

February 28, 2024

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

Re: Changes to Saskatchewan's Harm Reduction Policies

Dear Premier Moe,

On behalf of Action Hepatitis Canada (AHC), I'm writing today out of concern regarding Minister MacLeod's recent announcements of the immediate defunding of sterile inhalation equipment and the return to a one-for-one needle exchange policy.

AHC is a pan-Canadian coalition of 81 community-based member organizations providing accountability on the Canadian commitment to eliminate viral hepatitis as a public health threat by 2030. We do this through a health equity and human rights lens, centring the needs of marginalized populations disproportionately impacted by viral hepatitis.

Last year, on World Hepatitis Day, the Saskatchewan Minister of Health publically recognized the day and renewed Saskatchewan's commitment to eliminating hepatitis C as a public health threat. For years, we have applauded Saskatchewan's efforts in removing barriers to receiving hepatitis C treatment, which is curative. In fact, one study has indicated that Saskatchewan could be on track to reach elimination targets as early as 2024.

However, since a vaccine for hepatitis C does not yet exist, harm reduction is our most effective tool for disease prevention, with up to 85% of new cases of hepatitis C in Canada occurring among people who inject drugs.¹ While treatment is curative, it does not inoculate against future reinfection – reinfection is possible and common in networks where needles are shared, often due to the unavailability of sterile ones.

For people who inject drugs, the fundamental goal of any needle syringe program is to reduce the transmission of hepatitis C and other blood-borne infectious diseases. One-for-one exchange is a well-documented barrier to achieving the goal of a new needle for every injection, also known as 100%

¹ The Canadian Network on Hepatitis C Blueprint Writing Committee and Working Groups. Blueprint to inform hepatitis C elimination efforts in Canada. Montreal, QC: 2019.

coverage.² One-for-one needle exchange rules are not responsive to the realities of substance use, program access, or formal and informal harm reduction distribution networks. One-for-one exchange is not recommended in Canada and hasn't been for over two decades. While inhaling drugs is often viewed as a lower-risk activity than injecting drugs, hepatitis C risks are not mitigated completely.³ The provision of sterile inhalation equipment is an evidence-based best practice.²

This change in harm reduction policy is effectively also a change in infectious disease prevention and will undermine the efforts made toward hepatitis C elimination in Saskatchewan.

We urge you to listen to the feedback of healthcare professionals, community-based organizations supporting people who use drugs, and researchers on this critical issue. AHC and our Saskatchewan-based member organizations would welcome the opportunity to meet with you to discuss alternate ways to address problematic substance use in Saskatchewan.

Many thanks,



Jennifer van Gennip
Executive Director
Action Hepatitis Canada

cc: Hon. Everett Hindley, Minister of Health
Hon. Tim McLeod, Minister of Mental Health and Addictions
Ms. Tracey Smith, Deputy Minister of Health
Dr. Saqib Shahab, Chief Medical Officer of Health

² Strike C, Miskovic M, Perri M, Xavier J, Edgar J, Buxton J, Challacombe L, Gohil H, Hopkins S, Leece P, Watson, T, Zurba N and the Working Group on Best Practice for Harm Reduction Programs in Canada. Best Practice Recommendations for Canadian Programs that Provide Harm Reduction Supplies to People Who Use Drugs and are at Risk for HIV, HCV, and Other Harms: 2021. Toronto, ON: Working Group on Best Practice for Harm Reduction Programs in Canada. 2021.

³ CATIE. Safer substance use and hepatitis C prevention. Revised 2021. <https://www.catie.ca/hepatitis-c-an-in-depth-guide/safer-substance-use-and-hepatitis-c-prevention>