

FEATURES

House of Commons Committee Releases Report on Canada's Drug Strategy

On 17 May 2001, the House of Commons created a Special Committee on Non-Medical Use of Drugs based on a motion introduced by Randy White, Canadian Alliance MP (Langley-Abbottsford) and gave it a very broad mandate to study “the factors underlying or relating to the non-medical use of drugs in Canada” and to propose recommendations aimed at reducing “the dimensions of the problem involved in such use.” In December 2002, the Committee released its report, entitled *Policy for the New Millennium: Working Together to Redefine Canada's Drug Strategy*.¹ The report contains many good recommendations, but fails to deal adequately with the fundamental harms caused by Canada's drug laws and federal government inaction. Far better is the supplementary report written by NDP MP Libby Davies (Vancouver East), which contains an excellent, informed critique of the report. The supplementary report from the official opposition, written by MPs Randy White and Kevin Sorenson (Crowfoot, Alberta) also makes for interesting, if troubling, reading - it is based nearly exclusively on fiction rather than facts and science.

The Committee's report is yet another in a list of reports on drug policy in Canada that is becoming longer and longer,² while government action continues to be slow - although more recently we have been seeing some promising signs, such as the Minister of Health's willingness to consider applications for supervised injection sites (described in the article immediately following this one).

In preparing its report, the Committee met with more than 200 individuals (researchers, academics, treatment providers, policy experts, and volunteers) at hearings across Canada. The Committee also received written submissions from many

groups and individuals. Finally, it visited treatment centres and “low-threshold services” across Canada, “inspected some of the busiest border control facilities in Canada, and traveled to the United States and Europe in order to consult with addiction experts, research institutes, politicians, law enforcement agencies, and senior government officials, and to experience first-hand, the impact of some of their more innovative treatment regimes.”³

During its meetings and visits, the Committee heard evidence relating to a host of licit and illicit substances, as well as the people most affected by them. The report says: “Three decades

after the final report of the Le Dain Commission, the Committee was shocked and saddened to learn that the associated health and social devastation continues, to the extent that substance abuse is linked to one in five deaths in Canada.”⁴

Issues and Recommendations

The report contains nine chapters:

1. Mandate of the Committee
2. Use and Harmful Use of Substances, and Dependence in Canada
3. Canada's Drug Strategy
4. Research and Knowledge
5. The Use and Harmful Use of Substances: Public Health Issues
6. Substance Use and Public Safety
7. International Treaties and Legislative Reform
8. Drug Policies Abroad
9. Cannabis

“The Government of Canada should take immediate action to ensure that a well-funded federal drug strategy will be in place by summer 2003.”

The following text briefly reviews some of the most important issues addressed in these chapters and some of the report's 41 recommendations (see the article on HIV/AIDS in Prisons: Recent Developments in this issue of the *Review* for comments on chapter 6, Substance Use and Public Safety, which contains recommendations concerning the prison system).

Canada's Drug Strategy

Chapter 3 provides a historical overview of Canada's Drug Strategy, and concludes that "investing in a renewed Canadian drug strategy is critical and will contribute to reducing the demand for, and consequently, the supply of substances, as well as reducing the spread of infectious diseases and the social and health costs associated with the harmful use of substances."⁵ Therefore, the Committee says, "[t]he Government of Canada should take immediate action to ensure that a well-funded federal drug strategy will be in place by summer 2003."⁶ Specifically, the Committee recommends that

- "the Government of Canada reaffirm its commitment to addressing the use and harmful use of substances and dependence, by developing, in consultation with provincial/territorial governments and key stakeholders, a renewed, comprehensive, coordinated and integrated Canadian drug strategy to address the use of illicit substances and licit (or legal) substances such as alcohol, tobacco, inhalants and prescription drugs";⁷
- a "Canadian Drug Commissioner" be appointed and be "statutorily mandated to monitor, investigate and audit the implementation of a renewed Canada's

Drug Strategy and to report and make recommendations annually to Parliament, through the Speaker of the House of Commons";⁸ and

- the Canadian Centre on Substance Abuse, "as an independent non-governmental organization, be given the mandate to develop, in consultation with federal, provincial and territorial governments and key stakeholders, the goals, objectives, the performance indicators and the strategic plan for a renewed Canada's Drug Strategy."⁹

"Politicians and policymakers continue to direct the overwhelming majority of resources into failing supply-reduction strategies, despite the wealth of scientific evidence demonstrating their ineffectiveness."

In her supplementary report, MP Libby Davies supports these recommendations, but points out that the crux of the matter will not be whether a federal Drug Strategy will be funded, but whether the Strategy will finally provide adequate support for treatment, prevention, and harm reduction. She says:

The 2001 Auditor General's report on Illicit Drugs sharply focused on the weakness, lack of accountability and failed implementation of Canada's Drug Strategy. The primary focus of that strategy *in practice* has been on enforcement – the use of

what are essentially criminal law powers to deal with drugs. This focus on interdiction ("supply reduction") has drawn resources away from other measures that could be far more effective in reducing substance misuse and its related harms.

The emphasis on criminal prosecution for behaviour linked to illicit drug use has not decreased use nor effectively dealt with serious health and safety issues. In fact, there is substantial expert evidence that prohibitionist policies and criminalization of drug users *increases* the harms associated with drugs. Drugs lack quality controls, education may be skewed because of the illegal status of drugs, and the expense of buying drugs on the illegal market may encourage users to take drugs in a manner that increases health risks. This greatly increases the risk of harm from disease and overdose. The report fails to distinguish harms that may flow from the pharmacology of the drug from harms that may flow from the policies, such as prohibition and inadequate education.¹⁰

A recent study by Wood et al also raises serious questions about the current emphasis on supply-side interventions to control the drug use epidemic in Canada.¹¹ The study observed no beneficial public health effects of Canada's largest-ever heroin seizure – the seizure had no significant effect on the supply of heroin. The authors severely criticize politicians and policymakers "who continue to direct the overwhelming majority of resources into failing supply-reduction strategies, despite the wealth of scientific evidence demonstrating their ineffectiveness."¹² They conclude that "[o]ur findings support the strong consensus

that curbing the HIV and overdose epidemics will require a shift in emphasis toward alternative strategies based on prevention, treatment and harm reduction, even if this shift necessitates a diversion of resources away from criminal justice interventions.”¹³

Public Health Issues

The chapter on public health issues starts with an acknowledgment that “the use and harmful use of substances are primarily public health issues”; that some Canadian urban centres are “the scenes of ... public health disasters”; that the “public health crisis is on-going and cannot be ignored”; and that “prevention, education, treatment and rehabilitation, and harm reduction are all elements of an integrated approach based on a public health model that must be implemented to address this crisis.”¹⁴

The chapter contains 16 recommendations relating to prevention and education, treatment and rehabilitation, and harm reduction. Most of the recommendations are consistent with those made in other reports and are not new.¹⁵ Nevertheless, it is significant that a parliamentary committee has now endorsed them. Among them are the following recommendations:

- “that the Government of Canada, under a renewed Canada’s Drug Strategy, provide sustained funding and resources to develop and implement health-based public awareness, prevention and education programs related to the use and harmful use of substances, and dependence, in collaboration with provincial, territorial and municipal authorities, and community-based organizations”;¹⁶

“If drug misuse is a public health issue, why do the police deliver drug education programs?”

- that a renewed Drug Strategy “explicitly recognize the concept of and contribute toward a continuum of care, including low-threshold services, long-term treatment and recovery services”;¹⁷
- that the proposed clinical trial pilot project in Vancouver, Toronto, and Montréal to test the effectiveness of heroin-assisted treatment be implemented;¹⁸
- that the Government of Canada remove any federal regulatory or legislative barriers to the implementation of scientific trials of supervised injection sites;¹⁹ and
- that Canada’s Drug Strategy “identify harm reduction as a core component of Canadian drug policy.”²⁰

While she expresses strong support for these recommendations, Davies points out in her supplementary report that the Committee downplays or misses fundamental points with regard to drug education. She asks:

If drug misuse is a public health issue, why do the police deliver drug education programs? The police are qualified to discuss the law concerning illegal and legal drugs, but they are not pharmacologists or public health officials. There is substantial evidence that current drug education programs conducted by the police are ineffective.²¹

She continues by saying:

Even if these flaws in current drug education programs did not

exist, the police are constrained in the type of education they can give. Their job is to enforce the law. Some police may object to providing education on safe use practices, since they may view that as contradicting their role in enforcing the law against users. Yet by failing to provide education about how to use as safely as possible we abandon the many millions of Canadians who at some point use illegal drugs. While it is essential to discourage Canadians from harmful drug use, it is equally important to minimize the dangers for those who do, by giving honest, factual and non-judgmental education. Such education can save lives and protect the health of both users and the communities around them. There is a critical need for health-based, realistic education and prevention, targeted to key groups who are at risk, such as youth, that promotes safety, health and well-being of individuals and the community as a whole.²²

Cannabis

With regard to cannabis, the Committee issued two recommendations:

- that the possession of cannabis continue to be illegal and that trafficking in any amount of cannabis remain a crime; and
- that the Minister of Justice and the Minister of Health establish a comprehensive strategy for decriminalizing the possession and cultivation of not more than thirty grams of cannabis for personal use.²³

These recommendations provide a step in the right direction, but Davies points out that decriminalization is only a partial solution and suggests

that, instead, the government should implement the recommendations in the report of the Special Committee on Illegal Drugs of the Senate of Canada, entitled *Final Report: Cannabis: Our Position for a Canadian Public Policy*²⁴:

Decriminalization of possession and cultivation of small amounts, as recommended by the Committee, would prevent such users and cultivators from receiving a criminal record. However, it still leaves intact the other harms associated with our current system of criminal prohibition. Among them, simply handing a “joint” to a friend would continue to constitute the offence of “trafficking” under the *Controlled Drugs and Substances Act*. The intrusive police powers given by the Act would likely remain.

Furthermore, the Committee’s proposal does nothing to address the situation of those saddled with a criminal record for simple possession or for transfer or cultivation of small amounts for non-commercial purposes. If we accept that Canadians should not in future receive a criminal record for certain acts relating to marijuana, those convicted in the past should be pardoned under a general amnesty, and their records erased.²⁵

Davies concludes:

There has already been extensive public debate on the use of mari-

juana, decriminalization, and legalization. The NDP appreciates the Senate Special Committee Report on Cannabis that raises rational and significant questions. The federal government should consider their analysis and recommendation for a criminal exemption scheme. The NDP urges the federal government to investigate and introduce non-criminal and non-punitive regulatory approaches for adult use, as a preferable direction of public policy, emphasising the need for realistic education and harm prevention programs.²⁶

Finally, Davies points out that the House of Commons Committee on the Non-Medical Use of Drugs did not deal with marijuana for medical use, and refers to the recommendations of the Senate Special Committee on Illegal Drugs in this regard.

— Ralf Jürgens

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¹ Available at www.parl.gc.ca/InfoComDoc/37/2/SNUD/Studies/Reports/snudrp02-e.htm (page references are to pdf version, accessed by clicking on “Print Format”).

² See, eg, Canadian Centre on Substance Abuse & Canadian Public Health Association. *HIV/AIDS and Injection Drug Use: A National Action Plan*. Ottawa: The Centre & The Association, 1997 (available via www.ccsa.ca); Canadian HIV/AIDS Legal Network. *Injection Drug Use and HIV/AIDS: Legal and Ethical Issues*.

Montréal: The Network, 1999 (available at www.aidslaw.ca/Maincontent/issues/druglaws.htm); Elliott R, Malkin I, Gold J. *Establishing Safe Injection Facilities in Canada: Legal and Ethical Issues*. Montréal: Canadian HIV/AIDS Legal Network, 2002 (available at www.aidslaw.ca/Maincontent/issues/druglaws.htm); Federal/Provincial/Territorial Committee on Injection Drug Use. *Reducing the Harm Associated with Injection Drug Use in Canada*. Ottawa: 2001 (available at www.aidslaw.ca/Maincontent/issues/druglaws.htm); MacPherson D. *A Framework for Action: A Four Pillar Approach to Drug Problems in Vancouver*. City of Vancouver: 2001 (2nd, revised version).

³ Supra, note 1 at 2.

⁴ Ibid.

⁵ Ibid at 41.

⁶ Ibid.

⁷ Ibid at 44 (recommendation 1).

⁸ Ibid (recommendation 3).

⁹ Ibid (recommendation 5).

¹⁰ Ibid at 180.

¹¹ Wood E et al. Impact of supply-side policies for control of illicit drugs in the face of the AIDS and overdose epidemics: investigation of a massive heroin seizure. *Canadian Medical Association Journal* 2003; 168(2): 165-169.

¹² Ibid at 168, with many references.

¹³ Ibid, with many references.

¹⁴ Supra, note 1 at 61.

¹⁵ Supra, note 2.

¹⁶ Supra, note 1 at 69 (recommendation 12).

¹⁷ Ibid at 78 (recommendation 15).

¹⁸ Ibid at 79 (recommendation 20). For more details on the proposed trial, see Brissette S. Medical prescription of heroin - a review. *Canadian HIV/AIDS Policy & Law Review* 2001; 6(1/2): 1, 92-98.

¹⁹ Supra, note 1 at 89 (recommendation 23).

²⁰ Ibid (recommendation 25).

²¹ Ibid at 180.

²² Ibid.

²³ Recommendations 40 and 41.

²⁴ September 2002 (available at www.parl.gc.ca/common/Committee_SenRep.asp?Language=E&Parl=37&Ses=1&comm_id=85).

²⁵ Supra, note 1 at 182.

²⁶ Ibid.