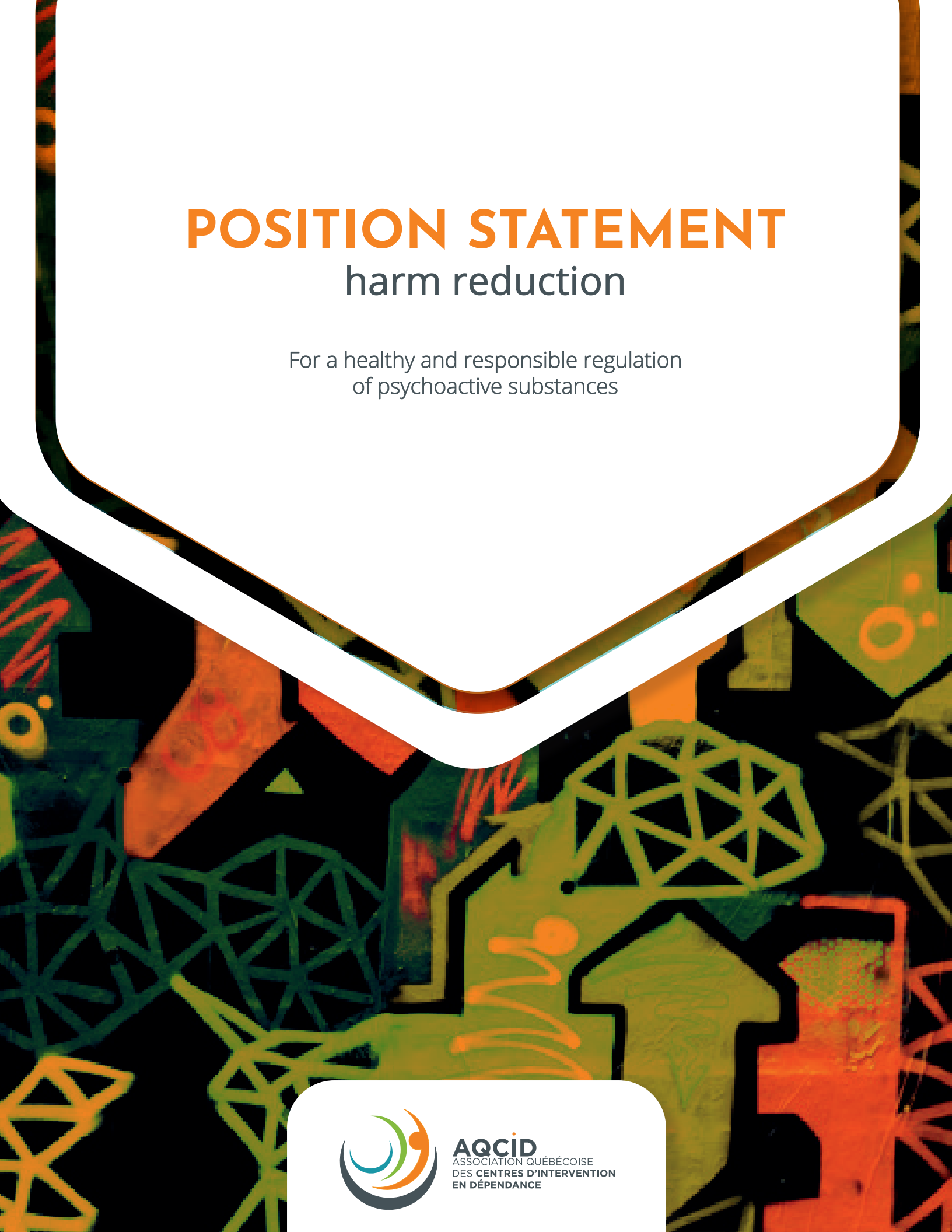
POSITION STATEMENT
harm reduction

For a healthy and responsible regulation
of psychoactive substances



AQCID
ASSOCIATION QUÉBÉCOISE
DES CENTRES D'INTERVENTION
EN DÉPENDANCE

Association québécoise des centres d'intervention en dépendance (AQCID)
Position statement: For a healthy and responsible regulation of psychoactive substances

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INTRODUCTION

This document is the result of a collaborative discussion between the Association Québécoise des centres d'intervention en dépendance and concerned groups from the addiction and substance use network. In 2018–2019, the AQCID established a new harm reduction standing committee and was able to survey the latter on their concerns and issues. In addition, on April 18, at the initiative of the AQCID, a major national rally on harm reduction was held in Nicolet to discuss and prepare to take action on the major issues highlighted in this position statement. Community and health network organizations from across Quebec were mobilized and their feedback was used to develop this position statement.

AIMS OF THE POSITION STATEMENT

- Strengthening the main principles and philosophy of the harm reduction approach;
- Developing a common, inclusive language and a common view on harm reduction within the addiction and substance use network.

This position paper is focused on two key issues that we believe are central to the challenges related to harm reduction. First, the current policies on psychoactive substances (prohibition versus illicit market), a core issue in this paper, help to increase stigmatization, are based on moral, non-scientific principles and represent a major hurdle towards the recognition of a harm reduction approach. Second, deployment of the harm reduction approach as a method to consider in all situations related to substance use (in media coverage, in the justice system, or in health and social services) is the second key issue to be prioritized. For each issue, contextualization is suggested to provide a clear portrait of the current situation, followed by a list of recommendations.

WHAT IS THE AQCID?

The AQCID is a national group representing more than 100 community organizations involved within the addiction and substance use network. The AQCID is the most representative organization in the addiction community, bringing together harm reduction organizations, prevention centers and treatment centers. Partnership lies deep within the values of both the AQCID and its members, which allows the AQCID to establish its action based on allies who share the same desire to work in collaboration and consultation in a spirit of cohesion and coherence.

Mission

To bring together, support, encourage action and represent community and non-profit organizations offering prevention, harm reduction and treatment services for addiction and substance use in Quebec.

STANDING COMMITTEE ON HARM REDUCTION

PROTAGONISTS, ROLES, AIMS

In 2018, the AQCID established a standing committee on harm reduction. The directive of this committee is to reflect and act on harm reduction issues related to the continuum of substance use.

The standing committee on harm reduction encompasses non-profit organizations from across Quebec that adopt a harm reduction approach in their services to various groups of people (youth, adults, seniors), in various life situations (marginalization, homelessness, prosecution, parenting, HIV/AIDS, STBBIs, among others) and in different intervention settings (defence of rights, street work, sex work, festive venues, food assistance, distribution of materials, crisis intervention, transitional housing, etc.).

HARM REDUCTION

Definition

Harm reduction is an approach based on a caring and humanistic attitude, with the principle that people can make more positive choices for their health when they have access to support, education, and empowerment. Harm reduction is a "by and for" approach, meaning that the individuals and communities concerned are actively involved in defining their harm reduction needs, means and objectives.

Harm reduction is about working to ensure that people can experience the benefits and reduce the potential harms of substance use, whether legal or illegal.

Over the past decade, harm reduction has received growing international recognition. Many organizations advocate for this approach to be integrated into national responses to HIV, hepatitis C and substance use.[1] Harm reduction or risk reduction, is about taking a human-to-human stance by listening and supporting from a positive and empathetic perspective. It means striving to promote collective action, and aiming for the development of supportive (individuals, families, peer networks, communities, neighbourhoods), equitable and empowering environments. Adopting the harm reduction approach means working to develop conditions that are favourable toward making choices and respecting one's rights, despite a societal context that is sometimes not very facilitating.

Adopting a harm reduction approach means dismissing any power or authority relationship within the intervention and respecting a person's own pace and needs. It means working to recognize one's own biases and personal challenges in the intervention so that these don't influence our work. Lastly, it is a commitment to protect the fundamental rights of the people with whom we work and strive to avoid exacerbating social inequalities.

THE MAIN PRINCIPLES OF THE APPROACH[2]

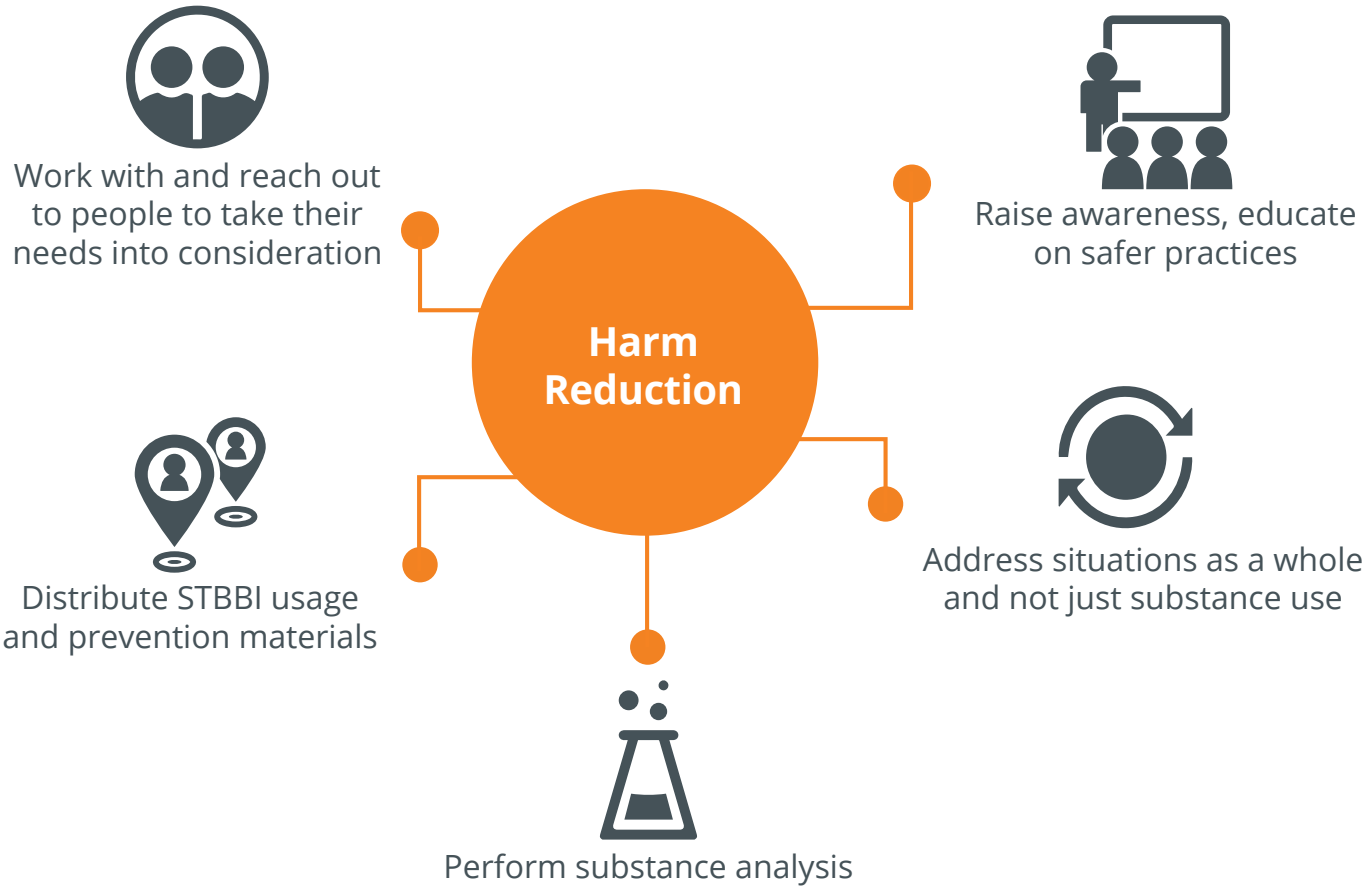
01

Pragmatism
Substance use is a universal phenomenon that cannot be eliminated. Abstinence is not always an indicator of social functioning and should not be pursued at all costs. It is imperative to work toward limiting the risks rather than condemning or ignoring this reality.

02

Humanism
Humans have an innate tendency to want to fulfill themselves. Interventions focus on strategies such as reaching out to people in their communities, acting with respect for rights and empowerment.

A RANGE OF INTERVENTIONS



ANGLE 1: REVIEW POLICIES ON PSYCHOACTIVE SUBSTANCES

In Canada, the Controlled Drugs and Substances Act penalizes the possession of certain psychoactive substances. The drug control system, in place since the 1960s (see history), illustrates that the original intentions to eradicate psychoactive substances and protect the population unfortunately not only missed the mark, but also had significant deleterious effects.

Moreover, the advancement of scientific research in the field of substance use highlighting the deleterious effects of such measures was not accompanied by an adjustment of law enforcement regimes[3]. This psychoactive substance repression regime stems from moral and ideological movements and not from scientific data, as illustrated in the timeline below.

1.1 HISTORY

Canada
Prior to 1908
There was no law prohibiting the use of drugs

Canada
1908
Opium Act (animosity toward people of Chinese immigrant background)

Canada
1911
Morphine and cocaine are added.

International
1920s
International Opium Convention (Germany, the USA, China, France, the UK) (regulating the use of certain drugs)

Canada
1920s
Alcohol prohibition (from 1900 in Prince Edward Island) timeline differing by province

Canada
1923
Heroin, codeine and cannabis are added.

Canada - 1969
The Royal Commission on Non-Medical Use of Drugs[4] concluded in 1973 that the possession of marijuana should be decriminalized. Marie-Andrée Bertrand, professor of Criminology at the University of Montreal, therefore takes a stance in favour of decriminalizing all drugs.

International - 1961
Single Convention on Narcotic Drugs of 1961, United Nations. This Convention aims to restrict the production and trade of prohibited substances by establishing a list of such substances (referred to as narcotic drugs). This limits the production, manufacture, export, import, distribution, trade, use and possession of narcotic drugs to "exclusively for medical and scientific purposes."

International
1960s
Psychedelic substances (LSD) are used in mental health research. As soon as substances are used for recreational use, they are phased out by governments.

International
1971
Convention on Psychotropic Substances

United States
1970s - 1980s
The '70s and '80s: "War on Drugs" in the United States (Nixon and Reagan)

Major international conventions
1961, 1971, 1988
Which the United States is the prime contractor (tobacco and alcohol, of which the United States is a major producer, withstand prohibition).

The United States
1988
United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances

All available substances, whether legal or not, are regulated at different levels, ranging from prohibition to illegal markets, as well as legal and responsible regulation. The revision of substance policies is essential, for both illegal and legal substances, because we are currently witnessing polarized policies of prohibition (illegal substances), legal but repressive regulation (cannabis), and lax regulation (tobacco), even a free market (alcohol). Alcohol is a unique example in the sense that the government has based its legislation on the principles of free-market forces–by benefiting financially from consumption of the substance, building customer loyalty (SAQ Inspire program), and allowing increased accessibility, advertising and marketing of the substance. Listed below are the different models of policies for psychoactive substances. *It is the legal and responsible system of regulation, a fair balance of the range of models, that has the least social and health consequences.*

1.2 IMPACTS OF CURRENT POLICIES ON PEOPLE'S RIGHTS

As early as 1969, the Ouimet Report[5] stated that "the criminal law should be applied only when social imperatives cannot limit its impact." In a 2014 report, CPHA[6] took a clear position, stating that

Range of Psychoactive Substance Policy Models

Prohibition (Criminalization)	Decriminalization and risk reduction	Legal and responsible regulation (Legalization)	Lax regulation	Unrestricted Access
Substances				
Opium and derivatives.	Policies adopted at the federal level.		Efforts to overcome unrestricted access	
Synthetic cannabinoids	Policies adopted at the provincial level.			
Psilocybin	Cannabis		Tobacco	Alcohol
Cocaine & derivatives				
MDMA				
GHB				
Methamphetamine				
Ketamine				
PCP				
Other substances	*The legalization of edible products suggests an association with alcohol products, which suggests a laxity regarding the rules in place.			
Substance composition				
Unregulated and uncertain substances	Regulated and monitored substances		Precise composition varies widely and undisclosed concentration of additives.	Quality, monitored substances. Products with non-recommended combinations (spirits/energy drinks) Non-standard format according to alcohol percentages.
Promotion				
Forbidden promotion	Banned substance promotion, neutral packaging and priority for neutral language		Neutral packaging and forbidden promotion	Substance Promotion and Consumer Loyalty Program (Inspire Program)
Access to a regulated substance				
Uncertain and Hazardous Substances (Ongoing fentanyl contamination situation). Unknown precise composition and frequently not matching with the purchased substance.	Regulated and controlled substances, but limited retail outlets to date, and more affordable prices on the illicit market, access to regulated substance in the process of being banned for 18-to-20-year-olds.		Regulated substances, but exact composition of products highly variable and not transparent.	Widely available substances in several regulated facilities
Penalties				
Criminal penalties for possession, as soon as the substance is measurable, tangible and visible.	Stricter penalties for selling and possessing over permitted thresholds, fines for consuming outside of designated areas (tenants disadvantaged by this legislation) and under the age limit, criminal penalties for driving while impaired.		Fines for use outside of designated areas, penalties for unlicensed vendors and facilities in non-compliance with the regulations	Product and sales regulations, fine for using drugs on the street or being intoxicated, criminal penalties for impaired driving.
Social perception				
Stigmatization of people using illegal substances	People using cannabis still perceived as marginalized and stigmatized.	Neutral perception of consumption	Demonization [1] of smokers	Valued alcohol consumption, social pressure to drink.
External pressures				
Enrichment of the illegal market, funds embezzled to criminal markets.	Growing Lobbies		Strong economic lobbies	Strong economic lobbies

1] "Demonization is a process of giving a strong negative connotation to an idea, group or individual, so that its mere mention provokes a reaction of rejection. Wikipedia

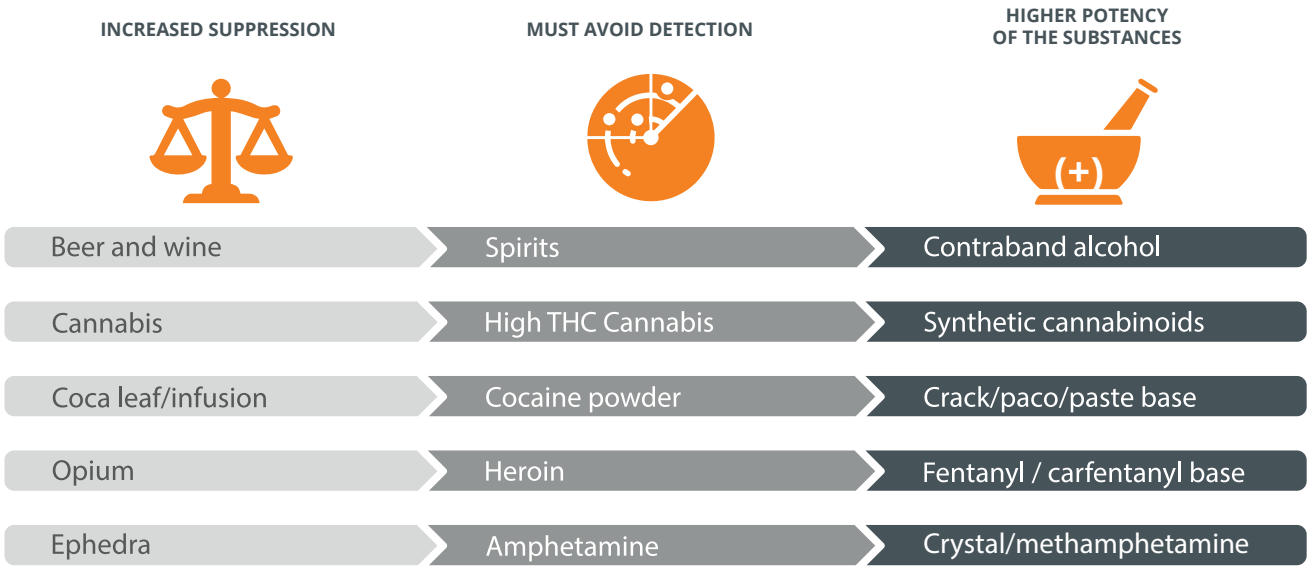
public health policy must be based on principles of social justice, consider human rights and equity, and be based on evidences and the determinants of health. Thus, public policies should, on principle, give everyone an equal opportunity to be healthy. *The use of the prohibition and legalization regime deepens social inequalities related to health and fails to address or even amplifies the public health issues that may be associated with substance use.*

1.3 IMPACTS OF THE PROHIBITION REGIME ON PRODUCTS

In its 2018[7] report, the Global Commission on Drug Policy states that prohibition itself tends to be responsible for the increase in the potency of substances. The urge to make substances less traceable, easier to export, more potent and more profitable is undeniably powered by the prohibition system. The substances available on the illegal market are unpredictable, and the criminalization regime results in the constant creation of new substances, increasing the risks faced by those who choose to use substances. According to the same report, 70% of new substances have been identified in the last five years. These substances are created to bypass the regulations on controlled substances, leaving the consumer with substances of unknown nature and potency, and therefore unpredictable. *Part of the problem with the current overdose crisis is precisely the fact that the substances found on the streets are unregulated[8]. As a result, people have no way of knowing exactly what they are consuming.*

The Iron Law of Prohibition[9]

The stronger the suppression, the stronger the substances.



1.4 IMPACTS ON THE RIGHT TO HEALTH

Amid the overdose crisis, we maintain that the current prohibition regime has significantly slowed intervention. In Canada, 3200 people died from an apparent opioid overdose between January and September 2018. Since January 2016, more than 14,000 people[10] have died from an opioid overdose in Canada. In Quebec, 543 people died from a suspected intoxication with opioids or other substances between January 2018 and March 2019. Access to naloxone, an opioid antidote, is not yet optimal despite a community-based naloxone program in Quebec. Naloxone is currently unavailable to incarcerated individuals. The number of community agencies authorized to distribute naloxone anonymously and confidentially is still insufficient, and we find it difficult to explain the slowness of this deployment. Lastly, despite the Good Samaritan Law[11], there are still fears regarding the use of emergency services in the event of an overdose, due to fear of prosecution.

The current drug prohibition regime, with the ultimate goal of creating a "drug-free world," would cost more than $100 billion each year, while the number of people using drugs is still estimated at 246 million people worldwide. The illicit drug market is estimated at $320 billion[12]. The consequences of prohibition have been widely documented and the value of a review of policies on psychoactive substances has been put forward by several public health authorities in the country, as well as by some international organizations. It appears that "the countries with the highest rates of deaths related to [substance] use are those that tend to apply the most punitive approaches"[13]. The United Nations Office on Drugs and Crime has recognized that the "War on Drugs" has had negative consequences, including the "creation of a criminal market, the allocation of resources, which could be allocated to the health and legal system, the proliferation of new drugs, and the stigmatization and marginalization of people who use substances[14]". Finally, it should be noted that the policies of the "War on Drugs" breach the pillars of the United Nations: peace, and security, development, and human rights.

Impacts of prohibition on the substance user

- **Having to rely on the illegal market to obtain the substance and thus on an uncontrolled and unpredictable substance;**
- **Using in conditions that are sometimes high-risk for fear of retaliation (use alone, in unhygienic conditions, with non-sterile equipment);**
- **Experiencing prejudice and stigmatization (being labelled as a person who uses psychoactive substances) and therefore using fewer health and social services. Furthermore, these services are, in many cases, insufficient, uneven and inconsistent with scientific data;**
- **Suffering the consequences of prosecution.**

1.5 IMPACTS ON THE RIGHT TO PERSONAL SECURITY, INVIOLABILITY, FREEDOM, EQUALITY

In 2018, a report published by researcher Susan Boyd[15] provided an extensive insight into the current state of the prison population in Canada. Among other things, this report illustrated an over-representativeness for arrests involving simple drug possession, compared to an under-representativeness for trafficking arrests. For example, arrest rates for simple possession have doubled since 1991, while arrests for trafficking, importation, exportation, and production decreased by 10% between 2012 and 2013 and by 35% between 2003

A few statistics

2017

90,625
drug-related arrests were made in Canada.

72%
of these arrests were related to simple possession of psychoactive substances.

42%
of these arrests were related to simple possession of a cannabis.

ANGLE 1

The same report illustrated a sharp increase in arrests for simple possession.

2 219
arrests for heroin possession in Canada (up from 464 in 2010)

8 996
arrests for simple possession of methamphetamine (compared to 1,523 in 2010)

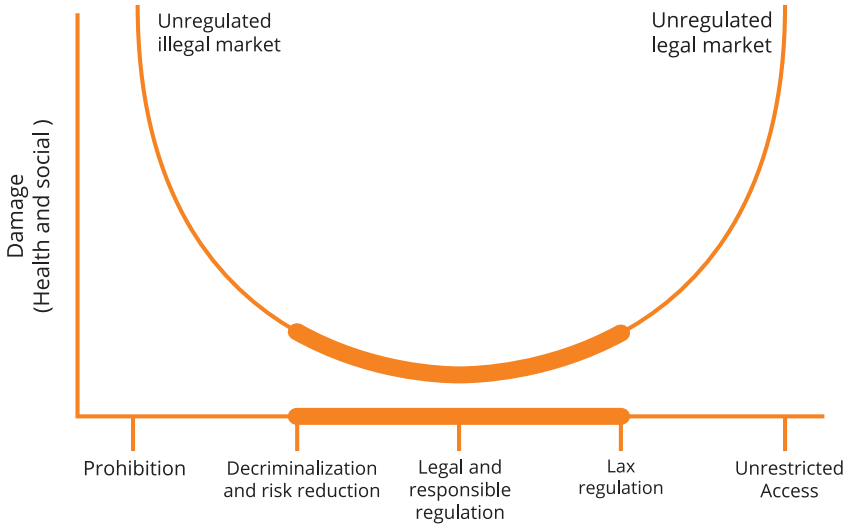
According to Statistics Canada, in 2013, 67% of police-reported drug offences involved cannabis. From these statements, 80% were related to cases of simple possession.

RECOMMANDATIONS

A thorough review of substance abuse policies must be conducted without further delay. The establishment of a legal and responsible system of regulation with respect to psychoactive substances would involve the development and establishment of clear rules and guidelines that are in the interest of public health and based on scientific evidence.

Therefore, we consider that the right balance between the unregulated illegal market and the legal free market is necessary. Rules such as sales in designated places, prohibition of sales to anyone under the age of 18, neutral and secure packaging are necessary and important. The diagram below illustrates that the projection of health and social impacts is at its lowest when there is a regulated legal market, whereas the damage is greater when markets are unregulated (explaining, among other things, why alcohol has many consequences despite being a legal substance).

Regulations Reduce Health and Social Damage[16]



As outlined in the first part of this position paper, the current policy system criminalizing substance use creates a systemic problem from the supply of substances, to substance use practices, to the seeking of help when someone exhibits a substance-use issue. Pending a review of policies allowing access to controlled substances, support for a secure supply system and substance testing services are required. We take this opportunity to emphasize that drug war policies wage war on people who use substances, and that many harm reduction strategies are merely a palliative solution to a system that should be thoroughly overhauled. The following services should be made systematically available through Injection Equipment Access Centres (CAMIs).

Safe Supply System

The safe supply approach could ensure access to a controlled, quality substance, regardless of the social status of the user. In 2017, 60% of deaths from overdoses were not caused by opioid use, but rather by fentanyl-contaminated stimulants[17]. A safe supply system should therefore, while still awaiting a legal and regulated system of psychoactive substances, include a wide range of substances, including cocaine, MDMA, psilocybin, among others.

Substance Analysis Services

In order to make an enlightened decision related to their use, people who wish to use psychoactive substances can gather a wide range of information and implement numerous harm reduction strategies. However, in many cases, the latter comes with issues concerning concentrations and compositions of substances that are unknown and therefore, unpredictable. It is therefore essential, in anticipation of a legal and responsibly-regulated system for psychoactive substances, to allow analysis of substances. When people analyze their substance, they have a real opportunity to make an informed choice about their consumption, choosing, in cases where the composition does not match that of the expected product, or where the product contains fentanyl or its derivatives, to reduce their dose, or not to use it on their own, for example.

It is essential that our political system be able to empower people to take care of their own health, on the one hand, and on the other hand, effectively guide those who may seek health services. It goes without saying that those who use psychoactive substances must be part of the policy review process. It is imperative that those who will experience the effects of the policies put in place be involved in the planning and reflective processes related to substance use policies. As stated by the Association Québécoise pour la promotion de la santé des personnes qui utilisent des drogues, «Nothing about us without us!».

AIMS OF THE IMPLEMENTATION OF A LEGAL, REGULATED SYSTEM OF SUBSTANCES IN A SOUND AND RESPONSIBLE MANNER:

- Better knowledge and control of the composition and quality of substances ;
- Eliminate the stigma associated with substance use ;
- Promote access to harm reduction and psychosocial services for people in need. ;
- Address psychoactive substances and their use with neutral language and open dialogue ;
- End the prosecution of people who use drugs ;
- Respect fundamental human rights ;
- End the repression associated with the penalization of drugs, decrease funding for legal structures and reallocate it to quality physical and psychosocial health services and care for people who use substances[18] ;
- Redirect funds raised from the sale of substances to implement public policies in health and social services and prevent this money from fuelling criminal markets ;
- Implement an amnesty process for those who have a criminal record for simple possession of psychoactive substances.

ANGLE 2
IMPLEMENTING THE HARM REDUCTION APPROACH

In light of the evidence of its effectiveness[19], we hold that the harm reduction approach must be considered for any intervention related to substance use. Its implementation should be mandatory in pre-service training programs for psychosocial intervention, in the community network, the health and social services network, the legal and correctional communities, and the media. Given that the harm reduction approach encompasses attitudes along with knowledge, we believe that the latter, including compassion, pragmatism, humanism, caring, respect and protection of human rights, should be an inherent part of such training programs. The Global AIDS Monitoring Report (2018)[20] highlights numerous benefits of the harm reduction approach. It argues that the combination of sterile material distribution interventions and the availability of opioid agonist treatment help decrease HIV infection without increasing rates of use.

To ensure consistency between scientific evidence of the effectiveness of the approach and its implementation in a systematic way, we argue that substance use must be taken out of a moral and prohibitive framework, as described in the first section of this position paper. Furthermore, our hypothesis suggests that, to some extent, the stigmatization of people who use substances leads to dissonance between the evidence of the effectiveness of the harm reduction approach and its widespread and universal implementation in the field of substance use.

EFFECTIVENESS OF THE HARM REDUCTION APPROACH[21]

- Reduction in risky practices (reduction in the frequency of psychoactive substance injections) and in the transmission of STIs (particularly HIV and hepatitis C) (INSPQ, 2007);
- Decrease in the risk of overdose and the number of deaths from overdose, bad trip or bad experience;
- Improvement in the general health status and quality of life of people who use drugs (reduced morbidity and mortality associated with substance use, easier return to employment, improved social relationships);
- Improvement in adherence to antiretroviral treatment for people infected with HIV;
- Reduction in crime associated with the use of psychoactive substances and its consequences (court costs, cost of incarceration, etc.).

2.1 STIGMA IN THE BACKGROUND

Stigma is defined as: "Negative beliefs and attitudes about a group of people because of their personal situation. It includes discrimination, prejudice, judgment, exclusion, stereotypes and negative labels [22]." People who experience stigma sometimes come to self-stigmatize, internalize social perceptions about themselves and believe that these negative labels and opinions are deserved and justified[23].

The war on "drugs" (or war on people who use drugs) creates and exacerbates many of the consequences associated with substance use (such as prosecution, social exclusion, unequal access to health care and social services), is inherently discriminatory, and violates human rights. The Charter of Rights and Freedoms should take precedence over all other treaties[24]. Substance use is often perceived to be wrong and unacceptable in a one-sided and unilateral way, even criminal, encouraging generalization toward people who use substances.

Thus, substance use is a behaviour, a strategy to meet different needs, and is therefore related to health and individual choices, not to crime in itself. Yet, people who use psychoactive substances are often perceived negatively and assigned a variety of labels. Those who work in this field are not immune to such prejudices and should all undertake reflection on expectations and beliefs about substance use and those who use substances. In addition, the language used and biases among health care professionals have an impact on the quality of care provided[25]. Let's remember that health care specialists sometimes find themselves in a position of power and authority, and their actions have a significant impact on people.

Here are examples of language used [26]

drug abuse	›	psychoactive substance use
drug addict	›	person who uses psychoactive substances
drug addict/ addict	›	person with a substance use problem
drug/narcotic	›	psychoactive substance
ex-addict	›	recovering person

The use of stigmatizing language in media coverage of people who use substances contributes to limiting help-seeking behaviour and the internalization of prejudice. After a meeting organized by AQCID held to discuss the importance of the issues outlined in this position paper, the media coverage received for the event included headlines such as "Hard Drugs Wreak Havoc"[28] and "Preventing Destruction Caused by Drugs"[29], among others, although the day specifically discussed the impact of such language. We believe that the widespread and prejudiced social perception of people who use substances is a major obstacle to the deployment of effective, universal and quality services, whether in the field of health and social services, education, or in festive settings. In addition, stigma is a barrier to assistance-seeking and recovery.[30] Finally, prohibition and repressive measures tend to have more of an effect on people who have more than one vulnerability factor in the current social context (e.g. being a woman, belonging to the LGBTQ2+ community, identifying as a racialized person, living below the viable income threshold, incarceration, among others[31], who often already live with stigma).

Recommendations

- Institutions must have clear policies in place to outlaw internal stigmatizing behaviours and statements;
- First-person language (not reducing someone to a behaviour) must be used at all times;
- Efforts need to be increased to raise awareness among the media, specialists and the general population about the impact of the language used to refer to people who use psychoactive substances;
- Harm reduction services need to be systematically identified in public awareness campaigns.

2.2 RESTRICTED ACCESS TO QUALITY HEALTH SERVICES

As acknowledged in 2017 by 12 United Nations agencies, people who use psychoactive substances experience a high level of stigma and discrimination in their access to health services.[32] Concretely, people who use substances still face restrictive criteria in their access to care, including treatment with opioid agonists. In addition to being hard to access, particularly outside the major centers (several doctors refuse to prescribe it, for a variety of reasons[33]), the services available are sometimes confined within an oppressive and restrictive environment. Individuals are sometimes only admitted on a request to cease use. In some cases, people are kept in a system of "privileges" or are excluded from treatment programs for using. We believe that the stigma attached to people who use substances has a negative impact on the quality of care and services available to them. Even today, people who use substances are often perceived as responsible for their health problems[34].*

Recommendations

- Put an end to the system of "privileges" that are not sufficiently supported[35] by scientific studies and allow people to access their prescription in a flexible way that is adapted to their needs;
- Reconsider the concept of a "waiting room" in favour of a "greeting" room;
- Discontinue urine testing as a screening measure, as specified in the CRISM recommendations;
- Offer high adaptability and low threshold services, i.e. flexible services that are focused on people's needs, free of moral bias, by and for the people who will use them;
- Allow Primary Care Nurse Practitioner Specialists (PCNPs) to prescribe opioid agonist therapies;
- Involve people with experiences related to the use of psychoactive substances in the development, implementation

** Treatment with opioid agonists (OATs) is an effective treatment for addiction to opioids such as heroin, oxycodone, hydromorphone (Dilaudid), fentanyl and Percocet. People on OATs usually take methadone (Methadose) or buprenorphine (Suboxone), which are opioid agonists. These drugs prevent withdrawal and reduce opioid cravings. OATs help people who have opioid dependency to stabilize and reduce the harms associated with their drug use. (Camh)*

and deployment of programs related to substance use;
- Offer services associated with the use of substances to maintain consumption according to the individual's wishes;
- Facilitate collaboration with community-based harm reduction organizations.

2.3 INADEQUATE SERVICES WITHIN THE LEGAL SYSTEM AND PRISON SETTINGS

Addressing substance use by prosecuting those who use contributes to amplifying the consequences of substance use. In prisons, harm reduction services are clearly insufficient and action must be taken immediately, as the prison population is a particularly high-risk group, during and after incarceration. In a study conducted by Correctional Service Canada (2007), an estimated 17% of men and 14% of women had injected substances while incarcerated.[36] Half of these people also reported that "sharing injection equipment, including with people with HIV or HCV.[37] Alarming data further report that rates of HIV (6.03%) and HCV (45%) infection are high among Indigenous women prisoners. Overall, HIV rates are estimated to be 10 times higher among incarcerated persons and HCV rates to be 30 times higher than in the general population.[38] Despite evidence of the positive impact of prison needle exchange programs reported by many organizations (PHAC, WHO, UNAIDS, UNODC, CMA, Canadian Human Rights Commission), such programs are not available in provincial prisons in Quebec. We know that incarceration is a significant risk factor for sharing materials, putting the person at risk for HIV, hepatitis C and multiple types of infections, with women and Indigenous people being at even greater risk[39]. Between 2006 and 2013, one in 10 overdoses in Ontario specifically affected incarcerated people within the year following their release.[40]

Recommendations

- Avoid incarceration for conduct related to the possession or use of psychoactive substances;
- Implement harm reduction programs in prisons in collaboration with community organizations;
- Make harm reduction tools available in pre-release (conditional liberation/release);
- Establish and maintain ongoing communication between harm reduction programs and law enforcement.

2.4 COMMUNITY NETWORK INSUFFICIENTLY SUPPORTED

Quebec's community action, like the harm reduction approach, originates from social movements. The community setting aims to involve the people concerned, empower them and engage them in reflection and action. It is also important to take into consideration the fact that individuals sometimes have traumatic and negative experiences in relation to the health care system and institutions in general. The community setting should therefore be a partner with an approach complementary to that of the health care system. In the field of substance use, the community sector operates in close collaboration with substance use research teams, employs trained and skilled staff, and is therefore as specialized in its field as the public system. The community sector uses different, innovative, flexible approaches that are based more on the involvement of the users of the services. This diversity makes it possible to vary the service approach for individuals.

Recommendations

- Enhance mission-based funding for community organizations that work directly in the living environments of those concerned;
- Involve the community as a full-fledged stakeholder in government action plans;
- Respect the independence of community groups;
- Establish systematic collaborations between the community and teaching and research communities to foster knowledge transfer (pre-service training programs social work, sexology, psychology, special education, psycho-education, law, corrections, police, nursing, medicine, public administration, journalism, etc.).

2.5 IMPLEMENTATION OF HARM REDUCTION ACTIONS

2.5.1 SUPERVISED CONSUMPTION SITES

In Canada, there are currently 46 supervised consumption sites, located exclusively in Alberta, Quebec, British Columbia, and Ontario. As of 2017, four sites are available in Quebec, currently centralized in Montreal. Despite a lot of hard work in recent years, the Quebec City region is still struggling to obtain its supervised consumption site, having faced many challenges, particularly in terms of public acceptability. Therefore, government authorities and the health network must analyze the obstacles encountered and work to overcome them. *Dissociating these approaches from the political framework and public acceptability: it's a health issue.*

In 2017 alone, it is estimated that 3,996 fatal overdoses could have been prevented if major policy changes had been implemented. Among those deaths, 93% were accidental. Since 2016, nearly 14,000 people in Canada have died from opioid overdose (accidental in 94% of cases), with fentanyl being identified in 73% of cases.

In addition to supervised consumption sites, which in themselves are also overdose prevention sites, many overdose prevention sites have been established across Canada. These sites, often "pop-up" style, are set up on a temporary basis to provide easier access to supervision, drug use equipment and psychological support. The approval process for these sites is theoretically facilitated, justified by the urgency of the service. The pitfalls are multiplying for community organizations wishing to set up a supervised consumption site[41] and the complexity of the process prevents them from acting autonomously and as quickly as possible in response to the communities' desperate needs. The benefits of these centers have been documented: in British Columbia alone, overdose prevention sites, in combination with other strategies such as naloxone distribution, have saved approximately 4700 lives[42].

Recommendations

- Facilitate the opening process of supervised consumption sites;
- Implement government initiatives to promote the social acceptability of such initiatives;
- Allow people with a history of substance use and staff of supervised consumption sites to assist with injection;
- Review the classification used to replace Supervised Consumption Site with a more neutral term such as Substance Use Prevention Site;
- Promote the development of a variety of community-based SCS models (mobile, women-only SCS, full independence

of community-based organizations, broader range of permitted substances);
- Allow organizations to file joint applications and open satellite sites without having to reapply for exemptions;
- Allow unrestricted implementation of overdose prevention sites in community-based harm reduction settings;
- Facilitate substance analysis for all substance use prevention and harm reduction initiatives.

2.5.2 INTERVENTION IN A FESTIVE ENVIRONMENT

Quebec's variety of festive environments are under no obligation to implement harm reduction strategies when organizing and carrying out festive events (bars, clubs, after hours, recurring events such as festivals, among others). Collaboration between the organization/owners and harm reduction agencies is essential[43]. On the other hand, awareness-raising efforts must be carried out with municipalities, police forces and security services regarding seizure practices and bans on use at festive venues. If people can't use the substance obtained from a source they know, they will get it from higher-risk sources nearby. Turning a blind eye to this reality puts people attending festivals and other festive environments at risk, although it is within their power to implement harm reduction practices that can be implemented for these settings (posters, advertising, safe areas, provision of toilets, shade, and drinking water, distribution of drug use equipment, substance testing, among others).

People working in and around festive environments should receive training on best practices in harm reduction, considering that they are on the front lines, and therefore in direct contact with the people involved. The front line also includes restaurant and bar staff, security services and park managers, for example. Their collaboration with community-based harm reduction organizations is therefore essential and unavoidable.

Recommendations

- Encourage party and festival organizers and facility owners to collaborate with community-based harm reduction organizations;
- Train festive venue staff on best practices in harm reduction;
- Provide financial support for community organizations wishing to offer these services throughout Quebec.

2.5.3 DRUG USE EQUIPMENT

On a broad and universal basis, people who wish to do so can have free access to new and sterile drug use equipment anywhere in Quebec. Such practices have been in place since the 1980s through injection equipment access centers, nested within various types of resources such as pharmacies, Hospital centers, family medicine groups, addiction rehabilitation centers and community organizations. These centers are financially supported by the Ministry of Health and Social Services. Among the range of CAMIs, community organizations distribute more than 60% of the material, but still do not have the freedom to select their own materials and manage their own budgets. In some regions, such as Montreal, 92% of people who inject drugs choose to go to a community organization to obtain sterile injection equipment.[44] However, in many cases, access to safe drug use equipment fails to respond to the actual needs and realities of people who use.

Recommendations

- Decentralize and adapt services according to regional disparities in terms of consumption practices;
- Allow organizations working with people who use substances to be independent when choosing equipment, by providing financial support to enable them to choose their own suppliers (or even set up purchasing groups according to local needs and consumption realities).

2.5.4 ACKNOWLEDGING THE WORK OF PEOPLE WITH A HISTORY OF SUBSTANCE USE

A peer is "a person who discloses that s/he is living or has lived through similar experiences or realities as one or more other people.[45] Peer help refers to being supported by a person who wishes to use her/his experience in order to "support, listen and guide individuals from the environment in which s/he is involved."[46] The involvement of people with a history of substance use is a major strategy for addressing the stigma associated with people who use psychoactive substances.[47] Specifically, peer helpers allow the organization to stay up to date with the realities of the community, reach out to certain people who might be reluctant by providing a flexible and adjustable approach, bridge the gap between individuals and organizations and can facilitate the process of positive identification in the journey of the individual.[48]

For organizations, the involvement of people with a history of substance use should be based on a genuine desire to recognize their knowledge, value and not as a way to control and "empower" people who use substances. Peer help should be applied throughout the continuum of intervention, through education, street work, psychosocial intervention, research assistance, presence on advisory committees, participation in policy development, implementation and evaluation of legislation, program development. Hence, in all matters related to substances in general.

Recommendations

In keeping with the Charter for the Recognition of Peer Helpers, we recommend:

- Including at least one member as a representative on the boards of directors of organizations involved in substance use;
- Recognizing experiential knowledge along with work experience or educational background in the selection process;
- Having at least one member with a history of substance use per team;
- Providing peer-helper positions with the same tools and benefits as the work team (salaries, promotions, working conditions, among others);
- That past experience be a prerequisite for certain intervention positions;
- Ensuring the financial sustainability of organizations and projects by and for peer helpers.

SUMMARY OF RECOMMENDATIONS ANGLE 1

REVIEW POLICIES ON PSYCHOACTIVE SUBSTANCES

The current policy system that penalizes substance use creates a systemic problem ranging from the supply of substances, to substance use practises, to seeking help when a person seeks services.

Given this problem:

- An in-depth revision of the current regulation system for psychoactive substances is mandatory;
- AQCID recommends the establishment of a legal and responsible regulatory system for all psychoactive substances.

Pending this policy review, it is imperative to:

- Facilitate the process for opening supervised consumption sites and promote a variety of models according to the needs of communities;
- Facilitate the implementation of substance testing services in various harm reduction community settings in order to address the contamination of substances found on the illegal market and allow people who choose to use substances to make an informed decision regarding their use;
- Establish a safe (pharmaceutical grade) supply system to ensure access to a regulated, quality substance, regardless of social class of those who use the substance. This system should include a range of substances
- (including cocaine, opioids, MDMA, or psilocybin, among others).

SUMMARY OF RECOMMENDATIONS ANGLE 2
IMPLEMENTING THE HARM REDUCTION APPROACH

Considering the scientific evidence supporting its effectiveness, it is obvious that a harm reduction approach must be an integral part of any program and intervention related to substance use. It should be universally implemented in the field of substance use and addiction.

In this sense, it is imperative to:

Fight actively against the stigmatization of people who choose to use substances by:

- Favouring speech in the first person (do not reduce the person to its behaviour);
- Require that institutions have clear policies in place to outlaw stigmatizing behaviours and statements internally;
- Increasing efforts to raise awareness among the media, health and social services workers as well as the general population regarding the harmful impact of pejorative language;
- Systematically identifying available harm reduction services in public awareness campaigns.

Facilitate universal access to harm reduction services for all substance use and addiction-related demands by:

- Enhancing funding to the mission of community organizations that work directly in the environments of the people concerned;
- A comprehensive review of health services related to substance use, including opioid agonist treatments;
- Eliminate the stigma associated with substance use ;
- Making harm reduction programs and tools available in correctional settings in collaboration with community organizations;
- Recognizing the subjective knowledge of people with substance use experiences by systematically involving them in the development, implementation and deployment of substance use programs.

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