



"There is no war on drugs, because you can't war on inanimate objects. There's only a war on drug addicts. Which means we are warring on the most abused and vulnerable segments of society" .

~ Dr. Gabor Maté

Dominant Discourse

- People who use drugs (PUD) are dangerous and unpredictable
- PUD are criminals/should be incarcerated
- The person is to blame because he/she/zie chose to take the drug in the first place
- Canadian Healthcare should not be responsible for their health
- They deserve any diseases they catch
- **Harm reduction encourages PUD to continue use**

A marginalized population

- **Population because:**

- structural causes of drug use
- similar life experiences of addiction and the accompanying “drug culture”

- **Marginalized because:**

- stigmatized by society
- do not have the “rights of regular citizenship”
- barriers to accessing health care
- classified as having a mental illness (members of

What is Harm Reduction?

- a service or action that attempts to redress the exclusion and stigma of drug users through the provision of respectful access to health saving information, services and supplies
- “Harm reduction shifts the culture from one where resources may be rationed on the basis of deservedness, to one in which everyone is seen as deserving of care (Pauly, 2008, p.6).”
- from condoms to safe-injection sites

The Old Canadian Drug Strategy

- **Four pillars**

- 1) education and prevention

- 2) treatment and rehabilitation

- 3) **harm reduction**

- 4) enforcement and control

The New Anti-Drug Strategy

Composed of 3 Action Plans (513.4 million):

1. Prevention Action Plan – education (117 million)
 2. Treatment Action Plan - effective treatment/ rehabilitation (190.5 million)
 3. Enforcement Action Plan - disrupt illicit drug operations in a safe manner (205.9 million) – claim 40% of budget.....BUT.....
- 4? Mandatory Minimum Penalties – Way of hiding some of the “Enforcement Action Plan” \$ (67.7 million)
- Enforcement Action Plan actual allotment (273.6 million)



Conflicts between legislation and harm reduction

“These actions demonstrate how the Harper Government is acting to protect public health and maintain public safety in Canadian communities.”

- Who's health and safety?

Removing harm reduction services from Canada's Drug Strategy is in direct contradiction to Canadian Health Care Policy

-(Section 3) “reasonable access to health services without financial or other barriers.”

Recent NL Marriage of Mental Health and Addictions Services

- All referrals for both services processed through Central Intake
- Confirms DSM VI
- Society can wash its hands of role in fostering addiction as it already has with Mental Health Issues
- Money can be funnelled into Mental Health (the more socially acceptable “personal illness”) and away from addictions related treatment/harm reduction

Harm Reduction/Treatment in NL

- No peer consultation or involvement in development or delivery
 - Waitlists for treatment programs/lack of Sober Living Houses (SLH)
 - No smoking in detox/No medical detox
 - No Low Threshold MMT/No peer Naloxone programs
- “increasing the availability of sterile syringes through SEP's (syringe exchange programs), pharmacies and other outlets reduces unsafe injection practices, such as needle sharing, and reduces the spread of HIV infections.” (Des Jarlais et al., 1996; Hagan & Thiede, 2000; MacDonald, Law, Kaldor, Hales & Dore, 2003; Valente, Foreman, Junge & Vlahov, 2001; Vlahov et al., 1997, as cited in Masson et al., 2007, p.97)**
- Hospitals will not provide clean needles
 - Pharmacies/Pharmacists subjective participation

Recommendations

- Elimination of Harper's Canadian Anti-Drug Strategy and reintroduction of Harm Reduction Pillar
- Expansion of the Needle Exchange Program
- Approval for Opioid Overdose Prevention Programs (naloxone)/Intro of High Threshold MMT Programs
- Access to safe works in hospitals (as in other countries), and in pharmacies (as in the United States) – train nurses/pharmacists
- Medical detox/smoking at detox/Sober Living Houses
- Reinstate division of mental health services and addictions services/Eliminate waitlists
- Introduce a standard length rehab in province

Toward Human Rights

- A Users'/Ex-Users' Support and Consultancy Group
- A Research Exchange Group involving policy makers, researchers, and Users/Ex-Users