



Krever 2008

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In November 1997 Canadians witnessed the release of the final report of the Commission of Inquiry on the Blood System in Canada. Justice Krever's inquiry sought to explain how 1200 Canadians came to be infected with HIV through tainted blood products in the early to mid-1980s. In the coming decade — in the year 2008, perhaps — might we expect a second inquiry, this one investigating why thousands of injection drug users were infected with HIV for want of adequate prevention, treatment and harm-reduction programs? This hypothetical transcript from such an inquiry reports the testimony of an expert witness, whose views represent the collective position of local, provincial and federal decision-makers today.

Commissioner: It was known from the earliest days of the epidemic that HIV was spreading among drug users who shared used needles. As early as 1986 national panels were warning health ministers that urgent steps were needed to prevent the kind of tragedy that was already unfolding among drug users in the US. They recommended needle exchange programs to give drug users a means of protecting themselves and reducing the harm of their addiction. Yet it took several years for such programs to be initiated, and in the interim many people were infected.

Witness: At that time we were very concerned that distributing sterile syringes would be seen to condone illegal drug use and would only make the problem worse.

Commissioner: But the record shows that experience in Europe had already demonstrated that needle exchange programs did not worsen the problem but helped it. And later studies in various cities showed a strong correlation between the provision of needle exchange programs and lower rates of HIV infection. And isn't it true that you also knew that needle exchange was only part of the solution? Evidence of an explosive outbreak of HIV in Vancouver, despite the existence a large needle exchange program, showed that this intervention alone could not stop the epidemic. Were you not repeatedly advised by experts that more detoxification and treatment facilities were urgently required, that far wider access to methadone therapy and other interventions had to be provided, and that much greater attention had to be paid to the social determinants of drug use?

Witness: Yes, but we were operating under tremendous fiscal pressures. To have found those resources would have added to our debt and further mortgaged our future.

Commissioner: But isn't it true that you were aware of estimates provided by numerous economists and by the Canadian Policy Research Network in November 1997 that the cost of treating each case of HIV was approximately \$150 000?

Witness: Yes, we were aware of those figures.

Commissioner: Then you knew that the 2000 new infections occurring each year among drug users in the mid- to late 1990s represented an extra \$300 million annually in future medical costs. How can it be fiscally responsible to generate hundreds of millions of dollars in needless future expenditures for the sake of saving a fraction of those costs?

The Canadian people would also like to understand why it took so many years for you to realize that these problems could be solved only with adequate treatment. Twenty-five years earlier, the Le Dain Commission had recommended pilot studies of the medical prescription of opiates. By 1997 it should have been obvious to everyone that relying on law enforcement to control a health problem not only failed to fix the problem but worsened it. In 1997 a National Task Force on HIV and Injection Drug Use recommended comprehensive strategies to reduce the risks of injected drugs, but its report gathered dust.

Witness: Yes, we were aware of the task force report. But we were very concerned that policies such as prescribing heroin and providing places for safe injection would condone drug use, confound policing efforts and lead to increases in drug addiction and crime.

Commissioner: If that is the case, why did coroners and police chiefs endorse the report? Weren't you also aware in 1998 of a Swiss program that looked into this very question?

Witness: Yes, we knew about the Swiss experiment.

Commissioner: Indeed, the record shows that the Swiss conducted a large-scale social experiment involving supervised



heroin use by 1100 addicts in whom previous treatment had been ineffective. This program did not lead to increases in drug use and worsening crime, as you claimed to fear, but rather the opposite. Drug use went down, permanent employment more than doubled, and income from illegal activities fell dramatically. Experts here recognized that this was an uncontrolled study and therefore recommended trials of medically prescribed heroin and hydro-morphone, but you resisted. You perpetuated the war on drugs, knowing full well that the war inflicted far more harm than the drugs themselves.

Let me now try to summarize your testimony. First, in 1998, it was clear to you that thousands of drug users were becoming infected with HIV each year and that these people were putting many thousands of others at risk, including their sexual partners and newborn children. Second, you had evidence from abroad as well as the advice of panels of experts at home as to how to mitigate this tragedy. Yet you and your fellow decision-makers collectively chose to ignore this information.

Your failure to act resulted from a lack of political will. Perhaps your decisions reflected the general public's view that drug users choose their lifestyles and deserve to suffer their consequences. Perhaps many voters supported your inaction, viewing the problem as unlikely to affect their own families. But they didn't have the information you did about the tremendous future tax burden of this uncon-

trolled epidemic. They were also inadequately informed about the danger of allowing the rapid growth of an important conduit for HIV infection.

Denying drug users accessible and effective treatment and the means to reduce harm to themselves and others was both heartless and senseless. Injection drug users were widely viewed as dispensible and were treated accordingly. The goals of public health should be applied to all people equally, but you seem to have thought that some people are more equal than others.

I have one last question.

Witness: Yes?

Commissioner: Could I have the correct spelling of your name for my report?

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