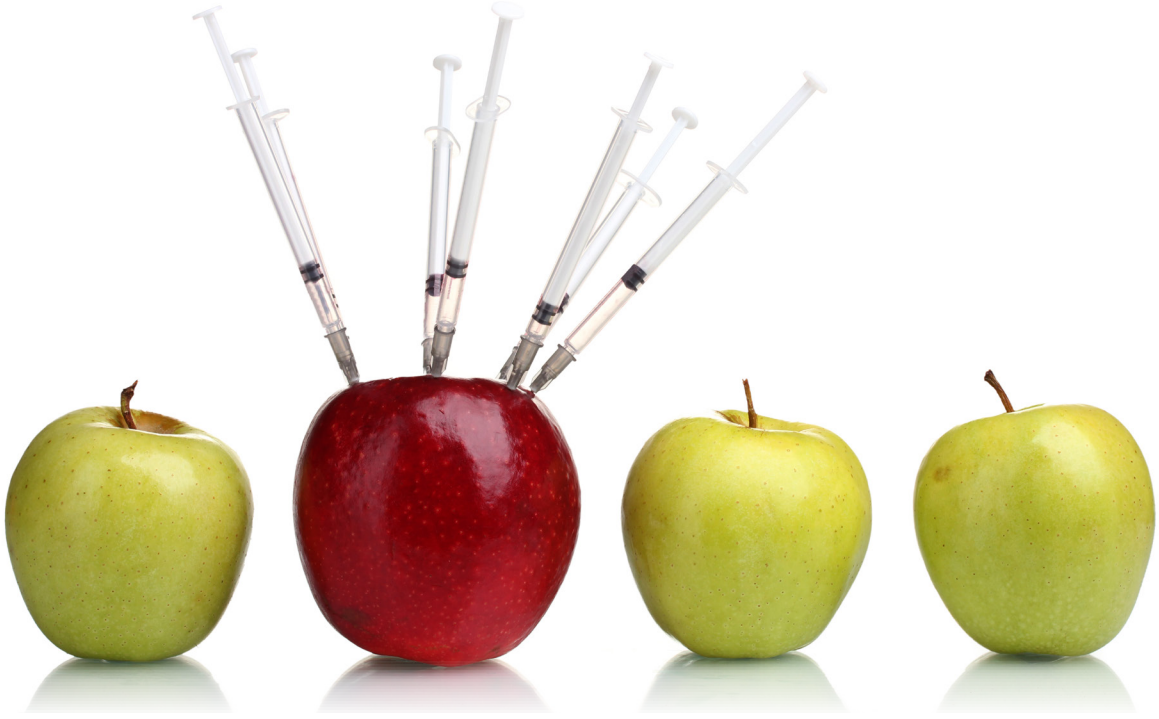
Canadian Public Health Association Discussion Paper

A New Approach

to Managing Illegal Psychoactive Substances in Canada



May 2014

The Canadian Public Health Association is a national, independent, not-for-profit, voluntary association representing public health in Canada with links to the international public health community. CPHA's members believe in universal and equitable access to the basic conditions which are necessary to achieve health for all Canadians.

CPHA's mission is to constitute a special national resource in Canada that advocates for the improvement and maintenance of personal and community health according to the public health principles of disease prevention, health promotion and protection and healthy public policy.

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A Discussion Paper

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"I think what everyone believes and agrees with, and to be frank myself, is that the current approach is not working, but it is not clear what we should do."

— Stephen Harper, Prime Minister of Canada, speaking at the Summit of the Americas regarding drug issues[1]

"Drug policy reform should be rooted in neuroscience—not political science. It should be a public health issue, not just a criminal justice issue. That's what a 21st century approach to drug policy looks like. "

— Gil Kerlikowske, Director, National Drug Control Policy[2]

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ACKNOWLEDGEMENTS

Parts of this paper have been adapted from "Public Health Perspectives for Regulating Psychoactive Substances - What we can do about alcohol, tobacco and other drugs" by the Health Officers Council of British Columbia,[3] with permission.

Many people were involved in the development of this paper. The Board of CPHA gratefully acknowledges the contributions of the members of the Working Group, Reference Group, volunteers, student interns, and representatives of the Victoria-based Society of Living Illicit Drug Users (SOLID – a peer run organization of people who use drugs).

A NOTE ON TERMINOLOGY

There are challenges associated with language use in discussions about psychoactive substances as some terms are highly stigmatizing (for example, "addict" and "drug abuse").[4] The use of such terms creates misunderstandings about these issues and exacerbates the harms associated with problematic use. We have strived to use clear, non-stigmatizing language, and have included a glossary to support effective communication.

PREFACE

Founded in 1910, the Canadian Public Health Association (CPHA) is the independent voice for public health in Canada with links to the international community. As the only Canadian non-governmental organization focused exclusively on public health, CPHA is uniquely positioned to advise decision-makers about public health system reform and to guide initiatives to help safeguard the personal and community health of Canadians and people around the world.

CPHA's membership has passed several resolutions related to illegal psychoactive substances and the need to develop strategies based on a public health approach (Appendix 1). It is also a signatory to the Vienna Declaration, which calls for "reorienting drug policies towards evidence-based approaches that respect, protect and fulfill human rights" and "implementing and evaluating evidence-based prevention, regulatory, treatment and harm reduction interventions."[5] In 2012, CPHA began development of this paper by forming a working group and reference group to assist in defining a public health approach to managing illegal psychoactive substances. This paper explicitly addresses illegal psychoactive substances as CPHA has previously published position papers on tobacco and alcohol (available on the Association's website), while the Canadian Centre for Substance Abuse is active on the issue of prescription drug misuse.

This document is presented as a discussion paper to facilitate conversations with organizations that might support a public health approach to managing illegal psychoactive substances but may suggest different approaches for accomplishing our common goals.

Executive Summary

Psychoactive substances have been used throughout human history in spiritual and religious rituals, for medicinal purposes, and by significant proportions of populations for individual reasons and as part of social interactions. Human interaction with these substances ranges from abstinence to a spectrum of use from beneficial to non-problematic, potentially harmful use, and the development of substance use disorders.

Societies manage the health, social, and economic consequences of these substances in a variety of ways with varying degrees of success. The effects of these approaches on the health of populations, however, are often overshadowed by attention to the direct effects of substance use on individuals. Currently, western societies manage illegal psychoactive substances largely through prohibition and criminalization. The laws and systems to control these substances often reflect the times and prevalent issues when they were developed, early in the 20th century, and do not coincide with current scientific knowledge and measurable experience concerning harm to individuals, families, or communities.

There is growing evidence, awareness, and acceptance that prohibition and criminalization are not achieving their intended objectives of reducing drug use and associated harms. Furthermore, it is becoming clear that prohibition has engendered an environment that fuels the growth of illegal markets, organized crime, violent injuries, and the deaths of users, dealers, and police. It also has adverse public health consequences such as accelerating the spread of HIV and hepatitis C, and increasing overdose deaths from concentrated and contaminated products.

An alternative to prohibition and criminalization exists: a public health approach that is based on the principles of social justice, attention to human rights and equity, evidence-informed policy and practice, and addressing the underlying determinants of health. Such an approach puts health promotion and the prevention of death, disease, injury, and disability as the central mission to guide all related initiatives. It also bases those initiatives on evidence of what works or shows promise of working. The *Canadian Charter of Rights and Freedoms* and several United Nations conventions provide the foundation on which to build a public health approach. Non-governmental organizations in many countries are advocating for evidence-based illegal psychoactive substances policy reform, and some governments are taking ground-breaking action. This shift to a public health approach provides a range of options with which to manage prevention, use and problematic use of illegal psychoactive substances. It also provides the flexibility to tailor the management approach to the substance being used.

Domestically, provincial and territorial governments are at the forefront of delivering public health services to address illegal psychoactive substances issues, while municipalities such as Vancouver, Toronto, and others have incorporated public health principles into local strategies. Internationally, countries such as Switzerland and Norway have developed innovative approaches that ensure that public health is central to their illegal psychoactive substance strategies. Their focus is on reducing harms and providing access to health services to all individuals who require them. Similarly, Australia has adopted innovative, public-health-centred approaches by expanding harm minimization initiatives. Portugal has decriminalized possession of all drugs, and Uruguay and the states of Colorado and Washington in the United States have legalized cannabis and incorporated a number of public-health-oriented measures such as government control of production and placing restrictions on sales to minors, driving while under the influence, and advertising.

CPHA supports the development of public health approaches for addressing the needs of people who use illegal psychoactive substances while recognizing the requirement for a public-health-oriented regulatory framework for the production, manufacture, distribution, product promotion, and sale of these products. To support the development and implementation of such a framework, this discussion paper describes how a shift to a public health approach can improve outcomes, articulates a vision for 2025, and provides a framework for action that addresses:

- Awareness, Information, and Knowledge;
- Collaboration on Strategies and Initiatives;
- Primary Prevention – Children and Youth;
- Empowerment, Harm Reduction and Treatment;
- Stigmatization and Discrimination Reduction;
- Evaluation; and
- Legislative Change.

Introduction

Psychoactive substances are products that when ingested, inhaled, injected, or absorbed through mucous membranes or the skin affect a person's mental processes, but are not necessarily associated with dependence.[6]

Human beings have been consuming these substances to alter their feelings, mood, sensations, and other mental experiences for thousands of years, with beneficial and harmful consequences. Among the first known examples are the Sumerians, who in 3400 BC were cultivating the "joy plant" (opium poppies),[7] while cannabis has been used medicinally in China since at least 3000 BC.[8] The advancement of chemistry as a science led to the extraction from natural sources of psychoactive substances such as distilled ethanol, nitrous oxide, and alkaloids. Examples of psychoactive substances that are in use today include alcohol-containing beverages, tobacco, cannabis, opium-poppy-derived products such as opium, heroin and morphine, psychedelic substances such as psilocybin-containing mushrooms, lysergic acid diethylamide (LSD) and ayahuasca, and stimulants such as cocaine and amphetamines. Examples also include new synthetic substances that have been developed in attempts to market alternatives to internationally controlled drugs (e.g., synthetic cannabinoids),[9] as well as certain prescription and non-prescription pharmaceuticals.

Societies manage the health, social, and economic consequences of these substances in a variety of ways and with varying degrees of success. One approach is to treat them as commodities to be promoted and freely traded, such as the approach to tobacco until the latter part of the 20th century. Other substances have been made illegal, with criminal penalties for production, possession or sale except under very limited circumstances. In Canada, psychoactive substances are managed through various regulatory approaches, ranging from commercialization (i.e., tobacco), state control (i.e., alcohol) and prescription (i.e., pharmaceutical drugs), to prohibition and criminalization (i.e., cannabis, methamphetamine, LSD, heroin). The latter approach defines the group of illegal psychoactive substances that are the subject of this paper.

The effects of social and economic policies on the health of populations have been identified by the World Health Organization as one of the most important challenges of the 21st century.[10] The management of psychoactive substances is no exception. The effect of social and economic policy on the health and well-being of those who use illegal psychoactive substances is not as well recognized and are often overshadowed by attention to the direct effects of substance use, such as toxicity, impairment, and addiction.

In 2002 (the year for which the most recent Canadian data is available), the direct and indirect costs associated with illegal psychoactive substances were estimated at $8.24 billion, which accounted for 20.7% of the total cost of problematic psychoactive substance use in Canada; the remaining 79.3 % of costs ($31.55 billion) were associated with tobacco and alcohol use.[12] Pharmaceutical psychoactive drugs, such as those serving psychiatric or pain management purposes, can also be associated with significant adverse individual and public health effects if used incorrectly, as described in the national strategy concerning prescription drug harms,[13] but national data on these harms are limited.

Purpose of this Paper

The purpose of this paper is to review the available information concerning the use, management, and harms of currently illegal psychoactive substances, and to provide recommendations for a future direction. The goals are to identify options and stimulate discussion that could lead to implementation of a public health approach to managing these substances. The intended outcome is to improve population health, reduce health inequities, and prevent deaths, illnesses, injuries, and disabilities associated with both the use of illegal psychoactive substances, and the policies of prohibition and criminalization currently used to manage them.

Target Audience

This paper supports CPHA's initiative to facilitate a discussion on this topic and provide a framework for action that identifies specific areas for activity, which are linked to our partners and stakeholders, including:

- the public health community;
- other non-governmental organizations and professional associations;
- federal, provincial, territorial, First Nations, Métis, and Inuit governments;
- opposition parties; and
- educational institutions.

The paper may also be of interest to concerned citizens and groups, and may be used by CPHA and other key actors to communicate public health concepts, educate the general public, and gain public support for a public health approach to illegal psychoactive substances.

Psychoactive Substances – A Primer

Psychoactive substances are chemicals that cross the blood-brain barrier and affect mental functions such as sensations of pain and pleasure, perception, mood, motivation, cognition, and other psychological and behavioral functions. The term "psychoactive" does not necessarily mean that the substance is linked to dependence or addiction.

Human interaction with such substances ranges from abstinence to a spectrum of use from beneficial to non-problematic use and potentially harmful use, to the development of substance use disorders (see Figure 1). International data confirm that people may experience a full range of use patterns, and that these patterns often involve consuming different substances at different times.[9]

Data from the 2012 Canadian Alcohol and Drug Use Monitoring Survey[14] indicate that:

- 10.2% of respondents used cannabis in the last year, 20.3% of respondents aged 15–24 had used cannabis and 8.4% of respondents aged 25+ had used cannabis;
- 1.1% used cocaine or crack;
- 0.6% used ecstasy; and
- 1.1% used hallucinogens.

Globally in 2010, it was estimated that between 3.6% and 6.9% of people (167 and 315 million people) between the ages of 15 and 64 used an illegal substance.[15]

In 2008, 17% of HIV infections in Canada were found in people who injected illegal psychoactive substances, while 66% of people who injected these substances have or have had hepatitis C.[18] Overdose accounted for 56.5% of illegal-psychoactive-substance-related deaths, and suicides related to these substances accounted for 17.4% of illegal-psychoactive-substance-related deaths.[19] In North America, illegal psychoactive substances rank tenth as a major risk factor for disease burden.[20] This ranking may be an underestimate as the harms associated with prohibition and criminalization are poorly estimated.

The total cost of harms related to psychoactive substances (including alcohol and tobacco) in Canada was estimated at $39.8 billion for 2002 (which includes direct and indirect costs, as well as direct law enforcement costs) with $8.2 billion (20.7%) associated with illegal substances.[12] The remainder was associated with tobacco and alcohol-related costs. Of the costs associated with illegal substances, $148 million was directed to prevention and research, while $5.4 billion was classified as law enforcement costs.[12]

The Auditor General of Canada estimated that the size of the Canadian illegal market for these substances was $7 to $18 billion per year, in 2001.[21] The international market has been estimated at between $100 billion and $1 trillion.[22] The economic activities associated with this market are outside the control of governments and unavailable for public use. They support organized crime, and their highly lucrative nature is an incentive for new recruits to the illegal drug market.

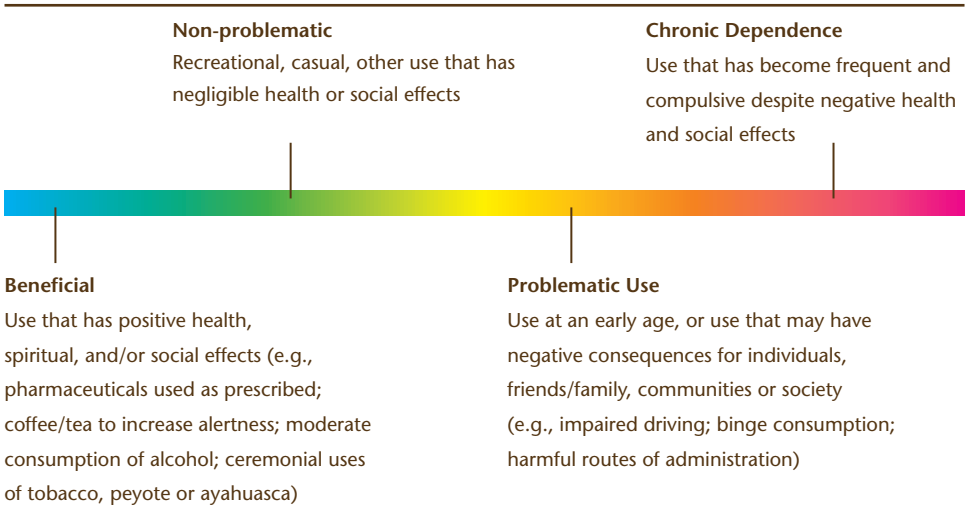

Figure 1. Spectrum of Psychoactive Substance Use
(Adapted from: "Every Door is the Right Door" [16] and "A Path Forward" [17]

Benefits and Harms

Psychoactive substance use is deeply embedded in human societies and is a complex set of behaviours arising from interactions among individuals and their physical, social, economic, and political environments.[23] It is important to recognize that these substances can also be used in pursuit of health and well-being[24] and that people consume substances for a wide variety of reasons including the anticipation of experiencing real or perceived benefits (e.g., improved social interaction, facilitated sexual behavior, improved cognitive performance, counteracting fatigue, facilitated recovery from and coping with psychological stress, self-medication for mental problems, improved physical appearance and attractiveness, and sensory curiosity — expanded perception horizon, euphoria, hedonia, and high[25]).

Substance use is also mediated by complex interactions among supply, demand, availability, accessibility, context, social norms, and the laws that govern these activities. The interaction of these factors leads to consumption and use patterns that result in harms and benefits, some of which may be mitigated or aggravated when health, social, and criminal justice services are brought to bear. Figure 2 presents a model of the inter-relationship of the determinants for harms and benefits, and Appendix 2 provides a summary of the physical, psychological, social, and economic benefits and harms associated with illegal psychoactive substances.

Scientific understanding of the determinants of problematic substance use and associated harms points consistently to the interaction of genetic, psychological, and social factors.[26] Social determinants of health such as poverty, homelessness, unemployment, and lack of social support also play key roles in determining health consequences of substance use.[27] Similarly, problematic substance use and dependency is strongly associated with a history of early physical or psychological trauma such as mental or physical distress, peer influence and dependency, physical and/or sexual abuse, abandonment, and co-morbidity involving mental illness and substance dependence.[28, 29] Many of these drivers are outside the ambit of the public safety and health care systems, but fall within the realm of public health.

Reducing "health inequity"[10]* has become an important objective of public health initiatives. The current approach to illegal substances, which relies on criminalization and punishment, often aggravates existing inequities in society by its differential application and effect on groups

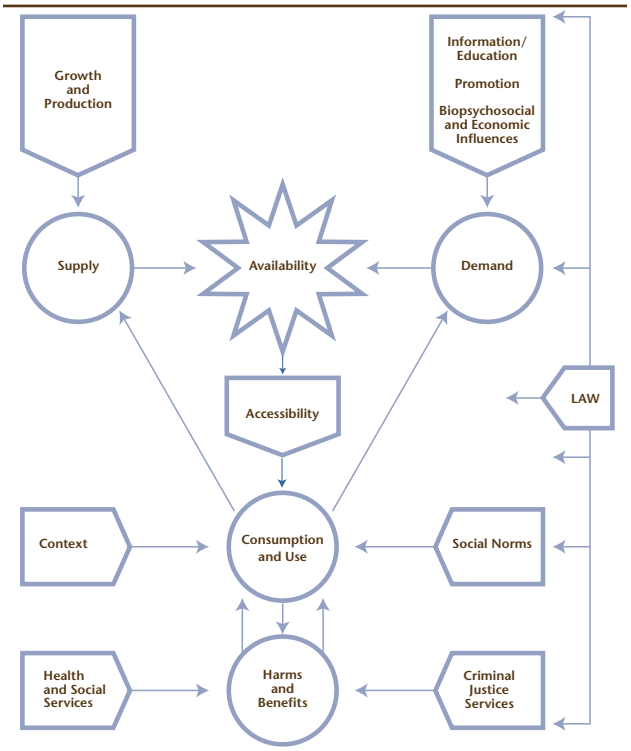

Figure 2. Determinants of benefits and harms of psychoactive substances. (Reproduced with permission from Public Health Perspectives for Regulating Psychoactive Substances by the Health Officers Council of BC.[3])

that already experience the adverse effects of inequity resulting from their social circumstances.[30] These effects are further compounded by the differential negative effects of criminalization. Within this context, a 2014 national meeting of Canadian peer-run organizations of people who use drugs, identified the following priority issues: [11]

1. Lack of access to affordable housing and gentrification;
2. Stigma and discrimination in access to housing and health care services;
3. Police harassment, criminalization, and the need for drug policy reform; and
4. Lack of harm reduction services, particularly in rural areas.

* Health inequity is defined as unfair, systematic differences in health that are judged to be avoidable by reasonable action.[10]

Management of Illegal Psychoactive Substances

The international drug control system is regulated by organizations that are part of the United Nations (UN) and include the Commission on Narcotic Drugs, the Office of Drugs and Crime, and the International Narcotics Control Board (INCB), as well as adjunct agencies that provide advice to the Commission on Narcotic Drugs, such as the Expert Committee on Drug Dependence of the World Health Organization. The INCB was established specifically to oversee the compliance of national governments with the UN's narcotic drugs control conventions. These conventions include the *1961 UN Single Convention on Narcotic Drugs*, the *1971 Convention on Psychotropic Substances*, and the *1988 UN Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances*. The UN Convention of 1988 further obligates countries to criminalize non-medical production, sale, transport, and distribution of these substances, but does not require criminal penalties for their possession or use per se.[32] These conventions form the policy underpinnings for the prohibition and criminalization of illegal psychoactive substances, and are agreed to by the majority of national governments.

In Canada, federal law to prohibit certain psychoactive substances began with the *Opium Act* of 1908, and has evolved into the *Controlled Drugs and Substances Act* (CDSA) of 1996, which criminalizes activities (including possession) for substances listed in five Schedules.[33] This Act also permits certain controlled substances to be produced, traded, and possessed for medical or scientific purposes if authorized according to the Act or its regulations (for example, the possession of cannabis under the Marihuana for Medical Purposes Regulation[34]).

The laws and systems to control many psychoactive substances that are currently in place were developed in the early 20th century and were based on racism, fear, political, moral, and economic agendas, and the scientific and medical knowledge available at the time.[35, 36] Since then, the available scientific knowledge, public health principles and experience of benefits and harms to individuals, families, or communities have evolved and alternatives to the existing approaches are being investigated.

In 2002, the Special Senate Committee on Illegal Drugs[37] identified the failures and harms of the current approach. This Committee emphasized that, in a democracy, criminal sanctions are a last resort and the State is responsible for creating a safe environment for its citizens. The Committee's recommendations included:

- adoption of an integrated policy to respond to the risks and harmful effects of psychoactive substances covering the range of substances; and
- amendment of the *Controlled Drugs and Substances Act* to create a criminal exemption scheme for cannabis.

Similar recommendations continue to be expressed by the Canadian scientific community, as well as professional and civil society groups.[3, 38-40]

Approaches to Managing Substances

Societies around the world have employed a variety of approaches to manage psychoactive substances. Most have relied on legislation and other regulatory tools, rather than public health approaches. These approaches are identified in Figure 3. This figure shows that the health and social harms associated with substances are at their maximum when their management is dominated by the extremes of regulation – either criminal prohibition or commercialization. Minimal health and social harms occur at the point where public health measures have been implemented. The particular approach selected has most often been the result of a combination of history, political ideology, culture, religion, economics, health and social considerations, and the pharmacological category of substance being managed. Table 1 provides information on the approaches that are used to implement substance control policy in Canada, some of its associated benefits and harms, and identifies examples of psychoactive substances that each approach targets.

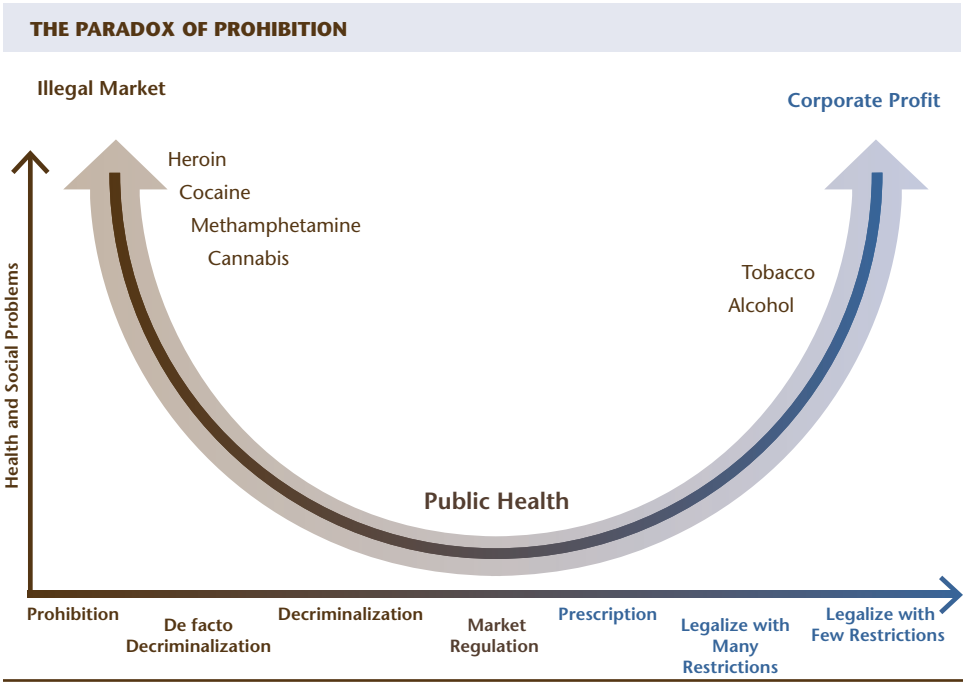

Figure 3. Adapted from Marks,[41] reproduced by permission from the Canadian Drug Policy Coalition.

Table 1. Benefits and Harms Associated with Control Policy Approaches

Policy Approach	Definition	Tools	Benefits and Harms	Example of a psychoactive substance being managed
Criminalization	Using criminal law to denounce, deter, punish, and rehabilitate those who use substances; and to reduce the associated harms on individuals, their communities, broader society, and the international community.	*Controlled Drugs and Substances Act*, surveillance, arrests, criminal trials, fines, imprisonment, probation orders, and criminal records.	**Benefits:** decrease in organized crime when enforcement activities are effectively targeted. **Harms:** organized criminal activities,[42] violence, increased availability and potency of substances,[43] ineffective deterrent,[44] social effects of incarceration.	Cannabis, heroin, LSD, cocaine
State Control[45]	Government monopolies or partial monopolies on substances.	Government controls production, marketing, and/or distribution of substances.	**Benefits:** Potential to limit sale, marketing, and consumption of products. **Harms:** Product promotion may lead to increased consumption.	Alcohol

Commercialization	Free market perspective to managing substances as commodities.	Promotion through advertising and/or sponsorship.	**Benefits:** Stricter government interventions. **Harms:** Profit is driving force, which may lead to sales promotion and maximization of consumption.	Tobacco
Prescription	Health professionals provide access to drugs, with intent to maximize the medical benefits and minimize the harms associated with substances	Prescription from healthcare providers, and dispensation by pharmacists. Product promotion through advertising.	**Benefits:** Effective for reducing the harms associated with the criminalization of opioids.[46] **Harms:** Prone to promotion by pharmaceutical companies to healthcare providers and direct-to-consumer marketing,[13] potential for the sale of legitimate prescriptions on the black market.	Methadone replacement therapies for heroin, Oxycontin, codeine; stimulants for attention deficit/hyperactivity disorder

Harms of Criminalization

It is important to distinguish the direct harms from consuming substances from the indirect harms of policies that seek to manage those same substances. The policy of prohibition has failed to be an effective deterrent to substance use,[44] and is increasingly recognized as having many harmful consequences,[4, 40, 42, 43, 47-55] including:

- Institutionalized organized crime, illegal markets, corruption, and criminal organizations that produce crime, violent injuries, and deaths;
- Accelerated spread of infectious diseases such as HIV and hepatitis by inhibiting the provision of sterile needles, crack pipe kits and opioid maintenance treatment;
- Promotion of HIV and hepatitis transmission among incarcerated people due to lack of prevention and/or harm reduction services in these settings;
- Enforcement activities that drive people who use illegal drugs away from prevention and care services into environments with increased risk of injury, disease, and other harms;
- Increased availability and potency of illegal drugs resulting in hospitalizations and overdose deaths from concentrated and contaminated products;
- Expenditure of personal resources on substances, to the detriment of basic needs such as nutrition, housing, transportation, etc.;
- Forced involvement in illegal activities;
- Creation and aggravation of health and social problems due to stigmatization and discrimination that result from criminalization, including increased health and social inequities based on, for example, gender, ethnicity, class and sexual identity;
- Crowding and slowing of criminal justice systems as a result of unsustainably high arrest, prosecution, and incarceration rates;
- Criminal detention of people who are accused of possessing illegal substances;
- Further marginalization of people who use drugs with difficult health, psychological, and social problems;
- Property damage and community disruption;
- Substance displacement where users move to other, potentially more hazardous products when supplies are disrupted;
- Ineffective school-based education for young people;
- Ecological harms related to aerial spraying of herbicides for crop control, toxicity of unregulated laboratory chemical waste disposal, and consumption of energy for growing cannabis indoors;
- Opportunity costs of allocating resources into law enforcement, judicial and correctional/penal approaches, with consequent scarcity of resources for public health and social development approaches; and
- Restrictions on research concerning their therapeutic and beneficial use (e.g., psychedelic medicine, cannabis therapeutics), as well as restricting the application of such research into mainstream therapeutic practices.

A Public Health Approach

There is an increasing awareness of the effects of prohibition and criminalization, and that these approaches are not reducing illegal substance availability, use and associated harms.[37, 50, 56-59] There is, however, growing interest in exploring innovative, evidence-based approaches and alternative strategies, despite uncertainty regarding potential benefits and harms.

This interest can be addressed by adopting a public health approach based on the principles of social justice, attention to human rights and equity, evidence-informed policy and practice, and addressing the underlying determinants of health. Such an approach would place health promotion, health protection, population health surveillance, and the prevention of death, disease, injury, and disability as the central tenet of all related initiatives. It would also mean basing those initiatives on evidence of what works or shows promise of working. It provides an organized, comprehensive, and multi-sectoral effort directed at maintaining and improving the health of populations.[60-62] The Canadian Charter of Rights and Freedoms[63]† and several United Nations conventions‡ provide the social foundation on which to build a public health approach.

A public health approach is driven by identifying and then acting on the determinants of health across the life course. This includes addressing physical, biological, psychological, and social determinants of health (such as wealth distribution, education, housing, social inclusion and other social conditions), as well as the determinants of social and health inequities (such as power imbalance, racism, classism, ageism, and sexism). It recognizes that problematic use is often symptomatic of underlying psychological, social, or health issues and inequities, emphasizes evidence-based, pragmatic initiatives, and takes into consideration social justice, equity, respect for human rights, efficiency, and sustainability. As such, it includes the perspective of people who use or are affected by problematic substance use.[64]

Incumbent to his approach is the concept that those who work with people affected by, or on issues concerning illegal psychoactive substances have the necessary education, training and skills to understand and respond to the needs of substance users and their families. This knowledge base includes an understanding of the relationship between substance use and mental disorders.

A public health approach ensures that a continuum of interventions, policies, and programs are implemented that are attentive to the potential benefits and harms of substances, as well as the unintended effects of the policies and laws implemented to manage them. The goal of a public health approach is to promote the health and wellness of all members of a population and reduce inequities within the population, while ensuring that the harms associated with interventions and laws are not disproportionate to the harms of the substances themselves.

In this context, a public health approach includes the following strategies:[62]

- health promotion as described in the *Ottawa Charter for Health Promotion*; [65] §
- health protection;
- prevention and harm-reduction;
- population health assessment;
- disease, injury, and disability surveillance; and
- evidence-based services to help people who are at risk of developing, or develop problems with substances.

Facilitators and Barriers for a Public Health Approach

The facilitators and barriers for various policy considerations that may affect the shift to a public health approach in Canada are described in Table 2. These include:

- values and principles;
- economics;
- infrastructure;

† Section 7 of the *Canadian Charter of Rights and Freedoms* provides for "…the right to life, liberty and security of the person and the right not to be deprived thereof except in accordance with the principles of fundamental justice" and was used as the legal argument for the Supreme Court decision concerning "Insite" the supervised consumption facility in Vancouver, as under Canadian law addiction is considered an illness.

‡ The *International Covenant on Civil and Political Rights*, the *International Covenant on Economic, Social and Cultural Rights*, the *Convention against Torture and other Cruel, Inhuman and Degrading Treatment*, the *Declaration on the Rights of Indigenous Peoples*, and the *International Convention on the Protection and Promotion of the Rights and Dignity of Persons with Disabilities*. [92]

§ The *Ottawa Charter for Health Promotion* describes a series of approaches that address: building healthy public policy, creating supportive environments for health, strengthening community action, developing personal skills, and reorienting health services.

- Canadian laws and regulations, and international conventions to which Canada is a signatory;
- programs and projects;
- leadership;
- evaluation; and
- research.

Strategies for facilitating a shift to a public health approach are also considered. In general, the application of a public health approach to mitigating the effects of illegal substances, coupled with public health-oriented regulation of these substances may be more successful at preventing health problems, and improving health and wellness than the continuation of the existing approach.

Table 2. Facilitators, barriers and strategies for shifting to a public health approach to managing illegal psychoactive substances.

Policy Consideration	Facilitators	Barriers	Strategies for Shifting to a Public Health Approach
Values and Principles	• Recent North American polls indicate growing public support for a more pragmatic approach to illegal substances.[66, 67] • Values and principles of a public health approach are supported internationally (i.e., Organization of American States[59] International Drug Policy Consortium[68]).	• Management of illegal psychoactive substances is subject to forces such as fear, ignorance, racism and ideology, which have been used to influence the discussion and fuel stigma and discrimination against people who use substances. • Resistance to harm reduction strategies.	• Evidence-based public education campaigns. • Re-instatement of harm reduction as a core element of the federal drug policy. • Community engagement and dialogue. • Research for evidence-based policies and programs. • Anti-stigma/discrimination strategies.
Economics	• Public-health-based regulation and taxation of psychoactive substances. Taxes could be invested in a multi-level public health response that could include health services such as prevention, harm reduction and treatment.	• Prohibition fuels organized crime, with funds and resources lost to the Canadian public. • Political and financial interests that seek to sustain a criminalization system for illegal psychoactive substances.	• Undertake an economic analysis of the current approach to managing illegal psychoactive substances, compared to a public health approach.
Canadian law, regulation, and enforcement	• Leadership by some provinces and cities in Canada in support of harm reduction measures, and the shift to a public health approach to illegal psychoactive substances. • Increasing momentum for a public health approach on a global scale.	• Illegal-substance-related violence, importation, and criminal justice costs continue to rise. • Political preference to use international conventions as reasons for not implementing public health approaches.	• Follow examples and lessons learned from provinces, municipalities, and other countries that have successfully implemented public health approaches to managing illegal psychoactive substances (Annex 1). • Work with enforcement agencies to build support for a shift to a public health approach.

Infrastructure	• Provincial/Territorial Chief Medical Officers of Health have a key role to play in moving towards a public health approach. • Canada has a robust academic and NGO sector supporting evidence-based substance use policy.	• Challenges around role clarity, regional disparities, knowledge sharing, and development of a coherent national approach.[69] • Limitations established by other competing interests and priorities.	• Issues to be addressed include defining roles and responsibilities, addressing regional disparities, and improved knowledge-sharing methodologies which may lead to a coherent national approach. • Canada has demonstrated that a powerful, multi-jurisdictional consensus can be established to enable and guide policy reform. • Evidence demonstrates the need to involve a range of non-health sectors in a coherent, public health approach to substance use.[70, 71]
Programs and Projects	• Many provinces and territories are trying to resource an evidence-based continuum of public health-based policies and services. • Evidence is available on what works at the program and system levels.[72] • The federal anti-drug strategy has funded system and program-level improvements. • Evidence exists to support harm reduction strategies.	• Regional disparities and inconsistent access to prevention, treatment, and harm reduction programs across the country. • Canada does not have national evaluation and performance measurements for programs and services concerning psychoactive substances. • Reluctance to experiment at provincial or local levels because of federal control of the legal and regulatory apparatus.	• Establishment of a national process or commission for the evaluation of programs and services. • Allow municipal, provincial and territorial governments to experiment with public health based illegal psychoactive substances management strategies.
Leadership	• A growing number of organizations are calling for a shift to a public health approach to psychoactive substances (e.g., Health Officers Council of British Columbia, CPHA, Canadian Drug Policy Coalition, Canadian Nurses Association, Assembly of First Nations, and Canadian Association of Social Workers). • Local governments have shown important leadership.[73, 74]	• The federal anti-drug strategy has eliminated mention of harm reduction, and leadership has been assigned to the Ministry of Justice.[75] • Current “tough on crime” ideology.	• Formation of a coalition of like-minded NGOs, professional associations, and others to act as a champion and advocate for a public health approach. • Federal Government should move the lead on its anti-drug strategy back to Health Canada.

Surveillance, evaluation, and research	• Canada has several strong loci of expertise associated with these areas.	• Gaps in knowledge base, including a lack of quantitative information on the costs and harms of the current approach. • Challenge of data collection due to methodological variation among provincial/ territorial systems, and at the service level. • Limited investigation on the potential therapeutic uses of illegal drugs.	• Look to the European Monitoring Centre for Drugs and Drug Addiction. • Support research concerning the benefits of currently illegal psychoactive substances.

Risks Associated with a Public Health Approach

The shift to a public health approach is not without risk. One, in particular, is that commercial interests could identify an opportunity that may result in pressure to establish an economic orientation. Maintaining a public health approach for these substances will require continued vigilance concerning this risk and comprehensive regulation to avoid profit-driven production, marketing and sales of psychoactive substances. Compounding this risk is the notion that taxation may become an attractive feature of moving away from prohibition, as it could provide additional revenue to provincial and federal governments, similar to the revenues collected from tobacco and alcohol sales. The effect of taxes on elevating prices may act as a deterrent for some groups, particularly youth. However, as was seen with the appreciation of tobacco taxes in the 1980s, there is increased likelihood for illegal market sale of products.[76]

Another concern that arises is the notion that decriminalization policies will tacitly encourage substance use, particularly among youth. It is important to note, however, that prohibition and criminalization are not currently effective deterrents from accessing or using drugs for some youth. In Canada, 28% of youth aged 11, 13, and 15 have reported recent cannabis use, the highest rate among western countries.[77] The evidence indicates, however, that a public health approach will be effective in minimizing harms among young people when there is an absence of product promotion, and there is inclusion of evidence-based education to build resiliency, and programs are available for the early identification and treatment of youth with problematic substance use patterns. For example, with the adoption of a public-health-focused drug policy in Switzerland, the perception of opioid addiction among Swiss youth has changed from that of a rebellious act to one of an illness requiring maintenance and treatment.[77]

Public Health Initiatives

In Canada

The federal government has implemented public health initiatives to address the harms associated with psychoactive substances, while the provincial and territorial governments, along with their regional and local public health service partners, are delivering public health services to address these issues. Examples of the services provided as a result of the municipal drug strategies found in Vancouver[73] and Toronto[74] help to illustrate the public health approach in action. These approaches balance interdepartmental cooperation and coordination to address both public order and public health concerns. The City of Vancouver's Four-Pillars Drug Strategy[73] encompasses:

- **Prevention:** recommendations are provided that address a variety of social determinants of health that influence addiction, including public education, employment training, supportive and transitional housing, and easily accessible health care.
- **Treatment:** a range of intervention and support programs, including withdrawal management.
- **Harm reduction:** improvements to the health outcomes of individuals who suffer from addiction by providing interventions that decrease the open drug scene, reduce the spread of HIV and hepatitis C, and decrease overdose deaths. For Vancouver, this includes the use

of supervised consumption services, as well as harm reduction supply services.
- **Enforcement:** a focus on peace and public order to reduce crime, while protecting the most vulnerable populations. It includes law enforcement referrals to treatment and counseling.

The Toronto Drug Strategy uses a similar approach grounded in principles such as respect for dignity, diversity, and the rights of the individual. The strategy's recommendations include enhancing Toronto's prevention, harm reduction and treatment programs, improving income security and access to affordable and supportive housing, and promoting alternatives to incarceration.[74]

Toronto Public Health delivers a range of prevention initiatives for children, youth and their families. They also deliver harm minimization services for substance consumers, including needle exchange, safer crack use supplies, immunization and HIV/hepatitis B testing, opiate substitution treatment, counselling and referrals, and a peer-based naloxone distribution program. Services are also delivered through a mobile outreach initiative to reach individuals in under-served areas of the city.[74]

In addition to opioid maintenance treatment services, Vancouver and Montreal have also taken part in the North American Opiate Medication Initiative (NAOMI), a study that confirmed the effectiveness and feasibility of pharmaceutical grade diacetylmorphine (heroin) assisted therapy for people who do not respond well to methadone maintenance treatment.[78,79] British Columbia doctors involved in the study received authorization to prescribe heroin to approximately 15 patients.[80]¶ Similarly, Vancouver's supervised consumption service, Insite, has had remarkable success in meeting the health needs of those who have injected drugs over the long term[81] and have historically been difficult to reach by conventional services.

In Other Countries

Within the construct of the United Nations conventions on illegal psychoactive substances, jurisdictions have implemented various approaches to address illegal substances from a public health perspective. Although each structure reflects the legal, social, and cultural concerns of the jurisdiction, these approaches provide evidence for the effectiveness of a public health model to managing illegal psychoactive substances. A summary of the approaches that are being used internationally can be obtained by contacting the association at policy@cpha.ca.

Changes in certain countries (Switzerland, Norway, Portugal, Australia, New Zealand, and elsewhere in the Americas) have particular relevance for Canada due to their proximity, trade relations, political structure, and international agreements. The approaches taken by each country embody one or more of the cornerstones of a public health approach to illegal psychoactive substances. For example, Switzerland has focused on decriminalization and harm reduction with measures in place to address its international relationships. Norway is focused on upholding the human rights and dignity of people who use drugs, while encouraging treatment and abstinence. Australia recognizes the social and health inequities associated with dependence and addiction, and formulated its drug policy to include alcohol and tobacco, making the majority of Australians stakeholders in the policy.

In 2001, Portugal decriminalized possession of all drugs and shifted their emphasis to addressing health issues. This change led to reductions in problematic substance use, drug related harms, and criminal justice overcrowding.[82, 83] New Zealand recently passed and implemented their *Psychoactive Substances Act* that establishes a public-health-oriented regulation of certain psychoactive substances for non-medical use if they "pose no more than a low risk of harm."[84] This will allow manufacturers to submit products for approval according to government specifications and people who use drugs to purchase their supply from strictly regulated retail outlets. In the Americas, Uruguay, and the states of Colorado and Washington have legalized cannabis with an accompanying introduction of elements of a public health approach. The way in which these approaches have been implemented are aspects that Canada may wish to consider.

¶ It should be noted that this authorization has not been implemented as the federal government changed the regulations to prevent further authorizations. This change has resulted in a court challenge based on the *Charter of Rights and Freedoms*, which is under review at the time of writing.

Renewing the Agenda—A Vision for 2025

CPHA has a vision for Canada by 2025. Our goal is to stimulate further discussion by describing an evidence-based vision for illegal psychoactive substance policy in Canada. The vision is based on the premise that agreements can be reached among public safety, public health, economic, and civil society interests at the municipal, provincial, and federal levels to establish a public health approach for managing illegal psychoactive substances. The discussions leading to these agreements need to include those who choose to use illegal substances, and include their viewpoints into the final agreements.

To achieve this vision, the necessary regulatory frameworks, and a range of policies and programs will have to be established and implemented that respond to the options of abstinence through various points along the spectrum of psychoactive substance use. Illegal substances could then be regulated from a public health perspective and users of these products would have access to the information, consumer protection and health services options that address their needs. From that point, it will be possible to have a fulsome discussion concerning the effective regulation and control of these substances. Incumbent with this shift is the requirement to continue to protect society and maximize harm reduction, while minimizing any unintended negative consequences.

Given the above, the following describes our vision for Canada's approach to illegal psychoactive substances in 2025. By describing our vision, we look to engage a wider group of interested organizations and individuals to develop a common vision for an improved, more humane and effective approach to managing illegal psychoactive substances in Canada.

A Policy Perspective

Canada joins the growing number of countries that have endorsed and implemented a public health approach for managing psychoactive substances. This approach involves the coordinated efforts of those responsible for public safety, public health, economic and social concerns at all levels of government. It provides a balanced approach to the management of psychoactive substances, which results in minimizing their associated harms and realizing any potential benefits. This approach encompasses a coordinated, evidence-based system that supports the health and human rights of people who use substances in a manner that does not harm others. It involves focused and ongoing attention to the determinants of health, with equity as a strongly held value. This approach is guided by the direction provided in the *Canadian Charter of Rights and Freedoms* and the United Nations conventions supporting human rights.

The *Canadian Psychoactive Substances Strategy*, which describes the principles, assumptions, goals, objectives, and strategies that underpin Canada's approach, is regularly reviewed and updated. The Strategy respects the autonomy of provincial, territorial, First Nations, Inuit, Métis, and local governments. It encourages and supports innovative practices, includes a dynamic national research agenda, evaluation and performance monitoring standards, and supports ongoing knowledge exchange.

Criminal prohibition of illegal psychoactive substances has been replaced by a public-health-oriented regulatory program to manage the production, sale, and distribution of substances. Product promotion is restricted, and exposure of youth to product promotion is prohibited. Retail models that allow for access while protecting public health are in place. Emphasis is placed on the public interest, resulting in a more coherent approach to all psychoactive substances. As psychoactive substance management is now a matter of individual preference and public health management, provincial and territorial governments use their constitutional authority to establish management systems with health protection, health promotion, prevention, and harm reduction as the driving imperatives.

The Government of Canada supports these activities and, in partnership with First Nations, Inuit, Métis, and other partners and stakeholders, coordinate's cross-jurisdictional management of issues, and deals with matters of international concern. International drug control treaties have been re-interpreted and modernized to support public health and human-rights-oriented approaches to psychoactive substances.

Legal Perspective

Possession of psychoactive substances for personal use is no longer criminalized, and the state begins regulating the

supply chain from a health promotion and public health protection perspective. This includes comprehensive public-health-oriented regulation of the production, distribution, sale, and promotion of these substances. Systems are established by coordinating provincial and federal laws and regulations. Provinces and Territories are developing retail models in collaboration with local governments and First Nations, Inuit, and Métis communities.

Police forces have a variety of enforcement options to move those whose problematic use brings them into contact with police away from the court system, and are focusing their efforts on addressing the illegal production, importation, and sale of psychoactive substances. At the individual level the focus of police services is on reducing the harm associated with problematic use. Police forces partner with government inspectors to monitor government-regulated producers and outlets. The illegal markets that were run by organized crime are being marginalized.

There is a reduction in the prison population as possession is no longer an offence. Police are able to focus on more serious criminal and public safety issues.

Public Health Perspective

Efforts are focused on addressing the social determinants of problematic substance use, moderating consumer demand for psychoactive substances, reducing harm, and improving the health of individual users, communities, and populations. It is recognized that adverse early life events and conditions play an important role in initiating drug use. Access to appropriate treatment is available for youth who demonstrate the symptoms of early onset problematic psychoactive substance use.

Evidence-based health promotion, prevention, harm reduction, and treatment programs are expanded, accessible, equitably distributed, and include programs that address a range of use patterns from abstinence to heavy use, and serve people who have concurrent mental illness and substance use disorders, as well as their families.

There is a substantial reduction of harms such as fatal overdoses and new infections of HIV and hepatitis C, and access to treatment for these diseases is consistently available to people who use illegal psychoactive substances.

Social and Health Service Policy Considerations

The social environment has evolved so that it is free of stigma and discrimination for people who use psychoactive substances. In addition, individuals and their families do not have to deal with the impact of criminal charges for illegal psychoactive substances possession.

Services and support systems are equitably available across the country and include:

- health promotion and disease prevention;
- accessible and high quality mental health services;
- low-threshold treatment options;
- substance substitution options;
- cessation supports;
- supervised consumption services; and
- recovery, social support and rehabilitation programs.

Programming that is appropriate to culture, age, sexual orientation, and gender is the norm. Hospital visits and mortality associated with psychoactive substances continue to decline, largely due to prevention of overdose, the availability of safer products with known potency, reduction in the level of addiction, and fewer incidents resulting in injury. Ceremonial and religious uses of psychoactive drugs are accommodated.

The social norms of youth and young adults reflect a lack of tolerance for the inappropriate use of psychoactive substances. The risks and determinants of psychoactive substance use are openly discussed in schools and at kitchen tables.

Research

The therapeutic benefits of a broader range of psychoactive substances are being investigated and realized, while improved approaches to minimizing the harms of psychoactive substances are being investigated and implemented.

Surveillance and Evaluation

Surveillance data demonstrates that the rates of problematic substance use and the associated harms are declining steadily. Rigorous ongoing evaluation is in place that supports accountability for effective and efficient public-health-oriented management of psychoactive substances.

Result

The goal of having a cost-effective approach is realized, and the expenses associated with enforcement and incarceration are minimized. As these products become more effectively regulated, provincial and federal taxes on the markets for psychoactive substances support the costs associated with the system.

The Canadian experience is cited as an international best practice in achieving a balance between promoting and protecting public health and public safety, while respecting the rights of those who consume substances.

Framework for Action

The preceding vision provides the foundation for a series of actions that, if adopted, could establish a public health approach to the management of psychoactive substances in Canada. Our intent is to demonstrate the broad range of improvements possible, but we realize that specific actions need to be developed that address the interests and concerns of all stakeholders. We also realize that it is impossible to unilaterally address them all. Rather, this list should be viewed as a range of opportunities that may be addressed in a logical manner.

Awareness, Information, and Knowledge

CPHA calls upon the public health community to support:

1. Public awareness campaigns to sensitize the Canadian public about the need for a public health approach to managing illegal psychoactive substances.
2. An analysis of the positions taken by federal and provincial political parties across Canada with respect to illegal psychoactive drugs.
3. Monitoring and dissemination of information about the changes to regulatory frameworks and outcomes for psychoactive substances in other countries.

CPHA calls upon the Government of Canada to:

1. Initiate and support a process to develop a new national research agenda and knowledge translation and exchange strategy to support a shift to a public health approach for managing illegal psychoactive substances.
2. Initiate and support a process to encourage research on stimulant substitution/maintenance treatment, psychedelic medicine, and other therapeutic uses of currently illegal substances.
3. Establish a national monitoring capacity to compile and disseminate comprehensive data on psychoactive substances demand, supply, use, harms, dependency, concurrent disorders and addiction.
4. Communicate and engage with international organizations on drug policy reform.

CPHA calls upon all governments, colleges, universities, and professional associations to:

1. Embed the principles, policies and practices of a public health approach to illegal psychoactive substances within health, public health, allied health, police and correctional services professional core curricula, certification, and continuing education courses.

Collaboration on Strategies and Initiatives

CPHA to engage a broad range of partners from the public, private and non-governmental sectors to:

1. Collaborate on a communications and advocacy strategy to promote the adoption of a public health approach for managing illegal psychoactive substances in Canada.

CPHA calls upon the Government of Canada to:

1. Collaborate with partners and stakeholders on a multi-sectoral knowledge translation and exchange strategy to support the shift to a public health approach for managing illegal psychoactive substances.
2. Work with partners and stakeholders to develop a comprehensive psychoactive substances strategy for Canada based on a public health approach.
3. Move the lead on its "Anti-Drug Strategy" back to Health Canada.
4. Re-instate harm reduction to the federal illegal psychoactive substance policy.
5. Initiate and support a national, multi-sectorial, dialogue on drug policy that would include a discussion of the values, principles, assumptions, goals, and objectives that should guide the reform of laws, policies, and programs.
6. Undertake a cross-jurisdictional and multi-sectoral consultation process to prepare Canada's input to the 2016 UN General Assembly's Special Session on Illicit Drugs.
7. Promote an evidence-based approach to drug policy internationally by:
   a. working with and learning from other countries that are implementing a public health approach, and
   b. supporting other countries in their efforts to implement a public health approach.

CPHA calls upon federal, provincial, territorial, First Nations, Métis, and Inuit governments to:

1. Encourage and support all partners and stakeholders to make recommendations for public-health-oriented psychoactive substances policies, regulations, and programs.
2. Establish cross-government coordinating structures to ensure coherence of policy approaches to illegal substances, based on over-arching public-health-oriented goals and objectives.
3. Support and encourage dialogue between public health and enforcement organizations to develop mutual understanding and collaboration on shifting towards a public health approach.

CPHA calls upon political parties at all levels to:

1. Collaborate in cross-party discussions on shifting to a public health approach to psychoactive substances in Canada.

Primary Prevention - Children and Youth

CPHA calls upon the Government of Canada to:

1. Improve youth outreach efforts to create a pragmatic national dialogue about the promotion of child and youth health, well-being and resilience, the prevention of problematic substance use, and the use of evidence-based measures to prevent child and youth harms.

Empowerment, Harm Reduction and Treatment

CPHA calls upon federal, provincial, territorial, First Nation, Métis and Inuit governments to:

1. Support broad implementation of evidence-based harm reduction measures, including overdose prevention and blood-borne pathogen prevention, where they are appropriate to the needs of their communities.
2. Collaborate with other health organizations, alliances and coalitions, to develop policies and programs to support harm reduction services.

CPHA calls upon all governments and relevant NGO's to:

1. Commit to the meaningful involvement of people who use substances as part of the development, implementation and evaluation of substance–related legislation, policies and programs.
2. Advocate for the development and support of groups for people who use drugs both locally and nationally.

Stigmatization and Discrimination Reduction

CPHA calls on the Canadian Centre on Substance Abuse, the Mental Health Commission of Canada and other partners to:

1. Implement the anti-stigma and discrimination recommendations in the National Treatment Strategy and expand existing mental health initiatives regarding stigma and discrimination to include those associated with psychoactive substances use.

Evaluation

CPHA calls upon the Government of Canada to:

1. Undertake a review of the evidence of the impact, effectiveness, costs, and benefits of implementing prohibition as codified in the federal *Controlled Drugs and Substances Act* and *Regulations*, including an evaluation of the current harms assessment and classification process for psychoactive substances.
2. Coordinate a cross-jurisdictional and multi-sectoral process to ensure a coherent, national evaluation and performance measurement process to be applied to the full range of policies, programs, and services concerning psychoactive substances, including prevention, harm reduction, treatment and enforcement.

CPHA calls upon federal, provincial, territorial, First Nation, Métis and Inuit governments to:

1. Undertake an economic analysis of the cost-effectiveness of the current prohibition and criminalization approach in comparison to the cost-effectiveness of a public health approach.
2. Assess the impact of policies under their control to ensure that they support a public health approach to illegal substance use.
3. Collaborate in developing a coherent approach to scrutinizing, evaluating and sharing results of emerging approaches to illegal substances.
4. Embed evaluation and review in all policies and programs related to psychoactive substances.

Legislative Change

CPHA calls upon the Government of Canada to:

1. Support the development and evaluation of public-health-oriented regulatory changes for managing cannabis in Canada.
2. Plan for and implement public-health-oriented legislative approaches for other illegal psychoactive substances.

Glossary

Abuse - The term "abuse" (and its alternative, "misuse") is avoided because it is a vague term that stigmatizes people who use drugs. *"…moral labels, such as 'drug abuse,' may suggest that those experiencing problems with substances are 'bad' people. The term 'abuse' in other contexts is commonly associated with violent behaviour of people who harm children, elders, spouses, or animals. If someone is harming themselves through the use of substances, labeling them as an 'abuser' will likely discourage them from seeking help."* [85]

In the recent World Drug Report, the United Nations Office of Drugs and Crime recognizes the problems inherent in the terms misuse and abuse. ("Since there is some scientific and legal ambiguity about the distinctions between 'drug use,' 'drug misuse,' and 'drug abuse,' the neutral terms 'drug use' and 'drug consumption' are used in this report.")[15]

Accessibility – The ease with which one may obtain a substance. It is a function of availability and other control measures that limit or facilitate purchase such as price, age requirements, and social networks that may be a source.

Availability – The probability of being able to encounter or be exposed to the option of obtaining a substance. For example, availability may be determined by numbers of outlets, restrictions on density of retail outlets, or hours of operation.

Commercialization – The process of marketing a substance in a manner that treats it primarily as a product for consumption. Restrictive measures on marketing activities may be included secondarily to the status of the product as a freely marketed commodity. Emphasis is on profitability.

Consumption – Refers to the act of taking a substance into the body by ingestion, inhalation, injection, or absorption via mucous membranes or through the skin.

Criminalization – To make punishable under the Criminal Code of Canada and related statutes. "The process leading up to and including the finding of guilt for a criminal offence, as well as the consequences following the designation of a criminal label."[86]

Decriminalization – Prohibition with civil penalties, such as fines and administrative sanctions.[50]

Demand – The population's willingness to purchase substances at a given price,[86] which is driven by a number of factors including:

- Promotion of products (e.g., advertising);
- Information and education about the harms and benefits of the substance; and
- Bio-psychosocial and economic influences.

Discrimination – The unjust or prejudicial treatment of different categories of people, especially on the grounds of race, age, or sex.[87]

Determinants of health – The following complex set of factors or conditions that determine the level of health of every Canadian: income and social status; social support networks; education and literacy; employment/working conditions; social environments; physical environments; personal health practices and coping skills; healthy child development; biology and genetic endowment; health services; gender; and culture.[88]

Evidence-informed (evidence-based) – "Means that decision making processes related to policy or practice have included a conscientious review and judicious integration of the best available research evidence, professional expertise, and practical wisdom. When the term "evidence-informed" or "evidence-based" is used, it should always be accompanied by a clear description of the nature of the evidence it speaks to."[4]

Harm reduction – "is a pragmatic response that focuses on keeping people safe and minimizes death, disease, and injury from high-risk behaviour. At the conceptual level, harm reduction maintains a value-neutral and humanistic view of drug use and the drug user. It focuses on the harms from drug use rather than on the use itself. It does not insist on or object to abstinence and acknowledges the active role of the drug user in harm reduction programs. It involves a range of strategies and services to enhance the knowledge, skills, resources, and supports for individuals, families, and communities to be safer and healthier."[89] Harm reduction interventions aim to reduce adverse consequences without necessarily reducing drug use and include measures such

as needle, crack pipe and other harm reduction supply distribution programs, take home naloxone programs to prevent overdose fatalities, substitution maintenance therapies, supervised consumption services, and street drug testing programs[90].

Health inequities – The systematic and potentially remediable differences in one or more aspects of health across socially, economically, demographically, or geographically defined population groups or subgroups.[10]

Health Promotion – Defined by the *Ottawa Charter for Health Promotion*[65] it is the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental, and social well-being, an individual or group must be able to identify and to realize aspirations, satisfy needs, and change or cope with the environment. The Charter outlines prerequisites for health including peace, shelter, education, food, income, a stable eco-system, sustainable resources, social justice and equity. A key theme is "coordinated action by all concerned".

The Charter defines the five components of health promotion as:

- Building healthy public policy;
- Creating supportive environments for health;
- Strengthening community action;
- Developing personal skills; and
- Reorienting health services.

Health protection – Includes measures such as policies and legal tools that control the supply chain to minimize the potential for harms from substances to individuals and those secondarily affected, and includes laws about production, manufacture, wholesale, distribution, retail, product promotion, purchase and consumption. Examples include laws to establish governmental control bodies, retailer hours and densities, and purchaser age limits, obligations to provide health promotion information, and product constituent, labeling, and promotion requirements.

Human rights – Rights that are believed to belong justifiably to every person.[87]

Illegal and Illicit – The term "illegal" rather than "illicit" is used because of the judgmental connotations of "illicit." "Illicit" is a broader term that contains moral and ethical connotations of being wrong or bad. Use of "illicit" can suggest that people who consume substances are bad people, thereby reinforcing stigmatization of people who consume substances. "Illegal" is an objective term that anchors the discussion in the legal status of the substance and avoids the subjective connotations.

Legalization – Non-specific term that refers in a general sense to removal of criminal sanctions for possession, production, distribution and sale of substances. It includes a number of measures such as decriminalization, depenalization, and other regulatory measures. Due to its non-specific nature the use of this term is discouraged in favour of use of the more specific terms, i.e.,:

- *De facto* legalization (i.e., prohibition with an expediency principle—laws are not enforced at select stages).[50]
- *De jure* legalization (i.e., explicit laws that permit use).[50]

Prevention measures include low barrier blood testing, immunization programs, screening and brief intervention, evidence-based education, and social marketing.

Problematic Substance Use – "Problematic substance use refers to instances or patterns of substance use associated with physical, psychological, economic or social problems or use that constitutes a risk to health, security or well-being of individuals, families or communities. Some forms of problematic substance use involve potentially harmful types of use that may not constitute clinical disorders, such as impaired driving, using a substance while pregnant, binge consumption and routes of administration that increase harm. Problematic substance use is not related to the legal status of the substance used, but to the amount used, the pattern of use, the context in which it is used and, ultimately, the potential for harm."[16]

Product promotion – Comes in many forms and includes advertising, branding/naming, sponsorship, gifting, product association with films, leading personality recruitment, associating use with attractive activities such as sporting, socialization, sex, and vacations; pricing reductions (i.e., loss leaders); labelling suggestive of pleasure, enhanced performance, over stated benefits; associations with pleasant activities; and creation of similar products for children or youth-attractive products.

Prohibition – "Policy under which the cultivation, manufacture, and/or sale (and sometimes the use) of a psychoactive drug are forbidden (although pharmaceutical sales are usually permitted). The term applies particularly to alcohol...Prohibition is also used to refer to religious proscriptions of drug use, particularly in Islamic countries".[6]

Psychoactive substances – Substances that when taken in or administered into one's system, affect mental processes (e.g., cognition). "Psychoactive" substances are not necessarily associated with dependence.[6] Typical examples include alcohol, tobacco, cannabis, opium poppy derived products, psychedelic substances such as psilocybin-containing mushrooms, and stimulants such as cocaine and amphetamines.

Public Health – "An organized activity of society to promote, protect, improve, and when necessary, restore the health of individuals, specified groups, or the entire population. It is a combination of sciences, skills, and values that function through collective societal activities and involve programs, services, and institutions aimed at protecting and improving the health of all people. The term "public health" can describe a concept, a social institution, a set of scientific and professional disciplines and technologies, and a form of practice. It encompasses a wide range of services, institutions, professional groups, trades, and unskilled occupations. It is a way of thinking, a set of disciplines, an institution of society, and a manner of practice. It has an increasing number and variety of specialized domains and demands of its practitioners an increasing array of skills and expertise."[60]

Regulating/Regulated – A process of establishing formal legal rules for psychoactive substances growth, production, distribution, retailing, promotion and other related activities that relies primarily on administrative and civil law, rather than criminal law, as the primary legal instruments. A regulatory framework can include criminal law as a component or actions where others are harmed by an individual's or company's actions.

Stigmatization – A process by which people are labeled as different and the differences are linked to negative stereotypes. The labeled people are placed into distinct categories to separate "us" from "them", and the label leads people to experience disapproval, rejection, status loss, exclusion, and discrimination. The term "stigma" is often used in place of stigmatization (adapted from description in Battin et al).[91]

Use – Consumption of substances with a specific intent in mind, and implies a utilitarian reason for consumption.

Appendix 1: CPHA Resolutions and Actions Regarding Illegal Psychoactive Substances and Harm Reduction

- 2011: CPHA became a signatory to the Vienna Declaration (the declaration of the 18th International AIDS Conference), a statement stressing that conventional illegal drug policies have failed to achieve their intended objectives and that evidence-based public health approaches are urgently needed
- May 2011: CPHA appears before the Supreme Court of Canada as an intervenor on behalf of Insite. The Court hands down its landmark judgment on September 30, 2011
- 2009: CPHA endorsed the development of Lower Risk Cannabis Use Guidelines. The focus of these guidelines is on modifying behaviours to reduce health harms and modifying changes in use patterns and practices or by using safer equipment.
- June 2008: CPHA released a statement commending the Supreme Court of British Columbia for granting Insite an exemption to the application of subsections 4 and 5 of the *Controlled Drugs and Substances Act*
- 2007 CPHA Resolution No. 2 – Regulation of Psychoactive Substances in Canada — calls for a national psychoactive substances regulation steering group to propose policy and regulatory improvements, guided by a comprehensive policy framework based on a public health approach.
- 2004 CPHA Resolution No. 3 – Psychoactive Drugs – A Public Health Approach — calls to advocate that a public health approach be used in the development and implementation of a proposed national framework for action on substance use and abuse in Canada.
- 1997 CPHA Resolution No. 14 - HIV/AIDS and Injection Drug Use Resolution calls for federal, provincial and territorial governments to adopt and implement the recommendations of the National Task Force on HIV, AIDS and Injection Drug Use founding the "HIV, AIDS and Injection Drug Use: A National Action Plan."
- 1993 CPHA Position Paper on HIV/AIDs Recognizes illegal drugs and addiction as a public health issue and harm reduction strategies such as needle exchange as being integral to the reduction of HIV transmission and overall health promotion and protection.

Appendix 2: Benefits and Harms Associated with Psychoactive Substances

	Benefits	Harms
Physical	• Pain relief • Assistance with sleep • Decreased risk of cardiovascular disease • Increased endurance, stimulation or diminution of appetite	• Toxicity • Injury or death • Infectious and chronic diseases • Neurological damage and fetal alcohol spectrum disorder • Aggravation of existing physical disorders
Psychological	• Relaxation • Relief of stress and anxiety • Increase alertness • Assistance in coping with daily life • Mood alteration • Pleasure • Performance or creativity enhancement	• Depression • Impaired thinking • Psychosis • Maladaptive coping behaviours • Dependency • Addiction • Aggravation of existing mental disorders
Social	• Facilitation of social interaction • Religious, spiritual or ceremonial use	• Family violence • Financial hardship • Crime • Vehicular incidents and violations • Stigmatization and discrimination
Economic	• Business and industrial activity • Wealth generation • Employment creation • Agricultural development • Tax revenue generation	• Lost productivity • Costs of health, social, and criminal justice services • Property damage • Illegal economic activities that avoid taxation and distort/impair legal markets

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