

A 'first' for Canadian harm reduction

Dan Allman

In a non-descript conference facility, in a hotel in downtown Toronto, over 300 people who use drugs or who provide services or support for drug users assembled.

This was the Canadian Harm Reduction Conference, where community organizers from across the

exchanges and street outreach, defend programs and prove cost-effectiveness, systemic issues such as poverty, unemployment, homelessness, racism and prejudice about drug users help continue and extend this crisis.

Women, Aboriginal communities, prisoners, and others isolated from services by geography, inadequate housing, street-involvement or



country have brought together a diverse group - many of them on scholarship - to attend this first-ever, national harm reduction conference.

As early as 1997, a National Task Force on HIV/AIDS and Injection Drug Use stated that "Canada is in the midst of a public health crisis concerning HIV and AIDS and injection drug use, as the infection continues to spread in vulnerable populations, showing little respect for geographical boundaries."

In the five years since then, the crisis facing drug users and their families has continued and expanded, making this conference even more timely than ever.

Organizers of the conference define harm reduction as "a practical approach to drug use", one that recognizes that quitting drugs or abstinence "may not be realistic or desirable for everyone".

It is a response that is "community-based, user-driven, and non-judgmental", says Erik Ages, a conference organizer, who has spearheaded the conference designed to meet people who use drugs "where they are at", and respond to their health concerns.

While advocates for recognized harm reduction programs, such as needle

unemployment, find themselves over-represented in terms of the number of people affected by these issues.

In Canada, "financial cutbacks to social services, and community concerns about needle exchange and methadone programs have reduced services". In addition, public health and community workers are finding that emerging issues such as increased crack cocaine injection require creative and acceptable approaches.

In some cities, gentrification of downtown areas has forced drug users away from their communities to places where services are even more limited.

It is in this climate that advocates of a community-based harm reduction response came together to attend the first national harm reduction conference aimed at providing a "Canadian response to the need for harm education programs".

The conference targeted "those most directly involved in receiving, developing and delivering harm reduction strategies for drug use, mental health issues and the prevention of HIV and hepatitis in communities across Canada," said Ages.

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Canadian
Strategy on
HIV/AIDS

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new in the library

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At risk : recommendations for a strategy on HIV, blood-borne pathogens and injection drug use

Regina : Saskatchewan Health, 2002.

A report of the Provincial Strategy Team of Saskatchewan, the mandate of which was to investigate the transmission of HIV and other blood-borne pathogens through injection drug use and to make recommendations to the Chief Medical Health Officer. The first section provides a list of recommendations, an introduction, HIV statistics in Canada, Saskatchewan and other provinces, and a look at injection drug use. The second section examines outreach services and education, social determinants of health and injection drug use, public health and treatment, cost-effective strategies, and legal policies and law enforcement.
Call # M SK 20256

Paediatric HIV infection and AIDS [booklet]

Geneva : UNAIDS, 2002.

This best practice document examines how children become infected with HIV; what can be done to prevent infection in children, which includes health education and the prevention of mother-to-child transmission; and, finally, the various ways of reducing the impact of HIV on children (such as promoting early awareness, improving diagnostic facilities, providing vitamin A supplementation and immunization).
Call # PAM INT 20216

HIV/AIDS education manual

West Vancouver : Red Road HIV/AIDS Network Society, 2002.

This manual is designed to offer standardized information on HIV/AIDS that can be used by facilitators and educators in Aboriginal and non-Aboriginal communities. Its goal is to ensure that they possess the skills and knowledge necessary to provide a high quality of HIV/AIDS education to Aboriginal communities in British Columbia. It provides step-by-step guidance to the facilitator in the presentation of the material, recommends tools for presentation and offers suggestions on ways to maintain cultural sensitivity.
Call # M BC 20255

Sexual transmission of Hepatitis C [periodical article]

/ Bernard, Edwin J. - New York, NY : Gay Men's Health Crisis, 2002.

This article was taken from GMHC Treatment Issues, Vol. 16, no. 9, September 2002.

This article examines evidence that sexual transmission of the hepatitis C virus (HCV) is on the rise, particularly amongst gay men.

Call # PER USA 20243

Harm Reduction, from page 1

The conference revolved around three streams: skills building and networking, education and policy development, and emerging issues. It offered workshops related to HIV/AIDS, hepatitis, tuberculosis, and drug use, Aboriginal communities, women, youth, seniors, prisoners, sex work, homelessness, human and civil rights and drug-specific issues such as party and rave drugs and national and international drug policies and their impact on local programs.

While some conference delegates expressed frustration at the lack of official government presence at the conference itself, it is federal governmental support that provided the funds to allow this initiative to happen – and organizers hope it will become an annual event.

Although the possibility and location of a future national harm reduction conference have not been finalized, a pre-conference national needs assessment found that the majority of stakeholders suggested the next conference be held in Vancouver, a city

whose own “war on drugs” has reached epidemic proportions.

The Canadian Harm Reduction Conference was funded by Health Canada, the federal department responsible for helping the people of Canada maintain and improve their health. ✂

More information about the conference can be found on its official website: www.harmreduction2002.ca. The article, “A ‘First’ for Canadian Harm Reduction”, originally appeared on INTAIDS on Nov 27, 2002. Copyright INTAIDS 2002 [Internet: <http://archives.healthdev.net/intaids>, E-mail: INTAIDS@healthdev.net]

Do you have an HIV prevention success story?

Here's your chance to share your story by submitting an article to *HIV Prevention Plus*. Your submission should be approximately 500 words and can be forwarded to [<cbaron@cpha.ca>](mailto:cbaron@cpha.ca). We look forward to hearing from you!

Changes at the Clearinghouse

The Canadian Public Health Association (CPHA) is pleased to announce the appointment of Paul Kenney as HIV/AIDS Technical Officer, International Programs. Paul will be working on strengthening of Public Health functions in the Balkans and on the UNICEF HIV/AIDS Prevention Project in Southeast Europe.

As the Director of the Canadian HIV/AIDS Clearinghouse for the past three years, Paul's dedication and loyalty has been a tremendous asset to the work we do. Paul's contribution to public health and policy development in the area of HIV/AIDS make him ideally

suited to take on this new challenge.

CPHA is also pleased to announce the appointment of Ian Culbert as Director of the Canadian HIV/AIDS Clearinghouse.

Ian has been working in public and population health for over ten years and brings a personal passion and commitment to health promotion and HIV prevention to his new position. Ian has worked with CPHA in a number of capacities over the past twelve years, most recently as the Information and Communication Services Coordinator for the Clearinghouse since November 2000.



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Funding for this publication was provided by Health Canada.

A Public Health Crisis

The following article is an excerpt from the Canadian HIV/AIDS Legal Network's recent publication entitled "The Provision of HIV-Related Services to People Who Inject Drugs: A Discussion of Ethical Issues".

Canada is in the midst of a public health crisis concerning HIV/AIDS, hepatitis C (HCV), and injection drug use. The number of HIV infections attributable to injection drug use has been unacceptably high. In 1999, 1430 of the estimated 4200 new HIV infections were among people who inject drugs. Over 60 percent of new HCV infections are related to injection drug use.

There have been several studies documenting a rise in the prevalence and incidence of HIV among people who inject drugs in the larger cities of Canada. For example, in Montreal, HIV

prevalence among people who inject drugs was 19.5 percent in 1997, compared to approximately five percent in 1988. In Toronto, HIV prevalence among injection drug users in 1997-98 was 8.6 percent, up from 4.8 percent in 1992-93. In Vancouver, HIV prevalence among injection drug users increased from four percent in 1992-93 to 23 percent in 1996-97. Similar trends have been observed in Québec City, Winnipeg, Ottawa, and other cities.

HCV infection rates are even higher. In some cities over 90 percent of people who inject drugs have HCV. In addition, a rise in the number of injection drug users with HIV infection (and/or HCV) has also been observed outside major urban areas. Given the geographic mobility of people who inject drugs and their social and sexual interaction with non-users, the dual problem of injection drug use and HIV/AIDS and HCV is one

that ultimately affects all Canadians.

In Canada, HIV and other blood-borne infectious diseases are prevalent in people who inject drugs. Care and service providers to these people face many tough ethical dilemmas in the course of their work or practice. *The Provision of HIV-Related Services to People Who Inject Drugs: A Discussion of Ethical Issues* is intended to provide such practitioners with some general ethical decision-making guidelines based on the responses of colleagues regarding common, practice-related

ethical problems.

Whereas the paper provides suggestions and potential solutions for dealing with these problems, it should be remembered that, in practice, each case is different, involves different persons, and must therefore be evaluated independently. For this reason, the responses given by

those interviewed are not presented as the absolute "right" solutions to the various problems. Often, there is no "right" or "wrong" answer to these problems, with possible resolutions residing in an ethical gray zone. The common themes of respect, dignity, humanity, autonomy, and health that shape the proposed solutions should underlie all moral deliberation in the context of injection drug use and disease prevention. In the words of Annie Madden, an Australian who formerly used injection drugs but is now an activist, and who spoke at the New South Wales Drug Summit in 1999:

"If there is one thing I could leave you with today it would be a very simple request: from this day onwards treat every drug user with the respect and dignity that you would like to be treated with yourself... Drug users are not the enemy. We are real people suffering a



coming events

Aboriginal Voices and Visions in HIV/AIDS: Our Ancestors Speak

7th Annual Aboriginal HIV/AIDS Conference
16-19 March 2003, Chilliwack, BC
Contact: Healing Our Spirit
E-mail: michelle@healingourspirit.org

HIV Vaccine Development: Immunological and Biological Challenges

29 March-4 April 2003, Banff, AB

A View to the Future

CPHA 94th Annual Conference
10-13 May 2003, Calgary, AB
www.cpha.ca

Tapestry of HIV Care

11th Annual CANAC Conference
13-16 April 2003, Halifax, NS
Contact: www.canac.org

Looking Back, Moving Forward

25th Anniversary Guelph Sexuality Conference
9-18 June 2003, Guelph, ON
www.open.uoguelph.ca/sexconf

XV International AIDS Conference

July 11-16, 2004, Bangkok, Thailand
www.ias.se

great deal of unnecessary pain, illness and death. Drug users are part of the community: we are your children, your sisters and brothers, parents and grandparents, taxpayers, employers, employees; and, most importantly, we are your friends." ✕

"The Provision of HIV-Related Services to People Who Inject Drugs: A Discussion of Ethical Issues" provides ethical decision-making guidelines based on interviews with health-care and service providers on how they confront ethical dilemmas and is available on-line at <http://www.aidslaw.ca/Maincontent/issues/druglaws.htm>. To obtain print copies, contact the Canadian HIV/AIDS Clearinghouse, 400-1565 Carling Avenue, Ottawa ON Canada K1Z 8R1, Tel: 1-877-999-7740 (toll free within Canada) or 613-725-3434, Fax: 613-725-1205, E-mail: aidsaida@cpha.ca, www.clearinghouse.cpha.ca.

New Resources

If you would like to obtain one or more of these publications, contact the Clearinghouse at 1-877-999-7740.

CORRECTIONAL ISSUES

Action on HIV/AIDS in prisons : too little, too late : a report card [fact sheet] – Montreal : Canadian HIV/AIDS Legal Network, 2002.



This fact sheet summarizes the main findings of a November 2002 report by the Canadian HIV/AIDS Legal Network, entitled "Action on HIV/AIDS in prisons : too little, too late : a report card."

Call # 20246-1

Action on HIV/AIDS in prisons : too little, too late : a report card = La lutte au VIH/sida dans nos prisons: trop peu, trop tard : un rapport d'étape / Lines, Rick – Montréal : Canadian HIV/AIDS Legal Network ; Réseau juridique canadien VIH/sida, 2002.



In 1996, the Canadian HIV/AIDS Legal Network and the Canadian AIDS Society published a document entitled HIV/AIDS in prisons: Final Report, which reviewed the history of the response to HIV/AIDS in Canadian

prisons and contained a list of recommendations for action. In 2001, a questionnaire was developed and sent to the federal and provincial/territorial ministers of health and ministers responsible for corrections, asking them what actions they have undertaken to respond to the recommendations in the Final Report. This current document summarizes the information provided and comments on it. It highlights positive action undertaken by prison systems since 1996, as well as presenting a detailed picture of the current state of HIV/AIDS programs and services of each jurisdiction. An overview of significant national trends is also provided.

Call # 20245-1

INJECTION DRUG USE

The provision of HIV-related services to people who inject drugs : a discussion of ethical issues = La provision de services pour le VIH à des personnes qui s'injectent de la drogue : discussion sur des questions d'éthique / Gold, Jennifer – Montréal : Canadian HIV/AIDS Legal Network ; Réseau juridique canadien VIH/sida, c2002.

Practical ethical issues facing health-care and service providers who work with injection drug users living with or



at risk for HIV are the focus of this paper. It is the result of an ethical and legal analysis of four scenarios frequently encountered in the provision of HIV-related services to drug users. It attempts, by means of interviews with health-care and service providers, to determine how they confront ethical dilemmas on a practical level; and to provide, based on their responses, a general set of ethical decision-making guidelines.

Call # 20244-1

NATIONAL AIDS STRATEGIES

Lessons learned : reframing the response : Canada's report on HIV/AIDS 2002 = Leçons tirées : reformulation de la réponse : rapport du Canada sur le VIH/sida 2002 / Canadian Strategy on HIV/AIDS; Stratégie canadienne sur le VIH/sida – Ottawa : Health Canada ; Santé Canada, 2002.



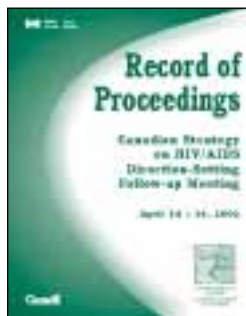
This report is intended to inform the HIV/AIDS community, the Canadian public, and parliamentarians about the current realities of the HIV/AIDS epidemic, about progress that has been made in Canada in responding to the

epidemic, and about the challenges that lie ahead. This report will also help inform international audiences about Canada's domestic and global response to HIV/AIDS.

Finally, it meets Health Canada's obligation to report annually on the Canadian Strategy on HIV/AIDS.

Call # 20248-1

Record of proceedings : Canadian Strategy on HIV/AIDS Annual Direction-Setting Follow-up Meeting : April 14-16, 2002 : Montreal, Quebec = Procès verbal : Stratégie canadienne sur le VIH/sida :



Rencontre sur le suivi des orientations : 14 au 16 avril, 2002 : Montréal (Québec) - [Ottawa] Health Canada ; Santé Canada, 2002.

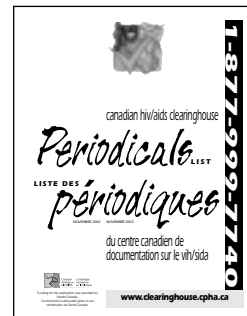
This is a report of the Canadian Strategy on HIV/AIDS Direction-Setting Follow-

up Meeting, held from April 14 to 16, 2002.

Call # 20184-1

RESOURCE CENTRES

Periodicals list : November 2002 = Liste des périodiques : novembre 2002 Ottawa : Canadian Public Health Association. Canadian HIV/AIDS



Clearinghouse ; Association canadienne de santé publique. Centre canadien de documentation sur le VIH/sida, c2002. *A list of periodicals kept by the Canadian HIV/AIDS Clearinghouse library. These periodicals*

are available for reference use and article searches.

Call # 20185-1

Video loan catalogue : November 2002 = Catalogue vidéos à emprunter : novembre 2002



Ottawa : Canadian Public Health Association. Canadian HIV/AIDS Clearinghouse ; Association canadienne de santé publique. Centre canadien de documentation sur le VIH/sida, c2002.

A list of videos acquired since January 2001 by the Canadian HIV/AIDS Clearinghouse library. These videos are available for loan.

Call # 20165-1

STATISTICS

HIV and AIDS in Canada : surveillance report = Le VIH et le sida au Canada : rapport de surveillance – Ottawa : Health Canada ; Santé Canada, 2001-

HIV/AIDS surveillance report to June 30, 2002. A trend that will be important to monitor in the coming months is the increase observed in the number of positive HIV tests reported to CIDPC in the year 2001 and first half of 2002.



Call # 17367-1