Policy Brief: CSAM-SMCA in Support of the Decriminalization of Drug Use and Possession for Personal Use

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INTRODUCTION

Current Canadian drug policy reflects an antiquated understanding of substance use as originating from moral failure. Although Substance Use Disorder is now better understood as a multifactorial chronic remitting and relapsing disease defined in the DSM-5, existing policies continue to criminalize drug use, further exacerbating existing health inequities. This policy brief will summarize the resulting harms from the criminalization of drug use and the available evidence of an increasingly supported alternative referred to as decriminalization. Based on this growing body of evidence, the Canadian Society of Addiction Medicine (CSAM) endorses the decriminalization of drug use and possession for personal use.

EVIDENCE THAT CRIMINALIZATION IS INEFFECTIVE

Current Canadian drug policy originates with the Controlled Drugs and Substances Act of 1996 which categorizes various substances by corresponding punitive consequences implemented through the criminal justice system. It is noteworthy that this deliberation between legal and illegal drugs does not correspond with their associated harms. A multicriteria decision analysis determined that the most harmful drug is alcohol (which remains legal) and that some drugs with minimal harms such as LSD or mushrooms remain illegal.1 Nevertheless, the policy's stated purpose of sentencing is to contribute to the "maintenance of a just, peaceful and safe society while encouraging rehabilitation, and treatment in appropriate circumstances".2 However, this policy is neither maintaining public safety nor is it encouraging rehabilitation and treatment.

First, consider the criminal justice system's ineffectiveness in mitigating the prevalence and associated harms of drug use. The rate of offences for drug possession has remained relatively steady from 2014 to 2018 (18.73 to 19.1 per 100,000).3 Yet the Canadian Tobacco Alcohol and Drug Survey reported an increase in past-year illegal drug use (excluding cannabis) from 678,300 in 2015 up to 987,800 in 2017.4 A majority of drug users in Vancouver have reported most illegal drugs were readily available within 10 minutes, despite a renewed emphasis on drug law enforcement at that time. The opioid crisis—first declared a public health emergency in British Columbia in 2016—continues to worsen, with 14,700 opioid-related deaths between 2016 and 20165 despite significant resource allocation toward the criminal justice system. The costs of illegal substances (excluding cannabis) on the Canadian criminal justice system were approximately $4 billion in 2014.6

Second, consider the harms associated with a criminal conviction according to the Canadian Bar Association: challenges with housing, employment, inability to volunteer or travel, and possible deportation for immigrants. Persons with a history of imprisonment are half as likely to obtain an appointment with a family physician (that controls (despite a universal healthcare system). Prospective tenants have also been requested to provide criminal records, which is a discriminatory practice. For those on social welfare in prime working age, 15% cited the "need for record suspension" as a critical barrier to employment.7