

Presentation to the Standing Committee on Health May 29, 2008

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Thank you for allowing me to present my views to the committee today. It is an honour and a privilege to be able to do so. I have been with the City of Vancouver for the past 20 years and have spent considerable time working with a wide range of individuals, non-governmental organizations, senior governments and the private sector in seeking solutions to the issues we face in Vancouver regarding injection drug use, addiction and mental health issues.

Let me start with some contextual remarks regarding harm reduction in more of a global context. I have just been to the 19th International Conference on the Reduction of Drug Related Harm in Barcelona, Spain May 10 – 14th. At this conference, the global state of harm reduction was discussed and reports were heard from a variety of locales around the globe and from the Executive Director of the United Nations Office on Drugs and Crime (UNODC).

Prior to the 1970s, injection drug use was primarily reported in North America and Western Europe. By 1992, 80 countries reported injection drug use. By 1995 there were 121 countries reporting injection drug use and in 2008, 158 countries now report injection drug use among their citizens. Injection drug use is on the rise globally and is contributing significantly to the global HIV pandemic and other health problems, not to mention the health care costs around the world. The discussions and debates over harm reduction are taking place around the globe so we are not unique at all in this regard here in Canada. Since the early 1970s a significant amount of research has been conducted on harm reduction interventions globally and the evidence is clear that harm reduction interventions work to reduce disease transmission, protect the health of individuals and communities and provide positive engagement of marginalized populations with the health care system.

The evidence that harm reduction works is sufficiently robust that major governmental and non-governmental organizations endorse harm reduction as an essential component of a comprehensive health approach to the problematic use of drugs. These include the Joint United Nations Program on HIV/AIDS (UNAIDS), United Nations Office on Drugs and Crime, UNICEF the United Nations Children's Fund, the World Health Organization, the World Bank, the National Institutes of Health and the Institute of Medicine of the National Academies in the US, and the International Red Cross, to name a few. Currently 82 countries worldwide now explicitly support the development of harm reduction interventions including syringe exchange and outreach programs.

My point here is that the threat of HIV/AIDS world-wide has forced governments to rethink the ways in which we deal with problematic drug use and how to balance strategies to address both problematic drug use and issues of drug dependence or addiction and the transmission of HIV and other blood borne diseases among citizens who use drugs. The UN itself is rethinking its approach; this brings me to the comments made by Antonio Maria Costa, the Executive Director of the United Nations Office on Drugs and Crime, in Barcelona earlier this month. Mr. Costa clearly affirmed that the first principle of drug control efforts is public health and that the principle of public health within the international treaty system, "has, over time, receded from that position, over-shadowed by the concern with public security and law enforcement actions that are necessary to ensure public security". On the international stage the language of international drug control is intended to unite the global community around enforcement of the prohibitions against certain substances. According to Costa, "The unintended consequence of this was that the demand for illicit drugs and related public health issues did not get the international focus and attention they would have if they had been detailed in the Single Convention on Narcotic Drugs of 1961"

These are significant words from the head of the UNODC. Fortunately, at the international level, things are changing and there is beginning to be much more of a focus on the rights of marginalized populations of drug users to adequate and appropriate health care.

Moving to the Vancouver context, what we are trying to achieve with the development of the Four Pillars Drug Strategy is to firmly acknowledge the importance of harm reduction to the development of a comprehensive approach that also includes drug treatment, prevention and policing as critical components to the strategy. The supervised injection site is simply one piece of this effort to build a comprehensive approach to address this problem. There is a significant level of support for the full implementation of the four pillars drug strategy among the residents of Vancouver including the supervised injection site. From the perspective of the City of Vancouver, we have been satisfied with the remarkable amount of research completed to date on the injection site project, the oversight of the project by our local health authority, the cooperation of the Vancouver Police Department in implementing policing protocols for the project and the level of community engagement that has been conducted throughout the implementation of the project.

Considering that over 2,000 individuals have died since the early nineties in Vancouver alone, and many more have acquired HIV, Hep C and other medical complications as a result of injection drug use, we view the injection site project as an important part of our collective efforts to engage this population in health care interventions, save lives and protect the community. We are working extremely hard at the local level in Vancouver to overcome the serious issues that we face and at this time I would urge the committee to consider ways to move beyond this debate over harm reduction or injection sites as it is costing us valuable time, energy and, most importantly, lives of Canadians. I urge the committee to consider the scientific evidence for all interventions and to find a way for all parties to work together to provide the leadership necessary to implement a truly comprehensive approach to problem drug use that acknowledges and demonstrates the right of all Canadians, including those who use drugs and their families, access to the highest quality of health care.

Thank you