

## **Submission to the Senate Standing Committee on Legal and Constitutional Affairs**

### **Canadian Drug Policy Coalition April 5, 2017**

In the midst of Canada's worst drug overdose crisis in our history, the Canadian Drug Policy Coalition, representing over 70 organizations advocating for evidence-based drug policies, welcomes the government's introduction of Bill C-37. This bill aims to remedy the extremely cumbersome and unrealistic requirements in the Controlled Drugs and Substances Act that must be met before the Minister of Health may consider an exemption to allow the operation of life-saving Supervised Consumption Services. We agree with and support in whole the submissions and recommendations made by our colleagues at the Canadian HIV/AIDS Legal Network, Pivot Legal Society and the Canadian Nurses Association that call for additional amendments to the Bill promoting public health that will ensure that provincial governments are able to act quickly and effectively to save lives by empowering provincial health officers to issue exemptions under the Act and which will further reduce the criteria needed for application for an exemption.


I have worked for the past 20 years to advocate new, innovative, effective and comprehensive approaches to drugs in our society, first as Drug Policy Coordinator with the City of Vancouver and now as the executive director of the Canadian Drug Policy Coalition at Simon Fraser University. I have worked with five Vancouver Mayors and was the author of the City's Four Pillar Drug Strategy adopted by Vancouver in 2001. I know how challenging it is to build a comprehensive and robust response to problematic drug use and related harms caused by the illegal drug market.

Drug use and drug addiction are both public health concerns first and foremost. For over 50 years, the prohibitionist approach to drug policy implemented throughout the world has resulted in horrendous violence, mass incarceration, overdose, spread of preventable disease and crippling stigma. And at an exorbitant cost. An estimated \$100 Billion is spent globally every year on law enforcement-focused policies that end up overwhelmingly targeting low-level, non-violent offenders. An estimated 83% of all drug offences worldwide are for simple possession. Despite this monumental effort at tackling drug use, the number of adults globally using drugs increased almost 20% between 2006 and 2013 to roughly 246 million. Clearly harsh, prohibitive criminal laws are not a deterrent to drug use.<sup>1</sup>

If the government is serious about taking a public health approach to drug policy in Canada, we should look to the roughly 30 nations that have implemented some form of decriminalization of drug use. For example, in 2001 Portugal decriminalized small quantities of all drugs, including cannabis, heroin and cocaine for possession and personal use. Instead of being criminalized and stigmatized, people with problematic drug use there are referred to health and social services. Since this policy was put in place,

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<sup>1</sup> A Quiet Revolution: Drug Decriminalisation Across the Globe. Release Publication 2016.  
<http://www.release.org.uk/sites/default/files/pdf/publications/A%20Quiet%20Revolution%20-%20Decriminalisation%20Across%20the%20Globe.pdf>



drug use among those aged 15 to 64 has continued to fall.<sup>2</sup> Both overdose and HIV transmission have also dramatically fallen. In the Czech Republic, which has taken a public health approach to drug use since the 1960s and more recently decriminalized all drugs and expanded harm reduction services such as SCSs, drug use and health risks have similarly continued to fall. Canada needs to consider and implement a policy that decriminalizes drug use and puts public health before penalization.

The Canadian Drug Policy Coalition supports drug policies based on evidence. We know with certainty that the current overdose crisis is primarily a result of the consumption of adulterated street drugs of unknown quality and potency. The increase of both fentanyl and carfentanil in samples of heroin purchased on the streets was a death sentence to hundreds of people within Canada this past year, but the contamination of all manner of street drugs has been an issue we've faced in many other settings across Canada. In 2011 and 2012, for example, we witnessed a crisis of tainted ecstasy that claimed the lives of dozens of mostly young people.<sup>3</sup> Widespread testing of drugs before consumption in the places that people use drugs will help address this crisis and save lives. To this end, we recommend that the CDSA include an exemption from the criminal law for those providing drug testing services and for those choosing to test their drugs before consumption.

We also know that punitive drug policies aimed at controlling the supply and distribution of illicit drugs coming into Canada have never been effective in stemming either demand or availability of drugs. Reaffirming an approach that relies largely on the criminal law powers of the CDSA will only yield the same results. We need to acknowledge that as long as adulterated drugs proliferate on the streets, Canadians will die. Canada needs a new approach to drug policy. This policy, grounded in public health, human rights and product safety would aim to regulate drugs throughout the entirety of the supply chain in an orderly and evidence-based manner as we do for all sorts of products and activities, from gambling to tobacco to alcohol. Our goal should be to ensure that drugs that people are choosing to use are produced, distributed and consumed in the safest manner possible – under government control rather than the control of organized criminal groups.

There is a strong and persuasive case to be made for legal regulation of all drugs. Canada is already a global pioneer in committing to regulate cannabis by summer 2018. This is a significant change in direction and is well supported by evidence. However, the relative safety of cannabis compared to other drugs does not make the case that cannabis should be an exception, but rather highlights the necessity of bringing more harmful substances under government control in addition to cannabis. Like the current situation with cannabis, markets for other illegal drugs have also existed for many years and will continue to exist in the absence of strict regulatory oversight and market management.


Decades of global evidence, including two controlled studies in Canada, makes the strongest case for legal access across Canada to prescription heroin and other opioids in a supervised, supportive, and controlled environment.<sup>4</sup> Heroin or Opioid Assisted Treatment has been proven to be not only effective,

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<sup>2</sup> Transform Drug Policy Foundations. <http://www.tdpf.org.uk/blog/success-portugal%E2%80%99s-decriminalisation-policy-%E2%80%93-seven-charts>

<sup>3</sup> "Police link 25 deaths and counting from tainted Canadian ecstasy." Global Post, January 28, 2012. <https://www.pri.org/stories/2012-01-28/police-link-25-deaths-and-counting-tainted-canadian-ecstasy>

<sup>4</sup> Oviedo-Joekes E, Guh D, Brissette S, Marchand K, MacDonald S, Lock K, Harrison S, Janmohamed A, Anis AH, Krausz M, Marsh DC, Schechter MT. Hydromorphone Compared With Diacetylmorphine for Long-term Opioid Dependence: Randomized Clinical Trial. *JAMA Psychiatry*. 2016;73(5):447-455. doi:10.1001/jamapsychiatry.2016.0109



but also cost effective, reducing health costs and loss of productivity. We call for a commitment from the federal and provincial governments that this life-saving treatment will be scaled up dramatically across the nation. Within the next few years, despite these drugs currently residing within highly restrictive scheduling in the CDSA, psychedelics such as MDMA, psilocybin and LSD will conclusively be proven to alleviate and even cure many conditions, including PTSD, depression, and end of life anxiety. These drugs also should be available to all those who need them through legal, medical channels.

Lest you think these calls for change are new we remind the committee that in 1994 BC Chief Coroner Vince Cain recommended in his Report on the Task Force into Illicit Narcotic Overdose Deaths in British Columbia that a commission be struck to consider options for Canada towards legalization of drugs and Cain went on to recommend decriminalization of all drugs for possession and personal use.

In 2001, the Four Pillars Drug Strategy of the City of Vancouver in response to the opioid overdose crisis at that time called for the implementation of street drug testing to better inform health, police, service providers and people using drugs about the purity of the substances they were using.

In 2005, the City of Vancouver Prevention Strategy: Preventing Harm From Psychoactive Substance Use called for the federal government to establish a process with broad participation to consider regulatory alternatives to the policy of prohibition for currently illegal drugs.

In 2011, the Health Officers Council of British Columbia in their policy paper “Public Health Perspectives for Regulating Psychoactive Substances” recommended that public health oriented regulation has much potential to reduce the health, social and fiscal harms associated with all psychoactive substances.

In 2015, the Canadian Public Health Association in their public policy paper, “A New Approach to Managing Psychoactive Substances, supported “the development of public health approaches for addressing the needs of people who use illegal psychoactive substances while recognizing the requirement for a public-health-oriented regulatory framework for the production, manufacture, distribution, product promotion, and sale of these products.

Most recently public health officials in British Columbia have called for regulation of currently illegal psychoactive substances – “Most public health physicians believe that the best way to decrease the harms associated with any psychoactive substances — whether it’s illegal drugs like heroin, cocaine, marijuana or alcohol, tobacco, or even prescription drugs — is they should all be legal but very strictly regulated.” Patrica Daly, Chief Medical Health Officer, Vancouver Coastal Health.

Facilitating the opening of supervised consumption sites across Canada is a much-needed and long overdue start to addressing the overdose crisis. But, it addresses only a small part of the problems with a flourishing illicit and uncontrolled market for drugs. There is a strong consensus developing that it’s time to adopt a public health approach to drugs in Canada. To that end we recommend that the federal government initiate a serious conversation about legal regulation of drugs within Canada.

## **APPENDIX 1**

### **Excerpt from Chief Coroner Vince Cain's Report on the Task Force into Illicit Narcotic Overdose Deaths in British Columbia, September, 1994.**

“By far the most controversial part of the report will be Chapter VIII, on Legalization and Decriminalization. Legalization is a huge issue, which, while the drug problem is largely here, does not have a unique British Columbian solution. It is bigger than Canada, indeed bigger than North America. It is international in scope and in law. Canadian laws and United Nations conventions control this matter, but that ought not detract from the reality of the situation in British Columbia. We have the problem, and we must do what we can about it, now. Consequently, I am recommending the establishment of a commission to examine and challenge those legal aspects of the problem, amongst so many other things. The problem must be looked at with regard to not only the aspect of deaths from heroin and cocaine, but rather the entire smorgasbord of available illicit narcotics, both so-called “soft” and “hard” drugs.

Simultaneously, I am recommending the decriminalization of simple possession of specific “soft and “hard” drugs, the specificity to be left to the experts on that commission. We have a serious problem and I submit that those directly affected ought to be dealt with through a medical model, not a criminal model, even to the point where I am suggesting the possibility of providing heroin to seriously addicted people, in a para-medical model. One material reason for this would be to reduce the demand from the street trafficker, replacing it through the clinic, not unlike the current situation with methadone.”

Footnote:

Page VI – Report of the Task Force into Illicit and Narcotic Overdose Deaths in British Columbia – Office of the Chief of Coroner

### **City of Vancouver: Preventing Harm from Psychoactive Substance Use, 2005, Recommendation 24:**

That the Federal Government initiate a process of reviewing Canada's legislative, regulatory and policy frameworks governing illegal drugs with regard to their effectiveness in preventing and reducing harm from problematic drug use and their effectiveness in enabling municipalities to better address the harm from the sale and use of these substances at the local level AND establish a process with broad participation to consider regulatory alternatives to the current policy of prohibition for currently illegal drugs.