Ensuring Access to Evidence-Based Addiction Treatment and Harm Reduction

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In the context of the current public health emergency, there is an urgent need for the BC Government to take all possible steps to remove legal and other barriers to evidence-based health services for people who use drugs.

Heroin-Assisted Treatment

Heroin-assisted treatment is proven to:

- help people stop or reduce their illegal drug use;
- prevent illness, overdose, and death;
- retain people in medical care;
- reduce HIV and hepatitis risk;
- reduce crime related to the acquisition of drugs;
- lower costs associated with health care, social welfare, criminal justice and prisons; and
- promote social integration, including with respect to employment, accommodation and family life.

After a protracted legal battle brought by people who are living with opioid addiction in the Downtown Eastside, the government of Canada made a series of regulatory changes to decrease barriers to heroin-assisted treatment (HAT). These regulatory changes included an amendment to allow the importation of heroin for an urgent public health need.

However, HAT remains extremely difficult to access for anyone who is not receiving treatment at Vancouver’s Crosstown Clinic. It is Pivot’s view that there has been a lack of investment and initiative taken by all levels of government to ensure that this life-saving treatment is available to those in need.

Recommendation

Pivot recommends that the BC government take immediate steps to:

i. expand training to increase the number of physicians who are able to prescribe heroin-assisted treatment;
ii. increase funding for pharmacies, clinics, and services throughout BC that offer heroin-assisted treatment;
iii. ensure that the BC Government is actively requesting heroin through the Drugs for Urgent Public Health Need (UPHN) mechanism and ensure that renewals are requested; and
iv. request that the Federal Government take the necessary steps to grant a Drug Identification Number (DIN) to diacetylmorphine so it can be prescribed without requiring a UPHN and special access program authorization.

Harm-reduction in Provincial Correctional Facilities

People in federal and provincial prisons do not have adequate access to Opioid Substitution Treatment options. Inmates with addictions to opioids can wait months or years for treatment and in some cases are cut off their medication due to allegations of diversion.

Prisoners also face far greater risk of HIV and HCV infection because those who inject drugs are denied access to sterile needles and syringes — tools that are widely available outside prison.
Infections contracted in prison then spread into the community.

**Recommendation**

Pivot recommends the immediate implementation of a pilot project for syringe distribution, injectable hydromorphone, and heroin-assisted treatment in provincial and federal prisons.

**Supervised Inhalation Services**

Supervised inhalation services are an essential part of supervised consumption programs but remain unavailable other than at a small number of Overdose Prevention Sites (OPS) that are operating without a s. 56 exemption.

OPS’s in BC and across Canada are seeing significant rates of inhalation-related overdoses. Further, preliminary analysis of Pivot's interviews with people who use drugs in ten municipalities across BC suggests that overdoses among people who smoke opiates and other illicit drugs that may contain opiates are a real and growing concern. There is a strong public health rationale to provide additional inhalation services.

Inhalation is fully integrated into the model of care in Europe, where 40 facilities with both injection and inhalation areas were operating in the Netherlands, Germany, and Switzerland by late 2003.

**Recommendation**

The BC Government has a key role in the expansion of supervised inhalation services. Supervised inhalation raises unique operational issues, including the need to address any occupational health and safety risks. Pivot recommends the BC Government work with harm reduction services to develop systems for supervised inhalation that complies with the workplace health and safety requirements found in BC's Occupational Health and Safety Regulations and the Workers Compensation Act.

**Community-led Harm Reduction**

Community-led harm reduction programs are, and have always been, an essential part of health service delivery in BC. Community-led sites and outreach services are an effective means of reaching vulnerable populations who might otherwise be prevented from accessing more formal, higher-barrier supervised injection sites. Exempted sites may present barriers for people with disabilities, people who use means other than injection (i.e., inhalation), and people who, for other socio-cultural reasons, may not feel comfortable using government-sanctioned sites.

**Recommendation**

Pivot recommends that the Government of BC:

1. increase funding to community-led and peer-based harm reduction programs;
2. work across Ministries to issue a province-wide directive that local police forces must work with harm reduction services providers to determine an appropriate distance for police to keep from harm reduction services and those accessing services; and
3. work with federal counterparts to ensure that the s. 56 exemption process is not a barrier to the operation of community-led harm reduction programs, including OPS.

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