

Introduction

Harm reduction is a public health approach designed to reduce the individual and community harms associated with risk behaviour. A core belief of this approach is that communities will never eliminate individual participation in risky behaviours, but the harms associated with those risky behaviours can be reduced (disease, death, crime, and suffering). Harm reduction does not condone illegal risk behaviours but it acknowledges these behaviours exist and that in the interest of public health and compassion, the harms that may be associated with these behaviours need to be mitigated.

Examples of drug related harm reduction programs and strategies:

- Needle & syringe exchange programs
- Provision of safer inhalation equipment/safer crack kits (i.e. pipes, screens, mouthpieces, push-sticks)
- Safer injection/inhalation rooms
- Replacement therapy such as methadone programs
- Health and drug education
- HIV and sexually transmitted disease screening
- Counselling
- Medical care and treatment referrals
- Safer injecting facilities

Non-drug related examples of harm reduction practiced:

- Wearing seatbelts
- Having speed limits
- Public smoking bans
- Using condoms with new sexual partners

Driving, smoking and having sexual relationships all pose some risk and we understand that we cannot stop people from engaging in these behaviours. However, we do have the ability to reduce the risk associated by providing the above harm reduction tools and strategies.

AIDS Calgary Awareness Association Policy

Individuals who use drugs are at high risk of contracting HIV, HCV and other communicable diseases. We firmly believe in utilizing harm reduction as one part of a holistic approach to healthcare and addiction.

AIDS Calgary firmly supports harm reduction philosophy, programs and the distribution of safer drug use equipment be it injection equipment, inhalation equipment, and the creation of safer drug use facilities.

Arguments against harm reduction:

Enables drug users

The common concern of the public tends to be that by providing drug equipment we are enabling drug users to continue using as opposed to ceasing their drug use.

Legal implications

Many individuals believe that distributing drug equipment is illegal and programs should not be allowed to distribute materials illegally.

Cost

Many individuals believe that their tax dollars should not go to support drug user's habits and provide them with the tools to use drugs.

Arguments for harm reduction:

Enables drug users

There is currently no evidence to support that providing safer drug equipment encourages individuals to use drugs or to use more often. Since needle exchange programs became available in Canada in 1987, there has been no correlation found that providing this service has had an influence on increased drug use.

Legal implications

"The mere possession of a new or unused crack pipe, or other materials that usually make up a safer crack use kit, is not illegal" ¹. The criminal code states that a person who knowingly distributes "instruments for illicit drug use" is guilty of an offence.

The Canadian HIV/AIDS Legal network summarizes that the criminal code does not include distributing a "device" as illegal; a device is defined in the Food and Drugs Act as a tool, instrument or apparatus that may mitigate or prevent disease. This leads the Canadian HIV/AIDS Legal Network to surmise that new or unused crack pipes are devices that prevent diseases and are not instruments for illicit drug use. This is the same reasoning that supports needle exchange programs².

Cost

By reducing the transmission of infections and diseases such as HIV and HCV we are saving tax payers substantial health care costs.

¹ Distributing Safer crack use kits in Canada. Questions and Answers. Canadian HIV/AIDS Legal Network. September 2008.

² Distributing Safer crack use kits in Canada. Questions and Answers. Canadian HIV/AIDS Legal Network. September 2008.

- The Canadian AIDS Society reports that the total cost of an HIV infection in Canada is \$1.3 million per person³.
- A single needle costs \$0.10 and a crack pipe costs \$0.30⁴.
- “In Ontario, individual liver transplants cost about \$120,000, but complicating factors can drive the cost as high as \$690,000. Of the 338 liver transplants performed in Canada in 1998, 217 were attributable to HCV. It is estimated that this figure will triple by 2008”⁵.
- HCV treatment can cost up to \$30,000 per person⁶.

Saves lives

Evidence-based practice continues to demonstrate the efficacy of harm reduction initiatives in saving lives. Needle exchange programs, crack-kits, crack-pipes, and condom distribution reduces infection rates and disease transmission.

- In Alberta, the number of newly diagnosed HIV cases among males directly attributed to injection drug use **decreased from 37.9% in 2000 to 20.6% in 2006**; the number of newly diagnosed HIV cases among females directly attributed to injection drug use **decreased from 56.7% in 2000 to 27.8% in 2006**⁷.
- One consequence of when drug users smoke crack is the presence of cuts, blisters or sores on the lips and inside the mouth. A study down in Ottawa found that: “Emerging epidemiologic evidence suggests that these injuries promote the parenteral transmission of the hepatitis C virus (HCV) and the human immunodeficiency virus (HIV) through blood-to-blood contact when smoking devices are shared among users; crack users with oral sores may be exposed to the potentially infectious blood left on the pipe by other smokers with mouth injuries”⁸.
- A study released in 2009 looked at smoking crack as a risk factor for HIV infection. The study found that smoking of crack cocaine as an independent risk factor for HIV seroconversion. The report encourages the distribution of safer crack kits and medically supervised inhalation rooms as a means to

³ The Economic cost of HIV/AIDS in Canada. JoAnn Kingston-Riechers, PhD. Canadian AIDS Society, 2011. <http://www.cdnaids.ca/economic>

⁴ August 2011. Personal communication with Alberta Health Services Safeworks Program.

⁵ Hepatitis C: a public health perspective and related implications for physicians. Dinner, K, et.al. www.phac-aspc.gc.ca/hepc/pubs/pdf/hepc-imlic_e.pdf. Accessed August 2011.

⁶ Hepatitis C Prevention, Support and Rsearch Program; Health Canada. http://www.phac-aspc.gc.ca/hepc/pubs/psrpmideval-ppsrevalinter/i_problem-eng.php. Accessed August 2011.

⁷ Alberta Health and Wellness. (2006). HIV/AIDS Year End Report to December 31, 2006

⁸ City of Ottawa Public Healt Safer Crack Use Initiative: Evaluation Report, October 2006. www.med.uottawa.ca/epid/assets/documents/Crack%20Report.pdf. Accessed August 2011

prevent the spread of HIV amongst individuals who use drugs⁹.

Creates relationships with health providers

Often times harm reduction services are the first point of contact with health care providers for individuals engaged in drug use. By providing these services there is the opportunity for the individual to form a relationship with a service provider who is non-judgemental and compassionate. Often times this may be a new experience for an individual engaged in high risk behaviours. By building this relationship individual who use drugs are more likely to come back for support when they need it, whether this is for basic needs support, counselling on cessation of drug use, referrals for addictions support, etc. This relationship also gives the service provider an opportunity to provide harm reduction counselling on how to use safer, reduce risk of transmission of diseases, where to get tested, etc.

Conclusion:

Harm reduction is a necessary health approach to protect individuals who use drugs from contracting disease. We should not allow public opinion; media sensationalism and moral values attached to drug use inform our health policy and practices.

AIDS Calgary works from a harm reduction approach in all aspects of the work that we do and we firmly believe that individuals have the right to determine if and when they are ready to quit a behavior. Harm Reduction is an essential and cost effective component of a comprehensive continuum of care to; address substance use, prevent disease transmission and save lives.

⁹ Smoking of crack cocaine as a risk factor for HIV infection among people who use injection drugs. <http://www.cmaj.ca/content/181/9/585.full>. Accessed August 2011