

**To: All Liberal Members of Parliament,**

Families for Addiction Recovery (FAR) is a grassroots Canadian charity founded by parents whose children have struggled with addiction from their early teens. We know first-hand that addiction is not a moral failing but a chronic relapsing brain disorder.

Many do not realize that addiction is also a pediatric illness, with 90% of the cases beginning to develop during adolescence. In 2011, just under 7% of Canadian youth aged 9 – 19 had a substance use disorder. That's over 300,000 youth. Further, between 70% and 90% of addicted youth have other mental health conditions.

We expect our children to receive treatment, not punishment, for being ill. That does not happen today. We need your help to make that happen. The Liberal Party will be adopting 15 of 30 resolutions at the National Liberal Convention in April. To avoid the criminalization of addicted youth and encourage recovery we need two resolutions in particular to be adopted at your convention.

**1. Resolution #2766: Inclusion of Mental Health Services in Medicare and the Canada Health Act**

- Stigma and discrimination have led to the chronic underfunding of mental health conditions, particularly addiction.
- This discrimination must be acknowledged and redressed.
- **REQUESTED ACTION:** Adopt Resolution #2766 at the Liberal Party Convention in April.

**2. Resolution #2752: Addressing the Opioid Crisis Through a Public Health Approach**

- 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:** Adopt Resolution #2752 at the Liberal Party Convention in April.

A more detailed memo and references are attached. Thank you for considering FAR's request.

[Angie Hamilton](#)

Executive Director

#200 – 100 Consilium Place

Scarborough, ON M1H 3E3

[Families for Addiction Recovery](#)

[angie@farcanda.org](mailto:angie@farcanda.org)

Cell: 416-559-5308

## DETAILS OF REQUEST

### 1. Resolution #2766: Inclusion of Mental Health Services in Medicare and the Canada Health Act

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%<sup>1</sup>. 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.

This chronic underfunding has resulted in long waitlists and service gaps for life-threatening addiction and other mental health conditions. 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.

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?

The situation is best summarized in these quotes by 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.

We request that the Liberal Party adopt Resolution #2766 at the Liberal Party Convention in April, 2018.

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<sup>1</sup> 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>

## 2. Resolution #2752: Addressing the Opioid Crisis Through A Public Health Approach

### (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.

### (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 that fear of 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. It is unethical and a double standard to criminalize recreational users of illicit substances, but not recreational users of alcohol or prescribed drugs.

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

We request that the Liberal Party adopt Resolution #2752 at the Liberal Party Convention in April, 2018.

## APPENDIX A REFERENCES SUPPORTING DECRIMINALIZATION

### 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

#### [Dr. Evan Wood, BCCSU:](#)

Wood blames the ‘war on drugs’ approach for pushing funding away from the healthcare system and towards the legal system. “When you criminalize a disease and have a total criminal justice approach to a health issue, that makes it very difficult to address stigma,” said Wood. “It’s reckoning time right now in Canada to look at all the unintended consequences of the war on drugs.”

Wood said he would like a study on how Portugal’s decriminalization of drugs could be applied in B.C. In the early 2000s, Portugal, which had some of the highest overdose rates in the European Union, largely decriminalized drugs.

Wood said that treating addiction as a health issue instead of a criminal one has seen Portugal's overdose rates become some of the lowest in the region, to the point that the country has backed away from supervised injection facilities because there aren't enough people using intravenous drugs.

[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