

OPINION EDITORIAL

Decriminalization of Drugs as a Harm Reduction Approach in Canada?

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INTRODUCTION

Ten lives are lost every day in Canada from opioid-related causes of death [1]. 94% of opioid-related deaths in 2018 were accidental and preventable [2]. Worldwide, opioid-related deaths account for most drug-related deaths with 27 million people suffering from opioid addiction and dependency (OAD) [3,4]. Of particular concern with OAD is fentanyl, a synthetic opioid that is 50 to 100 times more potent than morphine and was first detected in the Canadian illicit drug market in 2013 [5]. This Opinion Editorial will suggest that current drug policies criminalize individuals living with addiction and forces Canadians with OAD to turn to illicit sources. By decriminalizing drugs, criminal penalties associated with drug use and possession would be eliminated [6]. From a harm-reduction (HR) lens, decriminalization rejects forceful, punitive, abstinence-based approaches to drug use and rehabilitation [6].

This paper offers a brief history of the "War on Drugs" that emerged in the United States of America and Canada in the 1970s to 1980s, compares the social and economic implications of drug criminalization versus HR policies, and provides a case study of Portugal.

HARM-REDUCTION (HR)

In Canada there is a shortfall in current harm reduction approaches and methods regarding treatment and care for individuals with substance use disorders (SUDs) [7].

HR is an effective evidence-based, client-centred approach to helping individuals suffering from addictions and SUDs by reducing associated health and social-harms [8]. HR does not require an individual to stop using a drug in order to receive care therefore, the practice fundamentally rejects criminalization. HR policies and interventions include safe-injection sites, free naloxone kits, needle exchange programs, and opioid replacement therapy. These approaches incorporate evidence-based social theories, such as social conflict theory, emphasize human rights, and are evidence-based [9].

Other efforts in HR focus on using heroin-assisted treatments (HATs) as an alternative solution for individuals who do not respond well to standard OAD treatments or therapies, such as oral methadone. HAT provides synthetic, injectable heroin, eliminating the risk of opioids laced with fentanyl as found in illicit drug markets [10,11]. Presently, Canada shows sizeable provincial variation in implementing HR policies, with some jurisdictions implementing limited or zero policies [12]. As SUD is a national concern, HR policies should be considered on the federal level.

HISTORY

The initial "War on Drugs" (WOD) was declared by US President, Richard Nixon, in 1971 when prison sentences were uncompromisingly increased for individuals charged with drug possession [13]. The WOD in Canada followed the footsteps of the US. Extensive economic resources, personnel, and the

development of prisons were used to combat illicit drug use, all of which failed to produce the desired outcomes [14]. The WOD effects were paralleled in Canada when then Prime Minister Brian Mulroney declared a national drug strategy in the 1980s with stricter criminal legislation including the ban of drug paraphernalia sales and strengthening police enforcement to tackle illicit drug use [15]. Yet, despite governments spending trillions of dollars to enforce the criminalization of drug possession, the global illicit drug market capital is an estimated US\$652 billion annually [16].

IMPLICATIONS OF DRUG CRIMINALIZATION

Since the 1970's, Canada's drug policies have remained focused on the criminalization of drugs, despite the mounting evidence of this approach being ineffective in reducing crime and drug use [17]. Approaching drug policies from a criminal-law perspective increases the level of social and economic harm done to individuals with a SUD while doing little to address the supply and demand of drugs [18]. Each year, there is an estimated CAD \$11.1 billion cost to the overall healthcare system due to SUDs [19]. Considering the present opioid problem, the opportunity is ripe for the Canadian Government to take action to decriminalize illicit opioid use, shifting the focus toward addressing core issues related to SUDs and addictions such as access to health and social services, homelessness, and social support [20].

The criminalization of illicit substances in Canada has led to adverse health outcomes, forcing users to turn to the unregulated illegal market where opioids like fentanyl and heroin are sold, causing significant repercussions to health, safety and well-being of users and the public. Unregulated heroin laced with fentanyl is a high potency drug that has caused preventable overdoses throughout the country [16].

During the prohibition eras of alcohol and marijuana, the Canadian Government learned that the social, economic, health, and criminal harms outweighed the benefits of such bans, resulting in decriminalization of alcohol in the 1920's and cannabis in 2018 [16]. Criminalization of drugs not

only facilitates stigmatization of individuals who have an addiction, but also disproportionately targets marginalized and vulnerable populations such as ethnic minorities and people of lower socioeconomic status [20].

Some positive change may be underway. In a bid to tackle the opioid problem, Health Canada created "End the Stigma" campaign in 2019, which aims to decrease stigmatization towards individuals living with OAD by encouraging viewers to learn more about OAD [21]. Decreasing stigma is a necessary component for increasing support of public health interventions with a recovery-oriented approach like HR.

HARM-REDUCTION INTERVENTIONS: CANADA

HR approaches are particularly useful for reducing fatal overdoses and providing a scaffold to access other services [22]. Canada's first supervised injection facility (SIF), Insite, was opened in September 2003 after a Vancouver-based NGO, Portland Hotel Society, built a discrete facility using a vacant looking building to limit public resistance [23]. Upon evaluation of Insite, results showed it had reduced public drug use by injection, publicly discarded syringes, and injection-related litter [24]. From 1996 to 2011, syringe sharing fell from 39.6% to 1.7% due to the increased distribution of sterile paraphernalia, which reduced the spread of infectious diseases [25]. Insite was cost-effective, with the associated savings from the SIF exceeding the cost of facility operations [26]. Insite was found to provide a societal benefit of roughly CAD\$6 million per year after accounting for program costs [27]. As of today, there are over 40 published peer-reviewed papers showing the overwhelming public health benefits of Insite [28].

DECRIMINALIZATION: CASE STUDY OF PORTUGAL

Insite is a great provincial pilot initiative of HR however, Canada should look towards countries that have enacted national level harm reduction policies - Portugal is a leading example. In the 1990's Portugal was facing an increase in intravenous heroin users who were obtaining drugs from illegal

markets [29]. A barrier in addressing the heroin problem was the marginalization and social exclusion of drug users due to its criminalization. Eventually, public sectors like law and health identified criminalization as perpetuating the problem [29].

In 2001, Portugal's Government decriminalized the possession and use of all illicit drugs, paving the way for the incorporation of further HR strategies [29]. This drastic paradigm shift to HR is likely related to Portugal having the highest rate of HIV/AIDS in intravenous drug users in the European Union [30]. HR policies that were introduced shifted the notion of drug use from a criminal offence to administrative offence, introduced shelters, drop in centres, and needle exchange programs [30]. This led to reduced consumption of illicit drugs, reduced burden of drug offenders in the criminal justice system, increased utilization of drug treatment programs, reduced mortality rates from opioids and infectious-disease-related deaths, and reduction in social-stigma against individuals with SUDs [29]. Taking elements from the Portuguese model, Canada could address OAD and SUDs through federally mandated decriminalization of illicit drug use and personal possession.

CONCLUSION

The lack of support for individuals with addictions can partly be attributed to stereotypes perpetuated by the criminalization of drug use and possession. Addressing SUDs using HR approaches has been shown to decrease social harms and healthcare costs [18,19]. Federal decriminalization could result in more public support and political will at the provincial and territorial level for HR efforts and shift the focus to core issues related to SUD. This could change the narrative surrounding OAD and SUDs so those with SUDs are not seen as criminals but, instead, people whose health outcomes could be improved through HR interventions.

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