Getting to Tomorrow

Ending the Overdose Crisis

DISCUSSION GUIDE

Getting to Tomorrow: Ending the Overdose Crisis

BEYOND COVID-19

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Getting to Tomorrow: Ending the Overdose Crisis

Sharing Perspectives. Influencing Change. Creating Hope.

Welcome to *Getting to Tomorrow: Ending the Overdose Crisis*, a national initiative to explore health and social approaches to this crisis that, if implemented, could help dramatically reduce the number of people dying as a result of an extremely toxic illegal drug market in Canada. It is a crisis that affects every community, every neighbourhood, and every citizen — a complex and multifaceted public health emergency with broad-reaching impacts.

Between 2016 and December of 2019, 15,393 Canadians have died from opioid-related causes [1]. Even prior to the COVID-19 public health crisis, as a result of the toxic drug supply between 2016 and 2017, life expectancy in Canada failed to increase for the first time in over four decades. COVID-19 has highlighted how our health care system has struggled to help people who use drugs. The onset of COVID-19 has exacerbated the crisis as illegal drug markets have been disrupted and are more dangerous than ever, and new barriers are in place for accessing health care services. Deaths from drug toxicity are increasing as a result. Clearly, the current approach to the overdose crisis is failing us all.

The title of this dialogue series, *Getting to Tomorrow,* acknowledges that for many who access drugs through the illegal market, just making it to the next day is a daunting task. Thousands of families across this country are grieving the loss of a loved one as a result of accidental poisoning. It also acknowledges that today's policies aren't working, and tomorrow's policies need to be better in order to protect everyone.

Our plan — and hope — is that this series of dialogues will help end these deaths by providing people in communities across Canada with the opportunity to learn about policies and programs that may help, and to share stories, insights, and ideas on how we can move forward.

We know that the nature of the dual public health crises differs among communities, and there are many suggested strategies to reduce overdose deaths during and after COVID-19. That is why your participation in this dialogue is so crucial. By sharing our experiences, we can build a clearer picture of the barriers we face in charting a way forward. By voicing ideas, listening to others, and building relationships and connections to these issues, you can help address the impacts of current policies and guide future actions to end the needless deaths and improve the well-being of everyone in your community and across Canada.

Calls for policy change and urgent action to address the toxic drug supply are increasing across the country. Strong leadership and decisive action are needed to save lives at this time.

Your participation in this dialogue will not only help us move towards ending the overdose crisis, it will provide individuals, families, and communities with hope for the future. Hope is a powerful motivator.

Thank you for being part of this crucial initiative.

— Canadian Drug Policy Coalition

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Background and Acknowledgements

Getting to Tomorrow: Ending the Overdose Crisis was prepared by the Canadian Drug Policy Coalition (CDPC). Funding for this national dialogue initiative was provided by the Government of Canada, through Health Canada's Substance Use and Addiction Program.

This Discussion Guide supports the dialogue series *Getting to Tomorrow: Ending the Overdose Crisis* by providing participants and residents with context and information about substance use issues and public health and human rights approaches to substance use. It is meant to provide a springboard for exploring diverse perspectives and solutions related to the overdose crisis in your community.

We acknowledge that our organizations and the nation of Canada are situated on the ancestral territories of Indigenous peoples. For more information about the historical range of territories within North America, please see: https://native-land.ca/

Canadian Drug Policy Coalition
Coalition canadienne des politiques sur les drogues

Canadian Drug Policy Coalition

Based in the Faculty of Health Sciences at Simon Fraser University in Vancouver, BC, Canadian Drug Policy Coalition (CDPC) represents more than 50 organizations in Canada advocating drug policies based on evidence and supporting public health, human rights, and social inclusion. CDPC engages a diverse group of stakeholders across the nation in developing policy proposals, educating about drug policies, building sustainable and effective partnerships, and fostering productive dialogue and action in Canadian communities.

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SFU MORRIS J. WOSK CENTRE FOR DIALOGUE

SFU Morris J. Wosk Centre for Dialogue

Simon Fraser University's Morris J. Wosk Centre for Dialogue fosters shared understanding and positive action through dialogue and engagement. As a trusted convener and hub for community initiatives, they have engaged hundreds of thousands of participants to create solutions for many of society's most pressing issues and actively support student learning through experiential education opportunities.

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What is Dialogue?

> "In dialogue, the intention is not to advocate, but to enquire; not to argue but to explore; not to convince but to discover."
>
> — LOUISE DIAMOND

Dialogue is about bringing together many voices, many stories, many perspectives, and many experiences to increase understanding about others and ourselves. It is a conversational process that usually occurs in small groups on a specific topic and is intended to help us gain insight into complex problems. Dialogue is not about erasing all differences or finding 100 percent consensus, but rather, searching for common understanding.

This project uses transformative dialogue to focus conversation and engagement around the overdose crisis unfolding in Canada.

Productive, transformative dialogue is more than "just talk" — it is entered with a spirit of curiosity and openness, an interest in learning from and with others, and a willingness to be changed. Instead of arguing, convincing, and advocating for what one already knows, dialogue encourages us to enter a space of the unknown by exploring diverse experiences and values, as well as points of agreement and disagreement. Dialogue doesn't take sides. It has a centre, led by a common goal.

Strategies for a Successful Dialogue

Speak personally. Share stories of your experiences and personal values rather than set opinions.

Treat everyone equally. Leave status, role, and stereotypes at the door.

Listen to understand; speak to be understood. Disagreement is normal; use dialogue to clarify new ideas and perspectives.

Challenge ideas, not people. Express disagreement with ideas, not with personalities or motives.

Be disciplined in your participation. We all share responsibility for a good meeting. Stay on topic, be respectful, and always share "airtime."

Ensure the safety of all participants. In dialogue, we strive to create an environment where participants feel safe and cared for. This is achieved by treating one another with respect, being inclusive, and supporting self-expression and personal choices.

Hold space for people. When in dialogue conversations, it's important to create space for everyone who wishes to speak.

Storytelling is an important part of these dialogues. It requires courage and vulnerability to share personal stories. Those who do are inviting you to connect with them through their experiences. To be an effective listener, it is important to share what you have learned and how you have connected to the experiences while respecting the storyteller's privacy. Do not share story details and take care not to ask for more detail than the storyteller has provided.


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OUR MEMBERS
WHO LOST THEIR LIVES
TO THE DRUG WAR
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SECTION TWO

OVERVIEW

Getting to Tomorrow — Project Overview

Getting to Tomorrow is about looking to the future. It envisions a time when Canada's overdose crisis is over — when government responses to community needs are based on evidence and swiftly implemented. It is about a time when communities have united to help those most at risk of overdose, homelessness, and mental illness. It is about a time when, if a crisis like COVID-19 emerges again, the most marginalized and at-risk members of our communities are not left behind but provided with the resources and interventions to help them stay healthy.

This dialogue in your community is part of a three-year effort to engage Canada in a discussion about an approach to drugs rooted in principles of public health, human rights, and social inclusion. It is informed by current practices and approaches that are working. Eighteen communities across Canada will participate in local activities coordinated in partnership with one or more community-based organizations. The following activities may be included

A dialogue workshop – virtual or in-person, as the situation allows

A strategy meeting involving people with lived and living expertise of drug use and the impacts of drug policy on individuals, families, and communities

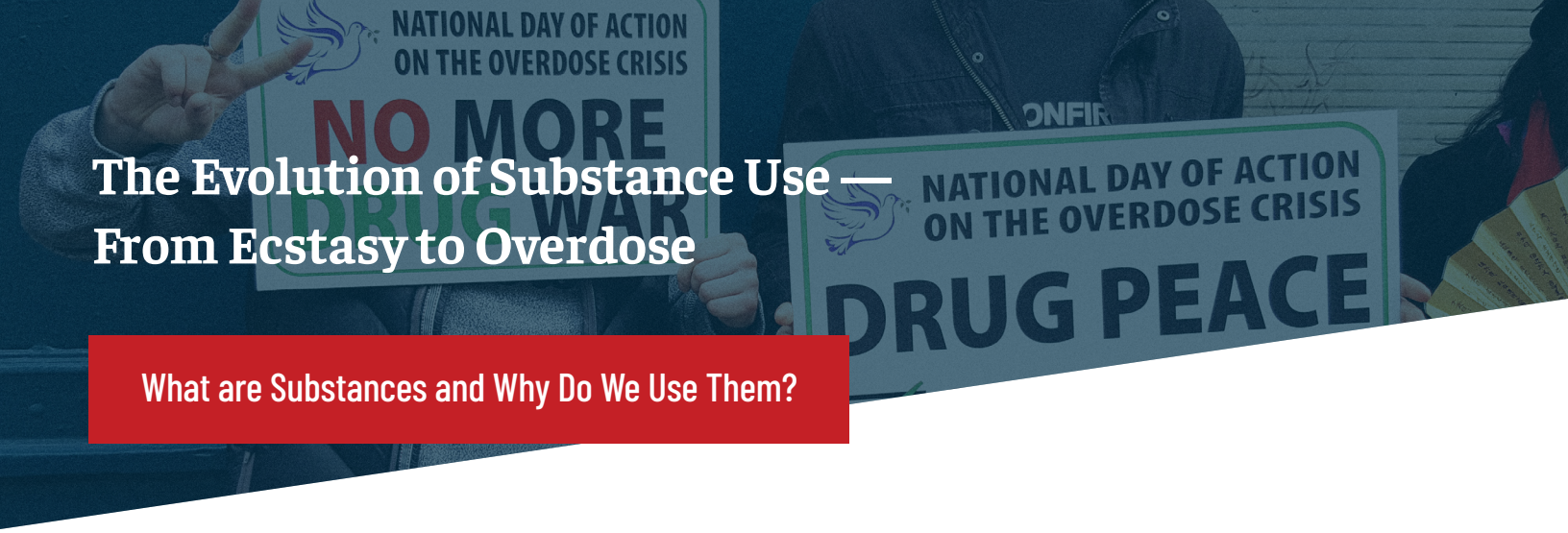
A public event addressing substance use issues, such as overdose, stigma, and discrimination that exists in the community

Beyond the 18 dialogue communities, individuals and other communities from across Canada will be invited to take part in the conversation through a dedicated website that will showcase the diverse stories and issues at the heart of the overdose crisis in Canada.

With input from these dialogues, the Canadian Drug Policy Coalition will produce print and multimedia materials to educate Canadians and help communities take action. This will include a workshop toolkit for self-organizing dialogues as well as infographics, briefs, videos, and a report summarizing key learnings from each community with recommendations to government that are based on those findings.

Finally, this project aims to build collaboration, capacity, and communication by inviting each participating community to send representatives to a forum where they will share experiences, deepen connections, and learn from one another first-hand.

This project is funded through grants offered by the Substance Use and Addictions Program of Health Canada and in-kind contributions from Simon Fraser University's Faculty of Health Sciences. Additional support is provided by our community partners. The views expressed do not necessarily represent the views of Health Canada.



The Evolution of Substance Use — From Ecstasy to Overdose

What are Substances and Why Do We Use Them?

Substances or drugs (terms are used interchangeably in this Discussion Guide) refer to any chemical that can be consumed by someone that, when taken in a sufficient amount, can alter mental and physiological processes.

People have been using drugs, or psychoactive substances, since the dawn of time. Our hunter-gatherer ancestors lived close to the land and understood the pharmacological properties of the plants around them. Priests and shamans have ingested plants such as mushrooms, cacti, and derivatives from roots and bark to induce trance states as part of their religious practice for millenia. Substances such as opium have been used for centuries to relieve pain.

Until the early 20th century, products made from opium and coca (the plant from which cocaine is derived) were commonly sold as over-the-counter preparations. Other drugs, such as caffeine, alcohol, nicotine, and cannabis were consumed as staples to such a degree that today we view and treat them very differently than illegal drugs.

> "We need to recognize that it's not deviant or pathological for humans to desire to alter their consciousness with psychoactive substances. They've been doing it since pre-history... And it can be in a religious ecstasy context, it can be in a social context or it can be in the context of symptom management."
>
> – DR. PERRY KENDALL, FORMER BC PROVINCIAL HEALTH OFFICER

Many of us use substances for a perceived benefit — to ease physical or psychological pain, reduce anxiety, aid sleep, keep us alert, promote health, treat illness, or for pleasure and the feeling of well-being that some substances give us. In Canada, five legal drugs — caffeine, alcohol, pharmaceuticals, tobacco, and cannabis — are the most widely used psychoactive substances. We access these legal, mind-altering substances through three means: a medical prescription model (for pharmaceutical drugs), licensed retail outlets (for alcohol, tobacco, and cannabis), and through grocery stores and cafés in the case of caffeine.

Our relationship with substances is complex and "shaped by multiple factors, including culture, society, religion and beliefs, individual psychology, cognition, ... neurobiology, and genetics."[2] A small minority of people who use them will develop serious dependencies on some drugs and continue to use them.

There are a variety of potential harms related to using legal and illegal drugs, yet we often only consider the harm to the person using the substances. There are also significant harms to others that are often the product of our system of drug control, including illegal drug-market related violence, increased risks of death or injury as a result of impaired driving, money laundering operations, corruption, and environmental damage.

While many legal drugs have significant harms, their composition is regulated and methods of purchasing them are safe and straightforward. In contrast, illegal drugs are unregulated, therefore, they are of unknown composition and methods of purchasing them entail significant risks.

Also, it is difficult to say how many people consume illegal drugs in Canada or what kind of substances they are consuming because their use remains criminalized, highly stigmatized, and hidden.

What is Addiction?

The term *addiction*, while still commonly used, is no longer the preferred medical term to describe the condition where a person uses drugs to the extent that it causes life-altering problems or death. Today, the term also applies to anything done in excess, whether playing video games, using the internet, consuming chocolate, or buying expensive shoes. Instead, language is evolving and terms to describe different degrees of substance use that create problems for individuals and society include problematic use, or use that risks causing serious harms such as driving while intoxicated or binge use that is distinct from dependent use or chronic dependence.

Substance Use Disorder (SUD) is the medical term that describes taking substances to a degree where it greatly interferes with someone's life. The American Psychiatric Association[3] describes 11 criteria for SUD.

These criteria can apply to ten separate classes of drugs, including alcohol, caffeine, tobacco, opioids, stimulants, inhalants, hallucinogens (psychedelics), sedatives, and cannabis. Depending on how many criteria an individual meets, a clinician can determine whether SUD is mild (2–3), moderate (4–5), or severe (6+).

11 Criteria for Substance Use Disorders

Taking the substance in larger amounts for longer than necessary

Wanting to cut down or stop using the substance but failing to do so

Spending considerable time getting, using, or recovering from use of the substance

Experiencing cavings and urges to use the substance

Not managing to complete work, home or school deliverable due to substance use

Continuing to use, even when it causes relationship problems

Giving up important social, occupational, or recreational activities due to substance use

Using substances repeatedly, even when it results in danger

Continuing to use, even when the individual has a physical or psychological problem that could have been caused or made worse by the substance.

Needing more of the substance to get the desired effect (tolerance)

Developing withdrawal symptoms that can be relieved by taking more of the substance

Why Do People Become Chronically Dependent on Substances?

Why some people develop dependent use while others do not is a difficult question. Science points to the interaction of genetic, psychological, and social factors. The social and economic determinants of health play a significant role in increasing vulnerability to developing dependent use. These include income, education, precarious housing, food insecurity, employment, race, gender, disability, social exclusion, and access to social supports. A history of early physical or psychological trauma, peer influence, physical and/or sexual abuse, abandonment, and the presence of mental illness are all strongly associated with problematic substance use.

Most substances or activities that react with the brain's pleasure centres can create habitual, non-physical dependence over time. Some substances, such as heroin, inherently create a physical dependence that is not necessarily harmful with long-term use but can quickly lead to physical symptoms of withdrawal if use is stopped. In some people, psychological and physical factors combine with increased tolerance to opioids, leading to compulsive, regular, and increasing use that may be diagnosed as SUD.

Theories about dependence are varied and include the brain-changing impacts of drug use, genetics, response to pain, trauma, marginalization, and poverty. Yet, there is little agreement on a primary or root cause of substance addiction.

The Issue of Stigma and Discrimination

Stigma is the feeling of shame or embarrassment connected to a personal trait, quality, or behaviour, such as substance use. People are often stigmatized because of who they are, what they do, or their life circumstances. People who use substances, or have family members who use drugs, often experience stigma — sometimes daily. Because many activities connected to substance use, such as possession of drugs or "dealing" are criminalized, those who use substances are often stigmatized twice — as users and also as criminals. Stigma creates barriers to health care and support services for the people who most need them, resulting in further harm and marginalization.

Stigma can be individual and social. People can be pre-judged, stereotyped, labelled, and discriminated against by how others view them. Often, stigma can be strongly internalized by a person, leading to feelings of shame, isolation, and of being unworthy of care and respect.

Stigma can be structural. Sometimes, health care, government services, and policing inherently embed stigma and its outcome — discrimination — into their operations. Structural stigma and discrimination include ignoring people who use substances, not taking their requests seriously, or not connecting them to needed services. It means a system that embodies unfairness as experienced by people who use drugs. By designing and advocating for health and social services that are inclusive and non-judgmental, we can help reduce structural stigma and discrimination.

We can all work towards eliminating stigma and discrimination by discussing substance use more openly and from a place of evidence rather than moral belief. We can be more inclusive to people who use substances, genuinely learning from them and empathizing as we try to understand more about their specific circumstances and lives. And by designing and advocating for health and social services that are inclusive, non-judgmental, and fair, we can help reduce structural stigma and discrimination.

The first step in reducing stigma is talking about those who use substances with compassion and respect by

- **Avoiding slang and derogatory terms such as *addict*, *junkie*, and/or *crackhead***
- **Using language that expresses care and concern, rather than judgement**
- **Speaking up if you hear or see someone being treated or spoken to in a disrespectful way**
- **Using person-first language — say *people who use drugs* rather than *drug users***
- **Avoiding negative terms such as *drug abuse* or *misuse*, and instead say, *substance use***

The Overdose Crisis — Then and Now

Since the early 1900s, when drug prohibition came into effect, the illegal market remains unregulated and is a major cause of Canada's overdose crisis.

The current overdose crisis is the second of the past 30 years. The first took place between 1992 and 2000 and was due to a major increase in the purity of heroin in the illegal drug market, which heightened the risk of overdose deaths across British Columbia. During that time, people who used drugs suddenly experienced unusually high doses and many died as a result. The crisis sparked considerable concern, compelling BC's chief coroner to strike a task force that led to far-reaching recommendations — recommendations that were not implemented at that time.

The latest overdose crisis began around 2013–14, when an increase in a powerful opioid, fentanyl, was found in the illegal drug supply. As in the 1990s, the unregulated illegal drug market suddenly became a much more unpredictable and dangerous place to acquire substances. In fact, provincial chief coroners have stopped using the term overdose and now refer to *accidental illicit drug toxicity deaths*, which is more accurate as individuals are not aware of the composition of a substance that they have purchased on the unregulated market. In reality, the vast majority of people are being poisoned by the toxic drug supply.

And the crisis is complex. Not all drugs are equal in terms of benefits and risk, but the harms to people who use them — and others around them — are all too real. The web of interactions between supply, demand, source, availability, laws, and enforcement is in constant flux and varies among communities and regions. The introduction of health, social, and criminal justice services does not always lead to increased benefits, and as we discuss later in this document, these services can both mitigate and aggravate harms. In addition, Canada's drug policy frameworks that guide government responses to illegal drugs were created in the early 1900s; they are outdated and clearly constraining government and community responses to this national crisis.

Compared to legal substances, the use of drugs we commonly hear about in the media, such as heroin, fentanyl, MDMA, methamphetamine, and cocaine is relatively low, and substance choice varies considerably across Canada.

Nevertheless, since 2017, there are 11 Canadians dying every day, the majority of them killed by the toxic drug supply. [4]

SECTION THREE

CANADA'S APPROACH TO SUBSTANCE USE

Canada's Approach — Then and Now

Canadian drug policy is a multi-jurisdictional phenomenon that crosses boundaries between social, criminal, economic, and other policy domains. As a result, drug policy can affect policies in areas such as housing, immigration, social assistance, citizenship, and education.

Canada's current drug policies can affect

Decisions about who is allowed to live in social housing

Rules about expelling youth from school for substance use

Decisions about health services offered in a community

Decisions about the subjects of the enforcement of drug laws

Early Policy — Criminalization versus Remediation and Support

Historically, Canada's early drug policies were largely driven by moral beliefs that stigmatized people who used drugs. These policies relied heavily on criminal law to curb illegal substance use. In the 1900s, Canadian drug laws were implemented as tools for social control, often targeted against certain groups of people, including Asian immigrants, people of colour, and Indigenous people.[5]

During the 20th century, Canadian drug laws became more comprehensive, and reliance on law enforcement increased. Concerns about the number of young people consuming substances in the 1960s led to a dramatic increase in the number of people charged for drug-related activities.

In the 21st century, between 2006 and 2015, **criminal penalties increased** and included the first mandatory minimum sentences for drug-related activities. During this concerted movement towards criminal justice-focused policies, there was direct opposition to harm reduction interventions.

Today's Policy — Moving Towards Minimizing Harms

Today, drug policies are informed by the federal Canadian Drugs and Substances Strategy (CDSS), with the goal **to protect the health and safety of all Canadians by minimizing harms from substance use for individuals, families and communities.**[6] Introduced in December 2016, the federal government notes that "[t]here is a growing agreement in Canada that problematic substance use is a health issue that can be prevented, managed, and treated, and that requires a health-focused response."[7]

Canadian Drugs and Substance Strategy

A comprehensive, collaborative, compassionate and evidence-based approach to drug policy

Prevention

Preventing problematic drug and substance use

Treatment

Supporting innovative approaches to treatment and rehabilitation

Harm Reduction

Supporting measures that reduce the negative consequences of drug and substance use

Enforcement

Addressing illicit drug production, supply, and distribution

Supported by a Strong Evidence Base

To better identify trends, target interventions, monitor impacts and support evidence-based decisions

The federal government strategy works across four pillars of action

Prevention: evidence-based prevention initiatives with the goals of

- increasing awareness and knowledge about the risks of problematic substance use
- reducing the desire and willingness to obtain and use drugs

Treatment: ensures compassionate, comprehensive, and collaborative care for people who are ready to enter treatment for substance use disorder through

- evidence-based treatment options
- improvements to treatment systems, programs, and services
- working with others and sharing knowledge about new approaches to treatment and recovery

Harm Reduction: supports measures that reduce the harmful health, social, and economic effects of substance use on individuals, their families, and communities

Enforcement: the enforcement pillar under the federal drugs and substances strategy aims to

- increase law enforcement's capacity to target the involvement of organized crime in making and distributing illegal drugs
- enhance the capacity of the criminal justice system to investigate and prosecute offenders
- identify and control new and dangerous psychoactive substances
- reduce the possibility for controlled substances to be diverted from otherwise legal activities, such as from pharmacies

There are many examples of this kind of drug strategy at the municipal level across Canada. Four-pillars strategies — including prevention, treatment, harm reduction, and enforcement — aim to coordinate activities across sectors with the goal of reducing the negative impact that substances and drug markets have on communities.[8]

Substance Control and Criminalization

Control of psychoactive substances largely falls under federal law and is governed by the Controlled Drugs and Substances Act (CDSA) and the Cannabis Act. The CDSA primarily governs the production, distribution (trafficking), and possession of controlled substances and is based on three international drug control treaties signed by nearly every nation worldwide. Importantly, the CDSA creates criminal penalties for activities that run counter to the law, including possession and distribution of a scheduled substance without authorization. (Authorization may be granted for medical or scientific use, or if it is in the public interest.)

Importantly, most substance use is not problematic; it ranges on a spectrum from beneficial use to chronic dependence (see figure below). The United Nations Office on Drugs and Crime (UNODC) estimates that about ten percent falls into the category of problematic use.[9] That means 90 percent of all drug use does not result in dependency, although criminal sanctions against many drugs is a risk for people who use them.

Spectrum of Psychoactive Substance Use

Beneficial

Use that has positive health or social impact

E.g: *Medical psychopharmaceuticals; coffee to increase alertness; moderate consumption of red wine; sacramental use of ayahuasca or peyote; medical cannabis; maintenance doses*

Casual/ Non-problematic

Recreational or other use that has negligible health or social impact

Problematic

Use that begins to have negative consequences for individual, friends/ family, or society

E.g: *Impaired driving; binge consumption; harmful routes of administration*

Chronic Dependence

Use that becomes habitual and compulsive despite negative health and social impacts

Many illegal substances are recognized as being far less harmful than alcohol and tobacco — both widely available legal drugs. Despite the large amount of money spent on enforcement to control the possession, distribution, and production of substances — estimated at $2 billion per year — many scheduled drugs remain widely available and the illegal drug market continues to flourish.

Outcomes of Current Policies

For the first time in four decades, life expectancy in Canada has stopped rising, largely due to the overdose crisis.[10]

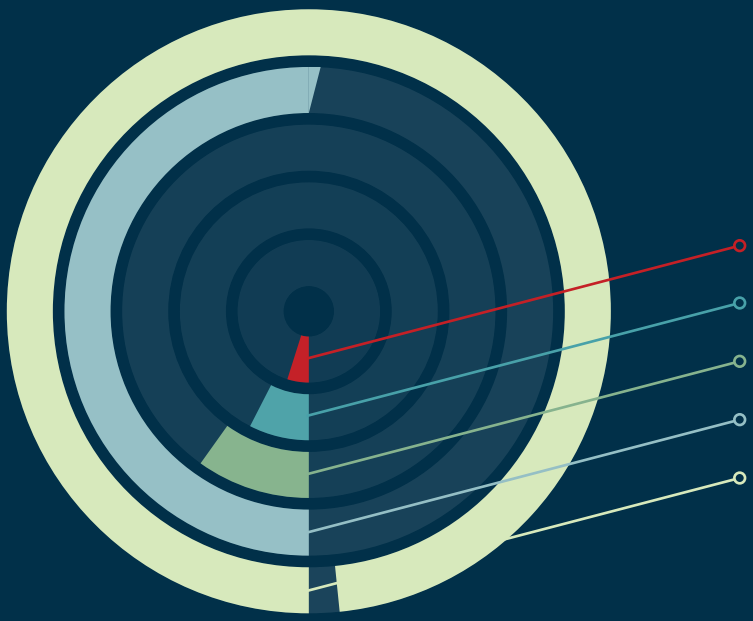
Data released by the Public Health Agency of Canada show at least 15,393 people in Canada died of opioid related overdose over the past four years, 2016–2019. While the rate of deaths began to decrease in early 2020, the onset of the global pandemic COVID-19 has coincided with a steep increase in overdose deaths in some regions of the country. Of those who died in 2019, 74 percent were males and 26 percent were females. Eighty-nine percent were between the ages of 20 and 59. Fentanyl or fentanyl analogues were involved in 77 percent of the deaths and 72 percent involved one or more types of non-opioid substances.[11]

Canada's drug policies aren't working. We need to understand why.

Iron Law of Prohibition — A Deadly Paradox

It may seem illogical, but current laws prohibiting illegal substances can exacerbate harms. The reason is simple: **greater enforcement leads to stronger, more deadly drugs.** The Iron Law of Prohibition[12] states that as drug traffickers face arrest and criminal penalties, they have greater incentive to deal in stronger, smaller quantities of drugs that are more easily hidden and imported.

This is an age-old problem. Due to prohibition, smokable opium was replaced by heroin — a much stronger substance. Today, heroin is being replaced by a mix of chemicals, including potent and dangerous fentanyl and carfentanil. Imported from clandestine labs around the world, these deadly substances now flood the unregulated drug market.



Relative strength for equal volume compared to morphine[13]

1	Morphine
3x	Methadone
2-5x	Diacetylmorphine (heroin)
50 –100x	Fentanyl
10,000x	Carfentanil

Photo credit: Rafal Gerszak

Crime Rates, Drug Crime, and Organized Crime

Everyone wants to live in a safe and healthy society. Since the 1990s, concerns about public safety related to substance use and distribution led governments to increase the scope and scale of laws and policing, as well as the severity of punishment. However, statistics show that young, poor, and marginalized users are most vulnerable to arrest — not high-level traffickers.[14] In 2016, 73 percent of drug arrests in Canada were for possession, underscoring that considerable police and court resources are targeted at low-level offences.[15]

Criminal organizations play a large role in the production, importation, and distribution of drugs in Canada, forming the most lucrative activity of these groups. The laundering of money obtained through supplying drugs remains a large problem within Canada and contributes to escalating real estate prices.[16]

Burgeoning Prisons and Prejudiced Incarceration

In Canada, prison populations are disproportionately made up of people of colour, including African, Caribbean, Black, Indigenous people, and women. In 2017, the Office of the Correctional Investigator (OCI) reported that Indigenous people accounted for 26.4 percent of the federal prison population, though represented only 4.3 percent of the Canadian population.[17] The OCI also noted that Indigenous overrepresentation in prisons is "systemic and race related" and exacerbated by the Canadian criminal justice system and colonial history.[18]

More alarming stats

- The federal incarceration rate for Indigenous people has increased every year for the last 30 years
- Between 2002 and 2013, the number of Black prisoners increased by almost 90 percent. In BC, 47 percent of women in prisons in 2013 were Indigenous or women of colour, and half were serving time for drug-related offences
- Women are incarcerated for drug offences following arrest at a higher rate than men, even though their rate of use and involvement in the illegal drug trade is much lower

Increased Violence

In the illegal drug market, violence often becomes the default means for resolving disputes, enforcing debt payments, and expanding market share. Conventional wisdom suggests that increasing drug-related law enforcement helps to reduce violence. Yet evidence indicates the opposite — that prohibiting drugs contributes to violence in the drug market and higher homicide rates.[20]

Stifling Medical Research

One argument against complete prohibition of substances is that it has curtailed potential medical use or benefit, as well as related research.

Beginning in the 1940s, the discovery of the powerful psychological effects of some psychedelics (including psilocybin and LSD) led to significant, government-funded research into potential medical uses. This research showed great promise. In the 1960s, concerns over growing non-medical use of these substances led to access restrictions, effectively curtailing research funding and ending this important work.

In the last decade, private funding has expanded research into the use of specific substances to treat various medical and psychosocial issues, including psilocybin for end-of-life anxiety; MDMA for post-traumatic stress disorder (PTSD); and ayahuasca and ibogaine for addictions. That this research is now taking place is encouraging, but there is much ground to make up following the decades-long moratorium.[21] In 2019, clinical trials of LSD for the treatment of depression and anxiety showed promising results.[22] Despite centuries of anecdotal evidence, research into the medical benefits of cannabis is only now beginning.

Compounding the Harms of Drug Use

Instead of improving the health and lives of Canadians, current policies have greatly exacerbated the negative effects of substance use by

Accelerating the spread of infectious diseases such as HIV and hepatitis C by limiting the provision of sterile needles, opioid agonist treatment (e.g. methadone and heroin maintenance), and clean inhalation equipment, including within prison populations

Creating stigma and fear among those using illegal drugs, thereby driving them away from prevention and care services

Diverting more tax dollars into enforcement and away from education, housing, and public health

Driving marginalized substance users into illegal activities such as theft and survival sex work in order to obtain drugs

Increasing discrimination against and marginalization of people who use drugs, many who already have health, psychological, and social problems

Forcing marginalized users to expend personal resources to purchase substances at the expense of housing, food, and transportation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SECTION FOUR

A PUBLIC HEALTH AND HUMAN RIGHTS APPROACH

COVID-19 and Substance Use

COVID-19 swept upon us suddenly in Canada. Thankfully, the public health response to the pandemic was swift and comprehensive, undoubtedly saving many lives across the nation. However, for those individuals who are underhoused, or those with substance use disorders and already struggling through the existing overdose public health crisis, COVID-19 has made a terrible situation worse.

First, as explained above, before COVID-19, the illegal drug supply was a toxic mix of chemicals of unknown potency and quality, putting those who consume these substances at great risk. With the closure of international borders, curtailing of travel, and general disruption in the economy and flow of goods, COVID-19 led to a massive disruption in the supply of illegal drugs. Known and trusted sources evaporated and were replaced by an increasingly contaminated and unpredictable supply, putting people at even greater risk. As of July 2020, several provinces have reported increased rates of fatal and non-fatal overdoses due to this increased toxicity in the illegal drug market.

Second, public health COVID-19 management strategies, such as physical distancing and stay-at-home directives are meaningless for people without homes and for those who need to find substances once or more per day to stave off painful withdrawal symptoms. While many of us shifted our lives to spending time within our homes, those who are living unhoused and forced to live on the streets in Canada had nowhere to go. Additionally, to encourage physical distancing, life-saving services such as overdose prevention sites experienced greatly reduced hours or even closure. There are real fears that the increase in overdose deaths during the COVID-19 pandemic has been, in part, because more people are using drugs alone, increasing the risk of overdose death.

Finally, all levels of governments instituted directives and rules intended to minimize the spread of COVID-19 and its impact on our health care system. Accompanying these orders, however, were tools for enforcing them. As with most policing efforts, the burden of enforcement did not fall equally on everyone, and marginalized populations — including people who use substances — have borne the brunt of police contact and arrest for violating orders.[23]

Some Positive Developments – Moving Towards a Safe Supply

In response to COVID-19 and the increased risk to people who are dependent on substances, Health Canada temporarily loosened the prescribing and dispensing rules for many of the substances that people had previously obtained from illegal, unregulated sources. The new rules allow for prescribers to give a person who is at risk of COVID-19, and who would suffer withdrawal systems, a prescription for up to a 23-day supply of pharmaceutical opioids, stimulants, and benzodiazepines. This allows for people to eliminate or reduce their reliance on risky illegal drugs and — if they have a home — to stay isolated. Additionally, several provinces have taken efforts to find temporary housing for underhoused individuals in vacant hotels and other places to support them physically distancing.

COVID-19 has also created some innovative solutions to keep people who use drugs safer while they are using substances. Overdose Prevention Hotlines and Smart Phone Apps that facilitate virtual supervision of consumption have been implemented and now need to be scaled to increase safety, regardless of where people are using substances. These approaches provide a unique opportunity for rural areas or other jurisdictions where supervised consumption services do not exist or are not well developed.

Putting Public Health First

Clearly, Canada's current prohibition-based approach to the overdose crisis is doing more harm than good. But there is conclusive evidence that strategies that **make the health and well-being of every citizen a priority work far better**.

In July 2020, the Canadian Association of Chiefs of Police (CACP) released a report calling for the decriminalization of drugs for personal use. In it, they stated the CACP "agree that evidence suggests, and numerous Canadian health leaders support, decriminalization for simple possession as an effective way to reduce the public health and public safety harms associated with substance use."[24]

A public health approach respects human rights and identifies and acts upon all factors that determine whether a person is healthy or not throughout their lives, and whether those individuals are treated fairly and equally.

This includes

- Traditional physical, biological, and psychological factors that contribute to or impede wellness
- Social determinants of health, including wealth distribution, education, housing, and social inclusion
- Determinants of social and health inequity, such as power imbalance, racism, classism, ageism, and sexism

A public health and human rights approach supports **evidence-based primary prevention** and education, especially for children and youth; high-quality mental health services; treatment options that are accessible to everyone who needs them; recovery, social support, and rehabilitation; harm reduction; and reduction of stigma and discrimination. And it calls for equitable access to all of these services.

Treatment

Traditionally, the term treatment has referred to any program aimed at getting a person who is addicted to drugs to stop using them. Many treatment programs have been around for decades, and the vast majority have focused on a participant developing the capacity to completely abstain from drugs. Programs can take many different forms and last for different lengths of time. Often, as substance use disorder is a medically diagnosed condition that is characterized by a person relapsing, such treatment can be a long-term process, with multiple interventions, and can leave people with substance use disorder feeling defeated and on an endless and chaotic roller coaster of abstention and use. Further, as one's tolerance to drugs is reduced during a period of abstinence, relapse creates a very dangerous situation for people, particularly in the context of an unpredictable illegal drug market.

In recent years, the concept of treatment has enlarged to include not only programs focused on abstinence, but on interventions that aim to reduce the harms of drug use, with the goal of stabilizing the lives of people who take drugs and not requiring abstinence from drug use.

The term treatment now includes harm reduction-based interventions such as injectable Opioid Agonist Therapy (iOAT, e.g. prescription heroin), methadone, Suboxone, buprenorphine treatment, and Slow Release Oral Morphine (SROM). In the context of the opioid overdose crisis, medication-assisted treatment is often the preferred first-line treatment to reduce the risk of overdose related to relapse when one's tolerance is reduced.[25]

For many people with a medically diagnosed substance use disorder, life is often unstable. Stigma and the stress and fear of being criminalized drives many to take risks, such as hurried injections or taking drugs when alone. Inadequate housing, health care, nutrition, and safety are all contribute to this instability. Providing people with a legal and safer source of drugs removes many of the factors that lead to stigma, stress and risk. Treatment programs that work together with harm reduction efforts such as safe supply initiatives can also work in tandem with other social supports, such as access to housing and health care. In this way, harm reduction and treatment work together and are not mutually exclusive approaches.

Harm Reduction

The overdose crisis has raised the profile of harm reduction strategies in Canada and it continues to play a significant role within the broader public health response to this crisis. Harm reduction is a thoughtful, just, and science-based approach to substance use. It represents policies, strategies, and services that aim to assist people who use legal and illegal psychoactive drugs to live safer and healthier lives. Reduction of drug use is a personal choice, and is supported, but not expected or required, in a harm reduction approach. Most people who use substances do not experience problems. But in some circumstances, people can become dependent and their lives can become unstable. Harm reduction enhances the ability of people who use substances to have increased control over their lives and their health and allows them to take protective and proactive measures for themselves, their families, and their communities.[26]

The aim of harm reduction is to keep people who use substances safe and healthy by

Preventing transmission of communicable diseases commonly contracted through needle-sharing, such as HIV and hepatitis C

Reducing overdose deaths by supervising those consuming drugs, administering naloxone, developing naloxone training programs, and giving out naloxone kits

Ensuring "Good Samaritan" laws are in place to protect people who report overdoses from criminal sanction

Alerting people to what substances are in the drugs purchased on the illegal market using drug-checking

Providing access to health and social services and a safe supply of substances

Harm reduction includes advice about safer injecting; counselling to avoid and manage overdoses; referrals to treatment services (including opioid substitution therapy); and connection with peers.

Examples of Harm Reduction Interventions

Harm reduction supply distribution programs

These programs provide sterile equipment as well as educational and health promotion information to people who use drugs. Some communities distribute supplies through pharmacies or automated dispensing machines. Harm reduction supply programs are found across Canada. A pilot program testing needle-syringe distribution in prison settings is underway.

Supervised consumption services (SCSs)

SCSs are federally sanctioned, fixed, or mobile sites where people can use substances in a monitored, hygienic environment. Supervision is typically by a trained staff member who intervenes if a person experiences a complication such as an overdose. Despite millions of injections and/or inhalations in these facilities, at the time of writing, no person has ever died from an overdose at an SCS. Importantly, SCSs provide other services such as sterile equipment, advice, and access to services, treatment referrals, and drug-checking (see below for additional information). There are 40 operating sites in Canada — in Alberta, British Columbia, Ontario, and Quebec.[27]

Overdose prevention sites (OPSs)

Similar to SCSs, these are temporary, neighbourhood-based sites that offer rapid responses to an urgent need. OPSs operate under different authority from government (sometimes without government sanction) and generally have simplified application processes. They are often started by volunteers and launched through crowdfunding, with the overarching goal of preventing overdose in the communities they serve.

Drug-checking

This service enables people to test what is in the drugs they have purchased. Drug-checking can vary widely in cost and accuracy, depending on the technology used. Fourier Transform Infrared (FTIR) spectrometry can rapidly and accurately identify many compounds in a sample, but costs thousands of dollars. Fentanyl immunoassay testing strips, much more economical than FTIR, only detect whether fentanyl (and sometimes analogues) are present in a sample. Increasingly, drug-checking is available alongside harm reduction services (such as SCSs or OPSs) and at music and other festivals where substances may be widely consumed. Additionally, drug-checking is available in some communities through a sample mail-in option.

Safe Supply

The term safe supply refers to provision of controlled psychoactive substances through a legal and regulated system to consumers who previously had to rely on illegal sources to obtain these substances. In contrast to the illegal market, a safe supply of drugs is one in which the production, distribution, and consumption of substances is controlled through regulation in order to ensure that potential individual and societal risks of procuring and consuming drugs is minimized. To date, safe supply has been administered medically, such as through a physician and pharmacist, but non-medicalized models, such as that of a compassion club, are being discussed.

Harm reduction services have been well-studied in Canada and globally. Evidence is clear that harm reduction

- **Helps save lives,** helps people avoid arrest, prevents disease transmission, improves access to treatment, and improves public safety by reducing needles in the community
- **Is cost-effective,** as savings from prevented disease and death, coupled with the increased productivity of those using harm reduction services far outweighs any program costs
- **Does not encourage increased drug use** and has been shown to have no negative impact on public safety around harm reduction services

Involving People with Lived and Living Expertise

People with lived and living expertise of using drugs historically have been absent from decisions related to the development of Canada's approach to drugs. They have, however, borne the brunt of the negative consequences of an outdated and punitive approach that criminalized and stigmatized substance use. A public health approach acknowledges an ethical imperative for people with lived and living experience to be involved in the development of policy decisions and actions that directly impact their lives.[28] It also considers the participation of people with lived and living expertise as integral to developing the most comprehensive responses to the overdose crisis. The Canadian Association of People who Use Drugs (https://capud.ca/) is a national organization that supports people with lived and living expertise to be involved in their communities and to engage governments at all levels.

Considering Alternative Drug Policies

Canada's drug policies were developed in the early 1900s and were not based on scientific evidence. Since the 1950s, there have been numerous calls for Canada to modernize our drug laws and the services available to people with addictions. As early as 1954, the Community Chest of Greater Vancouver initiated the *Ranta Commission,*[29] which released a report that made two recommendations regarding Vancouver's drug problem. Both ran counter to Canada's policy on illegal drugs at the time. The first recommendation called for a pilot medical and treatment centre for users of illegal substances, and the second advocated for provincial narcotic clinics that would allow registered narcotics users to receive maintenance doses of illegal drugs.

Other commissions and bodies have also called for considering alternative approaches in Canada, including the Royal Commission of Inquiry into the Non-Medical Use of Drugs (the LeDain Commission, 1972); the Report of the Task Force Into Illicit Narcotic Deaths by BC Chief Coroner Vince Cain (1994); the Report of the House of Commons Special Committee on the Non-Medical Use of Drugs (2002); the Canadian Public Health Association (2015); and more recently, the health authorities in Toronto and Vancouver on the front lines of the overdose, and the Canadian Association of Chiefs of Police (2020).
Laws and policies have changed over time as society evolves. Now, with the opioid crisis and COVID-19 pandemic occurring in tandem, the need for new substance use policies is more urgent.

Policy options for controlling substances range from prohibition to free-market legalization. Each involves decisions and restrictions that shape not only the market, but the resulting health and social problems related to substance use. While Canada can look to other jurisdictions for lessons in drug policy reforms, Canadian policy must meet our own values and objectives. Overwhelmingly, as a member of the United Nations, the Canadian view supports public health and human rights.

Decriminalization

Decriminalization is a policy approach that removes criminal offences for certain activities involving controlled substances. As Canada is amidst its worst overdose crisis ever, there are increasing calls for decriminalization from politicians, health professionals, advocates, and the media.

Decriminalization is not a new idea: some countries have had decriminalization policies in place since the 1970s, while others have never criminalized drug use or possession.[30] Currently, there are about 30 countries with formal decriminalization policies in place — from the Czech Republic, to Mexico, and some US jurisdictions. In 2001, Portugal decriminalized drug possession with very successful outcomes, including consistently low drug use rates, an increase in drug treatment enrollment numbers, reduced HIV diagnoses, reduced overdose fatalities, and reduced arrests and incarceration for drug offences.[31] Decriminalization of possession and use has been recently supported by 31 United Nations agencies.[32]

Documented benefits of decriminalization include

- **Reducing** court and prison costs and freeing up law enforcement resources
- **Prioritizing** health and safety over punishment for people who use drugs
- **Reducing** the stigma associated with drug use while encouraging people to seek treatment and other support
- **Removing** barriers to harm reduction programs

Legal Regulation

Legal regulation, or legalization, uses laws and regulations to put most facets of the supply-consumption chain under government control and oversight. While decriminalization has important public health and human rights benefits, a major shortcoming is that it leaves substance production and distribution to an illegal, unregulated market. Legalization creates a safer, organized market by controlling all steps of the supply chain, supporting government, commercial, cooperative or non-profit producers, suppliers, and distributors.

In October 2018, Canada became the second country in the world to legally regulate cannabis, after Uruguay. The federal government sets standards for production, packaging, types, and strength of products. It also licenses the producers of cannabis. Meanwhile, provinces and territories set rules for distribution and sale — with the power to make more stringent rules about age of access and purchase quantities, in addition to licensing distributors and retailers. Notably, Canada did not completely decriminalize cannabis use and possession but created new penalties for those acting outside the legal system.[33]

In enacting the new *Cannabis Act*, the federal government highlighted three main goals of legal regulation

Keep cannabis out of the hands of youth

Keep profits out of the pockets of criminals

Protect public health and safety by allowing adults access to legal cannabis[34]

Reducing the harms to people using substances involves ensuring the rules around **who** gets access to what substances; **how** they get access; **how much** they can access; **where** they can consume drugs; and the **kinds of health and safety information** provided.

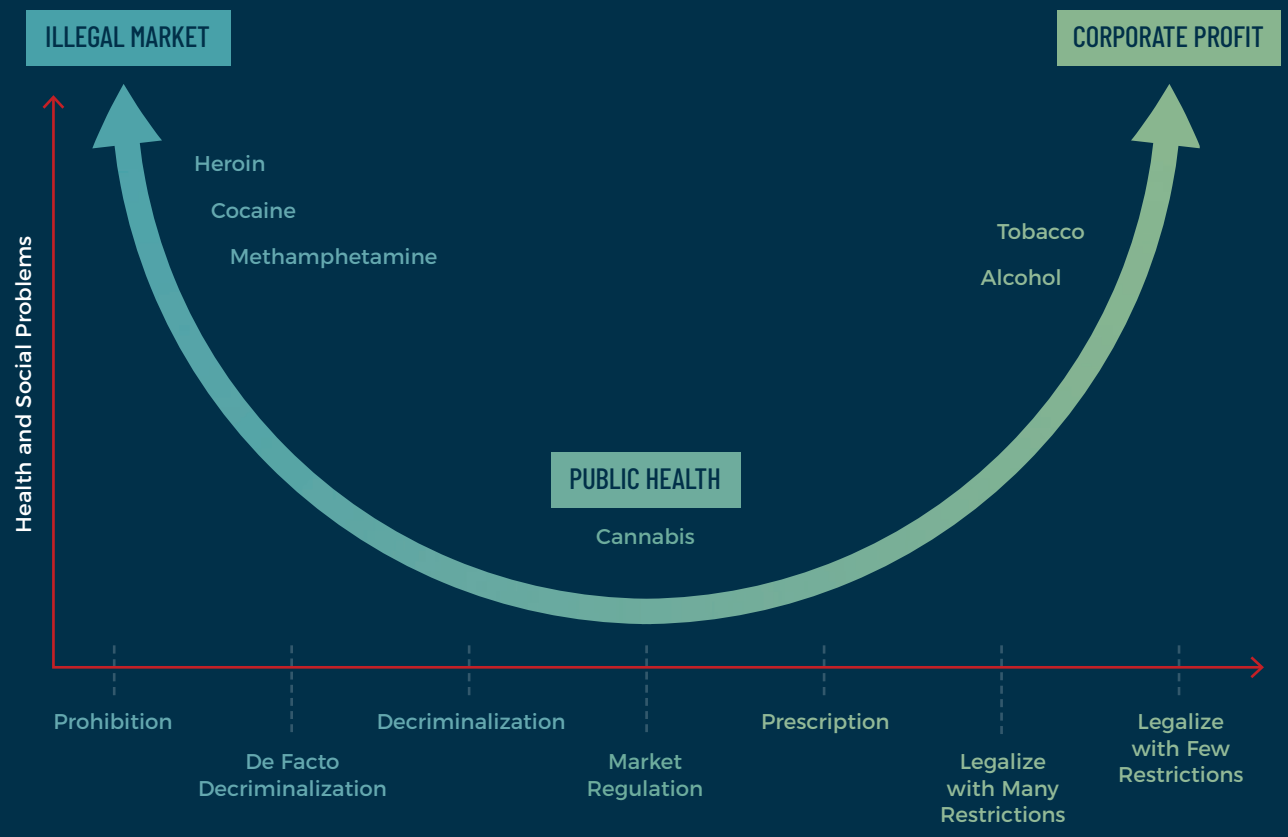
Is Legal Regulation of Other Drugs a Good Idea?

Many would answer that question with, "It depends." Opening up a commercially driven, for-profit market for drugs that carry substantial health and safety risks could swap one set of problems for another. Consider alcohol, where loose, profit-focused regulations have led to serious public health and public safety outcomes such as drunk driving, dependence, and violence.

On the other hand, we know the existing system of prohibition fuels organized crime and an illegal market increasingly contaminated with deadly adulterants, thereby increasing overdose deaths and other harms. Approaching regulation from a public health lens (which was not a consideration of either alcohol or prohibition policies) could allow us to create rules that minimize harms to individuals and society from substance use.

The figure below illustrates the conflicting dilemmas around enforcement and legalization.

The Paradox of Prohibition



Adapted from the original concept by Dr. John Marks[35]

Since October 2018, cannabis for non-medical use has moved down the curve from the left due to a major shift in federal policy that saw it legally regulated, where previously it had been part of the illegal market. Consequently, it is now situated closer to the curve's middle and bottom, where market regulation is informed by public health principles. While it is still too early to know the outcomes of legal regulation, and a large portion of the illegal market remains in place, we can expect reduction in harm from this federal policy change.

Change Takes Courage

During the last century, while prohibition policies were expanding, we (in Canada and beyond) were also developing more humane approaches to substance use, anchored in public health, human rights, and social justice.

Creating a new system based on these principles takes courage, but it could reduce prohibition's harms while also reducing substance use risks. The objectives include

Economic justice. A legally regulated market for drugs should support communities most affected by our current approach through jobs, opportunities, and living wages. Taxes on legally sold substances could be directed back into services for those communities

Public health. Substances should be treated as individual and public health matters, not criminal matters. A legal system should work proactively to end stigma while creating safe access. Evidence-based education, harm reduction, and treatment services should be widely available

Social justice. Legal regulation should help to undo the harms associated with criminalization, such as marginalization and discrimination. The system could assist in rebuilding relationships between the state and affected communities

Environmental justice. A legally regulated system should institute environmental safeguards for producing, packaging, and distributing substances and create a sustainable market

Trade justice. A legally regulated system should support a fair global market for products that preserves and protects traditional and cultural production and use of substances

Let's Talk — Questions for Discussion

Discussion I – Your Thoughts and Experience

- Has the overdose crisis affected you personally? Your community? How?
- In what ways are the crisis and current substance use policies harming you or others?
- What could have happened to prevent that harm from taking place?
- How has COVID-19 changed your experience of the overdose crisis in your community?
- What do you think of alternative policy approaches such as decriminalization or legalization?

Discussion II – Shared Experience and Values

- What common values do we hold as a community?
- How are these values exhibited (or not) in our approach to substance use?
- What solutions and actions are already working in our community?
- What might be some of the objections to harm reduction efforts in our community?
- What assets does our community have upon which we could build?

Discussion III – Moving Forward

- Entering today's conversation, what made you uneasy?
- What expectations did you hold and were they met?
- What has shifted for you today?
- What results or outcomes would you like to see from this process?
- What do you see as being the next steps?

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