

The National Anti-Drug Strategy: A CAMH Response **September 2008**

The Centre for Addiction and Mental Health, (CAMH) is Canada's leading mental health and addictions teaching hospital. CAMH has played a central role in developing drug policies at the municipal, provincial, and federal levels. CAMH has participated in the development of drug strategies in several municipalities across Ontario and has been one of the key organizations involved in the *National Framework for Action to Reduce the Harms Associated with Alcohol and Other Drugs and Substances in Canada* (National Framework). This work, along with our clinical, health promotion and research work in addictions and drug policy puts us in a strong position to provide a response to the federal National Anti-Drug Strategy (NADS).

In October 2007, when NADS was released, CAMH commended the federal government for making the prevention and treatment of problematic substance use a priority nationally. We applaud the government for the announcements it has made in the initial months of the strategy including investments in treatment services and supports, programs for First Nations and Inuit and services for Vancouver's downtown eastside community.

While we commend the focus of the NADS on prevention and treatment, we are concerned about what is not included and what has been purposefully left out of the strategy. It is our position that Canada needs a comprehensive, national drug strategy that includes policies on **alcohol**, **prescription drug abuse** and **harm reduction**. CAMH believes that problematic substance use is a health issue, first and foremost. Our national drug strategy needs to reflect the evidence available on approaches to minimizing harms of problematic substance use and controlling restricted substances. The evidence has clearly shown that alcohol use and prescription drug abuse cause significant harm to individuals and society and that harm reduction approaches have the potential to reduce the harms to health from alcohol and other drugs.

The Government of Canada has successfully developed other national strategies that are comprehensive in scope. The Federal Tobacco Control Strategy (FTCS) is one such strategy that incorporates protection, prevention, cessation, and harm reduction. To reduce the costs and harms to society from alcohol and other drugs requires a national drug strategy that is equally inclusive. (Health Canada, 2002)

Recommendation #1: Include Alcohol in the National Anti-Drug Strategy

CAMH believes that the National Anti-Drug Strategy needs to include a broader definition of drugs. Although legal in Canada, the problematic use of alcohol has

affected significant harm to Canadian individuals, families and communities. The social costs attributable to the use and misuse of alcohol are second only to the costs of tobacco. Alcohol use and misuse costs Canada \$14.5 billion each year. This figure includes \$3.3 billion in direct health care costs, \$3 billion in direct law enforcement costs and \$7 billion in indirect productivity losses (disability and mortality). Comparatively such costs for use and misuse of illegal drugs are almost half as much; \$8.2 billion overall. (Rehm et al, 2007)

CAMH population studies have shown that alcohol is the most widely consumed drug, with 79% of adults and 65% of students drinking alcohol in the past year. (CAMH Population Studies eBulletin, 2008 and Adlaf and Boak, 2007) The level of problematic drinking is concerning. The CAMH monitor reports that about one-third of drinkers exceed the low risk drinking guidelines and the Ontario Student Drug Use and Health Survey (OSDUHS) has identified binge drinking among students as a potential public health flag because over one quarter of students had consumed at least five drinks on the same occasion in the past year.

Canada is in a good position to include alcohol in a revised national drug strategy. The work of the *National Framework for Action to Reduce the Harms Associated with Alcohol and Other Drugs and Substances in Canada* (National Framework, 2005) includes a National Alcohol Strategy. This strategy was developed by multiple stakeholders across Canada and calls on Canada to develop a “culture of moderation” by changing our culture to accept sensible alcohol use and moderation as we have come to accept wearing seatbelts.

Recommendation #2: Include Problematic Use of Prescription Drugs

Problematic use of pharmaceuticals is a growing area of concern in Canada. Of particular concern is the problematic use of controlled prescription medications such as opiate-based pain relievers. Canada has been identified as one of the largest consumers of prescription narcotics internationally, ranking fourth in per capita usage in the world. (CCSA, 2005) CAMH’s Ontario Student Drug Use and Health Survey reported that 21% of students in grades 7 to 12 had used prescription opioids non-medically in the past year. This is the third most common substance after alcohol and cannabis. (Adlaf and Paglia-Boak, 2007) Also, data from assessments at Ontario treatment centres show that 17% of the clients entering treatment report problematic use of prescription opioids. (DATIS) More data on this issue will soon be available as major population health surveys such as the CAMH Monitor and the Canadian Alcohol and Drug Use Monitoring Survey begin incorporating questions about prescription drug use.

Experts recognize the urgent need for national policies and programs to address problematic use of pharmaceuticals. The National Framework has included ‘preventing the problematic use of pharmaceuticals’ as one of its priority areas. It suggests various strategies for addressing this issue including national monitoring of prescriptions, more

research on prevalence of pharmaceutical substance abuse and education of professionals and the public on the potential harms associated with pharmaceuticals. Experts also agree that any future policy development in prescription drug abuse must allow for access to medications for the legitimate treatment of pain and other conditions. (CCSA, 2005)

Currently the NADS addresses only illicit drugs such as cannabis, cocaine and heroin. Research shows that while the problematic use of some drugs, such as cannabis and prescription opioids is on the rise, the use of heroin is on the decline in Canada. This shift in the supply/demand of narcotics has significant implications for drug control legislation and enforcement efforts because the source and distribution of prescription opioids is significantly different than other illicit drugs. (Adlaf and Paglia-Boak, 2007; Fischer and Rehm, 2007)

Recommendation #3: Include Harm Reduction Strategies

Currently the National Anti-Drug Strategy includes three strategies: prevention, treatment and enforcement. CAMH believes that a comprehensive drug strategy needs to adopt a 'four pillar approach'. The National Framework and many drug strategies across Canada include a harm reduction strategy. Harm reduction strategies provide ongoing care to individuals who are unable or unwilling to stop their problematic use of drugs and alcohol.

CAMH defines harm reduction as "any program or policy designed to reduce drug-related harm without requiring the cessation of drug use. Interventions may be targeted at the individual, the family, community or society." (CAMH, 2008) Harm reduction approaches to illicit drugs and alcohol, including outreach, needle exchange, substitution therapies and safe consumption sites such as managed alcohol programs and wet shelters have been shown to be effective in reducing drug related harms to health around the world. In particular these approaches have reduced risk behaviours that can result in transmission of blood borne diseases such as HIV and Hepatitis C and the WHO recognizes several harm reduction programs as essential components of HIV prevention programs. (Ball et al, 2005) Including harm reduction as one element of a comprehensive drug strategy acknowledges that problematic substance use exists within our society and that we as a society have a responsibility to reduce the harms that come from that use. These interventions are not limited to illicit drugs; harm reduction is applied to smoking by limiting the exposure to second hand smoke and alcohol by supporting bars to limit the number of drinks served to one individual. (CCSA, 2005)

The exclusion of harm reduction from the federal anti-drug strategy is a result of a deliberate shift in federal drug policy. Canada's drug strategy prior to the current administration included harm reduction programs and policies. This shift in policy has included an emphasis on abstinence and deterrence through the criminal justice system. Evidence from the USA has shown using the criminal justice system to solve substance use problems has resulted in increased numbers of individuals incarcerated

and increased health related harm. In the USA, drug related ER visits rose by 60% and drug related deaths more than quadrupled from the mid to late 1970's to the mid 1990s. This shift in policy does not reflect the lessons learned in the United States, nor is it in step with drug strategies across Canada. Several cities and provinces in Canada, including Victoria, Vancouver, Edmonton, London, Toronto, and Ottawa have developed drug strategies for their communities. All of these communities have included a four pillar approach to solving problems related to drug use and addictions in their community.

Recommendation #4: The Case Against Mandatory Minimum Sentences for Drug Offences

One of the first initiatives under the NADS was to introduce bill C-26 into the legislature. Bill C-26 proposes to make amendments to the *Criminal Code* and the *Controlled Drugs and Substances Act* to introduce mandatory minimum sentences for certain drug offences. CAMH believes that mandatory minimum sentences are not an effective policy approach to illegal substance use and drug control in Canada.

In the 1980s the United States government established minimum penalties including lengthy prison sentences for even small possession charges for federal drug offences. Research over the last 20 years in the US has shown that the prevalence of substance use has not decreased, and that the main effect these policies have had is to significantly increase the public cost of the criminal justice system and importantly, the size of the prison population throughout the US. (Gabor and Crutcher, 2002)

Many of the people to whom mandatory minimum sentences will be applied are users who also deal in small amounts of drugs to support their own substance use. The most effective means of reducing their substance use, and the criminal behaviour that accompanies it, is to provide treatment for their addiction. Some of these individuals are the most marginalized people in our society and their difficulties are not solved by imprisonment. Those further up the trafficking chain deal in large amounts and distance themselves from street level activity where most arrests are made. CAMH recommends that the federal government reinvest the funding to support the implementation of mandatory minimum sentences into demand reduction programs such as substance abuse treatment.

CAMH is also concerned about other potential effects of mandatory minimum sentences for drug offences. Mandatory minimum sentences could have a significant negative effect on Canada's Aboriginal population, who are already disproportionately represented in Canada's prisons. Aboriginal people continued to have high levels of representation in custody. According to the 2006 Census, Aboriginal people represented 4% of the adult population in Canada, yet they accounted for 24% of adult admissions to provincial/ territorial custody, 19% of admissions to remand and 18% of admissions to federal custody (Landry and Sinha, 2006). Aboriginal peoples are also over represented in the substance using populations and require special efforts by

government to address the social and economic determinants of addiction; the documented rate of illicit drug use among First Nations (7.3%) is more than double the rate of the general Canadian population (3.0%). Other research suggests that prescription abuse could be on the rise and requires further study. (Dell and Lyons, 2007)

CAMH is encouraged by the recent announcements of new funding for Aboriginal treatment services, but have concerns that mandatory minimum sentences may exacerbate the individual and community problems faced by Canada's Aboriginal peoples.

Summary Statement

CAMH recognizes that Canada needs a national drug strategy to direct efforts in substance abuse treatment, prevention of problematic substance use and control of legal and illegal substances. In order to be comprehensive, however, the current National Anti-Drug Strategy needs to be amended to include the National Alcohol Strategy, the National Treatment Strategy and harm reduction policies and programs.

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