# Methadone treatment for injection drug users: Lack of access fuelling health crisis



RED DEER – Barriers to methadone treatment are exacerbating the public health crisis associated with injection drug use. In Alberta, the number of heroin-dependent persons being treated with methadone remains low.

Methadone treatment programs have been credited with decreasing heroin use, reducing criminality, and reducing the spread of HIV and Hepatitis C. Nonetheless, in contrast with other provinces that have vastly increased access to methadone maintenance treatment over the last few years, access in Alberta remains extremely limited. In addition, provincial prisons do not offer this treatment at all despite studies that show the availability of methadone helps reduce prison violence and rates of re-incarceration.

"The failure to expand access to methadone maintenance treatment for people who need it, want it, and can benefit from it is unethical and inhumane," says Ralf Jürgens, executive director of the Canadian HIV/AIDS Legal Network and a plenary speaker at the 3rd Annual Alberta Harm Reduction Conference taking place in Red Deer, March  $14 - 15\ 2002$ .

"Methadone maintenance treatment has become a critical resource in the struggle against the spread of HIV/AIDS and hepatitis C among people who inject drugs," says Jürgens. "Lack of access to methadone treatment is fuelling the HIV/AIDS and hepatitis C epidemics in Alberta." Methadone is currently unavailable in many parts of the province. Where it is provided, drug users must grapple with an array of complicated rules and regulations just to gain access to the treatment. If successful, they are subjected to stringent, often unrealistic restrictions that reduce the effectiveness of treatment despite evidence showing that "low-threshold" methadone programs with fewer restrictions encourage more drug users to start treatment and are more successful at retaining them.

Total abstinence does not work for many people who are dependent on heroin, and relapse rates for people who stop using the drug are high. Methadone provides a viable alternative for reducing the harm associated with heroin dependence, and its safety and effectiveness has been well documented in scientific and medical studies. Access to methadone helps to improve the general health of heroin users, and helps decrease the spread of HIV and other blood-borne diseases because methadone is typically administered orally rather than by syringe.

"Methadone clinics are potentially excellent sites for disease prevention and education," says Phil Rauch, executive director of the Central Alberta AIDS Network which is hosting the Red Deer conference. "Patients can be offered screening and counselling for transmissible diseases, and can be provided information on safe sex and on the dangers of sharing needles."

Kevin Midbo, chair of the Alberta Community Council on HIV, says government inaction and excessive restrictions have made methadone virtually inaccessible for most Albertans who want and need the treatment. "We're in the midst of a public health crisis concerning injection drug use, HIV and hepatitis C, and we need action in Alberta and from all levels of government on expanding access to methadone."

Adds Jürgens: "Current policies on methadone and on injection drug use more generally are both ineffective in public health terms and fundamentally unjust."

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The Canadian HIV/AIDS Legal Network will hold a two-day workshop in Red Deer immediately following the Alberta Harm Reduction Conference for participants from Alberta, Saskatchewan, Manitoba, and the Northwest Territories who provide services to people with HIV/AIDS, people who use drugs, and prisoners. The workshop will focus on developing provincial and regional strategies for expanding harm reduction initiatives, including access to methadone treatment.

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Media Contacts: Phil Rauch, Executive Director, Central Alberta AIDS Network

(403) 872-1179

Thomas Haig, Communications Coordinator, Canadian HIV/AIDS Legal Network

(514) 238-3018

## About the Canadian HIV/AIDS Legal Network

The Canadian HIV/AIDS Legal Network is a national organization engaged in education, legal and ethical analysis, and policy development, with over 250 organizational and individual members across Canada. We promote responses to HIV/AIDS that respect the rights of people with HIV/AIDS; facilitate HIV prevention efforts; facilitate care, treatment, and support of people with HIV/AIDS; minimize the adverse impact of HIV/AIDS on individuals and communities; and address the social and economic factors that increase vulnerability to HIV/AIDS and to human rights abuses. Work on injection drug use and HIV/AIDS, as well as on HIV/AIDS and drug use in prisons, has been central to our activities since the early 1990s, and we have undertaken and published a wide range of legal, ethical and policy analyses on these issues. The Legal Network's work has received national and international recognition. Among other things, the United Nations Programme on HIV/AIDS included our activities in its collection of "best practices." Information about our activities and copies of our publications are available at: <a href="http://www.aidslaw.ca/maincontent.htm#pbi">http://www.aidslaw.ca/maincontent.htm#pbi</a>. Information about the Legal Network's workshop taking place March 15-17, 2002 in Red Deer can be found at: <a href="http://www.aidslaw.ca/Maincontent/events/capacitybuilding/prairies.htm">http://www.aidslaw.ca/Maincontent/events/capacitybuilding/prairies.htm</a>.

#### **About the Central Alberta AIDS Network**

Central Alberta AIDS Network Society (CAANS) serves the David Thompson, Crossroad and East Central Health Regions. This area extends from Ponoka to Olds (approximately 150 km) and from Nordegg to the Saskatchewan border (approximately 350 km). The total area equals 77,734 square kilometres (12% of Alberta) and contains a population of over 334,550 (11.5 % of provincial population).

CAANS was incorporated as a Society in May 1988. The previous fall, at a forum in Red Deer on HIV/AIDS, a participant suggested that a service for persons living with HIV/AIDS and their partners, families and friends was needed. Statistics on AIDS identified a need for this type of service in Central Alberta.

Community members and representatives from a diverse group of community services mobilized efforts to initiate an organization that could respond to requests related to HIV/AIDS. CAANS was the fourth AIDS Service Organization formed in the province and was modeled after the many other organizations that were appearing throughout North America.

Until the creation of CAANS, no organization was addressing HIV/AIDS in Central Alberta. At the time, AIDS primarily affected gay men and had a strong stigma attached to it. AIDS was viewed as a short-term crisis with a cure in sight. It was widely believed that AIDS was a "Big City" problem and did not affect people in our

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community. People living with the disease were reluctant to come forward and the media rarely provided coverage of local HIV/AIDS issues.

CAANS first worked on increasing basic awareness of the disease by addressing misconceptions and increasing sexuality education in the community. Another key challenge was gaining the confidence of the community. Being seen as a credible source of information was important to CAANS. The educational role and the ability to demonstrate and maintain confidentiality were crucial to gaining the trust of persons living with HIV/AIDS.

In 1992, CAANS had dedicated resources specifically to care and support. At the time, treatment options were limited. Assisting individuals and families through death and bereavement was the primary concern.

By the mid 90's the fastest growing mode of HIV transmission was through injection drug use. CAANS responded by increasing its focus on working with injection drug users through the prisons and by implementing a harm reduction program for injection drug users.

CAANS entered the new millennium with three programs – Support, Education, and Harm Reduction. As the epidemic shifts, so too does the programming at CAANS.

### **About the Alberta Community Council on HIV**

Responding to HIV, the virus that causes AIDS, means responding to more than a disease or an illness. HIV challenges our political, legal, social and health care systems. Recognizing the need for a coordinated, community-based provincial effort, the Alberta Community Council on HIV (ACCH) was formed in 1991. The ACCH is the regional coalition that represents the community-based HIV organizations in Alberta. Our fourteen members provide a continuum of HIV services from prevention to support in fifteen health regions in Alberta and provide specialized HIV programming for vulnerable populations. Each of our member groups is volunteer driven and governed by a board of community members. ACCH members come together to present a unified provincial voice on issues and concerns common to us all.

ACCH has three streams of programming: 1) Community Action, 2) Information and Training and 3) Stewardship of the Alberta Community HIV Fund.

ACCH members communicate regularly by conference calls, and meet as a group quarterly. Semi-annually we meet with our key partners. Together with our partners, ACCH works toward an overall goal of improving our individual and community responses to HIV through improved communication and more effective working relationships.

Recognizing that social change is a necessary response to HIV, ACCH supports community-based responses and provides provincial leadership through collective action and a unified voice.

For more information about the Alberta Community Council on HIV please refer to the ACCH website at www.1888stophiv.com.