

VOTING IN RIGHTS-BASED DRUG POLICY CHAMPIONS

A MUNICIPAL VOTER RESOURCE

Background & Dates

Municipal governments, along with federal and provincial governments, have an important role to play in reforming harmful drug policies. To support public health and human rights, the Canadian Drug Policy Coalition (CDPC) advocates for full decriminalization of simple drug possession and necessity trafficking*, investment into social supports such as housing, expansion of safe supply and harm reduction measures, and legal regulation of all drugs under a single regulatory framework.

To forward key policy changes such as decriminalization, and to support harm reduction measures such as supervised consumption sites, having support from city council can make all the difference in implementing the changes that are needed to address the drug toxicity crisis.

Many provinces and territories across Canada will be holding elections for their municipal governments this fall 2022:

British Columbia - Sat. Oct. 15

Northwest Territories (Yellowknife) - Mon. Oct. 17

Ontario - Mon. Oct. 24

Manitoba - Wed. Oct. 26

Prince Edward Island - Mon. Nov. 7

Saskatchewan (even-numbered divisions in rural municipalities) - Wed. Nov. 9

New Brunswick - Mon. Nov. 28

Northwest Territories (Hamlets) - Mon. Dec. 12

This is an important time to provide input on who you want to represent you on city council, and to talk to your friends, family and community about the realities of prohibition and the need for drug policy reform. Here are some resources to learn from and share with your community:

- [A Right-Based Path for Drug Policy](#)
- [Avoiding Stigmatizing Language](#)
- [Evidence Around Harm Reduction and Public Health-Based Drug Policies](#)
- [Critical Terminology Guide](#)

You can vote if you are a Canadian citizen, over the age of 18, and if you live in the municipality, or if you or your spouse own or rent property in a municipality. You can also vote in the area where you have slept in the past five weeks if you do not have a permanent home address.

For more information on registering to vote, ID requirements, and locations to vote, please visit your municipality's website.

*Necessity trafficking is sharing or selling drugs for subsistence, to support personal use, or to provide a safe supply.



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What is the role of municipal governments in drug policy reform?

1

Harm Reduction

City council can act as an important advocate for harm reduction services both within the city and to the provincial or territorial government. City council can offer proactive and vocal public support for harm reduction initiatives to help alleviate the burden faced by nonprofits focused on harm reduction service delivery. As a vocal supporter, city council can help shift the public narrative towards seeing harm reduction initiatives as essential healthcare services. Further, the city can use its resources and reach to bring people together and engage the community in understanding the merits and need for harm reduction services in the municipality. Municipalities can also support harm reduction service delivery by offering city-owned properties to underfunded frontline agencies as rent-free locations for service operations.

2

Right to Life

City council can support the Charter right to life by requesting funds from the province or territory for healthcare, income support and affordable, accessible housing. City council has an important role to play in supporting the immediate needs of unhoused people by ensuring access to public washrooms and water and implementing bylaw and enforcement policies that do not infringe on the human rights of unhoused people, at a minimum. The city can also work to identify suitable land and properties that could offer support services that uphold people's right to life such as housing, harm reduction, and healthcare services.

3

Decriminalization

City council can request decriminalization in the city from the federal government through applying for a Section 56 exemption. This request can also come from the municipal board of health or the medical health officer.

4

Supervised consumption

City council can help support supervised consumption sites by publicly endorsing the sites and approving the location of supervised consumption sites in a timely manner. City council has an important role in alleviating community backlash for a proposed supervised consumption site by offering public support and acting as an advocate for these lifesaving services. City council also has the reach and resources to convene people to build support for supervised consumption services and share education on why these services are important community supports that benefit everyone.

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Engaging with Candidates on issues

In the weeks leading up to a municipal election, candidates for mayor and city council will be campaigning for your vote. This is an opportunity to ask questions at public events they may be attending such as all-candidates debates, or to call or email their office to ask what kinds of policy positions they will take on specific issues. Document their answers and share them with your community, write op-eds in your local papers, coordinate with local community groups with shared interests to conduct outreach to candidates, and let them know that these issues matter to voters.

Questions to ask candidates on drug policy and harm reduction

What is your position on decriminalizing drugs? Will you support decriminalization of drugs in [your city]?

What is your position on harm reduction initiatives such as supervised consumption sites and safe supply programs? Will you support harm reduction initiatives in [your city]?

What steps will you take to immediately address the drug toxicity and drug poisoning crisis that is causing so many deaths and injuries in our community?

As a member of city council, how would you work to shift municipal drug policy and practices towards a health- and human rights-based approach?

Do you support the recommendations of the federal expert task force on substance use which state that decriminalization and expansion of a safe supply of substances is urgently needed to address the loss of life we are witnessing?

Will you support drug policy development processes that incorporate meaningful consultation with people who use drugs, including providing funding for people who use drugs to provide relevant expertise?

Drug prohibition is deeply rooted in racism and colonialism and disproportionately impacts Indigenous people, people of colour, women, 2SLGBTQ+, and youth. If elected, what steps would you take to support these priority populations in relation to the drug poisoning crisis?

A lack of harm reduction measures in shelters is a central barrier to accessing shelter. If elected, will you hold shelter providers accountable to implement best practices of harm reduction to improve services for unhoused people and ultimately save more lives?

CRITICAL TERMINOLOGY GUIDE



Drug Poisoning Crisis

A more appropriate way to refer to what is sometimes called the “opioid epidemic” or “overdose crisis.” This shift in terminology appropriately acknowledges that accidental overdose is predominately caused by drug policy, not the drugs themselves. Specifically, prohibition destabilizes the drug market and people who use (and sell) drugs do not know what they are getting and may thus consume more of a substance, a different substance(s) or a dangerous combination of substances.

Harm Reduction

Is a social justice movement built on a belief of respecting the human rights of people who use drugs. Harm reduction meets people where they are at without judgement. Harm reduction includes distributing supplies (e.g., syringes, pipes, condoms), opening safe consumption sites, providing a safe supply of drugs, offering community support and resources, and practicing mutual aid.

Safe Supply

A legal and regulated supply of drugs with mind/body altering properties that traditionally have been accessible only through the illicit drug market. It denotes distributing regulated (pharmaceutical-grade) drugs through legal channels and enabling a person to know precisely what they are consuming and in what quantities. Safe supply is not the same as Opioid Replacement Therapy (ORT), such as Methadone or Suboxone.

In Canada, accessing safe supply is difficult. Presently, the federal government stipulates that healthcare practitioners (e.g., medical doctors, nurse practitioners, pharmacists) may prescribe opioids, stimulants, and benzodiazepines based on their professional judgement. However, it is common for someone who needs safe supply to be diagnosed with Substance Use Disorder (SUD), which erroneously conflates drug use with addiction and ignores those who use recreationally. All drugs are not dispensed in the form that some users prefer (e.g., injection drugs are excluded), nor are most people able to take home or “carry” more than a limited dose of their prescription. Lack of consultation and meaningful engagement of consumers is a point of tension and the disparities between supply and demand are particularly pronounced in remote and rural areas.

Criminalization

Refers to the direct and indirect criminal penalties for any prohibited, drug-related activity in the Controlled Drugs and Substances Act (CDSA). Some forms of criminalization are obvious, such as criminal convictions for simple possession or drug trafficking, others are less so. For example, “street sweeps” where police routinely confiscate and discard unhoused people’s belongings, which then exposes this population to being searched for illegal drugs. Even if they are not penalized for possession, their drugs may be taken and they may then be encouraged to commit a crime (e.g. theft) or engage in illegal behaviours to obtain more drugs.

Decriminalization

Refers to a range of policies and practices that replace criminal penalties with non-criminal ones for designated activities. When it comes to controlled substances, decriminalization exists on a continuum of legislative categories from criminalization (most restrictive) to decriminalization to legalization and regulation (most liberal). There are many possible pathways to decriminalization. Municipally, any city council member, municipal board of health member, or local medical health officer can request a section 56(1) exemption under the CDSA to apply to a specific class of people or geographic region.

There are benefits and drawbacks to decriminalization. Evidence demonstrates that it is an effective framework encouraging uptake of health and social services by people who use drugs and reducing crime, social disorder, drug-related littering, public drug use, and overall drug-related charges. However, there are limitations to decriminalization, specifically decriminalization does not fundamentally alter the volatility of the drug market. This means that people who use drugs are no less likely to consume contaminated substances and are no more protected from accidental overdose and/or death than they are when drug use is criminalized.

Portugal’s model of decriminalization, which was introduced in 2000 and is often cited as an example of successful reform, does not meaningfully address the violence, stigmatization, displacement, and discrimination that drug users experience. Also, police are still mandated to search and detain people suspected of possessing drugs, many people caught with drugs are still abused, and obliged to engage with the medical system, including attending addiction treatment despite not wanting to, instead of being incarcerated.

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Stigma

The Government of Canada defines stigma as “negative attitudes, beliefs or behaviours about or towards a group of people because of their situation in life.” This is a limited depiction of how and why stigma emerges, who benefits from enacting it, and the different ways it is sustained. Before anti-drug laws were implemented, and long before SUD existed as a diagnosis, drug use was deemed neutral. It became stigmatized as the “war on drugs” escalated, and with it so too did racial, ethnical, religious, and class-based inequalities.

Stigma is not just about individual attitudes and behaviours. Stigma becomes institutionalized and systemic when official policies (in housing, employment, education, child welfare, etc.) prohibit entrance based on identification with a particular class. For example, mandatory attendance at 12-step meetings as a condition of not being re-incarcerated reflects this latter type of stigma.

Stigma also becomes internalized. Research demonstrates viewing oneself as “bad” leads to negative outcomes. People who are stigmatized, especially on multiple axes begin to anticipate rejection, they may alter behaviour based on these expectations, and their material conditions deteriorate. Those who use drugs, but are otherwise stably housed, employed, and part of dominant racial and cultural groups can consume with near-impunity. Anti-stigma campaigns, which address only drug use, may not be effective because this is just one face of one’s identity.

War on Drugs

Refers to policies, practices, and laws introduced throughout the 20th century to criminalize drug consumption and activities associated with it. The so-called drug war has been a proxy war whose true “enemies” are racialized, immigrant, and poor communities. Over the last 110 years, anti-drug laws have been an effective tactic for preventing the economic, political, and social advancement of those whose ways of life differ from those deemed ideal by the settler-colonial state. The war on drugs influences education, employment, housing, media, medicine, and families. Its impacts have been devastating. The drug war has destabilized entire nations, cost trillions of dollars in enforcement, ended countless lives, fueled organized crime, and still, the illegal drug trade remains the world’s most profitable illicit business.

Please visit the [Critical Terminology Guide](#) for full critical terminology guide

Reference

Canadian Drug Policy Coalition (2022, February 17). Critical terminology guide.

<https://drugpolicy.ca/critical-terminology-guide/>