

## Position Statement – Drug Policy

***Casey House believes that people should have a safe space to use drugs, and that people who use drugs should not be criminalized. Ending the criminalization of substance use will decrease stigma, create pathways to health care, and improve health outcomes for people who use drugs.***

**“Social determinants of health, trauma, and other underlying factors often contribute to substance use disorders. Criminalization means that these underlying conditions often go unaddressed, both because people who use drugs are fearful of seeking treatment and being reported by healthcare and other service professionals who may not be appropriately prepared to meet their needs, and because the billions spent on policing and legal proceedings are not available to address the social determinants of health.”<sup>i</sup>**

– Health Canada Expert Task Force on Substance Use, Report 1, May 2021: *Recommendations on Alternatives to Criminal Penalties for Simple Possession of Controlled Substances*

For many people, substance use is a way to cope with intersecting challenges such as trauma, poverty, homelessness and mental health concerns, which can create multiple barriers to having one’s basic needs met.

Stigma around substance use is widespread, and is fuelled by the fear of being arrested. Current drug laws<sup>ii</sup> allow people to be detained and imprisoned for having small amounts of drugs for personal use. For Black and Indigenous communities, this reality is intensified by systemic racism, as they are overpoliced<sup>iii</sup> and disproportionately charged, prosecuted, and incarcerated for drug offences<sup>iv</sup>.

Despite being a health issue, substance use is treated as a criminal justice issue, which creates barriers to health services, even in times of medical emergency. It leads hospitals to require that people stop using drugs to receive care; deters people from accessing the health care and social supports they need including harm reduction; and drives the inevitable market of illegal drugs which has become increasingly toxic. Since 2016, more than 21,000<sup>v</sup> people across Canada are reported to have fatally overdosed.

Even when harm reduction services are available, their full potential is hindered by drug policy. For example, people can safely use their drugs without the fear of arrest while in the care of a supervised consumption service, but remain at risk once they step outside.

For people living on the margins of society, current drug laws drive them farther away from accessing health care which would build their resilience and improve their well-being.

## Drivers of Hospital-Based Harm Reduction – Policy & Practice

**Drug policy** is one of three issues that are key to addressing systemic barriers to health care and outcomes for people who use drugs. This multi-faceted approach is especially critical given the increasingly toxic supply of unregulated drugs, growing risk of overdose, and lack of safe, affordable and supportive housing, which is one of multiple social determinants of health.



### Key numbers: drug policy-related harms in Canada

- Between 2014 and 2018, more than 470,000 drug arrests<sup>vi</sup> were made in Canada – despite the worsening overdose crisis.
- Between 2014 and 2018, 72% of all drug arrests were for personal possession<sup>vii</sup>.
- In 2018 alone, there were 83,483 drug arrests in Canada, more than 55,000 of which were for personal possession<sup>viii</sup>.
- More than \$6.4 billion of policing, courts and correctional costs<sup>ix</sup> in 2017 could be attributed to the use of criminalized substances.

### Calls to action

#### Decriminalization

1. Casey House supports the calls for the federal government to:
  - Decriminalize simple drug possession for personal use to remove criminal penalties for people who have small amounts of drugs for their own use
  - Develop drug policy that is grounded in public health evidence; policy that effectively responds to the lived experiences and needs of people who use drugs, and which respects the health, dignity and human rights of people who use drugs

*This position statement is one of three such statements related to **hospital-based harm reduction**, alongside **Access to Harm Reduction Services** and **Hospital Culture***



*and Workforce. For more information about Casey House's policy priorities and a glossary of key terms, visit [caseyhouse.ca/our-insights/advocacy](https://caseyhouse.ca/our-insights/advocacy).*

## Contact

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<sup>i</sup> Health Canada. (2021). *Expert Task Force on Substance Use, Report #1, Recommendations on Alternatives to Criminal Penalties for Simple Possession of Controlled Substances*. Retrieved from: <https://www.canada.ca/en/health-canada/corporate/about-health-canada/public-engagement/external-advisory-bodies/expert-task-force-substance-use/reports/report-1-2021.html>

<sup>ii</sup> In Canada, drugs are criminalized under section 4 of the Controlled Drugs and Substances Act (CDSA), not the criminal code. This section of the CDSA contains a criminal offence for possession of a substance included in Schedules I, II, or III of the Act. Most opioids, cocaine, and methamphetamine are contained in Schedule I, which can lead to an indictable offence with a maximum penalty of seven years' imprisonment for simple possession.

<sup>iii</sup> Toronto Neighbourhood Centres. (2021). *Rethinking Community Safety - A Step Forward for Toronto*. Retrieved from: <https://neighbourhoodcentres.ca/sites/default/files/2021-01/Rethinking%20Community%20Safety%20-%20A%20Step%20Forward%20For%20Toronto%20-%20Full%20Report.pdf>

<sup>iv</sup> Data from Toronto police from 2003-2013 indicate Black people with no history of criminal convictions were 3 times more likely to be arrested for cannabis possession than white people with similar backgrounds (Toronto Star, 2017). A 2020 report found Black and Indigenous people were dramatically overrepresented in drug charges recommended by Vancouver police: Black people accounted for 6.4% of trafficking and possession charges since 2014, but only 1% of city's population; Indigenous people faced 18% of trafficking & possession charges, but just 2.2% of city's population (FOI request, 2020).

<sup>v</sup> Special Advisory Committee on the Epidemic of Opioid Overdoses. Opioid- and Stimulant-related Harms in Canada. Ottawa: Public Health Agency of Canada; June 2021. <https://health-infobase.canada.ca/substance-related-harms/opioids-stimulants>

<sup>vi</sup> Statistics Canada. (2018). *Table 2 - Police-reported crime for selected drug offences, Canada, 2018*. <https://www150.statcan.gc.ca/n1/daily-quotidien/190722/t002a-eng.htm>

<sup>vii</sup> Ibid.

<sup>viii</sup> Ibid.

<sup>ix</sup> Ibid.