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Injection Drug Use and HIV/AIDS: A New Report Calls for Immediate Action

OTTAWA - Canada is in the midst of a public health crisis concerning HIV/AIDS and injection drug use. The number of HIV infections and AIDS cases attributable to injection drug use has been climbing steadily. By 1996, half the estimated new HIV infections were among injection drug users.

Nevertheless, Canada's response to this crisis is far from being concerted and effective. Injection Drug Use and HIV/AIDS: Legal and Ethical Issues, a report released on 24 November 1999 by the Canadian HIV/AIDS Legal Network, calls for immediate action to prevent the further spread of HIV and to provide better care, treatment, and support for those who are already infected.

* Press conference, 24 November, 11 am, Charles Lynch Press Room, Ottawa *

In Montréal, in 1997, 19.5% of injection drug users were living with HIV (versus 5% before 1988); in Vancouver, the rate was 23% in 1996-97 (versus 4% in 1992-93); in Toronto, it was 8.6% in 1997-98 (versus 4.8% in 1992-93); in Ottawa, some 20% of those using needle exchange programs in 1996-97 were seropositive (versus 10.3% in 1992-93); in Québec City and in smaller cities in Québec, clients of needle exchange programs have HIV rates of 9% and more; the rate is also high in Winnipeg and, although there are few data on Halifax, Calgary, Edmonton, and other cities, risk behaviours are widespread and could lead to the same phenomenon. Moreover, Health Canada acknowledges that the epidemic is gaining ground outside the major urban centres. (1)

In its report, Injection Drug Use and HIV/AIDS: Legal and Ethical Issues, the Legal Network points out that this public health crisis

affects Canadian society as a whole. "Injection drug users don't live in a vacuum.

They are part of our communities. Given their geographic mobility and their interactions with other Canadians, the problem of injection drug use and HIV concerns all of us," observes Ralf Jürgens, Executive Director of the Legal Network.

Continuing and expanding on two other reports, (2) the Legal Network's report confirms that Canadian drug laws and policies contribute to the difficulties of reacting adequately to the HIV epidemic among injection drug users. Dr David Roy, author of the ethical component of the report, explains: "The criminalization of drug use does not achieve the goals it aims for. It causes harms equal to or worse than those it is supposed to prevent." One of his conclusions points out that "it is ethically wrong to continue policies and programs that so unilaterally and utopically insist on abstinence from drug use that they ignore the more immediately commanding urgency of reducing the suffering of drug users and assuring their survival, their health, and their growth into liberty and dignity."

The report recommends major long-term changes to drug legislation and policies. However, Jürgens emphasizes that the great majority of the 66 recommendations contained in the report can be applied in the short term: "Our ethical and legal analysis reveals that many practical measures can and must be adopted now, given the scope of the harms and the speed with which they are increasing." The report recommends in particular that heroin prescription pilot projects be started in Canada; that access to methadone treatment be improved; that injection drug users no longer be excluded from clinical trials on HIV/AIDS treatments; that pharmaceutical manufacturers undertake research on possible interactions between HIV/AIDS drugs and illegal drugs; that complete, honest, and non-judgmental information on drugs be accessible and widely distributed; that professionals be better trained concerning drugs other than alcohol; that injection drug users be able to obtain sterile needles in pharmacies, particularly outside the major urban centres; that correctional systems make sterile needles available to inmates; and, in general, that repression make way for harm reduction.

According to Dr Don Kilby, a physician who is caring for more than 400 patients with HIV in Ottawa, the implementation of the report's recommendations will have a very positive, concrete effect: "Such measures would make a difference in the lives of many of my patients and in the health of Canadians as a whole. Many avoidable

cases of infection could be prevented and we would be able to give better care, better treatment, and better support to seropositive people."

Diane Riley, Deputy Director of the International Harm Reduction Association, indicates that many of the measures described in the report have already been successfully implemented in other countries: de facto decriminalization of cannabis for personal consumption; controlled drug prescription trials; and explicit education programs for youth. "In Switzerland, for example, a controlled heroin prescription trial in several cities has significantly reduced crime and illegal heroin use while improving the health of participants. (3) Such a trial should be started in Canada as soon as possible. We have identified a number of alternatives that are more likely to succeed than Canada's current approach to drugs and the people who use them."

In the preparation of this report, the product of an 18-month project funded mainly by Health Canada under the Canadian Strategy on HIV/AIDS, and in part by the Québec ministry of health and social services, the Canadian HIV/AIDS Legal Network held three national workshops and consulted fifty Canadian stakeholders to identify the priority problems relating to HIV prevention among injection drug users, and to better care for those who have already contracted HIV. Seven issues were submitted for analysis to experts - Dr David Roy (Centre for Bioethics, Clinical Research Institute of Montréal) on the ethical dimension; Eugene Oscapella, (Canadian Foundation for Drug Policy) and Richard Elliott (Canadian HIV/AIDS Legal Network) on the legal aspects; and Diane Riley (International Harm Reduction Association) on the policy issues. Ronda Bessner and Ralf Jürgens wrote the main report based on the background papers, (4) additional research, and the input from workshop participants. The report contains 66 recommendations endorsed by the stakeholders consulted from the beginning to the end of the project.

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Report, background papers, info sheets and press materials are now on-line.

1. All data are from studies cited in "HIV/AIDS Among Injection Drug Users in Canada", in HIV/AIDS Epi Update, Ottawa: Health Canada, 1999.

2. Task Force on HIV, AIDS and Injection Drug Use. HIV, AIDS, and Injection Drug Use: A National Action Plan. Ottawa: Canadian Public Health Association & Canadian Centre on Substance Abuse, 1997; D McAmmond. Care, Treatment and Support for Injection Drug Users Living with HIV/AIDS: A Consultation Report. Ottawa: Health Canada, March 1997.

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Injection Drug Use and HIV/AIDS: Legal and Ethical Issues

A New Report Calls for Immediate Action

Press Conference, 24 November 1999, 11am
(Charles Lynch Press Room, Ottawa)

Speaking Notes and Biographical Notes

Ralf Jürgens
Executive Director, Canadian HIV/AIDS Legal Network

The Crisis

Canada is in the midst of a public health crisis concerning HIV/AIDS, hepatitis, and injection drug use. The number of HIV infections and AIDS cases attributable to injection drug use has been climbing steadily. By 1996, half of the estimated new HIV

infections were among injection drug users.

In 1997, Health Canada funded the Canadian HIV/AIDS Legal Network to examine the legal and ethical issues surrounding HIV/ AIDS and injection drug use. After 18 months of work and extensive consultations involving over 50 experts from across Canada, we release today a report with 66 recommendations, (1) a volume of background materials, (2) and a series of info sheets.

We call for immediate action to prevent the further spread of HIV and hepatitis among injection drug users, and to provide better care, treatment, and support to those already infected.

In Montréal, HIV prevalence among injection drug users has increased from five percent to 20 percent; (3) in Vancouver, from four percent to 23 percent; (4) in Toronto, from less than 5 to nearly 9 percent; (5) in Ottawa, from 10 percent (6) to 20 percent. (7)

Rates are very high also in other places across Canada: in Québec City and smaller cities in Québec, they are close to 10 percent;(8) in Manitoba, approximately one in every three new HIV diagnoses is now among injection drug users; (9) and in Calgary and Halifax, cocaine use is an emerging problem and can lead to quickly escalating rates of HIV.

Rates of hepatitis C are even higher, reaching up to 95 percent in some centres.

This public health crisis ultimately affects all Canadians. (10) Injection drug users do not live in a vacuum. They are members of our communities. Both during and after the periods of their lives that involve injection drug use, they form intimate partnerships and have children. Thus, the epidemic of HIV and hepatitis touches many lives, infecting and affecting many people who have never used drugs. (11)

Some populations are particularly affected and are at particularly high risk: women, street youth, (12) prisoners; (13) and, in particular, Aboriginal people. (14)

The Response to the Crisis

Our research has shown that Canada's response to this public health crisis has been far from being concerted and effective.

Indeed, the lack of appropriate action has led some to conclude that another public health tragedy, comparable to the blood tragedy in the 1980s, is underway, illustrating that little if anything has been learned from the lessons taught by that tragedy.

Injection drug users are experiencing an epidemic of death and disease resulting not from anything inherent in the drugs that they use, but more from the ineffective and dysfunctional methods that characterize our attempts to control illegal drugs and drug users. "There is the same unwillingness to carefully analyze the problem or to depart from traditional methods and conventional thought that was integral to the blood tragedy. There is a struggle for power and control over the issue between law enforcement and public health. There is a profound lack of understanding among decision-makers and many health professionals regarding the nature of the community and individuals at risk." (15)

Solutions

The legal status of drugs in Canada contributes to the difficulties encountered in addressing HIV among injection drug users. In the longer term, therefore, Canada must change its drug laws.

However, much can be done now, without waiting for the much-needed legal changes. Indeed, much must be done. Current approaches do not withstand ethical scrutiny. Ethical principles demand a more coherent and integrated drug policy - a policy that, contrary to Canada's current drug strategy, can withstand rational inquiry and scrutiny, and is responsive to the urgency and complexity of the current situation. The most important of the 66 recommendations in the report, directed primarily to the federal and provincial/territorial governments, include the following: Federal and provincial governments must establish a more constructive alternative to the current legal framework. Governments, and all Canadians, must: acknowledge that Canada's current drug laws have a disproportionate impact on the most vulnerable in Canadian society, including Aboriginal people, racial minorities, and women; acknowledge that current laws increase rather than decrease the harms from drug use; and recognize the human rights of drug users, in particular their right to health care (recommendation 1).

As part of the Canadian Strategy on HIV/AIDS, Health Canada must develop and implement a strategy for integrating HIV/AIDS and drug programming in Canada (recommendation 14). Pilot projects involving the prescription of heroin, cocaine, and amphetamines

must be authorized, funded, and initiated in Canada (recommendation 25).

Federal, provincial, and territorial governments must take measures to ensure that methadone maintenance programs are available to persons in all provinces and territories, including in rural and semi-urban areas (recommendation 50). The federal, provincial, territorial, and municipal governments must ensure that needle exchange programs are easily accessible to injection drug users in all parts of Canada, including in prisons (recommendations 60 and 65)

Other important recommendations include:

Health-care professionals must not withhold or refuse treatment simply because a person with HIV/AIDS is a drug user (recommendation 16).

Provincial human rights commissions that have not done so should adopt policies clearly stating that drug dependency constitutes a prohibited ground of discrimination (recommendation 19).

The pharmaceutical industry must develop simpler HIV drug regimens that can be more easily adhered to by HIV-positive drug users (as well as other people with HIV/AIDS) (recommendation 22).

Members of the medical and scientific professions should conduct research on issues relevant to HIV/AIDS and drug use, such as the interactions between illegal and prescribed drugs, and the effects of illegal drugs on the progression of HIV disease (recommendation 27).

Barriers to the participation of drug users in clinical trials must be removed (recommendation 33).

Accurate, unbiased, and non-judgmental information must be developed on illegal drugs for health-care providers, drug users, and members of the public (recommendation 41).

Ministries of education and health must undertake an evaluation of school programs on illegal drugs (recommendation 46).

The federal government must repeal criminal laws that subject drug

users and needle exchange staff to criminal liability for having in their possession drug paraphernalia containing residue of illegal substances (recommendation 61).

Pharmaceutical associations as well as licensing bodies should encourage pharmacists to distribute sterile syringes (recommendation 66).

Implementing these and the other recommendations in the Report will have an immediate impact on Canada's ability to prevent the further spread of HIV and other infections among injection drug users, and to provide care, treatment, and support to those already living with HIV or AIDS. Implementing these recommendations must therefore become an urgent priority.

Acknowledgments

I would like to thank the many people, acknowledged in the Report, who have contributed to it, and Health Canada for funding it under the Canadian Strategy on HIV/AIDS.

Valerie Cartledge

My name is Valerie Cartledge. I am a public health advocate and was a member of the Task Force on HIV/AIDS and Injection Drug Use.

This is not the first time that experts draw attention to the public health crisis of HIV/AIDS and injection drug use in Canada. In Edmonton, in 1994, key recommendations came from the Second National Workshop on HIV, Alcohol and Other Drug Use. Later, the Task Force on HIV, AIDS and Injection Drug Use was created to develop a National Action Plan on HIV/AIDS and Injection Drug Use. The intention of the Task Force was to create a road map for a journey that I felt was urgent, in light of mounting evidence that an HIV and hepatitis epidemic was at our doorstep.

The Task Force also observed that the legal status of drugs in Canada contributes to the difficulties encountered in addressing HIV among injection drug users. The illegal status of drugs affects drug users and our lives, pushes drug users to the margins of society.

This makes it difficult to reach drug users with educational messages, and makes users afraid to go to health or social services.

The illegal status of drugs also fosters anti-drug attitudes toward users. The Task Force report was released in 1997. Although there have been some positive developments, many of our recommendations have not been implemented.

The Task Force asked me to participate because I was candid about my personal experience as a former injection drug user. I made sure that the user's voice was heard, that people understood that drug users are human beings too. I explained the realities of the lives of drug users and the needs that drug users have.

My experience and expertise derives not only from my drug-using history, but equally from my hands-on knowledge of the health and social services sector.

I did not do "heroin" because I was a criminal. I am not "high" because I am prescribed methadone. If I consume a drug, any drug, it is not all that I am.

I am a caring mother of a three-year-old child, and a socially minded citizen and active participant in my community. Because of this, I am a public health advocate.

As a public health advocate, as a consumer of health and social services, as a mother, and as a former drug user, I hope and demand that the 66 recommendations in the report released today will be implemented immediately. The report very clearly spells out what can be done to better prevent the spread of HIV and hepatitis among injection drug users, and to provide better care, treatment, and support. It very clearly spells out what the legal and moral responsibilities are, and what we can and must expect from the leadership of this country. Now it is time to act.

Don Kilby, MD

My name is Don Kilby. I am a family physician.

For years I was part of the problem. If I didn't feel comfortable dealing with certain issues or certain patients I would rationalize why it was inappropriate for me to care for them.

I restricted access to my practice. Those who likely needed my care and compassion most were more often than not kindly invited by

my actions and my words to go elsewhere.

My rejection was usually subtle. I would dismiss them by suggesting they come back after they had detoxed or recovered from their addictions.

Today I'm here to say we need a different approach. One that builds on our own strengths as caring people and brings about appropriate responses to a public health crisis.

Canadians suffering from drug addiction have serious problems accessing health care. They are considered criminals to be punished, rather than people who need care and compassion.

We have a serious problem, one that is not going to go away. Drug addiction is our problem - it belongs to all of us. It can affect anyone. It recognizes no boundaries.

If we cannot find a way to reach out and care for those suffering from drug addiction, especially those who use or share needles and other paraphernalia, we will not succeed in reducing the risk to all of us of acquiring HIV, hepatitis C or hepatitis B.

An effective, compassionate approach to addiction starts with our belief and conviction that injection drug users suffer from a disease called addiction, that they are just as deserving as anyone else of access to quality health care and other social programs. Instead, if we continue treating these people like criminals it will remain easy for all of us to dissociate ourselves and passively allow them to continue suffering.

They are not alone in their suffering. They have parents, brothers, sisters, partners, and children. And because they are not dignified by our collective resolve to care for them, their families needlessly carry their shame.

I would like to ask Health Canada, the Correctional Service of Canada, the Solicitor General, and the Minister of Justice, and their provincial counterparts, to take a proactive approach that will ensure that quality care for those affected by drug addiction becomes a priority.

Existing programs need to be expanded, novel programs need to be explored through pilot projects, and new monies need to be found.

As of today let us speak to those and of those suffering with drug addiction and those who have recovered with greater RESPECT.

David J. Roy

My name is David Roy. I am the Director of the Centre for Bioethics of the Clinical Research Institute of Montréal, and the author of one of the papers on which the report released today is based. My ethical analysis of the seven priority isues chosen for study in the project, "Injection Drug Use and HIV/AIDS: Legal and Ethical Issues" may be summarized in the following position statements:

It is ethically wrong to continue criminalizing approaches to the control of drug use when these strategies: fail to achieve the goals for which they were designed; create evils equal to or greater than those they purport to prevent; intensify the marginalization of vulnerable people; and stimulate the rise to power of socially destructive and violent empires.

It is ethically wrong to continue to tolerate complacently the tragic gap that exists between what can and should be done in terms of comprehensive care for drug users and what is actually being done to meet these persons' basic needs.

It is ethically wrong to continue policies and programmes that so unilaterally and utopically insist on abstinence from drug use that they ignore the more immediately commanding urgency of reducing the suffering of drug users and assuring their survival, their health, and their growth into liberty and dignity.

It is ethically wrong utterly to neglect to organize the studies needed to deliver the knowledge required to care more adequately for persons who use drugs and are HIV-infected.

It is ethically wrong to exclude HIV-infected drug users from participation in clinical trials when that exclusion is based not on scientific reasons but rather on prejudice, discrimination, or simply on considerations of clinical trial convenience for the investigators.

It is ethically wrong to tailor or suppress the information about street drugs that individual users, professionals, and citizens generally need to know to act responsibly.

It is ethically wrong to set up treatment or prevention programmes

in such a way that what the programme gives with one hand, it takes away with the other.

Finally, it is imperative that persons who use drugs be recognized as possessing the same dignity, with all the ethical consequences of this ethical fact, as of all other human beings.

Endnotes

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5. PE Millson, T Myers, L Calzavara et al. Prevalence of HIV and Other Blood-Borne Viruses and Associated Behaviors in Ontario IDUs. Proceedings of the 7th Annual HIV Epidemiology Meeting organized by the Division of HIV Epidemiology, Bureau of HIV/AIDS, STD and TB, LCDC, Health Canada, 12-14 November 1998, cited in HIV/AIDS Among Injection Drug Users in Canada, supra, note 3.

6. B Baskerville, L Leonard, S Holtz. Evaluation of the SITE Project: A Pilot HIV Prevention Program for Injection Drug Users, Ottawa-Carleton Health Department. Final Report to NHRDP, March 1994, cited in HIV/AIDS Among Injection Drug Users in Canada, supra, note 3.

7. M Alary, C Hankins, R Parent et al. Updated Results from the SurvIDU Surveillance Network. Proceedings of the 7th Annual HIV Epidemiology Meeting organized by the Division of HIV Epidemiology, Bureau of HIV/AIDS, STD and TB, LCDC, Health Canada, 12-14 November 1998; and Division of Epidemiology, Bureau of HIV/AIDS, STD and TB, LCDC, Health Canada. Inventory of HIV Incidence/Prevalence Studies in Canada. Ottawa: Health Canada, May 1999, cited in HIV/AIDS Among Injection Drug Users in Canada, supra, note 3.

8. Ibid.

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11. Task Force on HIV/AIDS, and Injection Drug Use. HIV, AIDS, and Injection Drug Use: A National Action Plan. Ottawa: Canadian Public Health Association & Canadian Centre on Substance Abuse, 1997, at 10.

12. Bureau of HIV/AIDS, STD and TB Update Series, Laboratory Centre for Disease Control. Risk Behaviours Among Injection Drug Users in Canada. Ottawa: Health Canada Epi Update, May 1999, with reference to E Roy, N Haley, J Boivin et al. Injection Drug Use among Street Youth: A Dynamic Process. Paper presented at the 6th Annual Conference on HIV/AIDS Research, Ottawa, May 1997. Canadian Journal of Infectious Diseases 1997; 8 (Suppl A): 29A (abstract 225).

13. See HIV/AIDS in Prisons - Info Sheet 2: High-Risk Behaviours behind Bars. Montréal: Canadian HIV/AIDS Legal Network, 1999.

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15. J Skirrow. Lessons from Krever - A Personal Perspective. Canadian HIV/AIDS Policy & Law Newsletter 1999; 4(2/3): 35-41 at 40-41.

Biographical Notes

Ralf Jürgens, LL.M., Dr. jur., is Executive Director of the Canadian HIV/AIDS Legal Network, Chair of the Interagency Coalition on AIDS and Development, Editor of the Canadian HIV/AIDS Policy & Law Newsletter, and a member of the Ministerial Council on HIV/ AIDS. From 1992 to 1994, he was Project Coordinator of the Expert Committee on AIDS and Prisons, and taught the first course on AIDS and the Law ever to be offered at a Canadian University (McGill, Faculty of Law). Mr Jürgens has a Master's Degree in Law from McGill University, Montréal, Canada, and a doctorate in law from University of Munich, Germany.

Valerie Cartledge is a public health advocate and an active member of the Users' Literary Alliance, a group of citizens dedicated to improving Canada's social and political awareness through experience and education. She was a member of the Task Force on HIV, AIDS and Injection Drug Use (a joint project of the Canadian Public Health Association and the Canadian Centre on Substance Abuse), which released its National Action Plan in 1997.

Don Kilby is a practicing family physician and Director of Health Services at the University of Ottawa where he cares for approximately 400 HIV-positive patients. His dedication to improve prevention and treatment strategies, particularly within the street involved and injection drug user communities, has been proven through his efforts to help establish the OASIS program and in the development of innovative harm reduction models. He has been very public in his support of compassionate access for patients to a safe supply of medical marijuana. Dr Kilby has chaired the Ottawa Carleton Council on AIDS and is the recipient of the 1987 American Medical Writers Award for his Manual of Safe Sex.

David Roy is Director of the Centre for Bioethics, Clinical Research Institute of Montreal. He is Research Professor in the Faculty of Medicine at the Université de Montréal and is also founder and Director of the FRSQ Network for Research in Clinical Ethics (FRSQ - Fonds de la recherche en santé du Québec). From 1990 to 1997, Dr. Roy was a member of the Steering Committee of the Canadian HIV Trials Network and chairperson of both its Safety and Efficacy Review Committee and National Ethics Review Committee. In addition, from 1995 to 1997, he chaired the National Planning Forum for HIV/AIDS Research, Health Canada.

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