

Health Canada Expert Task Force on Substance Use

Report #1

Recommendations on Alternatives to Criminal Penalties for Simple Possession of Controlled Substances

Final Version

May 6, 2021

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Message from the Co-Chairs

May 6, 2021

Shannon Nix, Associate Assistant Deputy Minister
Controlled Substances and Cannabis Branch, Health Canada

Dear Associate Assistant Deputy Minister,

We are pleased to submit this first report from the Health Canada Expert Task Force on Substance Use on alternatives to criminal penalties for simple possession of controlled substances.

We are honoured to have been given the task of Co-Chairing this Task Force and are conscious of the historical opportunity this represents to contribute to the discussion on how to improve the way controlled substances are managed and regulated in Canada.

It is a privilege to have the opportunity to work with the diverse group of experts who make up the Task Force. Each member has brought a unique perspective to our collective effort, and all have contributed to a rich dialogue that has resulted in the recommendations we present to you today. Though the Task Force members have diverse views, they are united in the belief that criminal penalties for simple possession and consumption of controlled substances needs to end and that there is a spectrum of viable alternatives available to government.

The Task Force received presentations and written submissions from a variety of sources. We are thankful to all those who shared their knowledge and wisdom. They have helped the Task Force to develop its thinking and build recommendations based on the best evidence. Finally, our thanks go to the Secretariat and to the report-writer who have so skillfully supported us through this work.

Sincerely,



Carol Hopkins



Dr Kwame McKenzie



Mike Serr

Co-Chairs, Health Canada Expert Task Force on Substance Use

Executive Summary

This report presents the conclusions and recommendations from the first part of the mandate of the Health Canada Expert Task Force on Substance Use. The Task Force met, heard presentations, reviewed documents, and deliberated on the topic of alternatives to criminal penalties for simple possession of controlled substances from March 10 to May 4th, 2021.

The Task Force found that criminalisation of simple possession causes harms to Canadians and needs to end. The Task Force was mindful of five core issues when making recommendations: stigma; disproportionate harms to populations experiencing structural inequity; harms from the illegal drug market; the financial burden on the health and criminal justice systems; and unaddressed underlying conditions.

The Task Force also considered Canada's obligations under international treaties, lessons learned in other jurisdictions, the important issue of safety, supports for community, recent developments under the Controlled Drugs and Substances Act, and the broader Canadian legal framework.

The Task Force makes the following recommendations related to decriminalisation and regulation:

1. The Task Force unanimously recommends that Health Canada end criminal penalties related to simple possession and most also recommend that Health Canada end all coercive measures related to simple possession and consumption.
2. Most Task Force members recommend that the Government of Canada immediately begin a process of legislative change to bring the Controlled Drugs and Substances Act (CDSA), the Tobacco and Vaping Products Act (TVPA), the Cannabis Act, and any other relevant federal legislation under a single public health legal framework with regulatory structures that are specific to different types of substances.
3. The Task Force recommends that thresholds for simple possession be based on presumption of innocence, and that they be set high enough to account for the purchasing and consumption habits of all people who use drugs.
4. As part of decriminalisation, the Task Force recommends that criminal records from previous offenses related to simple possession be fully expunged. This should be complete deletion, automatic, and cost-free.

In addition, the Task Force makes the following related recommendations:

5. The Task Force recommends that Canada make significant investments in providing a full spectrum of supports for people who use drugs or substances or who are in recovery.
6. The Task Force recommends the implementation of a more comprehensive and responsive system to rapidly and effectively gather, use, and disseminate evidence about substance use, its effects, and the impacts of government policies on the health and wellbeing of Canadians.

7. The Task Force strongly urges Health Canada to respect the sovereign rights of the Indigenous Peoples of Canada and support their governments in providing appropriate prevention and treatment approaches.
8. The Task Force recommends that Health Canada convene a new committee that centers people with lived and living experience of substance use to provide advice on the implementation of its recommendations.

Introduction

Canada is facing an unprecedented and tragic drug toxicity crisis. Between January 2016 and September 2020, 19,355 apparent opioid toxicity deaths were recorded. 96% of those deaths were accidental, and 60% of accidental opioid toxicity deaths in 2020 also involved a stimulant, evidence that the crisis is about more than one substance¹. The crisis has escalated during the COVID-19 pandemic, and while governments have implemented some measures, supporting expanded treatment approaches, implementing pilot projects that provide pharmaceutical alternatives to people who use the illegal drug market, and expanding overdose prevention services, these measures have not been sufficient to stem the crisis. A wider health promotion approach to substance use is needed to deal with the systemic issues, stigma, and racism that are fuelling it.

Recognizing the profound changes in the Canadian landscape in recent years, and the need to reflect those changes in its policies, Health Canada established the Expert Task Force on Substance Use (“Task Force”) to provide Health Canada with independent, expert advice and recommendations on:

- potential alternatives to criminal penalties for the simple possession of controlled substances, with the goals of reducing the impacts of criminal sanctions on people who use drugs, while maintaining support for community and public safety; and
- the federal government’s drug policy, as articulated in a draft Canadian Drugs and Substances Strategy (CDSS), with the objectives of further strengthening the government’s approach to substance use.

The Task Force convened for the first time on March 10, 2021 and was tasked with providing two reports to the Associate Assistant Deputy Minister, Controlled Substances and Cannabis Branch, Health Canada. This is the first of those two reports; it describes the work of the Task Force to date and outlines its recommendations and expert advice on alternatives to criminal penalties for simple possession of controlled substances.

The Task Force will later submit a final report with recommendations that inform the finalization of the draft CDSS.

Task Force Members

The following people participated as members of the Task Force. Bios of Task Force members are provided in Appendix A.

Carol Hopkins (Co-Chair), CEO, Thunderbird Partnership Foundation (a division of the National Native Addictions Partnership Foundation)

¹ Government of Canada, [Opioid- and Stimulant-related Harms in Canada](#), March 2021

Dr Kwame McKenzie (Co-Chair), CEO of Wellesley Institute, Director of Health Equity at the Centre for Addiction and Mental Health, Full Professor in Psychiatry at the University of Toronto and consultant with the World Health Organization.

Mike Serr (Co-Chair), Chief Constable, Abbotsford Police Department; Chairperson of the Drug Advisory Committee, Canadian Association of Chiefs of Police (CACCP), and Chair of the CACCP's Special Purposes Committee on the Decriminalisation of Illicit Drugs

Natasha Touesnard (Co-Chair), Executive Director, Canadian Association of People who Use Drugs (withdrew on April 21, 2021)

Serge Brochu, PhD, Professeur, École de criminologie de l'Université de Montréal

Deirdre Freiheit, President and CEO, Shepherds of Good Hope (SGH) and Shepherds of Good Hope Foundation

Gord Garner, Executive Director, Community Addictions Peer Support Association

Charles Gauthier, President and CEO, Downtown Vancouver Business Improvement Association

Cheyenne Johnson, Co-Interim Executive Director, British Columbia Centre on Substance Use (BCCSU) and founding Director of BCCSU's Addiction Nursing Fellowship Program

Harold R. Johnson, Elder, Advisor and Ambassador, Northern Alcohol Strategy Saskatchewan, Former Crown Prosecutor

Damon Johnston, Chair, Addictions Foundation of Manitoba, and President, Aboriginal Council of Winnipeg

El Jones, Spoken Word Poet, Educator, Journalist, and a Community activist living in African Nova Scotia

Robert Kucheran, Chairman of the Executive Board, Canada's Building Trades Unions

Anne Elizabeth Lapointe, Executive Director, Maison Jean Lapointe and Addiction Prevention Center.

Dr Shaohua Lu, Addiction Forensic Psychiatrist, Member of the College of Surgeons and Physicians of BC Prescription Review Panel

Donald MacPherson, Director, Canadian Drug Policy Coalition

Prof Akwasi Owusu-Bempah, Assistant professor, Department of Sociology, University of Toronto.

Dan Werb, PhD, Executive Director, Centre on Drug Policy Evaluation, MAP Centre for Urban Health Solutions, Li Ka Shing Knowledge Institute of St. Michael's Hospital, Assistant Professor, University of Toronto Institute of Health Policy, Management and Evaluation, and Assistant Professor, University of California San Diego Division of Infectious Diseases and Global Public Health

Task Force Guiding Principles

The Co-Chairs and Task Force members have engaged in discussions on guiding principles to support their collective work. The principles are a living document and continue to evolve as the Task Force deepens its understanding of the diverse perspectives of its members and works to reconcile them. The following high-level principles have informed Task Force discussions on alternatives to criminal penalties:

- Respect the Charter and human rights of all people who use drugs.
- Center the voices of people with lived and living experience of substance use, in partnership with multiple other stakeholders distributed across a continuum of health and social responses.
- Recognize that substance use is a complex phenomenon, that people are motivated to use substances for several reasons, and that substance use occurs in a variety of different contexts that greatly influence health and social well-being.
- Acknowledge that while substance use can lead to harms to individuals, families, and communities, many of these harms derive from problematic public policies and structural inequity, and most people who use drugs do so without significant harm to themselves or others.
- Recognize that drug criminalisation has amplified structural inequities in Canada, and that these have contributed to First Nations, Inuit, Métis, and Black people being disproportionately and negatively impacted by much higher rates of criminal prosecution and incarceration.
- Consider the benefit of viewing substance use through a health promotion lens, recognizing the impact of the social determinants of health on outcomes, and the need for multiple pathways and approaches to reduce harms.
- Be mindful of the roles that various governments – federal, provincial, territorial, First Nations, Inuit, and Métis – play and should play in addressing substance use in Canada, and of Canada’s obligations under international treaties.
- Be mindful of the dynamic and often violent and predatory nature of the illegal drug market, and of continuing efforts to reduce the involvement of organized crime.

Approach / Methodology

Overview

The work of the Task Force on alternatives to criminal penalties took place over a series of six meetings, on March 10, March 24, April 7, April 14, April 21 and April 28, 2021. Meetings lasted between two (2) and five (5) hours and were held using an online web conferencing tool. The

Task Force Secretariat prepared records of proceedings, which are available under separate cover, for each of the meetings.

Task Force members reviewed documents and briefs before meetings. They also collaborated and exchanged asynchronously between meetings using email and the Government of Canada's GCcollab platform.

Documents Reviewed

Task Force members were invited to review the background documents listed in Appendix B. In addition, the Task Force received and considered the following documents to inform its work:

- [*Advancing Drug Policy Reform: A New Approach To Decriminalisation*, Global Commission on Drug Policy](#), 2016
- [*A New Approach to Managing Illegal Psychoactive Substances in Canada*](#), Discussion Paper of the Canadian Public Health Association, 2014
- [*The Effectiveness of Compulsory Drug Treatment: A Systematic Review*](#), International Journal of Drug Policy. Author manuscript, 2017
- [*Relapse to opioid use in opioid-dependent individuals released from compulsory drug detention centres compared with those from voluntary methadone treatment centres in Malaysia: a two-arm, prospective observational study*](#), Lancet Global Health, 2017
- [*Regulation - The Responsible Control of Drugs*](#), Global Commission on Drug Policy, 2018
- [*How to Regulate Stimulants – A Practical Guide*](#), Transform Drug Policy Foundation, 2020
- [*Stopping the Harm: Decriminalisation of People Who Use Drugs in BC, Provincial Health Officer's Special Report*](#), BC Office of the Provincial Health Officer, 2019
- [*The World Drug \(Perception\) Problem: Countering Prejudices about People Who Use Drugs*](#), Global Commission on Drug Policy, 2017
- [*Drug Decriminalisation: Progress or Political Red Herring? Assessing the Impact of Current Models of Decriminalisation on People Who Use Drugs*](#), International Network of People who Use Drugs, 2021
- [*A Quiet Revolution: Drug Decriminalisation Across the Globe*](#), Release – Drugs, The Law & Human Rights, 2016

Presentations and Submissions

The following organisations presented to the Task Force on alternatives to criminal penalties for simple possession of controlled substances:

March 10, 2021

- Health Canada

March 24, 2021

- Moms Stop the Harm
- HIV Legal Network – Presentation and written brief
- Aboriginal Legal Services – Presentation and written submission

April 7, 2021

- Transform Drug Policy Foundation (UK)
- Pivot Legal Society
- Canadian Association of People Who Use Drugs

April 21, 2021

- Canadian Students for Sensible Drug Policy
- Canadian Association of Chiefs of Police

Core Issues

The presentations and documentation underlined that criminalisation of simple possession causes harms to Canadians; simply put:

“My son Danny died from Fentanyl poisoning – a victim of bad drug policy.”²

“Although punitive policies claim to protect young people, ultimately they create more harm than good, both for young people and their broader communities.”³

This section of the Task Force report highlights specific core issues that our recommendations seek to address regarding the negative impacts of criminalisation. These core issues are stigma, disproportionate harms to populations experiencing structural inequity, harms from the illegal drug market, the financial burden on the health and criminal justice systems, and unaddressed underlying conditions.

Stigma

Current public policies on substance use, and criminalisation chief among them, are part of a vicious cycle that is fed by and continues to feed inaccurate, stigmatizing perceptions of people who use drugs. Canada’s current policies are based on an outdated and deeply problematic position, which the Task Force members reject, that devalues and dehumanizes people who use drugs by labelling them as immoral, “addicts”, or weak.

² **Moms Stop the Harm**, Presentation to the Task Force, March 2021.

³ **Canadian Students for Sensible Drug Policy**, Presentation to the Task Force, April 2021.

Furthermore, by criminalizing simple possession, Canada's Controlled Drugs and Substances Act (CDSA) increases the stigma by labelling people who use drugs as criminals, which multiplies the harms they experience and increases the risk of negative outcomes, even for people who use substances occasionally or for the first time⁴.

Yet evidence suggests that most people who use drugs do so for an actual or perceived benefit and may not develop a substance use disorder or experience other drug-related harms:

“Drug use is relatively common and, in 2016, an estimated quarter of a billion people used currently illegal drugs, while about 11.6% of these are considered to suffer problematic drug use or addiction. The most common pattern of use of psychoactive substances is episodic and non-problematic.”⁵

In Canada, in 2017, 47.9% of Canadians had used illegal drugs in their lifetime⁶. 15% of Canadians aged 15 or older reported using an illicit drug (cannabis, cocaine or crack, ecstasy, speed or methamphetamines, hallucinogens, or heroin) in the previous year, but only 4% reported experiencing at least one harm from their illicit drug use in the same period⁷.

Disproportionate harms to populations experiencing structural inequity

The legislation criminalizing drug possession is part of historical and ongoing structural racism and continues to have disproportionate effects on Indigenous and Black populations, which are more often targeted for prosecution for simple drug offenses.

“It must always be kept in mind that substance use in the Indigenous community arises as a consequence of colonial action and harm.”⁸

“The never-ending drug war is a war on us that has caused massive and irreparable harm to Black communities, who are over-criminalized, disproportionately impacted, and over-surveilled.”⁹

Incarceration has greater negative impacts on women and their families than on men.

“Federally-sentenced women are 2x more likely to serve a sentence for drug-related offences than male counterparts. Indigenous and Black women are more likely than white women to be in prison for that reason.”¹⁰

⁴ **Public Health Agency of Canada**, [Highlights from phase one of the national study on opioid and other drug-related overdose deaths: insights from coroners and medical examiners](#), 2019

⁵ **Global Commission on Drug Policy**, [The World Drug \(Perception\) Problem: Countering Prejudices about People Who Use Drugs](#), 2017

⁶ **Statistics Canada**, [Canadian Tobacco, Alcohol and Drugs \(CTADS\) Survey](#), 2017

⁷ **Statistics Canada**, [Canadian Tobacco, Alcohol and Drugs \(CTADS\): summary of results for 2017](#), 2017

⁸ **Aboriginal Legal Services**, Submission from Aboriginal Legal Services to the Task Force, March 2021

⁹ **Canadian Association of People Who Use Drugs**, Presentation to the Task Force, April 2021

¹⁰ **HIV Legal Network**, Drug Decriminalisation and International Law: Brief submitted to the Health Canada Expert Task Force on Substance Use, March 2021

Youth who are caught up in the criminal justice system because of simple possession or substance use have inadequate pathways to access support and face major struggles to overcome the negative economic, social, and health impacts of criminal records¹¹¹².

And people without status – international students, refugee claimants, temporary foreign workers – are unable to seek help or supports because they fear being reported and removed.

Harms from the illegal drug market

Drug criminalisation leads to drug toxicity deaths in Canada. Specifically, drug criminalisation has resulted in an unregulated market that is rife with contaminants and toxic, high-potency opioids and other substances, which has led to tens of thousands of deaths since 2016 alone, as noted in the introduction to this report. The link has been clearly established, for example by the Office of the Provincial Health Officer of BC:

“due to the toxicity of BC’s illegal drug supply, there is considerable risk of overdose and overdose death related to illegal drug use in any capacity, including use that is otherwise beneficial or non-problematic.”¹³

The physical and psychological violence inherent to the illegal drug trade also directly and indirectly harms people who use drugs. And not only are specific communities disproportionately affected by criminalisation, they are also disproportionately affected by the violence associated with the illegal drug market.

Financial burden on the health and criminal justice systems

Criminalisation leads to higher drug-related health costs because it keeps people who use drugs away from prevention and early treatment health services due to fear of being arrested, labelled, or outed.

“Criminalisation drives people underground and means that people are less likely to seek assistance, or have difficulties if they try to obtain assistance.”¹⁴

Because criminalisation pushes people who use drugs to rely on an illegal, often contaminated drug supply, it is also responsible for high hospitalization costs.

“23,240 opioid-related and 10,518 stimulant-related poisoning hospitalizations occurred from January 2016 to September 2020 in Canada (excluding Quebec)”¹⁵

¹¹ **The John Howard Society of Canada**, [Criminal Records and Discrimination](#), 2016

¹² **CMAJ**, [Overincarceration of Indigenous people: a health crisis](#), 2019

¹³ **BC Office of the Provincial Health Officer**, [Stopping the Harm: Decriminalisation of People Who Use Drugs in BC](#), Provincial Health Officer’s Special Report, April 2019

¹⁴ **Aboriginal Legal Services**, Submission from Aboriginal Legal Services to the Task Force, March 2021

¹⁵ **Government of Canada**, [Opioid- and Stimulant-related Harms in Canada](#), March 2021

In 2017, the estimate of healthcare costs in Canada related to the use of opioids and other depressants and cocaine and other stimulants was one billion dollars¹⁶.

The cost to our country of policing and of legal proceedings related to drug possession is also high:

“More than \$6.4 billion of policing, courts and correctional costs in 2017 could be attributed to the use of criminalized substances”¹⁷

Unaddressed underlying conditions

Social determinants of health, trauma, and other underlying factors often contribute to substance use disorders. Criminalisation means that these underlying conditions often go unaddressed, both because people who use drugs are fearful of seeking treatment and being reported by healthcare and other service professionals who may not be appropriately prepared to meet their needs, and because the billions spent on policing and legal proceedings are not available to address the social determinants of health.

“Canada has made (dis)investment decisions that further marginalize PWUD: Funding cuts to housing (decreased cost-based/non-profit through CMHC); Underinvestment in pensions, EI; Underinvestment in transfer payments for provincial programming (housing, healthcare); Continued failure to create universal pharmacare program”¹⁸

Other Considerations

International Treaties

The Task Force received and considered information about Canada’s obligations under UN drug control conventions, including the [Single Convention on Narcotic Drugs](#), the [Convention on Psychotropic Substances](#), and the [UN Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances](#).

The Task Force accepts the argument, presented by the HIV Legal Network, that these conventions are not an impediment to decriminalisation or legalization of simple possession:

“under international law, Canada has both important latitude under the drug control conventions, and important obligations under human rights treaties it has ratified. It can and should use that latitude in the realm of drug control to better respect, protect and

¹⁶ Canadian Centre on Substance Use and Addiction, [Canadian Substance Use Costs and Harms](#), 2020,

¹⁷ Canadian HIV/Aids Legal Network, [Decriminalizing drug possession for personal use in Canada: Recent developments](#), 2020.

¹⁸ Pivot Legal Society, Ending the War on Drugs: Legal Alternatives to Drug Prohibition, Presentation to the Task Force, April 2021

fulfil the human rights it has pledged to uphold, and which are also embodied to various degrees in its own constitution.”¹⁹

Members of the Task Force believe that our recommendations on this aspect are protected under the articles that make any penalties subject to countries’ constitutional principles and limitations. It is clear to us that our recommendations are essential to respect Canadian constitutional principles set out in the Canadian Charter of Rights and Freedoms, more specifically [Section 7 on Life, liberty and security of the person](#).

Lessons Learned in Other Jurisdictions

Over 30 countries have either never criminalized possession of substances or have implemented formal decriminalisation policies²⁰. The Task Force is aware of various international models like those in Uruguay and Spain, where drug possession has never been a formal criminal offence, and Portugal, where penalties are administrative rather than criminal²¹. We are also aware of the potential for unintended outcomes such as those experienced in the Czech Republic in 2010 (confusion leading to increased arrests) and South Australia in 2020 (administrative fines leading to ‘de facto’ criminalisation, with more people receiving civil sanctions and being incarcerated due to non-payment of fines)²².

The Task Force has considered the lessons learned in these other jurisdictions in developing its recommendations, but was also committed to making recommendations specifically for Canada and its unique context, notably the drug toxicity epidemic compounded by longstanding structural racism.

Safety

Although the focus of this report is on alternatives to criminal penalties, the Task Force recognizes that increased supports for people who use drugs are urgently needed and will continue to be required. While most people who use drugs do so for their perceived benefits and without developing a substance use disorder or experiencing other drug-related harms, for a small minority of people drug use becomes problematic and may jeopardize their safety.

The risks are different for different substances. A comprehensive system of health and social supports for different substances and social contexts is needed to minimize the harms, including death, caused by drug toxicity.

¹⁹ **HIV Legal Network**, Drug Decriminalisation and International Law: Brief submitted to the Health Canada Expert Task Force on Substance Use, March 2021.

²⁰ **Release**, [A Quiet Revolution: Drug Decriminalisation Across the Globe](#), 2016

²¹ **Health Canada**, Overview: Alternatives to Criminal Penalties for Simple Drug Possession, Presentation to the Task Force, March 2021

²² *Ibid.*

Members of the Task Force are aware of concerns by some Canadians that removing criminal penalties may be perceived as condoning drug use, or that this may increase access to dangerous drugs or increase substance use disorders and drug toxicity deaths.

“It’s a very polarised discussion. We need a reasonable way that our communities would also embrace.”²³

Task Force members believe that alternatives to criminalisation offer the benefit of countering, in part, the inherent violence and toxicity issues of the illegal drug market, along with other harms of criminalisation. Evidence from the Canadian experience with cannabis suggests that alternatives to criminal penalties can reduce people’s use of illegally sourced substances²⁴. As part of a comprehensive health and social care approach, alternatives to criminal sanctions for substance use could decrease the overall negative impacts of substance use, although this would have to be closely monitored.

Supports for Community

Substance use does not occur in a vacuum. People who use drugs live and work in families and communities. When substance use becomes problematic, the effects are felt beyond a single individual. The Task Force considered this complex dynamic, and the importance of taking into account the role of families and communities and how they impact, and are impacted by, substance use disorders.

The Task Force concluded that a model that provides health and social supports and minimizes the engagement by police for people who use drugs will provide better outcomes. The negative impacts of drug policies on communities are highest when drugs are criminalized and when treatment services and other supports are not available and accessible.

Recent Developments Under the Controlled Drugs and Substances Act (CDSA)

The Task Force considered recent developments related to the CDSA in developing its recommendations. It noted that the Cannabis Act repealed certain provisions of the CDSA related to cannabis possession and use. The City of Vancouver has recently requested an exemption from the CDSA pursuant to section 56(1) that would decriminalize personal possession of controlled substances within the city. And the province of British Columbia has recently announced that it will be officially requesting an exemption under the CDSA.

These developments illustrate a range of options available to provide alternatives to criminal penalties for simple drug possession. They also signal an increasing readiness among Canadians to change the way we regulate the possession and use of substances.

²³ Canadian Association of Chiefs of Police, Presentation to the Task Force, April 2021.

²⁴ Statistics Canada, [Health Reports: What has changed since cannabis was legalized?](#), 2020

The Broader Canadian Legal Framework

This report has been prepared for Health Canada and focuses on those laws that are within its purview. Laws such as the CDSA, however, are not the only laws in the Canadian justice system that include criminal or other penalties related to substances.

People who are involved with the criminal justice system through parole and probation often have conditions of abstinence with no supports. Likewise, people who are incarcerated do not always have access to opioid agonist treatment, safe supply, or naloxone.

Many Provincial and Territorial child welfare laws include subjective statements such as neglect or risk of harm in their grounds for intervention, and Newfoundland and Labrador explicitly includes “Living in a situation where a parent is an abuser of alcohol or drugs” as grounds for intervention²⁵. Because of the stigma related to substance use, these clauses can be – and have been – invoked as a reason for child apprehension.

Recommendations and Advice

The Task Force makes the following recommendations on alternatives to criminal penalties for simple possession of controlled substances and related issues.

Decriminalisation and Regulation

1. Elimination of all penalties and coercive measures

Recommendation: The Task Force unanimously recommends that Health Canada end criminal penalties related to simple possession and most also recommend that Health Canada end all coercive measures related to simple possession and consumption.

It is our expert opinion that penalties of any kind for the simple possession and use of substances are harmful to Canadians. Substance use should be managed as a health and social priority, with a focus on the social determinants of health, and not through criminal or civil sanctions.

As to coercive measures, the evidence on mandatory, coerced or forced treatment, including drug treatment courts, is mixed, and success rates are typically low^{26,27}. Furthermore, decriminalisation or regulation may be less effective and may amplify structural inequities if conditions and penalties are such that people who use drugs are at risk of being criminalized for non-compliance with civil penalties.

²⁵ Government of Canada, [Provincial and territorial child protection legislation and policy](#), 2018

²⁶ Justice Research and Policy Journal, [Drug Treatment Courts: A Quantitative Review of Study and Treatment Quality](#), 2012

²⁷ Department of Justice Canada, [Drug Treatment Court Funding Program Evaluation](#), 2017.

This does not preclude offering support or voluntary treatment as options in addition to or instead of penalties under other Acts.

Implementation and pathways for youth and school-age children and their families need to be further explored and developed to ensure the necessary supports are in place for this population.

2. Legislative change

Recommendation: Most Task Force members also recommend that the Government of Canada immediately begin a process of legislative change to bring the Controlled Drugs and Substances Act (CDSA), the Tobacco and Vaping Products Act (TVPA), the Cannabis Act, and any other relevant federal legislation **under a single public health legal framework with regulatory structures that are specific to different types of substances.**

Regulation of drugs will have the greatest impact on ending the drug toxicity death crisis and minimizing the scale of the unregulated drug market. It will address key drivers of substance toxicity injury and death and facilitate a health promotion approach to substance use. Regulatory structures that are specific to different types of substances will be important to address varying levels of substance toxicity, as well as the unique health and social outcomes of each type of substance.

Bringing all substances together under a single Act will also provide an opportunity to harmonize the regulation of all substances with potential for harm, including alcohol, tobacco, and cannabis, and potentially mitigate harm more effectively through a more consistent and coherent approach.

3. Thresholds

Recommendation: The Task Force recommends that thresholds for simple possession be based on presumption of innocence, and that they be set high enough to account for the purchasing and consumption habits of all people who use drugs.

People who use drugs have different consumption needs and patterns. Some people with substance use disorders need to use more than others because of high tolerance. Some people on low, fixed incomes tend to purchase monthly or biweekly supply when they are paid, which also leaves them in possession of larger than “average” amounts. And individuals relying on the illegal drug market may also purchase larger amounts to minimize their exposure to potential violence. Threshold determinations are of critical importance and processes to consider threshold amounts should be co-led with people with lived and living experience of using drugs.

4. Expungement

Recommendation: As part of decriminalisation, the Task Force recommends that criminal records from previous offenses related to simple possession be fully expunged. This should be complete deletion, automatic, and cost-free.

Criminal records expose people who use drugs to discrimination and makes it hard for them to be gainfully employed, which leads to further stigma and marginalisation.

Related Recommendations

The measures recommended above, while important, will not be sufficient. Further measures are needed to mitigate the harms experienced by people who use substances, and to avoid unintended consequences as policy changes are implemented.

5. Supports for people who use drugs or substances or who are in recovery

Recommendation: The Task Force recommends that Canada make significant investments in providing a full spectrum of supports for people who use drugs or substances or who are in recovery.

Supports could include supervised consumption sites, an array of treatment options, pharmaceutical grade alternatives to illegal street drugs, housing, drug checking services, and other social supports. Access to these supports should be equitable and universal.

There is an urgent need for a safe supply of pharmaceutical grade alternatives to reduce people's exposure to the toxicity of illegal street drugs.

The need for more supervised consumption services, including supervised injection, snorting, smoking, and accommodating assisted injection for those who are unable to inject themselves, is also urgent.

6. Evidence and monitoring

Recommendation: The Task Force recommends the implementation of a more comprehensive and responsive system to rapidly and effectively gather, use, and disseminate evidence about substance use, its effects, and the impacts of government policies on the health and wellbeing of Canadians.

Systems must be in place to monitor the impacts of policies and enable rapid responses to changing circumstances. This is critical to ensure that Canadian substance-related policies are grounded in the best available evidence while also being responsive, adaptive, and effective. The focus of evidence-gathering to date appears to be mostly on substance use harms rather than a health promotion approach to substance use. Correcting this bias is important to ensure that policies are as effective as possible in meeting the needs of Canadians.

More targeted research is needed with marginalized populations, including Indigenous people, Black people, racialized people, and newcomer communities. This will require capacity building in these populations for this work. More also needs to be done to disaggregate existing data on these populations and to publish disaggregated data consistently at the national level and across all provinces and territories.

The evidence collected should be used to strengthen public education, health promotion, prevention, treatment, and protection from contaminated substances.

7. Rights of Indigenous Peoples of Canada, First Nations, Métis, and Inuit

Recommendation: The Task Force strongly urges Health Canada to respect the sovereign rights of the Indigenous Peoples of Canada and support their governments in providing appropriate prevention and treatment approaches.

Whatever changes are implemented must not encroach on Indigenous rights, and First Nations, Métis, and Inuit should be able to self govern and apply their knowledge, culture, and traditional responses to substance use.

Furthermore, legislation and regulation must recognize the authority and sovereignty of First Nations, Métis and Inuit and support them in righting the disproportionate harms that have been inflicted on their people from current policies.

8. Further Consultation

Recommendation: The Task Force recommends that Health Canada convene a new committee that centers people with lived and living experience of substance use to provide advice on the implementation of its recommendations.

People with lived or living experience of substance use have unique expertise on substance use and they will be directly impacted by any policy decisions about substance possession and use. Future consultations should ensure that their diverse voices are strongly and equitably represented, including those of specific groups such as Indigenous women, Black people, racialized people, those who are incarcerated, migrants and people without status.

Consultation should also be broadened to include a wider range of voices and perspectives generally, to maximize the potential for successful implementation of eventual decisions.

Appendix A – Task Force Member Bios

Carol Hopkins (Co-Chair)

Carol Hopkins is the Chief Executive Officer (CEO) of the Thunderbird Partnership Foundation (a division of the National Native Addictions Partnership Foundation) and is of the Lenape Nation at Moraviantown, ON. Carol was appointed an Officer of the Order of Canada in 2018. In 2019, she was recognized with an honorary Doctor of Laws degree from Western University.

Carol has spent more than 20 years in the field of First Nations addictions and mental health. She has co-chaired national initiatives known for best practice in policy review and development, resulting in the: First Nations Mental Wellness Continuum Framework, the Honouring Our Strengths: A Renewed Framework to Address Substance Use Issues Among First Nations in Canada, the Indigenous Wellness Framework, and the Native Wellness Assessment.

Carol holds both a Master of Social Work degree from the University of Toronto and a degree in sacred Indigenous Knowledge (equivalent to a Ph.D. in western-based education systems).

Kwame McKenzie (Co-Chair)

Kwame McKenzie is the CEO of Wellesley Institute, Director of Health Equity at the Centre for Addiction and Mental Health, a Full Professor in Psychiatry at the University of Toronto and a consultant working with the World Health Organization.

Kwame is a member of the National Advisory Council on Poverty, a member of Canada's Expert Advisory Panel on COVID-19 and Mental Health and the Minister of Health's Covid-19 Testing and Tracing Advisory. Kwame is an international expert on the social causes of mental illness, suicide and the development of effective, equitable health systems. He has published over 250 papers, 5 books. His works have been recognised by numerous awards including African Canadian Achievement Award for Science, Dominican of Distinction Award, Don Wasylenski Award for Global Health, CAMH 150 Difference Makers in Mental Health, Harry Jerome Award and the Pioneers for Change Social Impact Award.

Kwame has served as a Human Rights Commissioner for Ontario and Chair of the Research and Evaluation Advisory Committee of Ontario's Basic Income Pilot.

He holds a medical degree from University of Southampton, and is a Fellow of the Royal College of Psychiatrists (UK).

Mike Serr (Co-Chair)

Mike Serr has been serving as a police officer for 30 years in British Columbia. He became the Chief Constable for the Abbotsford Police Department in September 2018.

The majority of Mike's operational experience is in the field of gang and drug suppression. He has worked for the British Columbia Organized Crime Agency, Integrated Gang Task Force, and British Columbia Municipal Undercover Program.

Mike is active locally and nationally in committee work and is currently the Chairperson of the Drug Advisory Committee for the Canadian Association of Chiefs of Police (CACP), as well as the Chair of the CACP's Special Purposes Committee on the Decriminalisation of Illicit Drugs. He is also the Co-Chair of the British Columbia Drug Overdose Task Groups, has established the Abbotsford Opioid Working Group, is a member of the Advisory Council for Drug Free Kids Canada, the Character Abbotsford, and the Abbotsford Community Development Council.

Mike has a Bachelor of Arts in Criminology from Simon Fraser University.

Natasha Touesnard (Co-Chair)

Natasha Touesnard is the Executive Director of the Canadian Association of People who Use Drugs (CAPUD). Natasha believes in the organization's mission and strives to reduce oppressive societal conditions people who use drugs face by raising their voices throughout the policymaking process. Natasha leads the organizations national work in various aspects including, in research, advocacy for broader access to harm reduction initiatives and for humane drug policy grounded in the voices of people who use drugs.

Prior to this role, she was the Site Coordinator and lead Case Manager at the Open Door Clinic, a family practice and opioid agonist treatment clinic located in Dartmouth, NS. Natasha took great pride in working alongside Dr. David Saunders in the clinic they built together that serves over 300 people in Dartmouth North. Additionally, Natasha alongside of several people who use(d) drugs formed the first drug user group in the Atlantic provinces titled the Halifax Area Network of Drug Using People, where she held the role of Project Coordinator for several years. Natasha also worked at Mainline Needle Exchange, Direction 180 and was the lead Naloxone trainer for mainland Nova Scotia's provincial Take Home Naloxone Pilot Project.

Natasha was the Treasurer of the Canadian Association of People who Use Drugs for several years prior to taking the Executive Director position of CAPUD; served on the Board of Directors at Hepatitis Outreach Society of Nova Society (HepNS), is a member of Action Hepatitis Canada, a member of ACORN Canada and served on Nova Scotia's Opioid Use and Overdose Framework's Naloxone Working Group that advised the province business plan for provincial rollout of Take Home Naloxone Program.

Notably, Natasha was a Canadian Delegate at the United Nations 62nd Session of the Commission on Narcotic Drugs in 2019 and is a co-Chair of Health Canada's People with Lived and Living Experience Council.

Lastly, Natasha lives by the guiding principle of "Nothing About Us Without Us", is a strong proponent of harm reduction and advocates for respect and holds a commitment to people who use illegal drugs, who face insurmountable challenges due to drug prohibition-based laws and policies.

Areas of Expertise: Drug Use and Drug Use Culture, Harm reduction, Naloxone, Safe Supply, Activism, Social Justice, Human Rights of People who Use Drugs.

Serge Brochu, PhD

Serge Brochu, PhD (psychology) has been a professor at the École de criminologie of the Université de Montréal since 1986. After serving in many administrative capacities, including Director of the International Centre for Comparative Criminology, Associate Dean of Management and Human Resources, Associate Dean of Faculty Affairs in the Faculty of Arts and Science, and Associate Vice Rector, Research, Creation and Innovation, he is now Professor Emeritus. He actively participates, through his writings and conferences in Canada and abroad, in the public policy debate on the social and judicial control of drug addiction. Over the course of his career, he has published more than 300 lectures, 146 scientific articles, 67 book chapters and 17 books. His work has earned him recognition as a Fellow of the Royal Society of Canada and as Honorary President of the International Society of Criminology.

Serge Brochu holds a doctorate in Psychology from l'Université de Montréal

Deirdre Freiheit

Deirdre Freiheit is President and CEO of Shepherds of Good Hope (SGH) and Shepherds of Good Hope Foundation, located in Ottawa, Ontario. SGH is a dynamic, innovative organization that cares for the needs of adults experiencing homelessness and who live with mental health challenges, substance use disorders and trauma. SGH operates a large homeless shelter, soup kitchen and five supportive housing residences.

Deirdre has been a leader in the not-for-profit sector for almost 30 years, having previously been the Executive Director of the Health Charities Coalition of Canada and CEO of the Canadian Lung Association. She is a former member of the Institute Advisory Board for Nutrition, Metabolism and Diabetes of the Canadian Institutes of Health Research, a lay reviewer on the Heart and Stroke Foundation research grant review panels and is a passionate advocate for marginalized populations.

Deirdre is a graduate of Atlantic Business College in New Brunswick.

Gord Garner

Gord Garner is the Executive Director of the Community Addictions Peer Support Association. He is a national speaker on addressing stigma and the resulting discrimination towards people who use(d) drugs and trainer on using Person-First Language. He is living well with his own

substance use disorder at the time of this writing. He is dedicated to removing the barriers of stigma from across the four pillars, to enable policy writers, academics, researchers and people with experience of substance use disorders active or in remission to take evidence-based actions to improve the lives of all Canadians concerning substance use. His work is informed by his 38 years of active addiction and by those who helped him.

Charles Gauthier

Charles Gauthier is the current President and CEO of the Downtown Vancouver Business Improvement Association, leading this organization since 1992. He also still presently serves on the board of the International Downtown Association. He is a dedicated, life-long non-profit society professional, focused on building strategic partnerships and collaborating with like-minded individuals to further mutual goals. Previous to this role, Charles served as the Community Economic Development Officer and Business Improvement Area Coordinator for the Summerland Economic Development Commission, and as the Economic Development Officer and General Manager for the Eastman Regional Development Corporation. Additionally, as a member of various local associations, he previously served on the Board of the International Downtown Association and Canadian Society of Association Executives, British Columbia. Charles was the recipient of Business in Vancouver's prestigious "40 Under 40 Achievement Award" (1996) and the Downtown Vancouver Association's President's Award (2009).

Charles has a Bachelor of Arts (Political Studies) and a Master of City Planning degree from the University of Manitoba.

Cheyenne Johnson

Cheyenne Johnson is Saulteaux (Ojibwe) and mixed Settler ancestry. She is a displaced status member of the Tootinaowaziibeeng Treaty 4 Reserve (Valley River) in western Manitoba. She is a Registered Nurse who works in addiction and substance use care in Vancouver. She is currently the Co-Interim Executive Director at British Columbia Centre on Substance Use (BCCSU) and is the founding Director of the BCCSU's Addiction Nursing Fellowship Program. She is passionate about providing public education to reduce stigma and improve the addiction system of care in BC. She is also an Adjunct Professor at the School of Nursing at University of British Columbia and actively collaborates with interdisciplinary clinicians, educators and researchers across Canada. She is currently Board of Director at the Association for Multidisciplinary Education and Research in Substance Use and Addiction. Cheyenne is the committee Co-Chair at Provincial Opioid Addiction Treatment Support Program. She has co-authored many articles related to addiction medicine and addiction nursing.

Cheyenne Johnson obtained her Master of Public Health from Simon Fraser University.

Harold R. Johnson

Semi retired from the Northern Alcohol Strategy Saskatchewan, Harold Johnson now acts as that agency's elder, advisor and ambassador. He was a Provincial Crown Prosecutor for ten years and private practice before that. Before a twenty-year career in law, he worked in heavy industry, beginning as a marine engineer in the Canadian Navy, then as an heavy equipment operator, miner, logger, commercial fisher, trapper, mechanic, and firefighter across northern and western Canada. Harold is the published author of five works of fiction and five non-fiction books. He will publish a fiction book in October 2021 and a non-fiction book in January 2022. His book *Firewater: How alcohol is killing my people (and yours)* was nominated for a Governor General's award in 2016.

Harold has a Bachelor of Laws degree from the University of Saskatchewan and a Master's Degree in Law from Harvard University, where he graduated in 1996.

Damon Johnston

Damon Johnston is the current Chair of the Addictions Foundation of Manitoba. He has also served on the Board of Directors of the Canadian Mental Health Association for the last eight years. He served in the Royal Canadian Navy from 1966 to 1968. He is a member of the Fort William First Nation in Thunder Bay, Ontario. Damon has been serving as President of the Aboriginal Council of Winnipeg since 2007. He was a member of the Illicit Drug Task Force in Winnipeg, established by the federal, provincial and municipal governments. Damon's role as an Indigenous community leader in Winnipeg provides him the opportunity to be well versed in a variety of public consultation and advisory processes. He is currently on the Advisory Committee to the Health Transformation Initiative launched by the Government of Manitoba.

Damon graduated in 1970 from Confederation College in Thunder Bay, Ontario, with a Diploma in Administrative Management.

El Jones

El Jones is a spoken word poet, an educator, journalist, and a community activist living in African Nova Scotia. She was the fifth Poet Laureate of Halifax. In 2016, El was a recipient of the Burnley "Rocky" Jones human rights award for her community work and work in prison justice. She is a co-founder of the Black Power Hour, a live radio show with incarcerated people on CKDU that creates space for people inside to share their creative work and discuss contemporary social and political issues. She is a board member of East Coast Prison Justice Society and of Wellness Within which advocates for the health of women, Trans, and non-binary people who are criminalized. El served as the 15th Nancy's Chair of Women's Studies at Mount Saint Vincent University for the 2017-2019 term. El is a two-time Atlantic Journalism gold award winner for her work with the Halifax Examiner. El would like to pay tribute to the many nameless and unrecognized women whose work makes it possible for her to be here today.

El is completing her PhD at Queen's University in Cultural Studies and is an assistant professor in the department of Political and Canadian Studies at Mount Saint Vincent University in Halifax.

Robert Kucheran

Robert Kucheran was raised in Port Arthur, (now Thunder Bay) Ontario. He left home at 16 years of age to play hockey in the Ontario Hockey League where he played for the Oshawa Generals for 5 years. After the OHL, he attended York University on a hockey scholarship. He became a member of the International Union of Painters and Allied Trades (IUPAT) in April 1985 working as a summer student at the Port Arthur Ship Building Company in Thunder Bay. After graduation, he became the Business Manager of Local 1671 in Thunder Bay. During this time, he was elected Secretary to the local building trades. He was also a Director with the Superior North Apprenticeship Board.

In 2000, Robert and his family located to Caledonia, Ontario when he took the position as Organizer with Local 205 Hamilton. He was appointed General President's Representative in the fall of that same year. As GPR, he attended the Harvard University Trade Union Program in 2001. He was appointed General Vice President in 2005 and in 2009, was elected to that position in 2014 and 2019. He sits on the General Executive Board of the IUPAT. He is a trustee to the IUPAT, Finishing Trades Institute, the Labor Management Cooperation Initiative, the IUPAT Industry Pension Fund, and the IUPAT Industry Pension Fund Canada. In 2012, he was elected as the Chairman of the Executive Board for the Canada's Building Trades and remains in that position today.

Robert earned a Diploma in International Business at Confederation College in 1992.

Anne Elizabeth Lapointe

Anne Elizabeth Lapointe is the Executive Director of the Maison Jean Lapointe and of the Addiction Prevention Center.

Ms. Lapointe has 20 years of experience in the field of addictions including 15 years in prevention. She has contributed to the development and evaluation of the Maison Jean Lapointe and the CQLD's prevention programs. These programs reach 100,000 young people yearly in Quebec. Ms. Lapointe is actively involved in the community and sits on several round tables and expert committees. She has given countless conferences pertaining to her field of expertise and continues to share her knowledge within the community. Her proficiencies include behavioral addictions, such as problem gambling as well as prevention and treatment of all addictions.

Ms. Lapointe holds a Bachelor's degree in Communications, a Diploma in Management, a Certificate and a Graduate Diploma in Addiction and Ethics.

Dr Shaohua Lu

Dr Shaohua Lu is an addiction forensic psychiatrist with over 20 years of experience in clinical psychiatry. He is currently a member of the Prescription Review Panel at the College of Surgeons and Physicians of BC. Shaohua is a clinical associate professor at the University of British Columbia where he helped to develop the addiction psychiatry and chronic pain management program. He continues to teach residents and medical students.

Shaohua has been a consulting psychiatrist in the Vancouver General Hospital and the BCOSI clinic, a federal program that assesses and treats Canadian Armed Forces Veterans and RCMP officers. He has worked extensively with patients with complex medical psychiatric and addiction needs.

Shaohua had served on the Board of Director for the Doctors of BC, Canadian Academy of Psychosomatic Medicine, and the Pacific Rim College of Psychiatrist. He had served on various policy and administrative committees at Vancouver Coastal Health Authority. Shaohua chaired the 2009 BC Medical Association's addiction care policy paper *Stepping Forward*, which supported a full spectrum care for individuals with addiction. He has published in peer reviewed journals on addictions, PTSD and other research projects.

Shaohua completed his addiction psychiatric fellowship at Harvard University.

Donald MacPherson

Donald MacPherson is the Director of the Canadian Drug Policy Coalition based at the Faculty of Health Sciences at Simon Fraser University. Formerly, he was North America's first Drug Policy Coordinator at the City of Vancouver where he worked for 22 years and is the author of Vancouver's ground-breaking *Four Pillars Drug Strategy* in 2001.

His publications include the books *Raise Shit! Social Action, Saving Lives* (2009) and *More Harm than Good: Drug Policy in Canada* (2016). In 2007, he received the Kaiser Foundation National Award of Excellence in Public Policy in Canada. In 2009 he was awarded the Richard Dennis *Drug Peace Award* for Outstanding Achievement in the Field of Drug Policy Reform by the Drug Policy Alliance in the US.

In 2019, Donald was given a Lifetime Achievement Award from the BC Centre on Substance Use and an Honorary Degree from Adler University in Chicago/Vancouver for his contribution to social justice in the field of drug policy.

Prof Akwasi Owusu-Bempah

Akwasi Owusu-Bempah is an Assistant professor in the Department of Sociology at the University of Toronto. He also holds a status appointment at the Centre for Criminology and Sociological Studies. Trained as a criminologist, his research focuses on racial and other forms of inequity in the context of law, criminal justice and social policy. His recent work has

examined the history of North American drug policy and its contemporary impacts on Black and other racialized populations. Cannabis continues to be a key focus of this work.

Akwasi's peer-reviewed research on race, cannabis use and cannabis law enforcement has been published in the *International Journal of Drug Policy*, the *Journal of Ethnicity in Substance Abuse*, and the *Canadian Journal of Criminology and Criminal Justice*. He also writes widely on these topics for popular outlets and is a frequent media commentator. He is an Affiliate Scientist at the Centre for Addiction and Mental Health, Director of Research for the Campaign for Cannabis Amnesty, and Racial Equity Lead at the Centre on Drug Policy Evaluation.

Akwasi holds Ph.D. and M.A. degrees in criminology from the University of Toronto, and a B.A. from Carleton University.

Dan Werb, PhD

Dan Werb is a scientist with the MAP Centre for Urban Health Solutions in the Li Ka Shing Knowledge Institute of St. Michael's Hospital. He holds assistant professor appointments at the Institute of Health Policy, Management and Evaluation at the University of Toronto and in the Division of Infectious Diseases and Global Public Health at the University of California San Diego. For the last 6 years, he is also the Executive Director of the Centre on Drug Policy Evaluation at MAP, which conducts extensive epidemiologic, implementation and policy research on addictions and drug policy, and works closely with governments, affected communities and civil society to guide effective and evidence-based policy responses to substance use.

Dan has published over 85 studies on issues related to addictions, drug policy, and HIV, with a focus on preventing the transition of street youth into injection drug use, as well as on identifying the impact of policy and public health interventions on marginalized drug-using populations.

Dan is the recipient of a Trailblazer Award in 2017 from the Canadian Institutes of Health Research and was named by the Canadian Broadcasting Corporation (CBC) as one of 13 young Canadians changing our country for Canada's 150th anniversary celebration.

Dan received his Ph.D. and M.Sc. in Epidemiology and Biostatistics from the University of British Columbia.

Appendix B – Glossary of Terms

Addiction	A severe form of substance use disorder, addiction is a treatable chronic illness involving complex interactions among brain circuits, genetics, the environment, and an individual’s life experiences.
Decriminalisation	Removal of criminal penalties for an activity. De facto approaches are ones that do not require any changes to the laws or regulations. De jure approaches involve changing the laws or regulations.
Drug	For the purposes of this report, “drug” means an illegal or unauthorized psychoactive substance.
Drug toxicity	A poisonous quality of a drug that can cause functional, biochemical, or structural damage to the human body. Toxicity can be acute or chronic; toxicity can cause temporary or permanent physical, cognitive, or psychological injuries, up to and including death.
Equity	The absence of avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically. (WHO)
Harm	A negative consequence to an individual, family, community, or society at large, including direct and indirect physical and mental health, social, and economic and financial impacts. These harms are specifically highlighted as part of the negative consequences of criminalisation.
People with lived and/or living experience of substance use	People who currently consume or have in the past consumed substances, or their family or community members collectively and directly impacted by the consumption of substances.
People who use drugs	People who consume illegal or unauthorized psychoactive substances.

Recovery	Can be defined differently by each individual, but generally includes changes to lifestyle and behaviours by accessing formal (e.g., treatment programs) and/or informal (e.g., meditation) supports to manage or eliminate substance use and improve multiple aspects of quality of life. (Canadian Centre on Substance Use and Addiction)
Regulation	Government oversight of production, manufacture, importation, distribution, product promotion, and sale.
Safe supply	A legal and regulated supply of drugs that are traditionally only accessible by medical prescription or through the illegal drug market.
Simple possession	<p>This refers to possession as defined in section 4(3) of the Criminal Code of Canada and referenced by the CDSA:</p> <p>(a) a person has anything in possession when he has it in his personal possession or knowingly</p> <ul style="list-style-type: none">(i) has it in the actual possession or custody of another person, or(ii) has it in any place, whether or not that place belongs to or is occupied by him, for the use or benefit of himself or of another person; and <p>(b) where one of two or more persons, with the knowledge and consent of the rest, has anything in his custody or possession, it shall be deemed to be in the custody and possession of each and all of them.</p>
Social determinants of health	Social and economic factors that influence people’s health, such as social status, income, education, employment and working conditions, equitable and timely access to health services and care, the experience of discrimination or racism, etc. These factors are largely outside of an individual’s control. For Indigenous populations, determinants of health also include processes of colonisation, culture, language, and land.

Stigma	A negative social, political, and cultural attitude toward a group or individual with a distinguishing attribute or behaviour, founded on a deeply held set of false beliefs, and involving overt and covert judgement, oppression, and discrimination. Common causes of stigma are stereotypes, fear, colonizing norms, unequal power dynamics, lack of awareness, and misinformation. Policies and laws often entrench and exacerbate stigma (see structural racism).
Structural racism	A system of public policies, institutional practices, cultural representations, and other norms that work in various, often reinforcing ways to advantage white people and perpetuate inequity toward people of colour.
Substance	Except when referring to the Controlled Drugs and Substances Act and its provisions, substance in this report is defined more broadly as a psychoactive substance , i.e., “chemicals that cross the blood-brain barrier and affect mental functions such as sensations of pain and pleasure, perception, mood, motivation, cognition, and other psychological and behavioral functions” (CPHA), and includes controlled substances under the Act as well as other unauthorized substances, alcohol, tobacco, and cannabis.
Substance use disorder	A complex pattern of symptoms resulting from the use of a substance that a person continues to take despite harmful consequences and a negative impact on their ability to function in day-to-day life.
Treatment	Services to identify and address substance use disorders through withdrawal management, pharmacological interventions, and/or psychosocial interventions.
Unregulated drug market	The sale and purchase of substances that escapes oversight by the Canadian legal and regulatory system.

Appendix C – Suggested Background Materials: Expert Task Force on Substance Use

Title	Author/Date	Brief Description
Government of Canada background documents		
Canadian Drugs and Substances Strategy	Health Canada 2016	Main webpage for information on the Canadian Drugs and Substances Strategy (CDSS).
CDSS News Release	Health Canada December 2016	The news release announcing the creation of the CDSS and the federal government’s public health approach to substance use, replacing the National Anti-Drug Strategy.
Supplementary Information Tables 2020-21 Departmental Plan: Health Canada	Health Canada & Government of Canada September 2020	The federal government’s primary annual report on the CDSS, including: all federal departments involved, governance, expenditure breakdown, planning highlights, activity themes and performance indicators.
Consultation on strengthening Canada’s approach to substance use issues	Health Canada September 2018	Announcement and information on the 2018 public consultation undertaken by Health Canada on potential next steps in federal drug policy/CDSS.
What we heard: Strengthening Canada’s approach to substance use issues	Health Canada July 2019	Health Canada’s report on the feedback received from the 2018 public consultation.
Canadian Tobacco, Alcohol and Drugs Survey (CTADS): Summary of Results for 2017	Health Canada & Statistics Canada December 2017	Summary of findings from the latest available biannual Canadian Tobacco, Alcohol and Drugs Survey, showing drug use trends for Canada.
Canadian Student Tobacco, Alcohol and Drugs Survey (CSTADS): Summary of Results for 2018-2019	Health Canada & Statistics Canada 2019	Summary of findings from the latest available biannual collection on student (grades 7-12) tobacco, alcohol, and drug use.
Alternatives to Criminal Possession/Decriminalisation		
Findings and recommendations report: Decriminalisation for Simple Possession of Illicit Drugs:	Canadian Association of Chiefs of Police (CACP)	Report highlights the research by the Canadian Association of Chiefs of Police’s Special Purpose Committee on the Decriminalisation of Illicit Drugs.

Exploring Impacts on Public Safety & Policing	July 2020	
Stopping the Harm: Decriminalisation of people who use drugs in BC	Office of the Provincial Health Officer (British Columbia) April 2019	Special report that recommends reducing the harms associated with the toxic street drug supply and the criminalisation of people who use drugs in BC.
Drug use, arrests, policing, and imprisonment in Canada and BC, 2015–2016	Susan Boyd, PhD March 2018	A report prepared for the Vancouver Area Network of Drug Users (VANDU) that provides an in-depth look at official policing and corrections statistics related to drug possession charges.
Advancing Drug Policy Reform: A New Approach to Decriminalisation	Global Commission on Drug Policy 2016	Report on the negative outcomes caused by the criminalisation of people who use drugs. It explores alternatives to this approach and calls on governments and the public to change their perception of people who use drugs.
Decriminalisation: Options and Evidence	Canadian Centre on Substance Use and Addiction (CCSA) June 2018	Policy brief on the various ways in which decriminalisation of controlled substances is interpreted and implemented.
Drug Policy		
Canadian Substance Use Costs and Harms (2015-2017)	Canadian Institute for Substance Use and Research & the Canadian Centre on Substance Use and Harms 2020	Report on the estimated costs and harms associated with substance use in Canada from 2015-2017, including enforcement related costs.
Canada’s Drug Futures Forum: Summary of Proceedings and Final Recommendations	Canada’s Drug Futures Forum July 2017	Summarizes the dialogue and recommendations generated by the Forum’s participants in April 2017 on forward-looking ideas for drug policy in Canada.
Open Letter: A Call for Reprioritization of Metrics to Evaluate Illicit Drug Policy	International Centre for Science in Drug Policy (ICS DP) January 2016	A call to stakeholders at the 2016 United Nations General Assembly Special Session on Drugs (UNGASS) to prioritize indicators that provide

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Recommendations on Alternatives to Criminal Penalties for Simple Possession of Controlled Substances

		specific evidence on the impact of drugs and drug policies on communities.
First Nations Mental Wellness Continuum Framework Full Version Summary Report	Indigenous Services Canada, Assembly of First Nations, and various First Nations NGOs January 2015	Joint report on a coordinated and comprehensive approach to mental health and addictions programming that considers the cultural values and practices of First Nations.
Honouring Our Strengths: A Renewed Framework to Address Substance Use Issues Among First Nations People in Canada – Full Version	Indigenous Services Canada, Assembly of First Nations, and the National Native Addictions Partnership Foundation Inc. November 2011	Outlines a vision for a comprehensive continuum of services and supports to guide community, regional, and national responses to substance use issues among First Nations people in Canada.