

Jan 29, 2024

To:

Hon. Scott Moe Premier of Saskatchewan premier@gov.sk.ca

Hon. Everett Hindley Minister of Health he.minister@gov.sk.ca

Hon. Tim McLeod Minister of Mental Health and Addictions ministerrrhe@gov.sk.ca

CC: Prairie Harm Reduction, All Nations Hope Network, Communities Alliances And Networks, HIV Legal Network operations@prairiehr.ca; supportservices@prairiehr.ca; kisikawpiyesis@allnationshope.ca; margaret@caan.ca; jbutler@hivlegalnetwork.ca; schu@hivlegalnetwork.ca

RE: Saskatchewan decisions on harm reduction services

We, the Canadian AIDS Society, are writing regarding the <u>recent decisions on harm reduction services</u> within the province of Saskatchewan.

Harm reduction services not only represent spaces where people access medical equipment to aid in their substance use disorder, they also represent spaces to facilitate access to testing and treatment services. Continuing with redirecting money for harm reduction services will likely set back these initiatives and could also leave Saskatchewan trailing further behind provinces in the early identification of new HIV diagnosis, connection to care and viral suppression.

Let us introduce you to the **95-95-95** targets that provinces have individually been making great gains towards. The United Nations has set these numbers as goal posts for ending the HIV/AIDS epidemic. The 95-95-95 targets represent 95% of people living with HIV know their status, 95% of people who know their status are receiving treatment, and 95% of people on HIV treatment have a suppressed viral load by 2030. As a method of comparison, we have chosen British Columbia as a province with considerable access to harm reduction services and treatment options versus Saskatchewan using previous data pulled from the **Public Health Agency of Canada**.

British Columbia

- 94% of people with HIV were diagnosed with HIV
- 92% of people diagnosed with HIV were on treatment
- 95% of people on treatment had achieved viral suppression

Saskatchewan

- 77% of people with HIV were diagnosed with HIV
- 90% of people diagnosed with HIV were on treatment
- 65% of people on treatment had achieved viral suppression

When looking at trends for HIV, again we can compare <u>BC</u> and <u>SK</u>. In BC, the estimate of the total number of new HIV infections in 2020 was 108 (range 50-170), a decrease from 135. Though some may not see significance with the number, it signifies a decrease. Saskatchewan's HIV numbers remain the highest in the country. Latest provincial health data reveals a record-breaking 237 diagnoses in 2021 — a nearly 30 per cent jump from the 184 cases recorded in 2020, which puts transmission rates at more than double the national average.



Our concern for the Government of Saskatchewan's decision on harm reduction services is grounded in a firm understanding of the impacts of harm reduction and the epidemiology of HIV infections. In 2021 The Saskatchewan Association of Social workers stated in a report titled Harm Reduction Considerations for Substance Use in Saskatchewan, "An opportunity exists in Saskatchewan to expand evidence-informed, community-driven policy and practice relating to substance use. Currently, there is a lack of government funding support for community-based harm reduction initiatives, especially safe consumption sites."

Historically, new HIV diagnoses were, and continue, to be on the rise in Saskatchewan, and continues to sit below other provinces in the 95-95-95 targets, CAS can reasonably assume that raising funding and access to these services could decrease HIV incidence and overall precedence. **Though correlation does not depict causation, the connection between these services and outcomes is undeniable.**

"The goal of the health care system should always be getting people the treatment they need to overcome addictions and live healthy, safe lives in recovery," Hon. Tim Mcleod said. Though this may be the goal of this system, the goal of those working in harm reduction programs is to meet people where they are at, which includes the expertise of their lived experiences, and does not always require treatment or recovery models of care. Treatment beds are downstream planning and action, and as SK has been leading the country for over a decade in HIV rates, immediate action and enhanced harm reduction programs need to be in place to support prevention methods. The current treatment system is a problem based, western model that views health as an individual problem to be fixed. Harm reduction programs look at social determinants of health, such as housing, safety, education, training, and job readiness as a supportive and holistic method to treating the problematic substance use, not fixing the person.

McLeod said the province going in a "recovery-oriented" direction is based on consultation with ROSC Solutions Group. According to the group's website, it is "a trusted and experienced provider of comprehensive addiction recovery, medical and psychosocial services." We find it highly problematic that consultations were done with only one treatment service to develop policy that can be seen to act in the treatment services favor, especially when ROSC was only founded December of 2022. It is our understanding that harm reduction services who have been severely underfunded and still providing care in Saskatchewan for over 20 years were not considered in the development of this new direction, though they should have been the first step in consultations.



The Canadian AIDS Society stands in solidarity with, and in support of all who are calling for the reconsideration of this decision. Comprehensive harm reduction services are vital for saving lives and safeguarding public health. Continued support and expansion of these services is crucial to the well-being of our country, starting with each province's duty to care for their inhabitants.

CAS also believes it to be of utmost importance to be transparent in the process used for making these seemingly unfounded decisions.

Canadian AIDS Society requests a roundtable discussion with representatives from the Saskatchewan government (namely Hon. Scott Moe Premier, Hon. Everett Hindley, and Hon. Tim McLeod), ROSC Solutions Group, community organizations such as the Prairie Harm Reduction Network, Saskatchewan Nurses Union, and community leaders who use substances.

Sincerely,

Ken Miller, Executive Director Canadian AIDS Society



Further to a roundtable discussion and transparent process, CAS recommends as a steps towards a more appropriate response, that you repeal your recent decisions and;

- 1. Create accountability methods such as governing bodies that require mental health and treatment services to meet specific criteria. This includes the recovery industry, abstinencebased programming, harm reduction methods and treatments using new emerging therapies;
- 2. Create access to safer supply programs so they reflect the realistic need of people who have been diagnosed with substance use disorder (SUD) as a method of treating people with a medical condition. We believe restrictive methods previously and currently in place reduce the ability to have successful outcomes;
- 3. Provide wider access to proven forms of sexually transmitted/blood borne infection prevention services such as pipe and needle exchanges. We can depict a decline in new infections from the distribution and promotion of harm reduction services like these;
- 4. Allow Federal housing initiatives to converge with the housing needs prior to any decisions on budgets towards harm reduction. This is integral to having a full picture of the positive impact these services can provide.
- 5. Allow for the inclusion of people most affected by these decisions to direct the development of programs and policies in question. In alignment with the <u>Denver Principles of 1983</u> for HIV, the "<u>nothing about us without us</u>" that have been adopted by the Government of Canada, people who use drugs cannot in good faith be left out of the decision making process.



Below are links to letters in support of retracting the current decisions of the Saskatchewan government Open Letter to Saskatchewan government Re: Health Policy Changes – HIV Legal Network https://sun-nurses.sk.ca/about-us/newswire/sun-statement-on-harm-reduction

Below are links to information regarding the effectiveness of Harm reduction programs and other resources SASWDiscussion-Paper-for-Drug-Task-Force-Oct2021.pdf

https://thestarphoenix.com/opinion/columnists/opinion-sask-shift-away-from-harm-reduction-will-increase-risks https://www.cdc.gov/ssp/syringe-services-programs-summary.html

https://www.publichealthontario.ca/-/media/Documents/H/2023/harm-reduction-services-smoking-

inhalingdrugs.pdf?rev=255f0227310e46448c8c30ace7b6ef02&sc lang=en

https://leaderpost.com/news/saskatchewan/sask-ends-provision-of-drug-pipes-instructions-for-safe-drug-use-

toharm-reduction-organizations

Nothing About Us Without Us - Open Society Foundations

The Denver Principles: 40 years on | UNAIDS

For those living in Saskatchewan reading this open letter, please consider signing the petition below <a href="https://www.change.org/p/urge-the-saskatchewan-government-to-reinstate-funding-for-harm-reductionservices?recruiter=960534055&utm_source=share_petition&utm_medium=facebook&utm_campaign=p_sf_combo_share_initial&utm_term=psf_combo_share_message&recruited_by_id=65c7b7b0-768b-11e9-88b36f956d1c86d4&share_bandit_exp=initial-37842404-en-CA&utm_content=fht-37842404-en-ca%3Acv_788889_

Link to the decision from the Saskatchewan government

https://www.saskatchewan.ca/government/news-and-media/2024/january/18/province-realigns-health-systemapproach-to-illicit-drug-use-issues