such as cocaine and heroin, a view supported by addicts interviewed for this study.[19]

What are other, more specific components of harm reduction? **First**, they include **needle exchange and injection sites**, especially mobile units and ones which are open 24 hours.[20] The purpose is to provide IDUs with sterile needles in a clean and safe setting, to reduce as much as possible the proliferation of HIV/AIDS, Hepatitis C, and other highly infectious diseases which are transmitted through the sharing of contaminated needles. Beyond promoting better health among users and addicts, such a program would save the government money in the long-run by preventing hugely expensive cases of HIV/AIDs and other diseases, as was demonstrated in the cost-benefit analysis referred to in the previous section. A potential danger associated with such a program, however, would be the tossing away of used needles by addicts into the community. These could be contaminated needles, which would pose a danger to the community at large. This potential problem could be addressed by needle exchange programs, whereby users exchange a previously used needles for new ones. But the danger of tossed needles, although reduced, would nevertheless remain under this scenario. The option posing the least harm would be 24-hour regulated injection sites, where users are provided with a needle under direct supervision, to ensure that no needles are taken away from the site.

A **second component** of the harm reduction model is the provision of **mental health services** to addicts,[21] about a third of whom, as noted above, have been previously diagnosed with a significant mental illness. Such programs have been slashed drastically during budget cutbacks in the 1990s, yet mental illness may be at the root of drug abuse among a significant proportion of IDUs. Here a cost-benefit analysis, such as the one referred to above regarding HIV/AIDS and IUDs, would be useful - yet no such study exists. What remains clear, to reiterate, is that there is a proven link between mental illness and injection drug use in about one-third of examined cases.

Thirdly, significant areas of British Columbia lack **sufficient detoxification facilities**. Kelowna, the second largest population centre outside the Lower Mainland