause overdoses and death.

During the question period, Mark noted that another barrier is finding doctors who are willing to prescribe for the MySafe machine, as doctors are often trained to respond to drug use with approaches based on abstinence and can be unwilling to prescribe anything other than methadone for people who use drugs.

"[S]afe supply, decriminalization, and defunding the police all go hand in hand to make radical changes to drug policy."

MARK TYNDALL

Closing

Richard Elliott provided the closing statements and thanked the panelists, interpreters, and participants for attending. He noted that much ground was covered throughout the symposium, and that despite there being much more to cover, he hoped that there would be opportunities for further discussions. He acknowledged funding support from the Public Health Agency of Canada and Ryerson University (also known as "X University").

Elder Valerie Nicholson closed the 9th Symposium on HIV, Law, and Human Rights, giving thanks to the ancestors across Turtle Island and the learnings from the presentations. She invited participants to put their feet on the ground and feel the energy of Mother Earth, and thanked the audience for their dedication and passion, while also honouring their journeys as teachers and leaders.

9TH SYMPOSIUM
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HIV LEGAL NETWORK | RÉSEAU JURIDIQUE VIH

1240 Bay St., Suite 600, Toronto, ON M5R 2A7 | Phone: (416) 595-1666 | hivlegalnetwork.ca