



## **The rate of transmission of HIV, the hepatitis C virus and other blood-borne diseases associated with drug use, including injecting drug use in some countries, remains high**

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The International Drug Policy Consortium (IDPC) reports that while a growing number of countries have implemented some form of harm reduction intervention such as needle and syringe programs (NSP), opioid agonist therapy (OAT), supervised consumption services (SCS), or naloxone peer distribution programs, coverage and availability remain very limited, particularly in prison.<sup>i</sup> As a result, people who use drugs continue to face heightened risks of contracting HIV and hepatitis C compared to the general population.<sup>ii</sup>

This is certainly the case in Canada. In a national survey of people who inject drugs in 2020, estimated HIV prevalence among people who inject drugs was 10.3% compared to 0.17% in the general population,<sup>iii</sup> and the number of new cases of HIV among people who inject drugs had grown over the preceding two years.<sup>iv</sup> With respect to hepatitis C, the highest prevalence in Canada is among people who inject drugs at 46.1%, compared to about 1% in the general population.<sup>v</sup> Despite this, significant barriers remain in implementing and scaling-up key harm reduction services — and regressive developments have also occurred.

In the province of Saskatchewan, for example, the provincial government recently adopted new policy changes that restrict access to safer inhalation supplies and safer substance use information, jeopardizing efforts to combat HIV and hepatitis C transmission and contradicting decades of established scientific evidence and best practice in public health.<sup>vi</sup> And while greater flexibility from Canada has contributed in recent years to the expansion of supervised consumption services (SCS) and to a greater diversity of services and models,<sup>vii</sup> progress remains highly vulnerable to the political context given insufficient safeguards in the law<sup>viii</sup> and hostile local governments.<sup>ix</sup> Major gaps also persist to meet the needs of people who use drugs: SCS remain concentrated in urban areas and only in some provinces;<sup>x</sup> access to inhalation services is rare although in some localities inhalation has become the main route of consumption resulting in overdose deaths<sup>xi</sup>; and the prohibition of assisted injection by SCS staff continues to limit access to services.<sup>xii</sup>

More broadly, criminalizing drugs compromises the ability of people who use drugs to take vital safety precautions and deters people from essential health care and harm reduction services.<sup>xiii</sup> Research has shown frequent contact police have with people who use drugs contributes to their “health risk environment through pathways, such as syringe and naloxone confiscation, and physical and verbal harassment” which can lead to syringe sharing, rushed injection, and isolation while using drugs.<sup>xiv</sup> Furthermore, studies have shown how police encounters act as barriers to accessing health services, including HIV treatment, OAT, and NSP.<sup>xv</sup> Black, racialized, and immigrant communities have also described how excessive police surveillance and criminalization impacts their ability to access public services such as health care and SCS.<sup>xvi</sup>

Research indicates the incarceration of people who inject drugs is a factor driving Canada’s HIV and hepatitis C epidemic,<sup>xvii</sup> where a significant proportion of people, and particularly Black men, are serving sentences for drug offences,<sup>xviii</sup> and Indigenous and Black people are grossly overrepresented. Moreover,



80% of federal prisoners report a substance use issue.<sup>xxix</sup> At the end of 2020, an estimated 0.92% of people incarcerated in federal prisons were living with HIV.<sup>xxx</sup> Other studies have indicated that about 30% of those in federal prisons and 15% of men and 30% of women in provincial prisons have hepatitis C, which researchers attributed to sharing needles and tattooing and piercing equipment.<sup>xxxi</sup>

The latest guidance from the UNODC and the World Health Organization recommends interventions such as NSP, OAT, and naloxone distribution for people in prison.<sup>xxii</sup> While some harm reduction policies exist across prisons in Canada, their practice — especially between provincial prisons — varies widely. All federal prisons offer OAT and naloxone, and some have implemented a NSP,<sup>xxiii</sup> with disparities in practice between institutions. The federal prison NSP operates in only 9 of 43 federal prisons, but participation in the program remains extremely low due numerous barriers, including the involvement of security in approving one's enrolment and numerous breaches of confidentiality which expose one's drug use to staff and other prisoners.<sup>xxiv</sup> Three federal prisons have implemented an Overdose Prevention Service (OPS), which provides people with a designated space, drug checking, and sterile equipment to consume drugs under the supervision of healthcare staff.<sup>xxv</sup> However, these services have limited hours<sup>xxvi</sup> and confidentiality concerns and ongoing punishment of drug use remain barriers to broader use.<sup>xxvii</sup> Naloxone is also only accessible to prison health care or security staff and prisoners are not permitted to have naloxone kits in their cells in the event of an overdose.

Therefore, we call on Member States to:

- Break the taboo on harm reduction amidst a global public health crisis and articulate harm reduction as an effective, evidence-based, non-judgemental approach for individuals who use substances, integrated into a full continuum of health and social services including housing.
- Decriminalize drug possession and social distribution, including for sharing, for subsistence, and for safe supply.
- Take measures to address discriminatory drug law enforcement practices and sentencing policies against Black, Indigenous, and other racialized people.
- Remove custodial sentences for drug offences and ensure that conditions in detention respect the United Nations Standard Minimum Rules for the Treatment of Prisoners, including with respect to equivalence in health care and harm reduction, access to treatment, and effective oversight.
- Adopt drug policies that uphold the human rights of people who use drugs, including by explicitly prohibiting discrimination against people who use drugs and by ensuring access to evidence-based, gender-sensitive harm reduction services such as needle and syringe programs, supervised consumption services, and drug checking for people who use drugs in all their diversity.
- Incorporate and fund harm reduction services, and support community-led advocacy and harm reduction services.



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- <sup>i</sup> IDPC, *Off track: Shadow report for the mid-term review of the 2019 Ministerial Declaration on drugs*, 4 December 2023
- <sup>ii</sup> *Ibid.*
- <sup>iii</sup> Public Health Agency of Canada, *Estimates of HIV incidence, prevalence and Canada's progress on meeting the 90-90-90 HIV targets, 2020, 2022.*
- <sup>iv</sup> Public Health Agency of Canada, *HIV in Canada - People living with HIV and new HIV infections, 2020, 2022.*
- <sup>v</sup> N. Popovic et al., "National Hepatitis C estimates: Incidence, prevalence, undiagnosed proportion and treatment, Canada, 2019," *CCDR* Volume 48-11/12, November/December 2022: Antimicrobial Use and Stewardship.
- <sup>vi</sup> A. Quon, "Experts condemn Sask.'s move to stop providing pipes, limit needle exchanges," *CBC News*, January 18, 2024.
- <sup>vii</sup> Government of Canada, *Supervised consumption sites: Status of applications*, undated.
- <sup>viii</sup> See, for example, Canadian HIV/AIDS Legal Network, *Overdue for Change: Scaling up Supervised Consumption Services in Canada*, February 2019.
- <sup>ix</sup> See Alberta Health, *Recovery-oriented Supervised Consumption Services Standards*, October 5, 2022 and Ontario Ministry of Health and Long-Term Care, *Consumption and Treatment Services: Application guide*, October 2018.
- <sup>x</sup> Government of Canada, *Interactive map: Canada's response to the opioid overdose crisis*, undated. See also C. Russell et al, "'Small communities, large oversight': The impact of recent legislative changes concerning supervised consumption services on small communities in Ontario, Canada," *International Journal of Drug Policy* Volume 82, August 2020, 102822.
- <sup>xi</sup> D. Major, "Changing nature of Canada's overdose crisis calls for more aggressive response, experts say," *CBC News*, January 3, 2023.
- <sup>xii</sup> M. Gagnon et al., *Nurse-Assisted Injection: A Path to Equity in Supervised Consumption Services*, Canadian Institute for Substance Use Research, 2022.
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- <sup>xv</sup> G. Bardwell et al., "Implementation contexts and the impact of policing on access to supervised consumption services in Toronto, Canada: a qualitative comparative analysis," *Harm Reduction Journal* 2019; 16: 30.
- <sup>xvi</sup> Canadian Drug Policy Coalition, *Decriminalization and Harm Reduction in African Caribbean and Black Communities Getting to Tomorrow Dialogue*, 2023.
- <sup>xvii</sup> See, for example, M.W. Tyndall et al., "Intensive injection cocaine use as the primary risk factor in the Vancouver HIV–1 epidemic," *AIDS* 17,6 (2003): pp. 887–893; H. Hagan, "The relevance of attributable risk measures to HIV prevention planning," *AIDS* 17,6 (2003): pp. 911–913.
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- <sup>xxiii</sup> Correctional Services Canada, *Overdose Prevention Service*, September 2023.
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- <sup>xxv</sup> Correctional Services Canada, *Overdose Prevention Service*, August 2023.
- <sup>xxvi</sup> L. Leonard, *Evaluation of the Overdose Prevention Service at Drumheller Institution*, 2020.
- <sup>xxvii</sup> HIV Legal Network Interview with Key Informants, 6 February 2023 and 1 February 2023.