

Appendix A: List of Recommendations

The Current Legal Status of Drugs

1. In the long term, federal and provincial governments should establish a more constructive alternative to the current legal framework, and provide the research, educational, and social programming required to reduce the harms of drug use.

Governments, and all Canadians, must:

- acknowledge the extent of drug use and the diversity of drug users in Canada;
- acknowledge that Canada's current drug laws have a disproportionate impact on the most vulnerable in Canadian society, including Aboriginal people, racial minorities, and women;
- acknowledge that current laws increase rather than decrease the harms from drug use and, in particular, marginalize drug users;
- recognize the human rights of drug users, and recognize the ways in which current laws and treaties violate the human rights of drug users in Canada; and
- if necessary, denounce international drug-control conventions if these present insurmountable barriers to implementing more constructive drug-control policies and laws in Canada that are based on a harm-reduction model.

2. In the short term, under the existing legal framework, the federal and provincial governments should fund research on the differential impact of current drug legislation, policies, and practices according to race, class, gender, and other socioeconomic factors.

3. In consultation with drug users and community-based agencies providing services to drug users, the federal and provincial governments should assess the positive outcomes of initiatives such as diversion policies, alternative measures, and the pilot projects implementing such alternatives. If assessed favourably, such initiatives should be further expanded to temper the punitive approach currently reflected in Canadian drug laws and policies.

4. The federal government should make use of its regulatory and exemption powers under current legislation to expressly exclude injection equipment containing traces of illegal drugs from the definition of "controlled substance" in the Controlled Drugs and Substances Act.

5. The federal government should take the necessary steps to clarify that those operating needle exchange or distribution programs are not liable to criminal prosecution under the drug paraphernalia provisions of the Criminal Code for the "sale" of "instruments or literature for illicit drug use."

6. The federal government should use its regulatory and exemption power under the Controlled Drugs and Substances Act to decriminalize the possession of small amounts of currently illegal drugs for personal use, at least when medically prescribed by a qualified and authorized health-care professional.

7. The federal government should ensure that there is a fair and timely process by which Canadians and their health-care professionals can apply for medical access to currently illegal drugs.

Drug Use and Provision of Health and Social Services

8. In the long term, laws should be changed so as to enable provision of currently illegal drugs to drug users while they are in care, so as to remove a barrier to drug users accessing health care and other social services and to remove the threat of criminal liability for service providers who wish to provide care, treatment, and support without insisting on abstinence by patients who use currently illegal drugs.

9. In the short term, within the current legislative/regulatory framework, the federal government should adopt a regulation that authorizes the release of psychoactive drugs in the context of palliative care, respecting the dignity of drug users in the dying process.

10. Health Canada should fund an ethical and legal analysis of four or five situations or scenarios frequently encountered in the provision of HIV-related services to drug users (such as providing an injection room for drug users in a residential or institutional setting). These situations should be selected in collaboration with agencies and organizations that provide these services.

11. Professional associations should develop ethical and practice guidelines for service providers in different areas of care involving HIV/AIDS and injection drug use – primary health care, community clinics, pharmacy services, residential care, palliative care, housing services. These guidelines should address the tensions between the legal constraints and the ethical imperative of providing services to HIV-positive drug users. The guidelines should be developed in consultation with drug users and community-based organizations providing services to drug users and/or people with HIV/AIDS.

12. Professional associations should organize a comprehensive

training program for health-care providers, social service providers, members of the police force, and lawyers, after the legal/ethical analysis has been completed and the guidelines have been developed.

13. Federal and provincial health officials should fund a series of national meetings of front-line workers and drug users to discuss the policies and practices involved in the care of drug users. The purpose of the meetings is to share information and experiences, delineate best practices, and contribute to the development of training programs and the ethical and practice guidelines.

Federal and provincial health ministries and professional associations should organize regular workshops and seminars for providers of HIV-related services to drug users. This will provide a forum for information sharing, problem solving, and skills building. HIV/AIDS medication, support services, housing, hospices, and palliative care are some topics to be explored.

14. As part of the Canadian Strategy on HIV/AIDS, Health Canada should develop and implement, in close collaboration with relevant stakeholders, a strategy for integrating HIV/AIDS and drug programming in Canada. In developing such integrated programming, due consideration must be given to the implications for drug laws and policies of a public health, harm-reduction model of responding to the use of illegal drugs.

Treatment

Basic Principles

* 15. Health-care professionals should ensure that the provision of services to drug users is not contingent upon drug users' agreement to enter drug treatment programs.

* 16. Health-care professionals must not withhold or refuse treatment (including appropriate pain medication) simply because a person with HIV/AIDS is a drug user.

17. The governing approach in providing care and treatment to HIV-positive drug users should be to adapt the therapeutic regimen to the needs of drug users, rather than require drug users to adapt to the therapeutic regimen.

18. Physicians and drug users should jointly explore therapeutic options regarding the most appropriate regimen. This process should be governed by principles of humanity, autonomy, lucidity, and fidelity.

19. Provincial human rights commissions that have not done so should adopt policies clearly stating that drug dependency constitutes a prohibited ground of discrimination.

Medical Treatment

20. Health-care professionals and ethicists should collect information for the purpose of developing guidelines on the clinical and ethical

issues that arise in practice with respect to the medical treatment of drug users. This should include the assessment of the appropriateness of imposing restrictions on drug users, such as the cessation of drug use, in specific clinical situations.

21. The Canadian Medical Association, provincial medical associations, and provincial Colleges of Physicians and Surgeons should establish a network of physicians who have experience and/or interest in the delivery of health care and treatment to drug users, to discuss pertinent issues and to advocate for change with respect to the medical treatment of HIV-positive drug users.

HIV Antiretroviral Therapy

22. The pharmaceutical industry must develop simpler HIV drug regimens that can be more easily adhered to by HIV-positive drug users (as well as other people with HIV/AIDS).

23. Public health should offer or make available support to drug users who require assistance in adhering to HIV therapies. This should include funding outreach programs designed to deliver HIV therapies to drug users.

Prescription of Opiates and Controlled Substances

24. In the longer term, Health Canada should develop plans to permit physicians to prescribe opiates and controlled stimulants.

25. In the shorter term, pilot projects involving the prescription of heroin, cocaine, and amphetamines should be authorized, funded, and initiated in Canada. The pilot projects should:

- involve both drug users and general practitioners in the design, implementation, assessment of outcomes, and recommendations for practice;
- be accompanied by public education at the local, provincial, and national levels that presents the benefits of the project to drug users and to the community at large;
- contain a multi-phase design that includes plans once the trials are completed for implementing such treatment options more widely if the pilot projects are deemed successful in achieving harm-reduction objectives; and
- address the problems likely to be encountered by drug users and health-care providers when the transition is made from a controlled clinical trial to general practice.

Drug Users and Studies of HIV/AIDS and Illegal Drugs

The Research Agenda

26. The Medical Research Council and pharmaceutical companies, in consultation with community groups and drug users, should develop

a comprehensive research agenda that identifies priorities in research for injection drug users.

27. Members of the medical and scientific professions should conduct research on issues relevant to HIV/AIDS and drug use, such as the interactions between illegal and prescribed drugs, and the effects of illegal drugs on the progression of HIV disease.

28. Pharmaceutical companies should take a leadership role in promoting studies that test the interaction of HIV/AIDS drugs with illegal drugs.

29. Clinical researchers should recognize the importance of conducting research for and by First Nations groups as well as other communities affected by HIV/AIDS.

30. The National Health Research and Development Program of Health Canada should provide funding to develop capacity building for community-based research.

Research into Illegal Drugs

31. The provincial/territorial ministries of health should take measures to ensure that laboratories are established across Canada to test controlled substances used by drug users.

32. Provincial/territorial ministries of health should provide funding for test kits for drug users that measure the dose and purity of drugs.

Participation in Research

33. As a general principle, clinical researchers and professional associations should take measures to ensure the removal of barriers to the participation of drug users in clinical trials.

34. Those conducting clinical trials, in consultation with community groups and drug users, should develop recruitment strategies to encourage participation of HIV-positive drug users in clinical trials.

35. Medical researchers should establish study sites for clinical trials in geographical areas that are easily accessible to drug users.

36. Those conducting clinical trials should offer child-care and transportation costs to prospective participants, to encourage individuals to take part in trials.

37. Medical researchers should provide information on proposed medical studies (including consent forms) to drug users in language that is accessible.

38. The National Council for Ethics in Human Research should develop guidelines for research involving marginalized persons.

39. The Canadian HIV Trials Network should develop guidelines for researchers on ensuring that research participants who are drug users provide informed consent for their participation. Such material could include a model informed consent form that does not

automatically exclude those using illegal drugs, but also specifically addresses questions such as the interactions between the study drug and illegal drugs (when known), as well as outlining the steps taken to protect the confidentiality of data gathered from the participant (including information regarding use of illegal drugs) and the possible limits on that confidentiality.

40. Federal and provincial officials, including law enforcers, should be prohibited from having access to identifying information respecting participants in research files.

Information about the Use and Effects of Illegal Drugs

41. Federal, provincial, and territorial health officials should provide the funding for the development and wide distribution of accurate, non-biased, and non-judgmental information on illegal drugs for health-care providers, drug users, and members of the public.

42. Hospitals should be required to forward information on drug overdoses to provincial public health departments, which in turn should create a database on drug overdoses. This information should be disseminated to organizations that deal with drug use and should also be available to members of the public.

43. Federal, provincial, and territorial health officials as well as community organizations should provide information on currently illegal drugs and community organizations in a format and in language that is accessible to different cultural groups in various geographical locations in Canada (eg, Aboriginal communities).

44. Provincial and territorial governments, government agencies, and community-based organizations should develop education programs based on a harm-reduction philosophy.

45. Hospitals and professional associations should organize educational sessions on drug use for health-care professionals (eg, grand rounds, continuing education programs).

46. Provincial and territorial ministries of education and health should undertake an evaluation of school programs on illegal drugs.

47. Universities and colleges should ensure that the curricula of health-care professionals include accurate, unbiased, and non-judgmental materials, presentations, and discussions about drugs, drug use, and harm-reduction approaches to drug use.

48. Provincial and territorial governments should create a body to oversee the adherence of best-practice guidelines by health-care workers and other persons who administer care and treatment to drug users.

49. Federal, provincial, and territorial officials should convene a forum for the discussion of educational material that should be disseminated. It should include federal, provincial, and territorial health officials, the police, drug users, and organizations such as the Centre for Addiction and Mental Health.

Needle Exchange and Methadone Maintenance Treatment

Methadone

50. Federal, provincial, and territorial governments should take measures to ensure that methadone maintenance programs are available to persons in all provinces and territories, including in rural and semi-urban areas.

51. Government health officials and Colleges of Physicians and Surgeons should ensure that comprehensive services are available to persons who participate in methadone programs. This includes primary health care, counseling, education, and support services.

52. Correctional systems should ensure that prisoners who were in a methadone maintenance program prior to incarceration are able to continue methadone maintenance treatment while incarcerated, and that prisoners are able to start such treatment in prison whenever they would have been eligible for it outside.

53. To dispel the existing myths about methadone maintenance treatment, provincial and territorial health departments should take measures to ensure that public education programs and materials on methadone programs are disseminated in all areas of the country.

54. Health Canada, provincial and territorial health ministries, and Colleges of Physicians and Surgeons, in consultation with drug users and community-based agencies, should undertake a review of the methadone regulations and rules to ensure that they are in conformity with the care, treatment, and support needs of injection drug users.

55. The Association of Canadian Medical Colleges, health science facilities at universities, and the Canadian Association of Teaching Hospitals should ensure that courses on drug use, methadone maintenance programs, and pain management are introduced into the curricula of schools of medicine, pharmacy, and nursing.

56. Health Canada and provincial and territorial health officials, in consultation with drug users and community-based agencies, should develop quality-control measures for methadone programs in Canada.

57. Federal, provincial and territorial health officials should ensure that methadone programs are responsive to the needs of different populations (eg, Aboriginal persons).

58. Provincial and territorial health officials and Colleges of Physicians and Surgeons should take measures to ensure that methadone programs are based on principles of harm reduction. Respect for persons, flexibility of treatment, and consistency in treatment should be integral components of every program.

59. Colleges of Physicians and Surgeons should consider whether a speciality in addiction medicine should exist.

Needle Exchange Programs

60. The federal, provincial, territorial, and municipal governments should ensure that needle exchange programs are easily accessible to injection drug users in all parts of Canada.

61. The federal government should repeal criminal laws that subject drug users and needle exchange staff to criminal liability for having in their possession drug paraphernalia containing residue of illegal substances.

62. A meeting should be funded by the federal, provincial, territorial, and municipal governments for people working in needle exchange programs across the country in order to develop best-practices documents.

63. Health officials should ensure that a quota system on needles exchanged at needle exchange programs is abandoned; injection drug users should have access to as many needles as they require, at no cost.

64. Health Canada should fund a study of the legal and ethical issues surrounding the provision of sterile needles to minors.



65. Correctional systems should make sterile injection equipment available in prisons.

66. Pharmaceutical associations as well as licensing bodies should encourage pharmacists to distribute sterile syringes.

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