

AIDS Calgary believes that an action plan to address the spread of HIV should include a harm reduction component. Any tool for harm reduction should be used, including the essential components of (1) risk reduction education, (2) needle exchange programs and (3) supervised injection facilities. Risk reduction should be embraced because individuals in Canadian society should have accurate, comprehensive, unbiased and non-judgmental information, resources and support on all matters that require contemplation, choice, and action.

**These considerations are compiled from the following sources:**

1. **Canadian HIV/AIDS Legal Network ([www.aidslaw.ca](http://www.aidslaw.ca))**
    1. Injection Drug Use and HIV/AIDS: Legal and Ethical Issues. November 1999.
    2. Brief to the House of Commons Special Committee on Non-Medical Use of Drugs Injection Drug Use, HIV/AIDS, and HCV. February 2002.
    3. Establishing Safe Injection Facilities in Canada: Legal and Ethical Issues. April 2002.
  2. **Centre for AIDS Prevention Studies, University of California at San Francisco ([www.caps.ucsf.edu](http://www.caps.ucsf.edu))**
  3. **Harm Reduction Coalition, United States ([www.harmreduction.org](http://www.harmreduction.org))**
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### **Intravenous Drug Use and Risk Reduction**

In 1999 in Canada 34.1% of the estimated 4190 new HIV infections were among intravenous drug users (ID users).

Risk reduction is an approach that recognizes that ID use is part of our society. This approach eschews ignoring or condemning the harmful effects of ID use, in this case, the spread of HIV. Rather, it consists of a set of practical strategies that work to reduce negative consequences of ID use. Risk reduction incorporates a spectrum of strategies from education, to safer use (through the provision of needle exchange programs), to managed use (though the use of safe injection sites) to eventual abstinence.

### **Education**

Individuals in Canadian society should have accurate, comprehensive, unbiased and non-judgmental information on all matters that require contemplation, choice, and action. It is ethically wrong to tailor or suppress information about intravenous drugs that individual users, health care providers and the general public need to know to act safely and responsibly.

There is currently insufficient information being provided to the general public, to health care providers and to ID users on intravenous drugs and ID use. This has a negative impact on prevention of ID use and on treatment and support for ID users. In turn this has a negative effect on the spread of HIV.

Intravenous drug education is an essential component in a risk reduction approach to ID use. To be effective, ID education should be based on realistic assumptions about ID use. It should be accurate, comprehensive, unbiased and non-judgmental. Education programs should address the needs of diverse individuals within their specific social contexts and thus should be flexible, open and creative. Education should include a focus on the principles of risk reduction.

### **Needle Exchange Programs**

Needle exchange programs (NEPs) are an essential component in a risk reduction approach to ID use. The rationale behind these programs is that ID users share dirty needles and syringes, which is a high risk activity for the transmission of HIV and other blood borne diseases.

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Research has shown that if drug users are provided with sterile works they will not share works and thus a reduction in the transmission of HIV and other blood borne diseases will result. Research has also shown that NEPs do not increase the number of ID users, do not lower the age of first injection and do not increase the number of needles discarded in the community. As well, research has shown that government funded NEPs are cost effective investments as the cost of providing such programs is far less than the cost of caring for an HIV infected individual, a cost the government of Canada largely bears.

In addition, NEPs are an effective way of establishing connections with ID users in order to provide them with education, support and counselling and to further connect them to health care providers and drug treatment programs.

In Canada there are currently over 100 NEPs. At the same time there are still several problems with these programs:

1. Some NEPs limit the number of syringes or needles distributed to ID users at each visit.
2. Access to NEPs is limited in rural and suburban areas.
3. There are no NEPs in federal or provincial prisons.
4. Many NEPs have very limited business hours.
5. Not all NEPs provide education, support, counselling and medical and treatment referral services.
6. Many NEPs face opposition from community members.

#### **Supervised Injection Facilities**

Supervised injection facilities (SIFs) are another component of the harm reduction approach to ID use. These are facilities where ID users are able to inject using clean equipment under the supervision of medically trained personnel. The drugs are brought by the users; they are not provided by the facilities. The medical staff members do not assist in the injection process. They do provide the ID users with clean works. Further, they do assist the ID users in avoiding overdose, the transmission of HIV and other blood borne diseases and other negative health effects that often result from using dirty works and employing unsafe injection practices.

As well, these facilities can provide education, support and counselling. They can also provide primary health care. Importantly, they can serve as a gateway to treatment and rehabilitation programs. Research of SIFs in several European cities has shown that:

1. SIFs reduce health risks to ID users by reducing fatal overdoses and reducing the transmission of HIV and other blood borne diseases
2. Since they can provide education, support and counselling and can act as a gateway to treatment and rehabilitation, SIFs can lead to a decrease in the overall number of ID users in a community
3. SIFs reduce visibility, nuisance and crime associated with street drug use.

One important suggestion regarding the implementation of SIFs in Canadian cities is gained from other jurisdictions that already have such facilities: involve the community in the process. Individuals, businesses and organizations in the community in which a SIF is proposed must be given all the relevant research and information regarding SIFs. They must also be able to voice their concerns and feel that they are being heard. Community support is essential to the success of a SIF.

One way in which community concerns can be addressed is by implementing a SIF on an experimental basis in the community in order to work out any problems before the SIF becomes permanent.

Last, civil and criminal liability do not pose insurmountable obstacles to implementing such facilities. But in order to enable the facilities to operate in the most effective manner possible the federal government must create a regulatory framework governing SIF.