



Outcomes of our Current Drug Policies

Since 2016, 16,364 people have died in Canada from opioid-related drug poisoning.¹ For the first time in over four decades, Canadian life expectancy at birth stopped rising (between 2016 and 2017) because of overdose.² Both of these outcomes speak to the resounding failures of our current drug policies, which have remained relatively unchanged since they were first envisioned in the early 1900s.

Furthermore, the onset of the COVID-19 pandemic has exposed how people engaged in substance use are in an especially vulnerable position as it has reduced the capacity of governments to provide life-saving support during times of global crisis. COVID-19 has disrupted illegal drug markets, making them more dangerous than ever. The requirement to physically distance to prevent transmission of the coronavirus has increased the risk of overdose for people who use drugs as more people are using alone. Consequently, overdose deaths have increased across Canada in Ontario,³ and in British Columbia, where more than 100 overdose deaths were reported in March alone.⁴

Organized Crime

Prohibiting access to drugs encourages the creation of lucrative, illegal, unregulated markets controlled by organized crime. These markets are incredibly profitable, providing an economic incentive for them to expand and diversify despite the risk of criminal penalties. The drive for profits is stronger than the deterrent effects of jail; therefore, criminal organizations have come to play a large role in the production, importation, and distribution of drugs in Canada.⁵ Laundering money obtained through the drug trade remains a large problem in Canada and contributes to rising real estate prices, housing instability, and social disorder.

Toxic Drugs

The unregulated market operates without formal rules governing production and distribution, meaning that there is no quality control to ensure that drugs available on the streets are what they are sold as; and they are mixed with potent substances like fentanyl and carfentanil, which have contributed to the deaths of more than 16,000 people in Canada since 2016.

One connection between our drug policies and the overdose crisis is related to a concept known as the “Iron Law of Prohibition,” a term describing how increased law enforcement results in more potent illegal drugs.⁶ Because drug traffickers are at risk of arrest and criminal penalties, they have a strong incentive to deal in stronger, smaller drugs that can be more easily hidden and imported.



Criminalization

Although police maintain that enforcement efforts are directed at stopping high-level production and selling of criminalized substances, statistics reveal that it is actually the youth, the poor, and marginalized people who are most vulnerable to arrest, not high-level traffickers.⁷ In 2016, for example, there were 95,417 drug arrests in Canada. Of those arrests, 73% were for drug possession, showing that a large portion of police and court resources are targeted at low-level offences.⁸ Furthermore, despite decreasing overall crime rates since 1990, police-reported drug offences have sharply increased, despite drug use patterns that are essentially unchanged.⁹

Prisons in Canada disproportionately house people of colour, Indigenous people, and women. Indigenous people account for 26.4% of the federal prison population, despite representing only 4.3% of all Canadians.¹⁰ The Office of the Correctional Investigator also noted that Indigenous over-representation in prisons is “systemic and race related” and exacerbated by the Canadian criminal justice system and colonial history.¹¹ The number of Black prisoners increased by almost 90% between 2002 and 2013.¹² In British Columbia, 47% of women in provincial prisons in 2013 were racialized women, and half of them were there for drug offences.

Inflated drug prices in this illegal market also compel people to engage in other high-risk behaviours, like sex work and property crime, increasing the likelihood of imprisonment. The destabilizing effects of spending time in jail puts these individuals at greater risk of homelessness, social isolation, and poverty.

Violence

Because there are no rules and regulations governing how the illegal market operates, violence can be the default method for resolving disputes, enforcing payment of debts, and expanding market share. Players in this unregulated economy cannot resolve disputes under normal dispute resolution mechanisms like the courts, because the activity they are engaging in is itself illegal. Contrary to the conventional wisdom that increasing drug law enforcement will reduce violence, evidence strongly suggests that drug prohibition contributes to drug market violence and higher homicide rates.¹³

Wasted Resources

Pouring millions of dollars in tax revenue into police enforcement of drug laws also diverts money that could be spent on more important areas such as housing and healthcare—services we all use and benefit from—or more effective programs addressing the social factors driving substance use. Instead, money continues to funnel to criminal justice measures that have proven ineffective at ending substance use and preventing the catastrophic loss of life currently witnessed in North America.



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Stifling Medical Research

Making drugs illegal limits their potential medical uses and benefits, also limiting research into potentially beneficial, lifesaving, and life-enhancing applications. It is much harder for scientists and researchers to obtain funding to study the potential health benefits of a substance when they are classified as “prohibited.” This roadblock also discourages researchers from exploring this area of research in the first place, which represents a huge opportunity lost in the advancement of science and medicine.

We are now in what has been described as a “renaissance” of research into psychedelic substances as medicine. Beginning around the 1940s, the discovery of the powerful psychological effects of some psychedelics such as psilocybin and LSD led to a large program of government-funded research into potential medical uses of these drugs that was showing great promise. However, concern with growing non-medical use of these substances in the 1960s led to restrictions on access and curtailing of research funding, effectively ending this promising research.

In recent years, private funding has led to a rapid growth in research into psilocybin for the treatment of end-of-life anxiety, MDMA therapy to treat Post Traumatic Stress Disorder (PTSD), and other promising uses, such as ayahuasca and ibogaine for treating addictions. While it is good that this research is now taking place, the moratorium on such research¹⁴ set back beneficial uses of these and other drugs by decades. Similarly, research into the medical benefits of cannabis is now only beginning, despite hundreds of years of anecdotal experience suggesting benefits.

The Paradox of Prohibition

Perhaps the most paradoxical outcomes of our current policies—intended to improve the human condition by controlling substances—is the fact that these policies have done the exact opposite: they have greatly exacerbated the negative effects of substance use. These negative effects include

- Increasing the spread of infectious diseases such as HIV and hepatitis C by limiting the provision of sterile needles, opioid agonist treatment, and clean inhalation equipment, including within prison populations
- Creating stigma and fear among people who use illegal drugs, discouraging them from accessing prevention and care services
- Driving marginalized substance users to spend money meant for housing, food, and transportation on drugs, leading to poorer health outcomes





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- Further marginalizing people who use drugs with difficult health, psychological, and social problems
- Providing ineffective school-based education about substances for young people
- Increasing the ecological harms of herbicides, unregulated laboratory chemical waste, and energy consumption to supply an illegal market
- Spending large sums of money on law enforcement and criminal justice approaches (which have proven ineffective), while there is a scarcity of resources for education, public health, and social development

[1] <https://health-infobase.canada.ca/substance-related-harms/opioids/>

[2] <https://www150.statcan.gc.ca/n1/daily-quotidien/190530/dq190530d-eng.htm>

[3] <https://www.cbc.ca/news/canada/toronto/ontario-opioid-covid19-1.5551368>

[4] <https://bc.ctvnews.ca/113-people-died-of-illicit-drug-overdoses-in-march-in-b-c-the-highest-death-toll-in-a-year-1.4929402>

[5] <http://www.rcmp-grc.gc.ca/en/qc/drug-awareness-organized-crime>

[6] Alchian, Armen Albert (1983). Exchange & Production: Competition, Coordination & Control. Belmont, CA: Wadsworth Pub. Co. ISBN 0-534-01320-1.

[7] More Harm Than Good., p.47

[8] Boyd, Susan. Drug Use, Arrests, Policing, and Imprisonment in Canada and BC, 2015-2016.

[9] Ibid. Note that cannabis use rates have been increasing since 1990, but still remain significantly lower than the early 1980s.

[10] <https://www.oci-bec.gc.ca/cnt/rpt/pdf/annrpt/annrpt20162017-eng.pdf>

[11] [12] More Harm Than Good.

[13] Werb et al. 2010 (in MHTG, p.60).

[14] <https://maps.org/research>



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