New Directions in Drug Policy

New Directions in Community Safety
ACCPA Annual Conference
Edmonton, 2018
Overdose Crisis 2016
2,861 Deaths

Illicit Drug Overdose Deaths and Death Rate per 100,000 (BC)

Illicit Drug Overdose Deaths incl. and excl. Fentanyl (BC)

Type of opioid present at death

A Drug-Free World We Can Do It

“...The Commission has done truly constructive work. By now, the problems have been clearly defined and some of them have been solved, or the instruments of their solution have been created: non-medical consumption of opium, coca leaf, cannabis, and of the drugs manufactured from them is outlawed in principle and is bound to disappear after transitional periods of adaptation....”

The Iron Law of Prohibition

"The iron law of prohibition is a term coined by Richard Cowan in 1986 which posits that as law enforcement becomes more intense, the potency of prohibited substances increases.[1] Cowan put it this way: "the harder the enforcement, the harder the drugs."[2]
The Bacon Brothers members or Red Scorpions gang
RCMP’s Bob Paulson sounds alarm on organized crime in exit interview

Canada’s top cop – a police commander known for his hard stand on terrorism investigations – is heading for the exit gates saying that organized crime is the biggest threat facing Canadians.

While Bob Paulson, the exiting RCMP Commissioner, acknowledged the possibility of Islamic State-inspired attacks is now an ever-present reality in Canada, he said such national security risks are “significantly less” of a threat than organized crime.
Fix AT OWN RISK
1000 Crosses, Oppenheimer Park
Photo: Elaine Brière
Mayor Nenshi “Nails It”

“No fan of supervised injection sites, Calgary’s Mayor Naheed Nenshi, describes SCS:”

“I find that they almost feel like an admission that we’re not able to solve the problem, but that said, my personal feelings aside, the evidence is absolutely clear. Absolutely clear. They save people’s lives, and our job today has to be to save people’s lives.”

—CBC News (March 3, 2017)
A Drug-Free World
We Can Do It

United Nations General Assembly Special Session
on the World Drug Problem New York 8-10 June 1998
Mr. Kofi Annan, Secretary General, United Nations

Dear Secretary General,

On the occasion of the United Nations General Assembly Special Session on Drugs in New York on June 8-10, 1998, we seek your leadership in stimulating a frank and honest evaluation of global drug control efforts.

We are deeply concerned about the threat that drugs pose to our children, our fellow citizens and our societies. There is no choice but to work together, both within our countries and across borders, to reduce the harms associated with drugs. The United Nations has a legitimate and important role to play in this regard – but only if it is willing to ask and address tough questions about the success or failure of its efforts.

We believe that the global war on drugs is now causing more harm than drug abuse itself.

Every decade the United Nations adopts new international conventions, focused largely on criminalization and punishment, that restrict the ability of individual nations to devise effective solutions to local drug problems. Every year governments enact more punitive and costly drug control measures. Every day politicians endorse harsher new drug war strategies.

What is the result? UN agencies estimate the annual revenue generated by the illegal drug industry at $400 billion, or the equivalent of roughly eight percent of total international trade. This industry has empowered organized criminals, corrupted governments at all levels, eroded internal security, stimulated violence and distorted both economic markets and moral values. These are the consequences
Historical Context

• BC historically a leader in responses to problematic substance use:
  • CCF MLA Ernie Winch – 1950’s advocated for maintenance doses (the British system) for people who use drugs – health issue vs. criminal issue
  • The Community Chest and Council of Greater Vancouver’s Special Committee on Narcotics was established. Dr. Lawrence Ranta released Ranta Report (1952) calling for narcotic clinics to dispense maintenance doses of legal drugs like heroin and morphine
  • Robert Halliday, early 60’s – 1st Methadone prescribing in Canada for opioid dependency
  • 1990’s Harm Reduction movement, Four Pillars Drug Strategy, heroin assisted treatment and SCS
  • April 12th, 2018 – City of Vancouver calls for a Federal Task Force to explore decriminalization of drugs for personal use
“On the central issue of narcotics addiction, accordingly, Consumers Union recommends (1) that United States drug policies and practices be promptly revised to insure that no narcotics addict need get his drug from the black market; [...]; (3) that other forms of narcotics maintenance, including opium, morphine, and heroin maintenance, be made available along with methadone maintenance under medical auspices on a carefully planned, experimental basis.”

—Consumers Union Report on Licit and Illicit Drugs (1972)
The Swiss Innovation in Drug Policy

- **Catalyst:** Response to an overdose and HIV crisis among people who use drugs. (Swiss population: 8.3 million)

- Development of a coherent national drug strategy (Four Pillars: treatment, harm reduction, prevention and control).

- Police support for a shift towards health responses

- **Innovations:**
  - **Low threshold services, maximize contact with people who use drugs and intervene earlier in the peoples’ drug use trajectory. Inverted the traditional paradigm**
  - **Supervised injection sites (1986)**
  - **Low threshold methadone (1990)**
  - **Heroin assisted treatment (1994) - 15 clinics (2 in prisons, 1600 ppl)**
Thresholds of Access to Services

Contact with minority of people who use drugs

High Threshold Services

Medium Threshold Services

People and services disconnected
Increased Access to Services

Social Integration

High Threshold Services
15%

Medium Threshold Services
50%

Heroin Prescription

Low Threshold Methadone

Increased Access to Services

Majority of people connected to some part of services

Degree of accessibility

Number of people

Services In Prison
Needle Exchange
Drop In Day Centres
Safe Injection Sites
Work Programs
Youth Programs
Outreach
Supportive Housing
Mental Health Services
OAT

HOW + WHERE + WHAT

SIS

HOW + WHERE*
* inside location, facility, health care team

POP-UP SITES
OD PREVENTION SITES

HOW + WHERE*
* outside location, tent, team of volunteers
Development of place numbers in the “treatment” pillar 1979–2014

Residential treatment, Methadone, Heroin-assisted treatment

Sources: Federal Office of Public Health FOPH (methadone and heroin-assisted treatment) & Infodrug (residential treatment); 2016
Number of places “residential treatment and heroin-assisted treatment” 1979–2014

Sources: Federal Office of Public Health FOPH (methadone and heroin-assisted treatment) & Infodrug (residential treatment); 2016
Number of places in the “treatment” pillar

Sources: Federal Office of Public Health FOPH (methadone and heroin-assisted treatment) & Infodrug (residential treatment); 2016
HIV Infections, by Sex and Year, since start of tests 1985–2015

Figure 1
Déclarations VIH de laboratoire, par sexe et année du test, depuis le début des tests 1985–2015

### Number of Drug-Related Deaths, by Age (1995–2015)

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2015 Total shows 64.9% reduction from 1995 Total

Source: Addiction Monitoring in Switzerland (http://www.suchtmonitoring.ch/fr/3/7.html)
The Portuguese Innovation  
(Decriminalization Plus)

- **Catalyst:** Response to a crisis in substance use, overdose and HIV among people who use drugs since 1974
- **Innovation:** Decriminalization law reflected a shift in philosophy
  - *People will continue to use drugs for a variety of reasons*
  - *A drug free world is impossible*
  - *Criminalization/punishment is not a proportionate response to substance use*
  - *Criminalization stigmatized users and made it more difficult to seek services*
- Offenders appear before regional panels – Commissions for the Dissuasion of Drug Addiction (CDTs)
- Five Pillar model: prevention, drug use dissuasion, harm reduction, treatment and reintegration
The Portuguese Innovation (CDTs)

- The CDT panels:
  - Comprise three people: a medical professional (1), a social worker (2) and a lawyer (3).
  - Evaluate the individual’s personal situation:
    - If dependent, they are encouraged into treatment.
    - If a recreational user, advice is given about physical, social and psychological health to discourage use.
  - Assess whether the offender has any broader health or social issues, such as mental health, school, employment or housing, and can refer to support agencies.
  - Can also impose a wide range of sanctions like community service or fines – but for non-dependent first-time offenders, almost always suspend proceedings and impose no sanction.
Outcome of cases dealt with by Commissions for the Dissuasion of Drug Addiction (2011)

- Suspended: 81%
- Penalty / treatment: 19%

Source: https://www.tdpf.org.uk/blog/success-portugal%E2%80%99s-decriminalisation-policy-%E2%80%93-seven-charts
Drug policies were refocused on a public health model with significant state financial investment (75 million euros) in harm reduction, treatment and other activities:

- Expansion of needle and syringe exchange programs and low-threshold opiate substitution treatment
- Better co-ordinated and bolstered drop-in centres/shelters
- Mobile health and outpatient treatment units
- Provision of drug outreach workers
- Housing and subsidised employment initiatives
- Drug checking programs
- Enlisting of therapeutic communities in the program
“It’s very difficult to identify a causal link between decriminalisation by itself and the positive tendencies we’ve seen ... It’s a total package. The biggest effect has been to allow the stigma of drug addiction to fall, to let people speak clearly and to pursue professional help without fear.”

Dr João Goulão
Architect of Portugal’s decriminalisation policy
Lifetime, past-year and past-month prevalence of drug use among 15-24-year-olds

Source: https://www.tdpf.org.uk/blog/success-portugal%E2%80%99s-decriminalisation-policy-%E2%80%93-seven-charts
“Fourteen years after decriminalizing drugs, Portugal has one of the lowest overdose rates in Europe.”

Drug-induced deaths per million, ages 15 to 64. European Monitoring Centre for Drugs and Drug Addiction (Mic. June 9, 2015)
Impact of Criminalization

“Criminalization of substance-using behaviors exacerbates stigma and produces exclusionary processes that deepen the marginalization of people who use illegal substances.”
Livingston, J. D. et al. (2012)

“However, the association of stigma and discrimination with the poor health among drug users is a cause for concern in a population that suffers from myriad health problems and has limited access to health care.”
Ahern, Jennifer et al. (2006)

“This evidence base provides clear support for moving away from the use of criminalisation as a strategy to try to limit the harms of drug use.”
DeBeck, Kora et al. (2017)

“Criminalization of drug use also increases exposure to violence and fosters stigma, discrimination, and social exclusion.”
Maher, Lisa et al. (2017)

“The evidence presented here indicates that, in the absence of reforms to current legal and policy frameworks, attempts to end both the HIV and HCV epidemics, and to reduce the harms associated with injection drug use, will continue to fail.”
DeBeck, Kora et al. (2017)
The Harms of Prohibition

Criminal Profit

- Undermines development and security, fuels conflict
- Threatens public health, spreads disease and death
- Wastes billions on drug law enforcement
- Creates crime and enriches criminals
- Promotes stigma and discrimination
- Deforestation and pollution
- Undermines human rights

Count the Costs (2016)
Transform Drug Policy Foundation
The Harms of Corporate Promotion

- Industry-funded research discredits scientific findings about health dangers
- Maximizes profit through promotion and misleading safety info
- Imperative to expand markets and target specific populations
- Cannabis corporate profits (to be determined)

J. Drope, S. A. Bialous, S. A. Glantz
A Public Health Approach

Reduces the Harms of Prohibition and Corporate Promotion

- Use of psychedelics in therapeutic contexts
- Prescription of heroin and stimulants
- Decriminalization (Portugal, 2001)
- Regulation (cannabis, 2018)
- Drug checking

Health Officers Council of BC (2011)
A Public Health Approach

- Heroin
- Cocaine
- Methamphetamine
- Cannabis

Prohibition

- Criminal Profit
- Corporate Profit

Health and Social Problems

Prohibition with harm reduction/decriminalization

Strict Legal Regulation

Light Market Regulation

Commercial Promotion

Public Health

Tobacco

Alcohol

Criminal Profit

Corporate Profit
A Public Health Approach

- Heroin
- Cocaine
- Methamphetamine
- Cannabis

Prohibition
Prohibition with harm reduction/decriminalization
Strict Legal Regulation
Light Market Regulation
Corporate Profit

Health and Social Problems

Criminal Profit

Public Health

Tobacco
Alcohol
Moms Stop The Harm

Join with Moms Stop The Harm

Rally to #DecriminalizeNow

Victoria, BC
Legislature Steps
Saturday June 23, 2018
noon to 1 PM

#EndStigma
of substance use
RETHINK
DRUG POLICY

drugpolicy.ca
Thank you!

drugpolicy.ca