



# Harm Reduction Saves Lives

Provincial Lobby Day Summary - 2019

Student Advocacy Committee



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Harm reduction is defined as “a set of strategies and tactics that encourages people to reduce harm to themselves and their communities, through the sharing of relevant information, facts and practical material tools that will allow them to make informed and educated decisions. It recognizes the competency of their efforts to protect themselves, their loved ones and their communities”<sup>1</sup>.

## Substance Use in Manitoba

Over the past year Manitoba has witnessed recent outbreaks of sexually transmitted and bloodborne infections due to an increase in injection drug use<sup>2</sup>. This is compounded by the fact that Manitoba has the second highest prevalence of substance use disorders amongst Canadian provinces, and without intervention this number will only increase<sup>3</sup>. In order to prevent the negative health outcomes associated with increased drug use, a coordinated and comprehensive harm reduction strategy needs to be put in place.

## Harm Reduction

Harm reduction is a term that encompasses a broad range of programs. It is focused on meeting individuals “where they are at”, promotes incremental change, and uses a patient-centred model of care. Harm reduction theory recognizes that significant change comes from small individual adjustments made across a population.

Evidence based strategies that have been implemented with success include: education, mobile outreach, low threshold access to health/social services, proactive enforcement policies, needle exchange and distribution of harm reduction supplies, methadone maintenance treatment, supervised consumption sites (SCS), and street drug testing with early warning systems<sup>1,4</sup>.

## Increasing Rates of Disease and The Economic Benefit of Harm Reduction

In 2016 there were 116 new cases of HIV diagnosed in Manitoba<sup>5,6</sup>. The estimated lifetime management cost of HIV is \$250,000 per person<sup>7</sup>. The 116 new cases of HIV diagnosed within 2016 are expected to cost the Manitoba healthcare system \$29 million, a monetary sum sufficient to fund the full-time occupancy of one hospital bed for 94 years<sup>8</sup>.

When implemented in Australia, needle supply programs decreased the incidence of HIV by up to 74% in a ten-year period, resulting in a savings of \$1.4-1.55 for every one dollar invested in the program<sup>9</sup>. Given the low cost of needle supply programs (NSP) and high-quality evidence related to their efficacy, NSPs are one of the “most cost-effective public health interventions ever funded”<sup>9</sup>.

In addition to the cost-savings of HIV prevention, the incidence and cost of treating other bloodborne infections such as Hepatitis B (HBV), Hepatitis C (HCV), and syphilis must also be considered. Between 2002-2011, 384 new cases of HCV - a chronic bloodborne infection - were reported in Manitoba<sup>10</sup>. Life-long treatment of chronic HCV costs an estimated \$64,494 per person<sup>11</sup>.

## What Can the Government Do?

Harm reduction saves lives. The consensus among community organizations, frontline workers, physicians, health care providers, and medical students is that Manitoba needs to act now to reverse current negative health trends and better serve *all Manitobans*. We ask the Manitoba Government to:

1. Develop a centralized harm reduction supply network and fund grassroots community harm reduction efforts;
2. Conduct a feasibility study to assess the need for supervised consumption sites in Manitoba that prioritizes consultations with marginalized communities disproportionately affected by substance use;



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3. Develop a Manitoba harm reduction strategy focused on minimizing the harms of substance use that explicitly commits the government of Manitoba to non-partisan action to ensure continuity between governments;
4. Create a province wide campaign aimed to de-stigmatize substance use and promote harm reduction strategies.

## Why Should the Government Adopt These Asks?

1. Access to harm reduction supplies is a major need highlighted by community organizations. Harm reduction supply networks improve access to these supplies, reduce needle sharing, and encourage engagement with community programs<sup>12</sup>. Current services, while far from comprehensive, are a starting point to build access to harm reduction.
2. The substance use landscape in Manitoba is understudied and assessing the needs of the community is a key first step to tackling this issue. This study must include the voices of all Manitobans, including Indigenous peoples, those with lived experience, those belonging to the LGBTQ+ community, and those experiencing homelessness. This will ensure that care is culturally, demographically, and gender appropriate.
3. Harm reduction services outside of Winnipeg are nearly non-existent. A provincial harm reduction strategy would set province-wide targets, improving access to harm reduction for all Manitobans.
4. Although the medical community and many community organizations agree that addiction is a medical issue, an all too common perception is that addictions are somehow a moral failing. This stigmatizes substance users, preventing them from seeking help.

## Conclusion

Fundamentally, harm reduction helps allay the harms of drug use while building relationships with drug users and connecting them to social supports. Strategies such as a centralized supply program and safer consumption sites provide an opportunity to help those who are the most marginalized and allow the province to better care for *all Manitobans*.

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