

Appendix A
CACP Executive Global Studies 2019
Summary Findings from Our Parallel Drug Decriminalization Research in 13 Nations

Alongside the CACP Board assigned theme of Navigating Seismic Shifts in Public Policy, the Global Studies 2019 cohort was additionally tasked to support the Special Purpose Committee on the Decriminalization of Illicit Drugs (SPC-DID) and to conduct research on decriminalization models and drug policy in all field study destinations. This parallel study was an opportunity for the cohort to track a significant global trend as one prime example of a potential seismic shift in future Canadian public policy.

Today in Canada, our dominant practice is to still treat as criminals those with drug use disorders. We continue this practice even though we recognize that most of these same individuals have an illness. Countless examples exist of medical research and social science studies that have documented the effects of trauma and marginalization, and offered insights into why people become addicted to drugs.¹

In 2019, nearly half of Canadians support the decriminalization of all drugs, and one-in-five Canadians say they have a close friend or family member who has dealt with opioid addiction.² Addictions and drug use disorders touch individuals and families at every socio-economic level, and impact the quality of life and safety in virtually every neighbourhood.

Global Engagements on Illicit Drug Policy and Practice

We engaged in several deep discussions on the issues surrounding illicit drug use in many of the countries we studied. Most are highly cognizant of the failings of the current approach, but only a scant few have yet taken firm policy steps in any other direction, to varying degrees (i.e. Spain, Czech Republic and Netherlands). Notably, the 2001 Portuguese drug policy is an often-cited example of a successful shift in policy for a western nation moving away from criminal sanctions for drug use and personal possession. The trigger for the change in Portugal was an addiction and overdose death crisis that had many similarities to the current opioid crisis in Canada. The drug strategy in Portugal is based upon these beliefs:

1. Illicit drug use is a world-wide problem;
2. A humanistic conviction - the drug addict is someone who is ill;
3. Openness to innovation and to the scientifically proven results of new experiments;
4. It is better to prevent than to cure; and,
5. Intensifying the fight against illicit drug trafficking and money laundering is an imperative.³

¹ Health Canada (multiple sources). See <https://www.canada.ca/en/health-canada/services/substance-use/problematic-prescription-drug-use/opioids.html>

² <http://angusreid.org/opioid-crisis-2019/>

³ http://www.emcdda.europa.eu/system/files/att_119431_EN_Portugal%20Drug%20strategy%201999.pdf

The Portuguese drug policy is often referred to as decriminalization, but our findings indicate that it can be more appropriately described as *diversion*. It remains illegal to use or possess personal amounts of drugs in Portugal, but these offences are now administrative in nature. An offender is issued a ticket and must report to a *dissuasion committee*, a locally assembled body comprised of health care professionals who determine and recommend supports, options, incentives and who may even impose penalties for non-compliance with the assigned diversion plan.

This drug policy has significantly reduced the number of drug addicted and overdose death victims in Portugal. As a result of their commitment to a health-focused approach, Portugal now has one of the lowest per capita drug overdose death rates in Europe at 0.4 per 100,000 (2016), whereas in the same year, the Canadian rate was 8.62 where drug use and possession still result in criminal sanctions.⁴

Discussion

Many of us serving in Canadian policing recognize that drug addiction is a health care matter, and that we cannot or should not even attempt to arrest our way out of this issue. In fact police recognize, perhaps more than most, that the continued criminalization of drug use and personal possession drives users towards crime, and into the hands of criminals dealing in unsafe supplies. Conversely, a pathway to health would have the opposite effect, moving drug users to a regulated safe supply, thus eliminating their need to commit the secondary crimes often associated with street-level addiction.

The CACP has discussed decriminalization for years and is ideally positioned take a leading role in advocating for a health based diversion approach to drug use and personal possession in Canada. Crisis leads to policy change, and nearly five years into the opioid crisis, there is not a drug user that has been helped by a criminal charge. By criminalizing drug use, the drug-dependent are forced to commit crime, to rely upon contaminated supply sources, and to ultimately support organized crime.

More than 10,300 Canadians died from opioid related overdoses in less than three years.⁵ Like Portugal before its drug policy shift, it would be difficult to find someone in Canada who has not been affected by drug addiction.

Recommendations Delivered to the SPC-DID

The 2019 Global Studies Cohort has passed on the following recommendations to the SPC-DID members for their consideration and integration with their other research and deliberations on this topic. We have outlined below three key action areas that our cohort believes to be most timely and relevant to

⁴ emcdda.europa.eu (European Monitoring Centre for Drug Addiction)

⁵ <https://www.theglobeandmail.com/canada/article-more-than-10000-canadians-have-died-from-opioid-related-overdoses/>

the CACP Board of Directors and membership, based on evidence and findings distilled from all of our field study locations:

1. **Support and adopt the term “*Diversion*” and discontinue all use of the term decriminalization.** Diversion is a more appropriate term to describe what occurs when those in possession of personal amounts of illicit drugs are moved away from criminal penalties and towards health care solutions.
2. **Personal possession of drugs or drug use should be a *Pathway to Health*** that includes supports, incentives, options and compelling consequences. The CACP would be well within the scope of its policing mandate to lead and mobilize our health care partners at the provincial, territorial, national and First Nations levels to develop medical solutions to this growing crisis. Criminalizing drives the addicted towards crime, and by truly making this a health care issue we will reduce crime, reduce the demand for and victimization from trafficking and distribution of unsafe supply, and consequently strike a significant blow to organized crime.
3. **Revise the National Drug Strategy** since crisis necessitates policy change. Drug trafficking, organized crime and money laundering are linked and should be always remain a high priority for police. The CACP is in a position to advocate for the drug-dependent to access the health care supports they require, and a secondary benefit will be safer communities and a reduction in crime. A health care solution must also include social re-integration and incorporate the spirit of humanism, wherein the drug dependent are neither excluded nor stigmatized by society. An effectively updated National Drug Strategy will focus on a fully integrated approach to drug addiction, because as the Portugal experience indicates, diversion alone is not the silver bullet that will solve this complex issue.

Conclusion

In cooperation with the SPC-DID, the 2019 Global Studies cohort respectfully recommends that the CACP begin immediately to advocate for Canadian drug policy reform towards a diversionary system that will save lives, will reduce crime and will also reduce illicit drug supply and demand. Illicit drug use will only cause increased addiction issues, public safety issues, and continuing deaths in the future, if the current approach of criminalizing a health care issue is sustained.
