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Injection Drug Use and HIV/AIDS

Health Canada's Response to
the Report of the Canadian
HIV/AIDS Legal Network

Our mission is to help the people of Canada
maintain and improve their health.

Health Canada

Publication authorized by the Minister of Health

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Réplique de Santé Canada au rapport du Réseau juridique canadien VIH-sida*

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Health Canada's Response to the Report of the Canadian HIV/AIDS Legal Network

“ . . . If we truly believe in social justice, we have to acknowledge that merely because they are in the grip of an addiction does not make people who inject drugs any less entitled to a decent response.”

Allan Rock, Minister of Health
World AIDS Day – December 1, 1999

Message from the Minister of Health

In 1999, during an address to mark World AIDS Day, I committed to providing a response to the recommendations found in the Canadian HIV/AIDS Legal Network's report *Injection Drug Use and HIV/AIDS: Legal and Ethical Issues*.

In addressing this issue, we must look beyond the negative labels we attach to people who inject drugs. We must acknowledge that being in the grip of an addiction does not make a person any less entitled to a decent response. It means remembering that every one of those statistics is a human being – someone's son or daughter, sister or brother.

Injection drug use is first and foremost a health issue. Involving all Canadians in a just and compassionate response means that we must dig deep in our search for solutions and not stop until we find ones that work.

Injection Drug Use and HIV/AIDS: Health Canada's Response to the Report of the Canadian HIV/AIDS Legal Network, along with the recommendations in the Federal/Provincial/Territorial Committee on Injection Drug Use's working paper, *Reducing the Harm Associated with Injection Drug Use in Canada* (March 2001), outlines the current and planned departmental commitments to address the harm associated with injection drug use in Canada. Together these documents reflect the Government's view that Canada's response to injection drug use requires both improved interventions and the promotion of a supportive, non-discriminatory environment in which these interventions are offered.

I am pleased to share with you *Injection Drug Use and HIV/AIDS: Health Canada's Response to the Report of the Canadian HIV/AIDS Legal Network*.

The Honourable Allan Rock
Minister of Health
July 2001

Table of Contents

Foreword i

Introduction. 1

Health Canada Actions and Commitments 4

 The Current Legal Status of Drugs 4

 Drug Use and Provision of Health and Social Services 6

 Treatment (Basic Principles, Medical Treatment, HIV Antiretroviral Therapy) 8

 Prescription of Opiates and Controlled Substances. 9

 Drug Users and Studies of HIV/AIDS and Illegal Drugs 9

 Information About the Use and Effects of Illegal Drugs. 10

 Needle Exchange and Methadone Maintenance Treatment 11

Conclusion 12

Foreword

In November 1999, the Canadian HIV/AIDS Legal Network published a report entitled *Injection Drug Use and HIV/AIDS: Legal and Ethical Issues*. Funded by Health Canada under the Canadian Strategy on HIV/AIDS (CSHA), the report provides a legal and ethical analysis of care, treatment and support issues for people who use injection drugs and identifies measures to reduce the harm associated with injection drug use (IDU).¹

On World AIDS Day 1999, Allan Rock, federal Minister of Health, announced that Health Canada would provide a written response to the Canadian HIV/AIDS Legal Network's report, which made 66 recommendations to the federal and provincial/territorial governments, health care professionals and institutions, researchers, pharmaceutical companies and others.

This document fulfills that commitment by outlining current and planned Health Canada actions to address the harm associated with IDU – specifically HIV and hepatitis C transmission and drug overdose. It also addresses issues of care, treatment and support for people living with HIV/AIDS and hepatitis C who inject drugs.

Fundamental changes are needed to existing legal and policy frameworks in order to effectively address IDU as a health issue. This will require national and international dialogues with a broad range of stakeholders. In the meantime, however, much can be done within the current frameworks.

This document focuses on immediate actions that are being taken to reduce the harm associated with IDU. These initiatives reflect Health Canada's view that Canada's response to this urgent health issue requires both improved interventions with individuals who use injection drugs and fundamental changes to the environment in which such interventions are offered.

The CSHA is based on a pan-Canadian approach that acknowledges that the challenges ahead are too great and too complex to be addressed by a single government, agency or stakeholder. The issue of IDU epitomizes the need for collaboration at the community, regional and national levels. For its part, Health Canada is committed to working with other partners to ensure a compassionate, comprehensive and effective response to IDU.

¹ This document and the Canadian HIV/AIDS Legal Network's report focus on the non-prescribed use of injection drugs.

Introduction

IDU is a serious health and social issue for many countries, including Canada. The situation in Canada has been analysed in a number of reports, all of which have identified the urgent need for action by governments and other stakeholders to reduce the harm associated with IDU.

IDU is an issue for all Canadians, but particularly for vulnerable and marginalized members of society. The risk of harm from drug use is highest for Canadians who have a history of victimization, poverty, family dysfunction (including alcohol and other drug problems among family members), a low level of education, unemployment and lack of access to appropriate health care services.

It is estimated that up to 125,000 Canadians inject drugs, most commonly cocaine, heroin and steroids. IDU is associated with death from drug overdose; complications arising from HIV, hepatitis C and other communicable pathogens; and suicide, among other things.²

IDU can lead to explosive epidemics of HIV infection. In Bangkok, Thailand, for example, HIV prevalence rates among people who inject drugs increased by a striking 30 percent during a six-month period in 1998. Canada is not immune from this phenomenon: HIV prevalence in Vancouver among people who inject drugs increased from about 4 percent in 1992-93 to 23 percent in 1996-97.

In 1996, 50 percent of new HIV cases in Canada were directly attributable to IDU. HIV can also be transmitted to the sexual partners and newborn children of people who inject drugs. In addition, of the thousands of new cases of hepatitis C reported in Canada every year, an estimated 63 percent are related to IDU.

The economic cost of IDU is substantial and continues to grow. In 1992, before Canada experienced a dramatic increase in HIV and hepatitis C infections associated with IDU, the cost to society of illicit drug use was conservatively estimated at \$1.4 billion per year. Most of this was attributable to IDU and included lost productivity due to morbidity and premature death, as well as health care and law enforcement costs. If current trends continue, it has been estimated that the care and treatment of people with HIV/AIDS who inject drugs will cost \$14.7 billion over the next five years. The cost of medical treatment for people with hepatitis C is expected to exceed that for people with HIV/AIDS.

Although these statistics paint a grim picture, recent Canadian data provide hope. In 1999, people who inject drugs comprised 34 percent of new HIV infections in Canada, compared to 50 percent of new infections in 1996. How this decrease was accomplished is not yet clear, although some credit is being given to improved treatment and rehabilitation programs as well as to expanded harm reduction measures – pragmatic initiatives that neither condemn nor condone drug use but instead focus on reducing the harm associated with drug use.

Harm reduction measures include needle exchange programs (NEPs), methadone maintenance treatment (MMT) and other drug treatment options, outreach and education programs and cooperation between health and law enforcement officials to help those who use drugs gain access to health and social services. Such measures are relatively new in Canada, and no conclusive data exist on their impact. Nevertheless, harm

² Federal/Provincial/Territorial Committee on Injection Drug Use, *Reducing the Harm Associated with Injection Drug Use in Canada*, Working Document, March 2001.

reduction initiatives have been shown elsewhere to reduce the sharing of needles and other drug paraphernalia, the transmission of infections, overdose deaths and crime.

IDU as a Health Issue

IDU is first and foremost a health issue. However, it is also situated within a complex web of social issues related to health determinants and human rights. It is a national problem that is not restricted to any particular region of Canada, or to large urban centres. Wherever IDU occurs, it results in significant health, economic and social costs to individuals, families, communities and society in general.

Approaching IDU as a health issue, as opposed to a law and order issue, has important benefits. It fosters an environment in which people who inject drugs are treated as respected members of society who need and deserve support and assistance, not as criminals who should be isolated from others. A health approach to IDU supports the use of harm reduction measures that enable people who inject drugs to take control of their lives. By reducing the spread of infectious diseases and other consequences of IDU, harm reduction measures protect public health and facilitate the social reintegration of people who inject drugs.

Several harm reduction measures have been successfully implemented in Canada (most notably NEPs and MMT), but more needs to be done. This is particularly true for people who inject drugs and have experienced repeated treatment failures with

traditional approaches and for whom no alternatives are currently available. Innovative harm reduction measures must be developed, piloted, evaluated and, where found to be effective, implemented in Canada, as they have been in other countries.

A Partnership Approach

Health Canada recognizes that a comprehensive response to IDU requires a partnership approach involving other disciplines and jurisdictions.

At the federal level, Health Canada has a long history of collaborating with the Correctional Service of Canada (CSC), the Solicitor General of Canada and the Department of Justice to address the issue of IDU and its harm. Health Canada will continue to work with these departments. In particular, Health Canada will support the CSC's efforts to reduce IDU-related harm in correctional settings, in part by facilitating dialogue between the Ministerial Council on HIV/AIDS (which advises the federal Minister of Health) and senior decision makers at the CSC.

In addition, for slightly more than one year, Health Canada and the Advisory Committee on Population Health have co-chaired the Federal/Provincial/Territorial Committee on Injection Drug Use, whose mandate is to enhance intersectoral and interministerial collaboration on IDU.³ Based on its consultations and analysis of the large body of Canadian and international literature that addresses the need for action on IDU,⁴ the Committee has developed a working paper entitled

3 The Committee includes representatives of the Federal/Provincial/Territorial Committee on Alcohol and Other Drug Issues, the Federal/Provincial/Territorial Advisory Committee on AIDS, the Federal/Provincial/Territorial Heads of Corrections Working Group on HIV/AIDS and the Multi-disciplinary Committee of Senior Justice and Health Officials Developing a Comprehensive Canada-Wide Response to Illicit Drug Use and Emerging Substance Abuse Issues.

4 This body of literature includes the following documents: *Injection Drug Use and HIV/AIDS: Legal and Ethical Issues*; *HIV/AIDS in Prisons: Final Report*; *HIV, AIDS and Injection Drug Use – A National Action Plan*; *HIV, Hepatitis and Injection Drug Use in British Columbia – Pay Now or Pay Later?*; *Second National Workshop on HIV, Alcohol and Other Drug Use*; *The Red Road: Pathways to Wholeness*; *Report of the Task Force into Illicit Narcotic Overdose Deaths in British Columbia*; and *Drug Use and the HIV Epidemic, A Frame of Reference for Prevention*.

*Reducing the Harm Associated with Injection Drug Use in Canada.*⁵ The paper stresses the urgency of the situation, outlines the extent and costs of IDU in Canada, and highlights the need for coordinated, multi-sectoral action. It proposes a set of goals and guiding principles and makes concrete recommendations for action. The direction set forth in *Reducing the Harm Associated with Injection Drug Use in Canada* reflects the consensus view of a broad range of partners and has garnered the support of senior officials in the federal and provincial/territorial governments. The draft report developed by the Committee has been released as a working paper for consultation with key stakeholders.

Intergovernmental collaboration at the local level is also important and takes place through initiatives such as the Vancouver Agreement, under which all levels of government and other stakeholders are working together to develop a cohesive response to IDU in Vancouver.

Legal and Policy Issues

The issue of harm reduction and IDU poses several legal and policy dilemmas for Canada and other nations. The Canadian HIV/AIDS Legal Network, among others, has recommended a long-term goal of developing an alternative approach to the drug policy. Similarly, the November 1999 International Policy Dialogue on HIV/AIDS, co-sponsored by the Joint United Nations Programme on HIV/AIDS (UNAIDS) and Health Canada (through the CSHA), identified the need to address “the obstacles to harm reduction posed by the current international legal and policy framework.”

Health Canada keeps abreast of international developments in drug-related laws and policies in order to compare the Canadian approach to IDU with that of other nations and to identify opportunities for improvements. On the domestic front, a special Senate committee was established in the fall of 2000 to examine Canada’s policies and legislation on drugs. The committee, disbanded with the call of the November 2000 federal election, has been reconstituted and committee hearings are under way.

Health Canada acknowledges that changes are needed to existing legal and policy frameworks – both national and international – in order to effectively address IDU as a health issue. The required changes are complex and must be developed collaboratively over time. While discussions on legal and policy issues are unfolding, much can be done within the current frameworks to reduce the harm associated with IDU.

5 Several areas within Health Canada also contributed to this paper, specifically Canada’s Drug Strategy Division; the Hepatitis C Prevention, Support, and Research Program; the HIV/AIDS Policy, Coordination and Programs Division; the Office of Controlled Substances; the former Laboratory Centre for Disease Control; the British Columbia/Yukon regional office and the First Nations and Inuit Health Branch. Contributions were also made by the Royal Canadian Mounted Police, the CSC and Justice Canada.

Health Canada Actions and Commitments

The Canadian HIV/AIDS Legal Network requested that Health Canada respond to its report by indicating how each of the recommendations directed to Health Canada would be implemented. However, the need to remain open to all points of view and to new research precludes establishing specific commitments to each of the recommendations at this time.

For example, implementation of some recommendations would have a direct impact on pharmaceutical companies, pharmacists, clinical trials researchers and research funding agencies. These and other stakeholders need to have their viewpoints heard and to be involved meaningfully in the decision-making process.

Recognizing these constraints, Health Canada has organized its response according to the major headings used in the Legal Network's report.

The Current Legal Status of Drugs

The Canadian HIV/AIDS Legal Network concludes that Canada's current drug laws have a disproportionate impact on the most vulnerable and marginalized in Canadian society.

Research projects such as the Prince Albert Seroprevalence Study and the Vancouver Injection Drug Use Survey demonstrate clearly the need for a health determinants approach to addressing IDU in Canada.⁶ Factors such as poverty, homelessness, mental illness and a history of child abuse are known to contribute to the initiation of IDU and to high-risk behaviours among those who inject drugs.

Addressing IDU requires concerted multi-sectoral action on health determinants. Health Canada has adopted a population health and evidence-based approach to this issue and will continue to support initiatives that address health determinants that may lead to IDU or other undesirable health activities or consequences. For example, "Creating a Better Life," a collaborative project involving Queen's University, the Kingston, Frontenac, Lennox and Addington Regional Health Authority and a local street outreach service, is currently being funded under the CSHA. The project responds to the social, medical, employment and educational needs of injection-drug-using women who have children. As well, Health Canada regional offices have funded many innovative projects that mobilize people who use injection drugs, community-based groups and health and social service providers to address the links between IDU and the spread of HIV and hepatitis C.

Health Canada recognizes that a close examination is needed of how Canada's drug laws and regulations affect both people who use injection drugs and those who provide health and social services to this population. In the meantime, given the urgency of the situation, the Department is focussing on immediate initiatives, including harm reduction measures like NEPs, that can be undertaken within the existing legal framework and international drug conventions.

⁶ Information on these studies is available through the Web site of Health Canada's Population and Public Health Branch, Bureau of HIV/AIDS, STD and TB, at <http://www.hc-sc.gc.ca/hpb/lcdc/bah/index.html>.

To address wider policy issues:

- ▶ The federal Minister of Health will discuss health determinants related to HIV/AIDS and the role of federal departments with other ministers. The discussion will include IDU and Aboriginal issues, among others.
- ▶ Health Canada, through the Interdepartmental Coordinating Committee on HIV/AIDS and the Interdepartmental Working Group on Substance Abuse, will initiate a dialogue with other federal departments about the impact of current drug laws on people who use injection drugs, paying specific attention to the unique issues associated with HIV/AIDS and hepatitis C.
- ▶ A Senate committee is studying Canada's drug legislation and policies. Health Canada will support the Committee's work by providing briefing materials, testimony and other assistance.

The Legal Network makes various recommendations with respect to enforcement.

Enhanced collaboration between the health and law enforcement sectors is essential to ensure that health and enforcement initiatives are not operating at cross purposes but rather are working toward the shared goal of harm reduction. The foundation already exists for such collaboration as Health Canada has strong links with law enforcement agencies through fora such as the Health and Enforcement in Partnership Committee, the Canadian Association of Chiefs of Police Drug Abuse Committee and the Interdepartmental Working Group on Substance Abuse (which includes representatives from the Solicitor General Secretariat, the Royal Canadian Mounted Police, Justice Canada and the CSC).

Health Canada is examining the experiences of other countries that have tested or implemented alternatives to incarceration for drug use, such as the arrest referral program in the United Kingdom. As well, when participating in international fora, Health Canada promotes alternative measures to help people with drug problems.

In Canada, a two-year drug treatment court pilot program in Toronto is showing positive results. The pilot program sends non-violent drug offenders for mandatory treatment rather than to jail. The Toronto drug treatment court has a dedicated team made up of a judge, a federal Crown prosecutor and defence counsel assisted by social agencies, treatment experts and employment counsellors. Results from the program show that mandatory treatment is a much more constructive approach, with better long-term success rates, than the usual criminal justice approach. Health Canada recognizes the importance of continuing to work closely with provincial/territorial governments on such initiatives.

NEPs are another example of strong cooperation between the health and law enforcement sectors. The history of NEPs in Canada shows that local law enforcement officials have been essential participants in community committees considering the establishment of NEPs. As well, the Canadian Association of Chiefs of Police has adopted and communicated to its members a policy that calls for the exercise of police discretion when dealing with harm reduction activities.

To address issues of enforcement:

- ▶ Health Canada will study and assess innovative approaches to enforcement and will promote the use of alternatives to the traditional criminal justice system response where such alternatives are demonstrated to be effective.
- ▶ Health Canada will work with key partners to enhance the implementation, accessibility and effectiveness of NEPs and to reduce the barriers to such programs in Canada.
- ▶ Health Canada will continue to work with Justice Canada and the law enforcement sector to address judicial and policing concerns related to NEPs.
- ▶ Health Canada, through the Health and Enforcement in Partnership Committee, will continue to work with the Federation of Canadian Municipalities on a strategy to stimulate local action on IDU.

Drug Use and Provision of Health and Social Services

The Canadian HIV/AIDS Legal Network recommends that service providers be allowed to provide currently illegal drugs to drug users while they are in care. The Legal Network also advocates the removal of barriers to drug users accessing health care and other social services and the removal of the threat of criminal liability for service providers who wish to provide care, treatment and support without insisting on abstinence for patients who currently use drugs.

Health Canada recognizes the need to reduce barriers to obtaining care and to alleviate the suffering of people who inject drugs. The Department also acknowledges the desirability of a broader range of treatment options, including greater availability of treatments based on a harm

reduction approach. However, careful analysis is required of any proposal to enable provision of currently illegal drugs to drug users while they are in care.

Consistent with the recommendation of the Canadian HIV/AIDS Legal Network, an ethical analysis of the implications of doing this, including consideration of the well-being and rights of other patients and staff and the orderly operation of health care facilities, is required.

To address the issue of access to illegal drugs while an addicted individual is obtaining care:

- ▶ Health Canada will examine the implications and feasibility of enabling provision of illegal drugs to drug users while they are in HIV/AIDS care (including those receiving palliative care).

The Canadian HIV/AIDS Legal Network recommends that health care professionals receive training in HIV/AIDS and IDU issues.

Several mechanisms exist to support the training of health care professionals to provide improved care to people who inject drugs, including those with HIV/AIDS.

For example, the CSHA has provided funding to the Canadian Palliative Care Association to develop a curriculum and training program for health care workers who provide palliative care to people living with HIV/AIDS. The second phase of this project, also funded under the CSHA, involves the development and piloting of a curriculum on HIV pain and symptom management for people who use injection drugs, as well as a survey of participants from phase one.

As well, the Canadian HIV/AIDS Mentorship Program receives funding under the CSHA to provide peer mentoring to physicians new to HIV/AIDS care. Mentoring physicians involved in this program have wide experience in caring for the diverse populations of Canadians living with HIV, including street-involved people and people who inject drugs. The Program matches the patient characteristics of one physician with those of a mentoring physician who can provide good clinical practice information and support for this patient population. It also provides physicians with continuing education in the care needs of emerging populations. New case-based HIV workshops, which include cases of street-involved and injection-drug-using patients, are being undertaken across Canada.

Health Canada also provides funding to the Association of Canadian Medical Colleges for its HIV Scholars in Residence Program, which develops academic excellence in interdisciplinary HIV education in schools of health and social sciences across Canada. Case studies – including cases of HIV-positive injection-drug-using patients – are used to train new physicians, nurses, pharmacists, dentists and other students of health and social sciences to address complex problems and work in interdisciplinary teams.

To build the capacity of professional care providers:

- ▶ Health Canada will continue to work with universities and professional associations to enhance the quality of training for professional care providers on drug-related issues, including IDU.
- ▶ The Canadian HIV/AIDS Mentorship Program will continue to provide peer mentoring to physicians new to HIV/AIDS care.

- ▶ Health Canada will review current initiatives that deal with the capacity of professional care providers to address the care and treatment needs of Canadians living with HIV/AIDS, including the needs of people that inject drugs. Two such initiatives are the Canadian HIV/AIDS Mentorship Program and the HIV Scholars in Residence Program.

The Canadian HIV/AIDS Legal Network recommends that ethical and practice guidelines on HIV/AIDS and IDU be developed for health care professionals.

With funding under the CSHA, national working groups have developed *Guidelines for Monitoring HIV Prevention Programs for Drug Users* and *Ethical and Legal Guidelines on Collecting Information on Drug Use and HIV at the Community Level*. These guidelines are for studies of issues related to care for persons who use injection drugs. As well, practice guidelines on HIV management, harm reduction and treatment of substance abuse are available to clinicians.

Integrating these guidelines would improve the ability of health care professionals to provide the complex psychosocial and medical care required by people who inject drugs.

To enhance the integration of guidelines for treating people who use injection drugs:

- ▶ Health Canada will continue to provide funding to the College of Family Physicians of Canada to develop a resource for physicians and other care providers that identifies and links the diverse range of resources required for HIV care, including information on HIV epidemiology, pathophysiology and care, treatment and support for HIV-positive patients.

The Canadian HIV/AIDS Legal Network recommends national meetings, workshops and other fora on HIV-related services for drug users.

On World AIDS Day 1999, the Minister of Health stated that people with addictions and HIV issues deserve to be heard.

To help provide a stronger voice for people who use injection drugs:

- ▶ Health Canada will support a proposal from a consortium of local and national organizations to convene Canada's first national harm reduction conference. This initiative, called the "National Harm Reduction Conference: HIV, Hepatitis, Harm Reduction and Human Rights," will bring together people who inject drugs, service providers, and HIV/AIDS, hepatitis C and human rights organizations to build linkages for future collaborative efforts. Health Canada will work with the conference organizers to help build multi-sectoral partnerships in support of this goal of increased cooperation.
- ▶ Health Canada will request proposals to conduct a national needs assessment among drug users. The assessment will include focus groups and interviews with drug users across Canada to determine mechanisms for capacity building within this community, including the feasibility of establishing a national drug user network. It is anticipated that the results of the needs assessment will be presented at the national harm reduction conference noted above.

Treatment (Basic Principles, Medical Treatment, HIV Antiretroviral Therapy)

The Canadian HIV/AIDS Legal Network identifies basic treatment principles in its report.

Health Canada concurs that HIV treatment should not be withheld solely on the grounds that an individual uses drugs. Furthermore, provision of services should not be contingent upon an individual's entry into drug treatment.

With respect to antiretroviral therapy, the Canadian HIV/AIDS Legal Network recommends that simpler HIV drug regimens be developed, along with support mechanisms for people who use injection drugs.

Health Canada and its partners recognize that simpler treatment regimens would have important benefits for all people living with HIV/AIDS, including those who use injection drugs.

Some positive steps have been taken. For example, the ongoing development of new antiretroviral drugs and a better understanding of the long-term effects of combination antiretroviral treatments are creating opportunities to customize HIV treatment regimens to the needs of the person living with HIV (some once daily combination antiretroviral regimens are currently available).⁷ HIV experts are currently updating treatment guidelines to reflect these simpler and more individualized approaches to HIV treatment. This work is being supported by a number of private and public sector sponsors, including Health Canada.

⁷ It should be noted that pharmaceutical companies are competitively motivated to test and develop simpler treatment regimens. If this results in greater treatment compliance, fewer drug-resistant strains of HIV will develop, to the benefit of all Canadians.

As well, outreach to people who use injection drugs is leading to innovative models for treatment delivery. In Vancouver, for example, front-line staff at single-residence occupancy hotels help people who are HIV-positive and who inject drugs to manage their HIV treatment regimens.

Nevertheless, more needs to be done to ensure that the benefits of simpler treatment regimens are available to all persons living with HIV/AIDS, including those who use injection drugs.

The Canadian HIV/AIDS Legal Network recommends networking among and advocacy by physicians and their associations for improved medical treatment for HIV-positive people who use injection drugs.

As stated earlier, the Canadian HIV/AIDS Mentorship Program links physicians who are new to HIV/AIDS care with those who are experienced in this area. This program supports knowledge and skills development, as well as networking on IDU-related issues.

Prescription of Opiates and Controlled Substances

The Canadian HIV/AIDS Legal Network recommends that Canada work toward a long-term goal of permitting physicians to prescribe opiates and controlled substances.

Health Canada supports the advancement of scientific knowledge about IDU addictions treatment and harm reduction through methodologically and ethically sound research. To this end, the Department has been following with interest the development of a proposal for the

North American Opiate Medication Initiative. Health Canada supports, in principle, pilot projects that can expand the evidence base and the range of available treatment, prevention and harm reduction models. Future implementation of opiate prescription trials in Canada should be facilitated by the results of a successful heroin prescription program in Switzerland.⁸

Drug Users and Studies of HIV/AIDS and Illegal Drugs

The Canadian HIV/AIDS Legal Network makes various recommendations concerning Canada's research agenda and research activities related to HIV/AIDS and illegal drugs.

Tremendous new research opportunities exist through the Canadian Institutes of Health Research (CIHR). This new agency has brought together all federal health funding agencies under one roof, and over the next few years its budget will be substantially increased with new research funds. One of the directions of the CIHR is to integrate health research efforts by encouraging governments, researchers, voluntary health organizations and other partners to work together to shape the Canadian research agenda and translate research findings into practice within Canada's health system.

Health Canada agrees that involving people who inject drugs in agenda-setting processes will support the identification of priority IDU research needs. These processes must be combined with ethics, scientific and policy review processes to develop the best methodologies for conducting IDU research.

8 Switzerland implemented a heroin prescription program in 1994, followed in 1998 by legislation allowing physicians to prescribe heroin. By 1999, 880 patients had been treated with heroin. Program results show substantial improvements in patients' quality of life, including improved health, living conditions and employment, as well as a striking decrease in crime. On entering the program, 70 percent of patients reported income through illegal activities; this dropped to 10 percent after 18 months of therapy. The program costs 51 Swiss francs per person per day and delivers savings of 45 francs per person per day through health improvements and avoided judicial costs. (W. Weber, Heroin prescription for addicts in Switzerland improves quality of life, *The Lancet*, Vol. 356, pg. 1177, September 30, 2000.)

It is important to support a strengthened and integrated research agenda related to IDU, illegal drugs and HIV/AIDS.

To this end, under the CSHA, the Community-Based Research Capacity-Building Program and the Aboriginal Capacity-Building Program for Community-Based Research have recently been developed. These programs are intended to build community and academic capacity to undertake community-based research on HIV/AIDS. The capacity-building initiatives that will be supported under the programs include IDU-related research.

The HIV/AIDS Community-Based Research Program and the Aboriginal Research Program are available for the support of IDU research at the community level.

Implementation of several of the Legal Network's research recommendations would require the participation of the pharmaceutical industry, clinical trials researchers and funding agencies.

To address these recommendations:

- ▶ Health Canada will pursue opportunities for partnerships with the CIHR on HIV/AIDS, hepatitis C and other research issues related to IDU.
- ▶ Health Canada will examine the practical implications and feasibility of conducting clinical trials to determine how illicit drugs (street drugs) interact with HIV/AIDS drugs, as well as the effects of illicit drugs on the progression of HIV disease.

Information About the Use and Effects of Illegal Drugs

The Canadian HIV/AIDS Legal Network recommends the development and distribution of non-judgmental and unbiased information on illegal drugs for use in training caregivers, people who use injection drugs and others. The Legal Network also recommends that fora be established to facilitate discussions of school-based drug-prevention initiatives.

Health Canada, through the CSHA, the Hepatitis C Prevention, Support and Research Program, Canada's Drug Strategy and the First Nations and Inuit Health Branch, works with a variety of organizations to develop and distribute plain-language and culturally appropriate information about drug use. Recently, Health Canada released a revised version of the popular document *Straight Facts about Drugs and Drug Abuse*, which provides frank information about drugs and their effects, emerging substance use issues and legislation.

To further the training of caregivers:

- ▶ Health Canada will continue to collect and analyse information on best practices for the prevention of substance use problems and the treatment and rehabilitation of those who use illicit drugs. This research includes best practices to address the unique challenges of IDU.

Needle Exchange and Methadone Maintenance Treatment

The Canadian HIV/AIDS Legal Network makes several recommendations aimed at enhancing the availability and effectiveness of NEPs and MMT across Canada, including in prisons.

Health Canada acknowledges the need for expanded, more effective harm reduction and addictions treatment services in all settings across the country. As well, increased collaboration is needed with the CSC to improve interventions aimed at reducing the harm associated with IDU in correctional facilities.

The delivery of harm reduction services such as NEPs and MMT is a provincial/territorial responsibility, except where Health Canada has jurisdiction for health care service delivery (e.g., for First Nations and Inuit populations). Health Canada is working closely with its provincial/territorial partners to enhance these programs. For example:

- Health Canada, through the Alcohol and Drug Treatment and Rehabilitation Program, provides funding and other support to provincial/territorial governments to improve access to substance abuse treatment and rehabilitation programs, including MMT. As well, under Canada's Drug Strategy, a research agenda on treatment and rehabilitation has been developed and is being implemented jointly with provincial/territorial governments.
- Health Canada is currently focussing on MMT as a treatment for opiate dependency and is collaborating with the CSC to develop a program manual based on best practices in the field. Health care associations and MMT clients have been consulted on the manual, which will stress the importance of links with primary health care, counselling and education.
- With funding from Health Canada, The Works NEP in Toronto has been producing a quarterly national newsletter entitled *Junkmail* and has developed a NEP Web site to increase the capacity of Canadian NEPs to respond to the challenge of IDU and HIV/AIDS.
- With funding from the ministère de la Santé et des Services sociaux du Québec, the Centre de recherche et d'aide pour narcomanes and the Centre d'action communautaire auprès des toxicomanes utilisateurs de seringues are developing a low-threshold MMT program for heroin users in Montréal. The program is aimed at reducing the harm associated with heroin use, including the risk of HIV transmission. Health Canada is providing funding for the development of a research protocol and for data collection to evaluate the program.

Conclusion

IDU is a complex health issue that requires urgent attention in Canada. As illustrated in this response to the Canadian HIV/AIDS Legal Network's report, *Injection Drug Use and HIV/AIDS: Legal and Ethical Issues*, Health Canada is committed to both strengthening and expanding efforts with respect to IDU. This response builds on existing programs under the CSHA, Canada's Drug Strategy and the Hepatitis C Prevention, Support and Research Program and identifies new initiatives.

In strengthening and expanding its efforts, Health Canada has focussed on three areas of activity:

- reducing the harm associated with injecting drugs;
- providing care, treatment and support for people who inject drugs, including those with HIV/AIDS or hepatitis C; and
- ensuring that people who inject drugs can contribute to the development of policies and programs affecting their health.

Planning processes for the CSHA, Canada's Drug Strategy and the Hepatitis C Prevention, Support and Research Program have been coordinated in these areas. To support ongoing coordination, the three programs will develop an annual joint work plan related to drug use, outlining specific activities and their intended outcomes.

Health Canada's response to the Legal Network's report also incorporates mechanisms for collaboration with other governments, other federal departments, professionals, health care and social agencies, community-based organizations and people who use drugs, all of whom have important roles to play in preventing IDU and improving the health of drug users.

Injection Drug Use and HIV/AIDS: Legal and Ethical Issues has made an important contribution to the growing body of Canadian literature that points to the need for urgent action by governments and other stakeholders to reduce the harm associated with IDU. As noted earlier, this body of literature was analysed by the Federal/Provincial/Territorial Committee on Injection Drug Use, which subsequently produced the working paper *Reducing the Harm Associated with Injection Drug Use in Canada*.

This work by the Federal/Provincial/Territorial Committee on Injection Drug Use represents an extraordinary level of consensus among government officials, including those involved with addictions, enforcement, HIV/AIDS, hepatitis C, Aboriginal peoples, corrections, justice, and population health. It is now necessary to analyse the results of the stakeholder consultations on the working paper and prepare a final report for consideration of deputy ministers of Health.

Several of the directions set for the CSHA in the fall of 2000 will provide the broad framework needed for effective action on the health issues posed by HIV and IDU. The relevant CSHA directions are to build a broad information strategy; build a strategic approach to prevention; build a strategic approach to care, treatment and support; renew and develop human resources; engage vulnerable Canadians; and move to a social justice framework. Similarly, the Hepatitis C Prevention, Support and Research Program includes mechanisms to address the linkages between hepatitis C and IDU, and Canada's Drug Strategy provides a framework for dealing broadly with the many health concerns related to substance abuse.