COMMENTARY

Canada Moving Backwards on Illegal Drugs

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ABSTRACT

Internationally, illegal drug use remains a major public health problem. In response, many countries have begun to shift their illegal drug policies away from enforcement and towards public health objectives. Recently, both the Global Commission on Drug Policy and the Supreme Court of Canada have endorsed this change in direction, supporting empirically sound illegal drug policies that reduce criminalization and stigmatization of drug users and bolster treatment and harm reduction efforts. Until recently, Canada was a participant in this growing movement towards rational drug policy. Unfortunately, in recent years, policy changes have made Canada one of the few remaining advocates of a "war-on-drugs" approach. Indeed, the current government has implemented a number of new illegal drug policies that contradict well-established scientific evidence from public health, criminology and other fields. As such, their approach is expected to do little to reduce the harms associated with substance use in Canada. The authors call on the current government to heed the recommendations of the Global Commission's report and learn from the many countries that are innovating in illegal drug policy by prioritizing evidence, human rights and public health.

Key words: Illegal drug policy; harm reduction; human rights; substance use

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In Canada and internationally, illegal drug use remains a major public health challenge resulting in significant levels of morbidity and costs comparable to those of other chronic diseases.[1] Historically, the principal response to illegal drug use has been enforcement and incarceration. Yet data from Canada and elsewhere show that this approach fails to meaningfully reduce supply of – or demand for – drugs and results in many unintended negative consequences.[2] Chief among these have been human rights abuses (such as harassment, coercion, compulsory screening, and denial of life-preserving care) often committed in the course of enforcing the 'war on drugs' and even in the name of drug 'treatment.'[3] As a result, calls for evidence-based approaches have grown louder over the past decade, and countries have begun to shift their illegal drug policies away from enforcement and towards public health objectives. For example, harm reduction initiatives can now be found in 93 countries worldwide, and jurisdictions across Australia, Europe, and the Americas have decriminalized the possession of some or all illegal drugs.[2]

This shift towards rational illegal drug policy has been bolstered by two recent events. On June 2, 2011, the Global Commission on Drug Policy released a high-profile report denouncing the war on drugs and recommending that political leaders worldwide adopt drug policies based on "solid empirical and scientific evidence." The 19-member panel, including current and former heads of state and former United Nations Secretary General Kofi Annan among others, called for countries to 1) end the criminalization and stigmatization of people who use drugs but do not harm others, 2) promote alternative sanctions for small-scale and first-time drug traffickers, 3) experiment with models of legal regulation for currently prohibited drugs, and 4) ensure the availability of a variety of harm reduction measures and treatment options.[4] Domestically, on September 30, 2011, the Supreme Court of Canada ruled 9-0 in favour of maintaining legal exemption for Vancouver's Insite, the country's only supervised injection facility. The ruling declared the facility an important health service.[5]

Despite these promising developments, Canada is moving backwards on illegal drugs. Before 2006, the Canadian government participated in the growing movement towards rational illegal drug policy. In the past, Canada explored decriminalizing minor cannabis possession and enabled the establishment and evaluation of a number of innovative harm reduction programs for injection drug users, including Insite.[6] Unfortunately, in recent years, Canada has become one of the last remaining advocates of the failed 'war-on-drugs' approach.

Since first being elected in 2006, the current government has manifested a disregard for the role of evidence in shaping public policy,[7,8] including several attempts to reorient Canadian drug policy away from public health objectives and towards staunch prohibition.

In October 2007, the government excised harm reduction from Canada's four-pillar drug strategy, despite the success of this approach in countries such as Switzerland, Germany, and Australia and its endorsement by the World Health Organization technical guidelines for preventing HIV/AIDS incidence among injection drug users.[9,10]

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The Prime Minister and his cabinet also vociferously opposed Insite, despite dozens of peer-reviewed studies demonstrating that Insite prevents overdose deaths, reduces the HIV/AIDs risk, and connects people who inject drugs to detox in the absence of any adverse public safety or health outcomes.[6,8] Canada's federal police force even took the extraordinary measure of commissioning a known anti-harm-reduction advocate to produce a quasi-scientific critique containing unfounded allegations of bias. The critique was subsequently published in a fake academic 'journal' funded by the Drug Free America Foundation. The government cited this analysis as sufficient rationale for appealing provincial court rulings supporting Insite's legal exemption under the *Controlled Drugs and Substances Act* all the way up to the Supreme Court[8] (although the government has since indicated it will abide by the court's ruling).

In addition to challenging harm reduction efforts, the current government has made several attempts to pass contentious legislation to intensify the 'war on drugs' in Canada. Their proposed mandatory minimums legislation, part of Bill C-10 and currently before the Senate, would see individuals convicted of cultivating six or more cannabis plants, or those selling drugs near a school or other place frequented by minors, receive a minimum of six months' imprisonment.[11] Mandatory minimum sentences for drug offences fulfils one goal, that of punishment and retribution, but fails to meet broader objectives of deterrence of drug use and rehabilitation of offenders. For example, the proposed legislation ignores strong evidence from the United States indicating that mandatory minimum sentences are ineffective and costly, as well as the Canadian Department of Justice's own conclusion that "drug consumption and drug-related crime seem to be unaffected, in any measurable way, by severe [mandatory minimum sentences]."[12] Over 500 Canadian scientists and clinicians have publicly opposed the proposal for mandatory minimum sentences.[13] Past iterations of the proposed legislation failed to achieve opposition support during the government's minority years. However after being re-elected with a majority Parliament in May, the government introduced Bill C-10, which includes mandatory minimum sentences legislation alongside 10 other 'tough-on-crime' proposals. The Prime Minister has promised to pass this legislation within 100 days of the start of the fall sitting (i.e., before mid-March 2012).[14] Notably, Canada's Secretary of State for the Americas declared in June that the government's foreign policy on illegal drugs supported a 'war-on-drugs' approach as a "logical extension" of their domestic policy agenda.[15]

Canada's policy of intensifying the 'war on drugs' domestically and internationally is not supported by science or public demand, has been established despite *declining* crime and substance use rates, and contrasts starkly with the recommendations of the Global Commission on Drug Policy, the Supreme Court of Canada, and international trends.[16,17] Instead, this policy is motivated by ideological principles of punishment and retribution towards drug users. Thus, international observers of Canadian politics would not be faulted for characterizing this revitalized 'war on drugs' as anachronistic and ill advised.

In the interest of reducing harms related to substance use and protecting the health and safety of Canadians, the government should abandon regressive policies on illegal drugs that have been shown not only to be ineffective but also damaging to public health. It should instead heed the scientific evidence and learn from the experience of countries that have proactively sought to scale up other approaches (including harm reduction services) and reduce their reliance on law enforcement. It is time to recognize that only policies based on evidence, respect for human rights, and public health can successfully address drug use in Canada.

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RÉSUMÉ

La consommation de drogue continue à poser un grave problème de santé publique à l'échelle mondiale. En réaction, de nombreux pays commencent à réorienter leurs politiques de lutte contre les drogues

illicites, passant d'une optique d'application de la loi à une optique axée sur des objectifs de santé publique. Dernièrement, la Global Commission on Drug Policy et la Cour suprême du Canada ont avalisé ce changement d'orientation en appuyant des politiques antidrogue empiriquement fiables qui réduisent la criminalisation et la stigmatisation des utilisateurs de drogue et renforcent les mesures de traitement et de réduction des méfaits. Jusqu'à récemment, le Canada faisait partie de ce mouvement croissant pour une politique antidrogue rationnelle. Malheureusement, ces dernières années, des changements d'orientation ont fait du Canada l'un des rares derniers porte-parole de l'approche de la « guerre contre la drogue ». En fait, le gouvernement actuel met en œuvre un certain nombre de nouvelles politiques antidrogue qui sont en contradiction avec des preuves scientifiques bien établies dans les domaines de la santé publique, de la criminologie et autres. Il est peu probable qu'une telle approche réduise les préjudices associés à la consommation de substances au Canada. Les auteurs invitent le gouvernement actuel à prendre au sérieux les recommandations du rapport de la Global Commission et à tirer des leçons de l'expérience des nombreux pays qui innovent en matière de politique antidrogue en accordant la priorité aux données probantes, aux droits humains et à la santé publique.

Mots clés : contrôle drogues et stupéfiants; réduction des méfaits; droits humains; consommation de substances

Coming Events • Activités à venir

The Ontario Public Health Convention
Staying Ahead of the Curve
2-4 April 2012 Toronto, ON
Contact: www.tophc.ca

Research to Action
Let's Get Older Adults Moving
13 April 2012 Calgary, AB
Contact: http://uwo.ca/actage/

21st Annual Canadian Conference on HIV/AIDS Research
21e Congrès canadien annuel de recherche sur le VIH/sida
19-22 April/avril 2012 Montreal, QC
Contact/contacter :
info@cahr-conference-acrv.ca www.cahr-conference-acrv.ca

13th World Congress on Public Health
Towards Global Health Equity: Opportunities and Threats
23-27 April 2012 Addis Ababa, Ethiopia
Contact: www.etpha.org/2012/

AHIC 2012: Towards Integrated Diagnostics
Bringing Crucial Information to the Point of Care
25-27 April 2012 Toronto, ON
Contact: http://ahic.nihi.ca

Grounding Trauma 2012
Connecting New Science with Traditional Wisdom and Basic Human Truths to Bring Direction, Tools and Hope
10-11 May 2012 Alliston, ON
Contact: http://cast-canada.ca/groundingtrauma2012.html

2012 Canadian Society for Epidemiology and Biostatistics National Student Conference
13-14 May 2012 Saskatoon, SK
Contact: http://www.studentcseb.ca/

NCCPH Summer Institute 2012
Advancing Health Equity, Building on Experience
15-16 May 2012 Kelowna, BC
Contact: www.si2012.ca

Concussion in Sport? The Need for Standardized Care in BC
17 May 2012 [web conference]
Contact: www.injuryresearch.bc.ca

CPHA 2012 Annual Conference
2012 Conférence annuelle de l'ACSP
Creating and Sustaining Healthy Environments/Créer et soutenir des environnements sains
11-14 June/juin 2012 Edmonton, AB
Contact/contacter :
www.conference.cpha.ca conference@cpha.ca

* Note: the conference will be held from Monday to Thursday
* N.B. : la conférence aura lieu du lundi au jeudi

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8-12 July 2012 Edmonton, AB
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Conférence internationale sur l'évaluation d'impact sur la santé
International Conference on Health Impact Assessment
EIS 2012 : Prendre en compte la santé dans toutes les politiques
HIA 2012: How HIA Matters in Health in All Policies
29-31 août/August 2012 Quebec City, QC
Contact/contacter : www.hia2012.ca

Suicide Risk Assessment and Intervention - Review and Update
20 September 2012 [web conference]
Contact: www.injuryresearch.bc.ca

Child Safety Action Planning in Europe
18 October 2012 [web conference]
Contact: www.injuryresearch.bc.ca

CALL FOR ABSTRACTS/APPEL DE PRÉSENTATIONS
41st Annual Canadian Association on Gerontology Scientific and Educational Meeting/41e Réunion scientifique et éducative annuelle de l'Association canadienne de gérontologie
Aging in a Changing World/Vieillir dans un monde en évolution
18-20 October/octobre 2012 Vancouver, BC
Contact/contacter : www.cagacg.ca
Deadline for abstracts: 2 April 2012
Date limite pour les soumissions : 2 avril 2012

Third International Conference on Violence in the Health Sector
Linking Local Initiatives with Global Learning
24-26 October 2012 Vancouver, BC
Contact: www.oudconsultancy.nl/vancouver/violence/invitation-third.html

Advancing Excellence in Gender, Sex and Healthcare Research/ Pour l'excellence dans la recherche sur le genre, le sexe et la santé
29-31 October/octobre 2012 Montreal, QC
Contact/contacter : www.genderandhealthconference.com

HealthAchieve
5-7 November 2012 Toronto, ON
Contact: www.healthachieve.com

Mental Health of Children & Adolescence, Peer Violence Prevention and the WITS Program
15 November 2012 [web conference]
Contact: www.injuryresearch.bc.ca

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