

**A Harm Reduction Approach for Injection Drug Users (IDUs)  
Adopted February 2005**

The Partnership  
of New Brunswick  
Community-Based AIDS  
Organizations  
includes AIDS Saint John,  
SIDA/AIDS Moncton,  
AIDS New Brunswick and  
Healing Our Nations.

This document was prepared in  
consultation with the  
following groups:

Canadian Liver Foundation –  
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The John Howard Society of  
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l'Université de Moncton

New Brunswick Pharmaceutical  
Society

Young Voices II - Canadian  
Liver Foundation

**Issue Summary**

Injection drug use is a serious health and social issue in Canada. The economic costs associated with injection drug use are substantial and rising, due, in part, to the spread of HIV and Hepatitis-C infections. A federal/provincial/territorial report in 2001 (Reducing the Harm Associated with Injection Drug Use in Canada) notes that 63% of new Hepatitis-C cases and over one third of new HIV cases are related to injection drug use. This study predicts that the direct and indirect costs of HIV/AIDS and Hepatitis-C attributable to injection drug use will be \$8.7 billion over the next six years, if trends continue.

**Position**

It is the position of the Partnership of New Brunswick Community-Based AIDS Organizations (NBCBAOs) that the government of New Brunswick adopt a harm reduction approach to drug addictions, with emphasis on treatment for injection drug use and IDU-related prevention of HIV, Hepatitis-C, endocarditis and other health concerns. Essential components include but are not limited to:

- 1) operational funding for comprehensive methadone maintenance treatment (MMT) programs throughout the province;
- 2) operational funding for needle exchange programs (NEPs) throughout the province;
- 3) funding for condom distribution programs throughout the province;
- 4) funding for education programs throughout the province aimed at identifying and reducing risks associated with drug use.

**Harm Reduction Definition**

Harm Reduction is a non-judgmental approach that focuses on providing people involved in drug use with the skills, knowledge, resources and support that they need to reduce the risk of harm to themselves and others. It addresses issues of health promotion and social justice, in addition to abstinence and suppression. Canada's Drug Strategy, the Canadian Strategy on HIV/AIDS, and the Hepatitis C Prevention, Support and Research Program all highlight the need for enhanced Harm Reduction programming. Harm reduction programs can complement abstinence-focused programs.

Because Harm Reduction requires that policies and programs designed to serve drug users reflect specific community needs, and also that the intended recipients be involved in the development and delivery of such policies and programs, there is not one universal definition or formula for implementing Harm Reduction.

Health Canada says that harm reduction focuses directly on reducing

the harm resulting from problematic substance use, both to the individual and the larger community, without requiring diminished substance use or requiring abstinence. Harm reduction strategies designed to achieve safer substance use may, however, precede subsequent efforts to achieve total abstinence, or may be used to achieve lower-risk substance use as an intermediate step towards achieving abstinence from substance use.

## Background

- An estimated 125,000 people in Canada inject drugs. (Illicit Drugs: The Federal Government's Role, 2001)
- Between 1985 and 2003, a total of 331 people in New Brunswick tested positive for HIV, of whom 16% were injection drug users (CCENDU Fredericton Site Committee, 2004 Annual Report).
- From 1999-2003, there were 959 reported cases of Hepatitis C in NB, and the majority of cases identified injection drug use as a risk factor. (Provincial Hepatitis C Enhanced Surveillance data base, NB Department of Epidemiology).
- Injection drug use is the predominant risk factor of HIV infections among Aboriginal populations in Atlantic Canada.
- Rates of HIV and Hepatitis C in prison populations in Canada are much higher than those found in the general population. However, to date, no Canadian prison system (federal or provincial) has started or piloted a needle exchange program, and methadone maintenance treatment programs are not offered consistently. (Ontario Medical Association. Improving our health: Why is Canada lagging behind in establishing needle exchange programs in prisons?)
- Harm Reduction programs are needed in New Brunswick to curb infections, to decrease drug-related crimes, and to improve the quality of life of drug users. As the NB Provincial Health Plan (2004-2008) states, the health care system must be responsive to population needs, and provide equitable access to programs and services.

## Methadone maintenance treatment (MMT) programs:

- Research shows that MMT programs decrease opiate use, decrease the spread of HIV and Hepatitis C (since methadone is administered orally, rather than by syringe), and reduce criminal activity. New Brunswick's Health Plan notes: "*Studies demonstrate that the availability of these services results in a marked reduction in illicit drug use and criminal activity, as well as improvement in employment rates and psychological status of persons addicted to drugs.*"
- In 2004, there were 316 active clients in MMT programs in Moncton, Fredericton and Miramichi, in federal penitentiaries in NB, and in one private practice, with 449 more on waiting lists. These figures are considered very conservative; those working in the system estimate the number needing the service to be closer to 2,000. (CCENDU Fredericton Site Committee, 2004 Annual Report)
- A cost benefit analysis of the Fredericton Community Health Centre found that a one-year methadone program could produce a saving to the province, in health and justice costs, of \$43,678 per person per year. (NB Official Opposition report, 2004)
- The annual report of the NB Office of the Ombudsman recommended the establishment of methadone maintenance programs in each of New Brunswick's seven health regions. It recommended that such MMT programs be comprehensive, and include prevention, counseling and mental health services.
- The NB Speech from the Throne in December of 2004 announced the establishment of MMT programs in Saint John, Moncton, Fredericton and Miramichi, to be phased in by 2008. Details are as yet unclear. The Partnership applauds this initiative but would like to be represented on the provincial committee that develops policy and treatment and funding guidelines, to ensure that these programs respond to need throughout the province.

### **Needle exchange programs (NEPs):**

- Research shows that NEPs are an effective way to reduce rates of needle sharing among injection drug users, to reduce the spread of HIV/Hepatitis C, and to protect the safety of injection drug users as well as the general public by ensuring that dirty needles and syringes are disposed of properly.
- Research also demonstrates that NEPs are an effective way to establish connections with injection drug users, to provide them with education, support, counseling and referrals (i.e. to drug treatment programs).
- At the Fredericton NEP, the number of needles distributed has increased from 2,700 in 2000/01 to 19,000 in 2003/04 (20,000 used needles were returned that year). In Saint John, the number of needles distributed has increased from 734 in 1999/00 to 74,132 in 2004/05 (40,020 used needles were returned that year).
- NEPs are seriously under-funded in New Brunswick. There are only two NEPs in New Brunswick that receive provincial government support in the form of needles but no financial support. A key element in preventing the spread of HIV by injection drug users, NEPs that are culturally sensitive and readily accessible should be established and funded.

### **Condom distribution programs:**

- HIV/AIDS and other infections are also transmitted by risky sexual practices. A harm reduction strategy for drug users should support and encourage individuals to reduce harm to themselves and others by using condoms during sexual activity.
- The province should provide funding for condom distribution programs throughout the province in addition to the present distribution at Sexual Health Centres and AIDS Organizations.

### **Education programs aimed at identifying and reducing risks:**

- Education and outreach programs, with a harm reduction focus aimed at drug users, are readily available in some parts of Canada. These programs have proven to be effective in reaching a large segment of the drug user population. (Harm Reduction and Injection Drug Use: An International Comparison, 2003)
- Young people, in particular, require education about risks associated with drug use and sexual activity. In 2002, more than half of grade 7 and 9 students in Canada believed there is a cure for HIV/AIDS. Close to half of boys and 37% of girls in Grade 11 thought there was a vaccine to protect against HIV/AIDS. (Canadian Youth, Sexual Health and HIV/AIDS Study, 2003)
- The province should provide funding in schools and health care and provincial correctional facilities throughout the province for education programs aimed at identifying and reducing risks associated with drug use and sexual activity.

## **Resources**

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Publication of this document has been made possible through a financial contribution from the Public Health Agency of Canada. The views expressed in this report do not necessarily represent the views of the Public Health Agency of Canada.

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