Injection Drug Use and HIV/AIDS: Immediate Action Needed, Not More Words



MONTREAL – Canada is in the midst of a public health crisis concerning HIV, hepatitis C, and injection drug use. Today, over 20 months after the Canadian HIV/AIDS Legal Network released its report on *Injection Drug Use and HIV/AIDS: Legal and Ethical Issues*, Health Canada has responded with a commitment to "strengthening and expanding efforts with respect to injection drug use."

Nevertheless, Canada's response to the crisis of HIV/AIDS and hepatitis C among people who use injection drugs remains far from being concerted and effective. HIV and hepatitis prevalence and incidence are unacceptably high among people who inject drugs.

"We are pleased with many aspects of Health Canada's response to the Legal Network's report," says Ralf Jürgens, Executive Director of the Legal Network. "In particular, we commend Health Canada for acknowledging that injection drug use is first and foremost a health issue, and that fundamental changes are needed to existing legal and policy frameworks in order to effectively address injection drug use as a health issue."

However, the Legal Network is disappointed with other aspects of Health Canada's response to the Network's report. Jürgens explains: "Canada's drug laws are contributing to the harm associated with injection drug use. There is a need for changes to drug policy in Canada. Health Canada's response acknowledges this, but it tiptoes around this fundamental issue rather than dealing with it in a meaningful way."

"Granted, Health Canada has clearly recognized that the problems associated with injection drug use have reached critical proportions and require urgent attention, and that injection drug use is an issue of concern for all Canadians," says Jürgens. The response from Health Canada also acknowledges several other important facts: Canada will not be able to turn the situation around without doing more; people who inject drugs must be treated as respected members of society who need and deserve support and assistance, not as criminals who should be isolated from others; 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; the involvement of drug users and drug user networks in reducing the harm associated with injection drug use is crucial; and there is a need for expanded, more effective harm reduction and addiction treatment services in all settings across Canada. Jürgens adds: "We applaud Health Canada for acknowledging these facts and for making several key commitments, including enhancing the implementation, accessibility and effectiveness of needle exchange programs and reducing the barriers to such programs in Canada."

"But words are not enough," says Jürgens, noting that long-overdue action to address the health crisis associated with injection drug use must not be further delayed. "The public health tragedy of HIV/AIDS and hepatitis C among injection drug users has been underway for many years, and at least some of it could have been prevented had governments moved from meetings and further consultations to actually doing something about the problems at hand. Thus far the inaction has been striking. Many more people who use injection drugs will become infected in the years to come unless immediate action is taken."

The Legal Network's 1999 report on injection drug use and HIV/AIDS, the product of an 18-month project funded mainly by Health Canada under the Canadian Strategy on HIV/AIDS, recommended in particular that major long-term changes to drug legislation and policies be made; that heroin prescription pilot projects be started in Canada; that access to methadone treatment be improved; that people who inject drugs 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 pharmacists' associations as well as licensing bodies encourage pharmacists to distribute sterile syringes; that correctional systems make sterile needles available to inmates; and, in general, that repression make way for harm reduction.

"Health Canada has acknowledged today that much more needs to be done to deal with the public health and human rights crisis concerning HIV, hepatitis C, and injection drug use," says Jürgens. "We are now calling for leadership from the federal and provincial/territorial governments. Action, not more words, is needed."

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The Legal Network has prepared an in-depth review of Health Canada's response to the Network's report, entitled *Injection Drug Use and HIV/AIDS: The Canadian HIV/AIDS Legal Network Reacts to Health Canada's Response to the Network's 1999 Report on Injection Drug Use and HIV/AIDS.* This document, along with the Network's 1999 report, Health Canada's response to the report, and this press release, will be available at < <u>www.aidslaw.ca</u> > from 11 am, 31 August 2001.