



**HEALTH OFFICERS COUNCIL  
OF BRITISH COLUMBIA**

**A Public Health Approach  
To Drug Control in Canada**

**Discussion Paper  
October 2005**

**BACKGROUND**

## Introduction

Throughout human history, societies worldwide have intentionally consumed substances that alter mental functioning. These substances are captured broadly by the term psychoactive drugs, and are consumed for a variety of purposes. Many individuals use psychoactive drugs for their perceived personal benefits to mood, to escape or relieve psychic distress, and/or as part of a dependency process. Social communal groups may use them as part of a religious or longstanding cultural ceremonial practice. Many psychoactive drugs are also prescription medications used in the treatment of illness and disease.

The current regulatory regime in Canada places most of these individual substances in either legal (e.g. alcohol and tobacco), prescription (e.g. morphine, benzodiazepines, ritalin) or illegal (e.g. marijuana, cocaine, heroin) drug status. It is important to recognize that these classifications are not based in pharmacology, economic analysis or risk-benefit analysis, but stem from historical precedent and cultural preference.

Alcohol and tobacco are in fact psychoactive drugs that have a long tradition of use in Western European and other cultures. Their consumption is socially acceptable (although tobacco is becoming less so) and they remain legal for personal possession and use. The production, marketing and distribution of tobacco and alcohol are by private industry (and government for alcohol distribution in some provinces), in a regulated, for-profit commercial economy. In Canada, some regulatory limits for the use of these two substances are in place, such as curtailing access to children with age-of-purchase rules, minimizing secondary social harms with drinking-driving legislation, and legislating smoking prohibitions in public indoor areas.

Harmful effects can occur with any psychoactive drug. Harms to the individual and society will vary depending on the substance and its pharmacological effects, concentration, how it's used, circumstances of use, and ease of production. Both legal and illegal drugs vary widely in these aspects.

The direct harmful effects from the drug itself can be physical, psychological and social. For the individual, some of the physical harms could include death, toxic effects, dependency, communicable diseases, injury, violence, malnutrition, fetal damage and neurological damage. Psychological harms can include depression, psychosis, and impaired thinking. Social harms include, stigmatization, marginalization, criminalization, family breakdown, social system breakdown, lost productivity, workplace time loss, injuries and production loss, and direct health care costs.

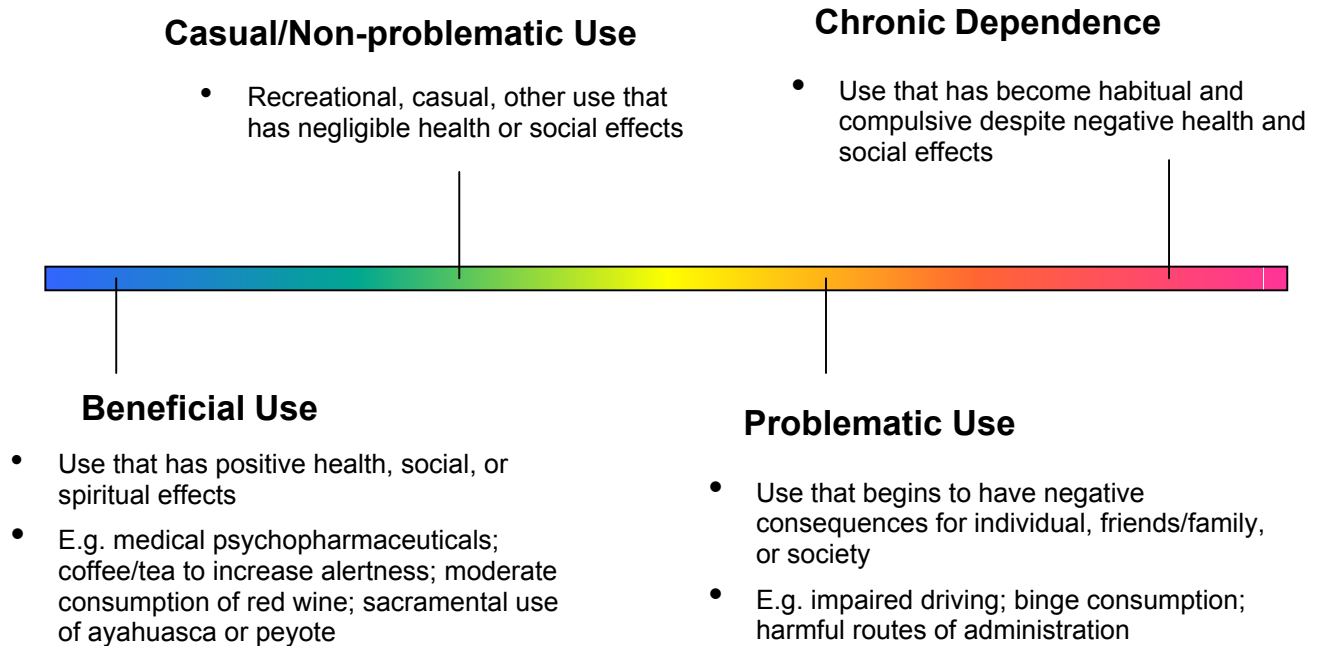
The indirect harmful effects to society occur primarily due to two mechanisms: first the loss of fully functioning individual members due to harmful drug use; and secondly the unintended subsequent harms to society that arise from the fact that certain drugs are criminalized. Harms to society that can occur with most psychoactive drugs, both legal and illegal, include increased health and social services costs, increased criminal justice system costs, and lost productivity of workers.

Additional harms to society occur with illegal drugs. These include: marginalization of populations and loss of social cohesion; criminal activity such as theft to support drug addictions; local violence and international political instability related to the black-market drug trade; adverse economic impacts on businesses and neighbourhoods; direct enforcement costs and opportunity costs (from ever growing government enforcement expenditures that could be used elsewhere); unemployment; and limited implementation of demonstrated public health programs for drug users because of the illegal status of certain drugs.

## Figure 1 – Spectrum of Psychoactive Substance Use

The full spectrum of psychoactive substance use ranges between benefit and harm shown here graphically.

(Adapted From: BC Ministry of Health Services. "Every Door is the Right Door: a British Columbia planning framework to address problematic substance use and addiction" 2004)



To move forward from our current regulatory regime, the Health Officers of BC propose that drug control policies should aim to reduce harmful use, minimize negative health effects to the individual, and limit secondary drug-related harms to society (e.g. crime, violence, corruption, excess medical costs). A spectrum of policy approaches exists for drug control.

In Canada, tobacco and alcohol exist towards one end of the spectrum in a legal, for-profit commercial economy. Illegal drugs such as marijuana, heroin and cocaine exist towards the other end of the spectrum in a criminal-prohibition, black-market economy. This paper reviews the relative health and economic impacts of alcohol, tobacco and illegal drugs, and the current drug control policy frameworks in which they exist.

### Recommendations

A public health approach to drug control that could prevent and reduce the harms attributable to currently illegal drugs, as well as prevent and further reduce the harms from tobacco and alcohol include:

- Reform federal and provincial laws and international agreements that deal with psychoactive drugs.
- Devise pan-Canadian, public health based strategies to manage psychoactive drugs.
- Improve capabilities to closely monitor and provide information about the health and social consequences of psychoactive drugs and drug control strategies.

- Develop comprehensive services and a balanced investment for prevention, harm reduction, treatment, rehabilitation, and enforcement.

### **Benefits of Drug Use**

While much attention is paid to the harms of these substances, the widespread nature and persistence of use indicates that there are benefits from some substances.

The Senate Committee on Illegal Drugs observed in 2002, "*We do not claim, however, to have answered the fundamental question of why people consume psychoactive substances, such as alcohol, drugs, or medication. We were indeed surprised, given the quantity of studies conducted each year on drugs, that this area has not been covered. It is almost as if the quest for answers to technical questions has caused science to lose sight of the basic issue!*"

A public health approach to drug control takes into account that people use substances for anticipated beneficial effects, and that population-wide benefits may exist. Anticipated beneficial effects from different drugs include:

**Physical:** pain relief, assistance with sleep, potential decreased risk of cardiovascular disease, increased endurance, stimulation or diminution of appetite.

**Psychological:** relaxation, relief of stress and anxiety, increase alertness, assistance in coping with daily life, mood alteration, pleasure, performance or creativity enhancement.

**Social:** facilitation of social interaction, religious, spiritual or ceremonial use.

**Economic:** wealth and job creation, industrial activity, employment, agricultural development, tax revenue generation.

### **Spectrum of Drug Control Policy**

#### **Legal, For-Profit Commercial Economy**

- Tobacco and alcohol are managed in a legal, for-profit commercial economy in Canada and in most countries worldwide.
- Private for-profit industry handles the manufacture, supply and distribution, with some government retail outlets for alcohol in some Canadian provinces.
- Tobacco and alcohol companies market their products, with some regulatory restrictions, through advertising designed to increase consumption and to gain market share.
- Since alcohol and tobacco have physiological and psychological dependence-forming properties, it is not surprising that tobacco and alcohol have the highest prevalence of use and cumulative negative health impacts of all the psychoactive drugs.
- The potential adverse impact of freer markets is a concern. Studies that address the availability of alcohol have usually found that when alcohol is less available, less convenient to purchase or less accessible, consumption and alcohol related problems are lower.

#### **Criminal-Prohibition, Black-Market Economy**

- Our predominant response to illegal drugs in Canada is through the criminal justice system. Two recent estimates compare spending on enforcement and health responses. A 1996 report concluded that Canadians spend approximately \$4 on enforcement for every \$1 spent on treatment and the Auditor General of Canada in 2001 estimated that \$95 is spent on enforcement for every \$5 spent on treatment.
- It is argued that the current criminal-prohibition policy approach to illegal drugs has generated many unintended consequences. The "war on drugs" through enforcement of criminal sanctions has led to:

- increased transmission of HIV and the societal burden of AIDS
  - increased transmission of hepatitis C and consequent liver disease and cancer
  - corruption in civil and government sectors including the police, judiciary, and political and bureaucratic processes
  - crime – personal, property, financial
  - violence due to both related-criminal activity and enforcement
  - destabilization of governments
  - funding for terrorism
  - destabilization of world markets
  - criminalization of youth, and otherwise non-criminal groups
  - family breakdown - divorce, seizure of children
  - disrespect for the law and judiciary
  - high rates of incarceration, racial profiling, and other prejudicial actions
  - lost opportunity costs from money spent on ineffective measures
- This paper argues that the harms attendant upon a criminal-prohibition framework for drugs are significant and the benefits modest, at best. A change in policy to a public health approach, where a range of effective harm reduction strategies can be implemented and evaluated, is overdue.

### **A Public Health Approach**

- A public health approach focuses on health promotion, prevention of disease or injury, and reducing disability and premature mortality.
- Incorporates individual and societal health protection measures through protecting and promoting physical environments and social policy frameworks that maximize health and minimize individual and community harms.
- Takes into account the fact that people use substances for anticipated beneficial effects and is attentive to the potential unintended effects of control policies, to ensure that other harms are not created out of proportion to those harms from the substance use itself. Eg. Drug substitution programs utilizing methadone have proven effective in reduction of injection practices among heroin users.
- Examples of possible regulatory approaches or mechanisms that would be considered in a public health approach include age of purchaser, volume rationing, licensing of users, location of use restrictions, registration of purchasers.

### **Learning from History**

- 1969: The federal LeDain Commission examined the non-medical use of drugs. LeDain believed the issues surrounding cannabis warranted a separate report, which was issued in 1971 recommending that simple possession of cannabis and cultivation for personal use be permitted.
- 1994: BC's Chief Coroner Vince Cain, in response to an escalating epidemic of heroin drug overdoses in the downtown eastside of Vancouver, called for the elements of a public health approach to problematic substance use. Cain said that the criminalization and marginalization of people who use illegal drugs increased health and social problems and as a result advocated for prescription heroin.
- 1996: Canadian HIV/AIDS Legal Network and Canadian AIDS Society report on HIV/AIDS in prisons said: *“Many of the problems raised by HIV/AIDS in prisons are the result of Canada’s drug policy, which instead of providing drug users with much-needed treatment care and support,*

*criminalizes their behaviour and puts many of them in prison. The financial and human costs of this policy are enormous...*

- 1997: The report “Something to eat, a place to sleep and someone who gives a damn: HIV/AIDS and Injection Drug Use in the DTES”, said: “*The larger question is that of society’s view of drug addiction, affirmed in legislation, as a criminal justice rather than a health concern. ... a criminal justice view further marginalizes this population putting them further at risk*”
- 1998: Health Officers Council of BC recommends a comprehensive public health response to illegal injection drug use
- 1999: A report by the Canadian HIV/AIDS Legal Network, funded by Health Canada, explored the impact of criminalization and provided alternatives to a prohibitionist drug policy. “*The most obvious (alternative) is to move completely away from criminalizing drugs and paraphernalia to regulating them by non-criminal means, using a harm reduction philosophy.*”
- 1999: The “Red Road: Pathways to Wholeness. An Aboriginal Strategy for HIV and AIDS in B.C.” stated “*The rationale for the form of harm reduction is that criminal penalties increase the harmfulness of injection drug use by:*
  - *Forcing addicts to turn to crime to obtain their drugs.*
  - *Increasing the likelihood that they will use unsanitary methods to inject themselves.*
  - *Stopping addicts from obtaining medical care and social services.*
- 2001: the City of Vancouver displayed leadership by producing a comprehensive four pillar approach to drug problems, proposing balancing prevention, enforcement, treatment and harm reduction, with many specific recommendations.
- 2001: Auditor General of Canada expressed strong concerns with the enforcement-based approach as “*...an estimated 70 percent of criminal activity is associated with illicit drugs and ...with drugs as its primary source of revenue, organized crime has intimidated police officers, judges, juries and correctional officers.*”

## **Recommendations for Action**

Based on our analysis, the following four actions are recommended and need to be taken concurrently as each will complement the other.

### **A. Reform federal and provincial laws and international agreements that deal with psychoactive drugs**

The federal government needs to take a leadership role at the national and international levels in actively initiating reform of current psychoactive drug laws, including a review and revision of the *Controlled Drugs and Substances Act*, to create regulatory frameworks for drugs that will allow governments at all levels to better address the harms associated with the production, trade, distribution, and use of these substances.

Changes at the federal and international levels will allow provinces and local governments to develop creative regulatory solutions as part of a comprehensive public health approach to psychoactive drug control.

## **B. Devise pan-Canadian, public health-based strategies to manage psychoactive drugs**

As a new regulatory regime is being developed, the federal, provincial/territorial, and local governments must work together to devise national strategies for managing different classes of psychoactive drugs according to their potential for harm, and gather best evidence around how harms may be reduced, using both public health and human rights principles

From this process we would expect a revised tobacco control strategy, a national strategy for preventing harms from alcohol, a comprehensive cannabis strategy, a variety of strategies for other currently non-prescription psychoactive substances, e.g. opioids, stimulants, hallucinogens etc., and a strategy for reducing harms from prescription psychoactive drugs.

## **C. Improve capabilities to closely monitor and provide information about the health and social consequences of psychoactive drugs and drug control strategies**

Accurate information on psychoactive drug use and harm trends, evidence supporting effective policies, programs and services, and ongoing evaluation and reporting on national, provincial/territorial, and local strategies is essential. In addition, Canadians need accurate information about psychoactive drugs in order to make informed decisions about their use and potential adverse effects.

This backbone of support is necessary to be able to evaluate strategies, the impact of regulatory changes, progress, and detection of problems. It will be important that this information be current in order to revise programs in real time to achieve the stated goals and objectives.

## **D. Develop comprehensive services and a balanced investment for prevention, harm reduction, treatment, rehabilitation, and enforcement**

The health and social impacts of drugs and inappropriate responses to control them have enormous health and social consequences. There should be close examinations and tracking of federal and provincial psychoactive drug related budgets with the intention of providing resources for services that are more in line with the enormous costs, and achieving a more balanced expenditure for prevention, harm reduction, treatment, rehabilitation, and enforcement.

In recognition of the importance of local leadership, community action, and grassroots support to the success in public health strategies, local communities should be included and supported as key players in the development of psychoactive drug related policies, programs, and services.

## **14. Conclusion**

The existing policy framework in Canada attempts to control certain psychoactive substances mainly through criminal legislation. These illegal drugs include marijuana, heroin, cocaine, methamphetamine, ecstasy, LSD and others. This criminal-prohibition framework exists at one extreme of the drug control spectrum. Psychoactive drugs outside of the criminal-prohibition framework are alcohol, tobacco, and prescription drugs that exist in a legal, for-profit economy on the other end of the drug control spectrum.

As an alternative between these two extremes in the drug control spectrum, a public health policy framework to control currently illegal drugs would work to minimize these cumulative harms to individuals and society. There is a growing consensus in Canada that there should be an exploration of other drug control mechanisms, with possible adoption of strict regulatory approaches to what are currently illegal drugs. This alternative public health policy framework would exist at a new balance point in the drug control policy spectrum, occupying the middle ground. The balance point should be chosen on the basis of minimizing the multi-faceted negative effects of harmful substance use, while also minimizing the harms caused by drug laws themselves.