

To: MP Oliphant

We look forward to our discussion on Friday, December 8, 2017 at 10:00 a.m. at your Constituency Office. Representing Families for Addiction Recovery (FAR) at this meeting will be Louise Lemieux White, Co-Founder, Peter McCarter, Chair, and myself.

In preparation, below please see proposed agenda items and key discussion areas:

1. Decriminalization of drug possession for personal use

- Millions of Canadians use illegal substances every year and most are non-problematic users.
- Prohibition stigmatizes illicit drug users and prevents those with problematic use from seeking treatment resulting in the progression of their disease at great expense to Canadian taxpayers.
- **REQUESTED ACTION:** Take an active role in facilitating national discussions on decriminalizing the possession of drugs for personal use.

2. Secure dedicated funding from cannabis sales

- Stigma and discrimination have led to chronic underfunding of mental health conditions, particularly addiction.
- This discrimination must be acknowledged and redressed.
- **REQUESTED ACTION:** Announce all of the profits from cannabis sales will be used to fund treatment of addiction and other mental health conditions.

3. Develop best practices to protect addicted youth not seeking treatment

- Most U.S. States have legislation allowing for compulsory bridges to care where youth or adults with addiction are not seeking treatment. Canada does not protect even our youth who are seriously self-harming because of addiction and other mental health conditions, even if they are involved in the drug or sex trades to fund their addiction.
- **REQUESTED ACTION:** Establish a task force to determine best practices to protect youth struggling with addiction who are not seeking treatment.

4. Obtain a seat at the table

- The family voice is often missing in discussions regarding drug policy (especially the regulation of alcohol, cannabis and tobacco) treatment and recovery despite being on frontlines through recovery.
- **REQUESTED ACTION:** Families affected by addiction are given a seat at the table. Families for Addiction Recovery (FAR), a Canadian registered charity, requests the opportunity of representing these families.

A more detailed memo is attached.

Regards,

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FEDERAL REQUESTS

1. Decriminalize Possession of Illicit Drugs for Personal Use

(a) An evidence-based approach

The [2016 Canadian Community Health Survey](#) was recently released. Over 10% of Canadians aged 12 years or older reported using illicit substances in 2016. That's 3.2 million Canadians. Over 6% of youth aged 12-17 reported illicit substance use. Prohibition is not preventing a lot of Canadians from using illicit drugs. It is maximizing the harm to those people both recreational users and those struggling with addiction. We need a public health approach to drugs and drug use, not a criminal justice approach.

The organizations calling for an end to the war on drugs include the World Health Organization (WHO), the Global Commission on Drug Policy, the Lancet Commissions, the American College of Physicians, the Canadian Public Health Association (CPHA), the Canadian Society of Addiction Medicine (CSAM) and the Canadian Drug Policy Coalition (CDPC) among others. Portugal's experience of decriminalizing possession of all drugs for personal use in 2001, together with addressing social determinants of health (housing, jobs) has resulted in an **80% decrease in the overdose rate**.

Further, the majority of persons with addiction do not seek treatment. They often cite stigma as the reason they do not seek treatment. Once Portugal decriminalized drugs, **those seeking treatment for addiction rose 60%**.

We are in the midst of an opioid overdose epidemic. Over 3,000 Canadians died last year and this number will be exceeded in 2017. The measures taken to date by our governments are not stemming the tide. The government's justification for not even considering this evidence-based approach is murky at best. At worst, the perception is that the government is not willing to protect those at risk of an overdose primarily because they are concerned with losing votes.

A list of references supporting the decriminalization of illicit drugs is provided in Appendix A.

(b) An ethical approach

Addiction is generally described as compulsive drug seeking despite negative consequences. It is a chronic, relapsing brain disorder. Those struggling with addiction can lose everything that matters to them, including their lives. It is clear from this definition that punishment, such as incarceration, will not deter use.

At its core, addiction is self-harm. The purpose of criminal law is to protect people from other people, not to protect them from themselves. Prior to 1972 it was illegal in Canada to attempt suicide. It is clear now that this was a ridiculous law. It is only a matter of time before society views addiction in the same way. The sooner we treat it as the health issue that it is, rather than the criminal justice issue that it is not, the more lives (and taxpayer dollars) will be saved. It is unethical and a double standard to criminalize those addicted to illicit substances, but not those addicted to alcohol or prescribed drugs.

Further, the vast majority of people can use legal, illegal and prescribed substances without developing an addiction to them. They are neither a danger to themselves or others. Given that alcohol and tobacco cause much more harm than all illicit substances combined, there is no justification for criminalizing those using illicit substances but not those using legal or prescribed drugs.

2. Dedicated Funding from Cannabis Sales

Prime Minister Trudeau has stated that the net cash flows to public coffers from the taxation and regulation of cannabis should go towards addiction treatment, mental health support and education programs and not general revenues.

Canada spends just over 7% of its public health budget on mental illness and addiction but the burden of these diseases in Canada in 2013 was between 10% and 11%¹. By comparison, countries like New Zealand and the UK spend 10%-11% of their public health budget on mental illness and addiction. In 2012, the Mental Health Commission of Canada in *Changing Directions, Changing Lives, The Mental Health Strategy for Canada*, called for Canada to increase the amount it spends on mental illness and addiction from 7% to 9% over 10 years. This recommendation pre-dates the federal government's commitment to legalize cannabis, which will generate income for the federal and provincial governments, and the current opioid overdose epidemic which is killing thousands of Canadians annually, many of them our youth and young adults with addiction and mental health problems.

The service gaps are greatest for youth, the vast majority of whom do not receive any treatment. Treatment is the most effective and cheapest alternative. The National Institute on Drug Abuse (NIDA) states that every dollar invested in addiction treatment programs yields a return of between \$4 and \$7 in reduced drug-related crime, criminal justice costs, and theft. When savings related to healthcare are included, total savings can exceed costs by a ratio of 12 to 1. The wait time at Ontario's Pine River Institute was 14 months in 2012 and 16 months in 2017. There are currently over 200 youth on the waiting list. Bad things happen when youth wait for treatment. It has been estimated that 70% of juvenile offenders have mental illness and/or addiction.

We are asking the federal government to announce that the federal funds from the sale of cannabis will be used for the purposes previously stated by the Prime Minister. Further, the majority of these funds should be dedicated to treatment in order to rectify the spending shortfall set out above. We would like the federal government to exercise any influence it may have with the provincial governments to ensure that they do likewise.

As we are about to legalize cannabis, the government should not just be concerned about keeping cannabis out of the hands of our youth, but in ensuring those who develop a substance use disorder receive publicly-funded, timely, compassionate, evidence-based treatment. Recently MP Bill Blair said this regarding the legalization of cannabis:

"How do we reduce the harm of this drug? How do we protect our kids? Because we recognize the science that it is very, very dangerous for the developing adolescent brain. That's why we want to keep it away from our kids. We also recognize that the earlier they start to use it, the more frequently they use it and the higher the potency of what they use, then the risks increase."

It is ironic that once our system fails, and our kids not only access cannabis but become addicted, there is little access to publicly funded treatment. How can it be that we care so much about keeping drugs out of the hands of our kids and so little about protecting our kids who are struggling with addiction?

To quote two of Canada's most pre-eminent addiction medicine specialists:

Dr. Evan Wood, BCCSU: *"Oftentimes, I hear people say that the addictions system is broken ... Actually, the system isn't broken, we need to build a functioning addictions system."* CBC Interview, Sept. 16, 2016.

Dr. Mel Kahan, Women's College Hospital: *"The scandal is that there are evidence-based treatments for substance use disorder which are effective that are not being used."* META:PHI presentation, May 24, 2017.

¹ Institute for Health Metrics and Evaluation (2015). *Global Burden of Diseases, Injuries, and Risk Factors Study, 2013*. Data retrieved from <http://www.healthdata.org/data-visualization/gbd-compare>

3. Set up a Task Force to Determine Best Practices to Protect and Support Addicted Youth Who Are Not Seeking Treatment

Youth who are struggling with addiction often lack capacity to make decisions in their own best interests and refuse treatment. Our laws (either as drafted or as applied) in Ontario, and many other provinces, give priority to the right of the youth to refuse treatment which allows their disorder to progress and puts them at great risk. Not only is this bad public policy, it is also in violation of the following articles of the UN Convention on the Rights of the Child:

- Article 3: Protection of the Best Interests of the Child
- Article 24: Right to Good Quality Health Care (their refusal of treatment acts as a complete barrier to treatment of their illness)
- Article 33: Right to be protected from the use of harmful drugs and from being used in the drug trade

We have a two-tiered medical system. We have those families who have the know-how and financial means to get their youth to the United States for treatment (most States allow parents to consent to treatment on behalf of their minor and adult children with addiction) and the vast majority of families who do not.

In Canada, each province has different laws. We need to develop best practices regarding youth with addiction who are not seeking treatment in order to protect them from themselves. For further information on this topic see this section of our website:

<https://www.farcanada.org/treatment/involuntary-treatment/>

We are asking the federal government to immediately set up a national task force, which would include the provinces, to develop best practices to protect and support these at-risk youths.

4. Seat at the Table

Families for Addiction Recovery (FAR) would like to be a voice for families at any task force or committee established regarding the protection and support of youth and others with addiction, the regulation of alcohol and other drugs, and drug policy.

APPENDIX A

INTERNATIONAL

[Top medical experts say we should decriminalize all drugs and maybe go even further:](#)

A group of 22 medical experts convened by Johns Hopkins University and The Lancet have called today for the decriminalization of all nonviolent drug use and possession. Citing a growing scientific consensus on the failures of the global war on drugs, the experts further encourage countries and U.S. states to “move gradually toward regulated drug markets and apply the scientific method to their assessment.”

[The Lancet Commissions:](#)

Yet the Commission found that the pursuit of drug prohibition can contribute to overdose risks in numerous ways. Prohibition creates unregulated illegal markets in which it is impossible to control the presence of adulterants in street drugs, which add to overdose risk.

[The British Medical Journal has called for the legalisation of illicit drugs](#)

[American College of Physicians](#)

[Global Commission on Drug Policy](#)

[Oregon decriminalizes possession of small amounts of hard drugs](#)

[Advancing Drug Policy Reform: A New Approach to Decriminalization](#)

Global Commission on Drug Policy, 2016

[Drug Decriminalization in Portugal: A Health-Centred Approach](#)

Drug Policy Alliance, 2015

[A Quiet Revolution: Decriminalization across the Globe](#)

Release U.K., 2015

[Drug Decriminalization in Portugal: Setting the Record Straight](#)

Transform Drug Policy Foundation, 2014

CANADIAN

[Patricia Daly, Chief Medical Officer of Health, Vancouver Coastal Health:](#)

“So I would say: start now, decriminalize all drugs and begin the discussion about a regulatory approach to all psychoactive substances. Just as the government’s done with marijuana we need to start doing that with all drugs.”

[Perry Kendall, BC’s Chief Medical Officer of Health:](#)

Top health officials in British Columbia are calling for a significant change in drug policy that would ensure people who use illicit drugs do not face criminal charges for it. Dr. Perry Kendall, B.C.’s provincial health officer, said he supports decriminalization because treating users as criminals has been costly and ineffective.

[Canadian Society of Addiction Medicine \(CSAM\):](#)

Drug possession for personal use must be decriminalized and distinguished from the trafficking or illegal sale/distribution of drugs to others that must carry appropriate criminal sanctions.

[Eileen De Villa, Toronto Medical Officer of Health:](#)

Toronto's new Medical Officer of Health is calling for a public discussion on the merits of decriminalizing all drugs in the wake of the ongoing overdose epidemic. "It's clear that our current approach to drugs in this city and this country doesn't seem to be having the desired impact."

[Ottawa Public Health](#)

The decriminalization of all illegal drugs — not just marijuana — may help decrease the devastating effects of drug use and addiction in Ottawa, city officials said Wednesday. They were responding to a suggestion by Toronto's medical officer of health that such a drastic move could help address Canada's spiraling opioid crisis. Dr. Isra Levy, Ottawa's medical officer of health, wasn't available for an interview, but said in a written statement that Ottawa Public Health supports "new evidence-based approaches that contribute to decreasing the impact of illicit drugs in our community, which could include decriminalization."

Andre Picard:

- [Why stop with pot? Let's decriminalize all drugs](#)
- [We need to stop romanticizing alcohol](#)

[Decriminalization of Personal Use of Psychoactive Substances](#) by the Canadian Public Health Association

[A New Approach to Managing Illegal Psychoactive Substances in Canada](#) by the Canadian Public Health Association

[Getting to Tomorrow: A Report on Canadian Drug Policy](#) by the Canadian Drug Policy Coalition