

Illicit Drugs: A Public Health Approach

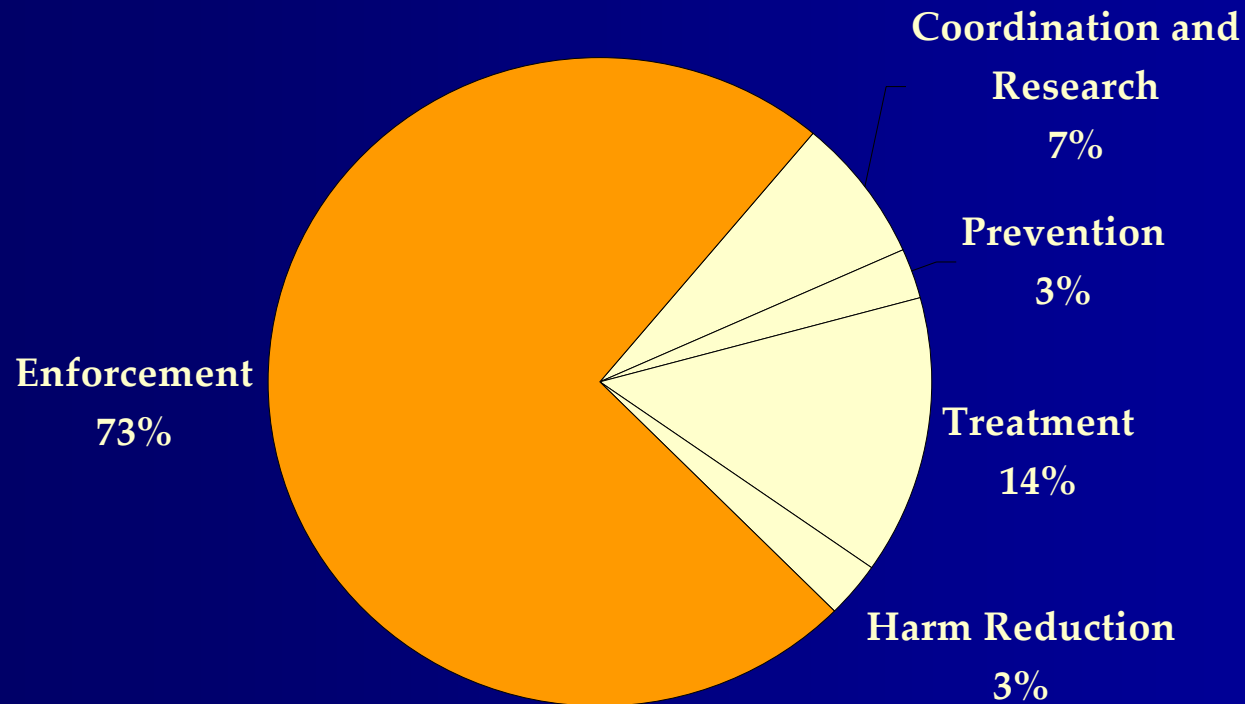


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How do we deal with illegal
drugs in Canada?

Illicit Drug Portion of Actual Federal Drug Strategy Expenditures for 2004-2005 by Category



DeBeck, K., Wood, E., Montaner, J., & Kerr, T. (2006). Canada's 2003 renewed drug strategy—an evidence-based review. *HIV/AIDS Policy & Law Review*, 11(2/3), 1, 5-11

\$2,335,560,000.00

The cost of enforcing drugs laws in
Canada (2002)

The dominant approach to the problems created by drugs in Canada is the “war on drugs” or drug prohibition.

Confusing the Harms from Prohibition with the Harms from Drugs

Harms from Drugs

- Any drug has the potential for harm or benefit depending on who's using it, in what context and for what purpose

"All substances are poisons; there is none which is not a poison. The right dose differentiates a poison and a remedy."

■ Paracelcus (1493-1541)

Harms from Drugs

- Toxicity
 - a measure of the degree to which something is toxic or poisonous
 - A substance can be harmful to whole organism or to specific organs or cells
- Pregnancy
 - Some drugs are highly teratogenic (e.g. alcohol)
- Which is more toxic: heroin or alcohol?
 - acute vs. chronic exposure

Harms from Drugs

- Overdose

- Intentional vs. accidental

- Many ODs are accidental; if people knew the potency/purity of what they were taking, they could be avoided

- Addiction

- A bio-psycho-social-spiritual-environmental phenomenon

Harms from Drugs

- Behavioural
 - Some kinds of drugs may alter motor coordination
 - Alcohol and benzodiazepines while driving!
 - Some kinds of drugs may alter judgment or behaviour
 - Aggression
 - Sexual decision-making

Harms from Prohibition

- Health consequences
- Ecological consequences
- Criminal consequences
- Policing consequences
- Social consequences
- Educational consequences
- Economic consequences
- Political consequences

Harms from Prohibition: Health

- Danger of using unknown quantities of unknown substances
 - Dosage, purity, contaminants
- Money spent on drug war is money not spent on health care

Harms from Prohibition: Health

- Increases prevalence of more concentrated (harmful) substances
 - Fermented vs. distilled alcohol in 1920s
 - Coca leaf vs. crack cocaine
- More potent substances are preferred by traffickers – as in alcohol prohibition

Harms from Prohibition: Health

- Injection Drug Use & HIV, HCV
 - HIV rates in many parts of the world are epidemic due to transmission from sharing syringes

Harms from Prohibition: Health

- Beneficial uses of illegal drugs are not explored or exploited
 - MDMA (PTSD treatment; counselling)
 - LSD (addiction treatment; palliative therapy)
 - Opiates (codeine, morphine — world shortage)
- Multidisciplinary Association for Psychedelic Studies

- www.maps.org



- Medical cannabis

Harms from Prohibition: Ecology

- Money spent on drug war is money not spent on environmental issues
- Pollution and contamination from illegal drug labs (e.g. crystal meth)
- U.S. government funding aerial fumigation in Colombia
 - harms to the ecosystem, livestock and humans
 - coca production levels in the region have remained unchanged

Harms from Prohibition: Criminal

- Crimes of acquisition

- Some people who are drug-dependent may commit crimes in order to pay the high prices of illegal street drugs

- *“In Vancouver an estimated 70 percent of criminal activity is associated with illicit drugs”*

- Office of the Auditor General of Canada. (2001). Chapter 11—Illicit drugs: The federal government's role. In *Report of the Auditor General of Canada 2001*. Ottawa: Office of the Auditor General of Canada.

Harms from Prohibition: Criminal

- Creation of black market
 - People seeking drugs become engaged in a criminal underworld
 - Violence the default means to resolve disputes
 - Dealers use weapons on each other, the police and sometimes bystanders

Harms from Prohibition: Criminal

- Organized crime – International
 - around the world, drug cartels are becoming both more sophisticated and more powerful
- Organized crime – Domestic
 - in British Columbia and across Canada, drug production and trafficking is the lifeblood of organized crime

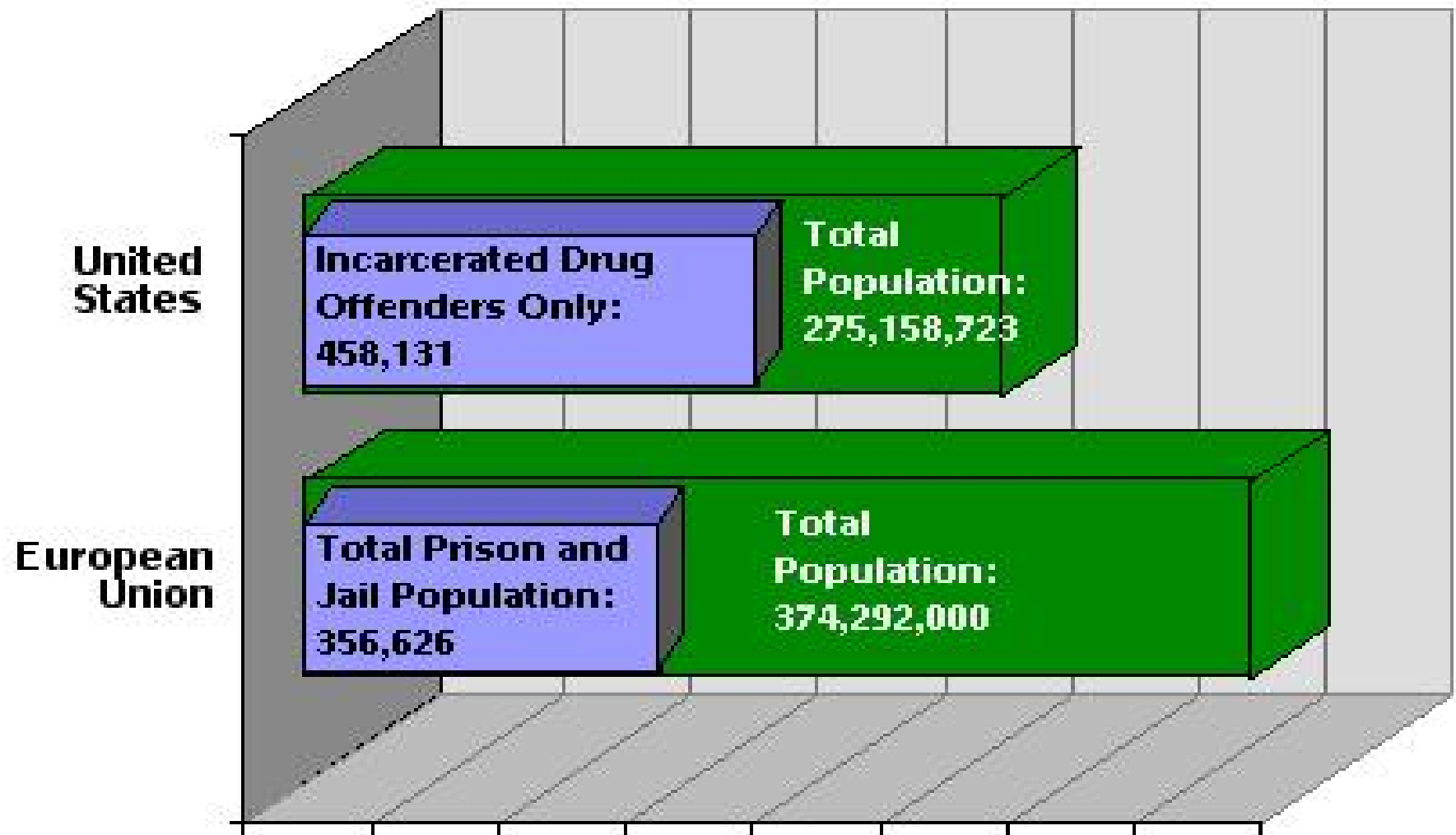
Harms from Prohibition: Policing

- Prohibition puts unfair demands on police
 - They are asked to fight an ongoing battle that is unwinnable
 - It is a grossly inefficient use of police time
- “There have been growing acknowledgements by Canadians and parliamentarians that there are limits on the ability of law enforcement to reduce the supply of drugs”
 - Office of the Auditor General of Canada. (2001). Chapter 11—Illicit drugs: The federal government's role. In *Report of the Auditor General of Canada 2001*. Ottawa: Office of the Auditor General of Canada.

Harms from Prohibition: Social

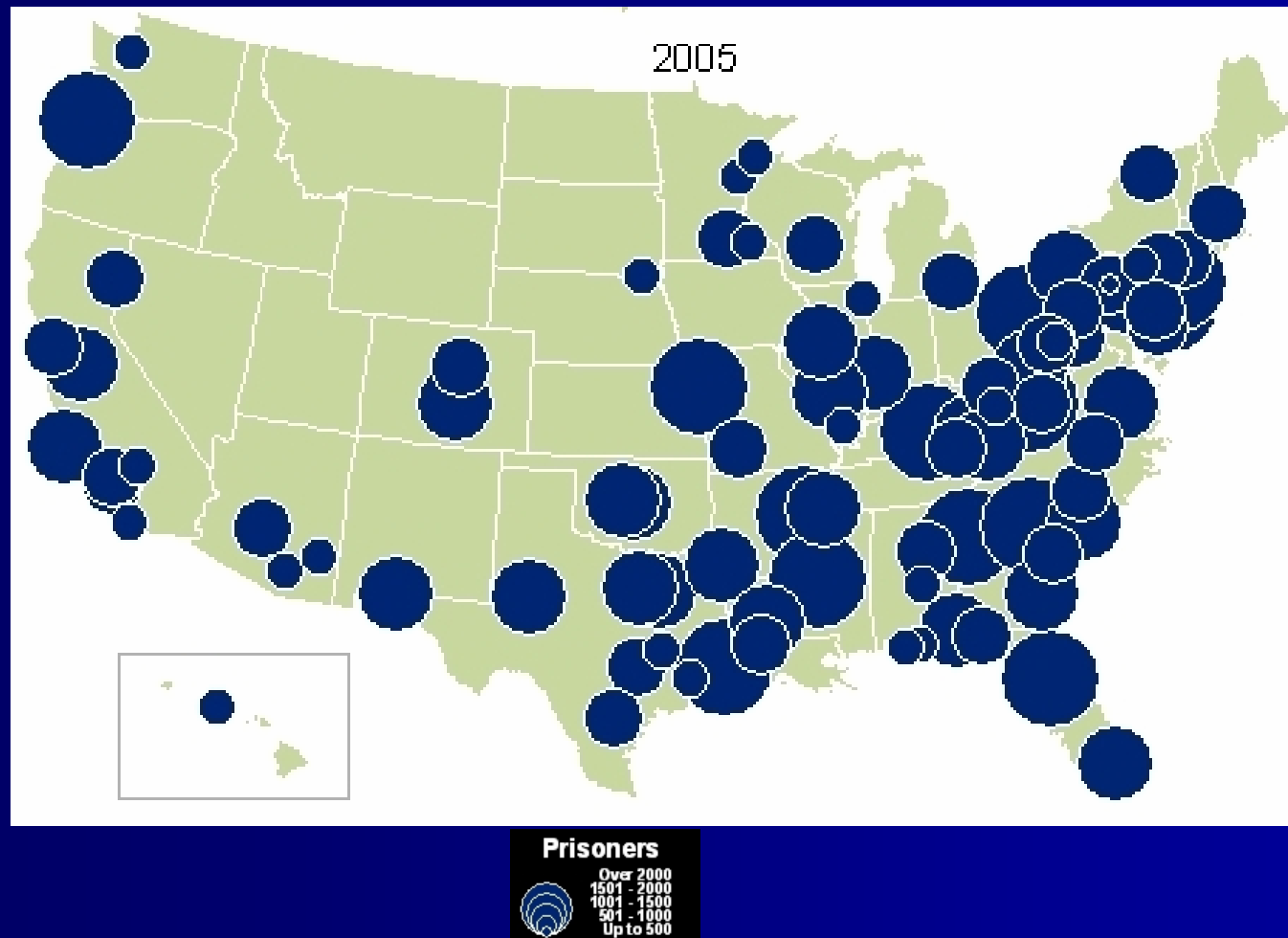
- The U.S.A has the highest incarceration rate in the world
 - Incarcerated individuals per 100,000
 - USA – 726
 - Russia – 606
 - UK – 141
 - Three fifths of the world countries have less than 150
 - USA white men – 717
 - USA black men – 4,919
- 55% of Federal inmates are there for drug crimes
- In the USA drug offenders have an incarceration rate 13% higher than violent offenders

Graph 3: America locks up 100,000 more persons just for drug offenses than the entire European Union does for all offenses, even though the EU has 100 million more citizens than the U.S.



Sources: Population (in thousands) for countries of the World: 1999. New York, New York: United Nations, Department of Economic and Social Affairs, Population Division, 2000; Walmsley, Roy. World Prison Population List. London, UK: Home Office, Research, Development and Statistical Directorate, 1999; U.S. Population Clock Projection, U.S. Census Bureau, July 4, 2000. www.census.gov/cyi_bin/popclock/.

U.S. Prison Population: 2000 — 1,965,667 inmates



U.S.A. Drug War Statistics

- Drug offenders in prison have increased 1100% since 1980
- In 2005 - 4 of 5 drug arrests were for possession.
- 6 out of 10 people in state prison for a drug offence have no history of violence or sales
- In 2005 42.6% of all drug arrests were for marijuana
- 29% of women in jail are there on a drug offense and 2/3's have children under 18

Harms from Prohibition: Social

- Families destroyed
 - Children (and families) are victimized
 - Family members become enemies
- Children lose their parents
- Promotes distrust/disrespect for authorities (law, health, etc.)
 - People who use drugs may reasonably fear reprimand or punishment by authorities

Harms from Prohibition: Social

- Prohibition results in the engagement of vulnerable youth
 - Gangs may recruit young people
 - Street dealers don't ask for age ID
 - Forbidden fruit can be more enticing
- Prohibition decreases social cohesion, by creating conditions that further marginalize society's most vulnerable individuals
 - In Canada, aboriginal people are disproportionately harmed

Harms from Prohibition: Social

- Prohibition restricts religious practices
 - Peyote
 - ayahuasca

Harms from Prohibition: Education

- Money spent on the drug war is money not spent on education
- Drug education is often dishonest
 - based on scare tactics, emphasizing rare and most lurid harms
 - young people who realize they are being lied to distrust the whole package
- The D.A.R.E. program
 - Shown to be ineffective in numerous studies

Harms from Prohibition: Economic

- Scarce public resources are wasted on arresting, trying and imprisoning drug users and dealers
- Fails to collect huge potential tax revenues

Harms from Prohibition: Economic

- Economic accounting skewed (i.e. black market transactions invisible)
 - Drug money destabilizes world markets

Harms from Prohibition: Economic

- Economic accounting skewed (i.e. black market transactions invisible)
 - Drug money destabilizes world markets
 - Drug money destabilizes governments

Size of the illegal drug market

Global = \$450 - \$750 billion

Canada = \$7 - \$18 billion

Report of the Auditor General of Canada. Illicit Drugs: The Federal Government's Role. 2001. Chapter 11, pg 3

**Questions/discussion about
harms from drugs vs. harms
from prohibition?**

**Does prohibition
work?**

**What are the
objectives of
drug prohibition?**

Why Prohibition Doesn't Work

Stated Objectives vs. Actual Results

- Prohibition does not:
 - decrease availability
 - increase price
 - prevent use
 - deter people from entering the drug trade
- *"Drug policies must be pragmatic. They must be assessed on their actual consequences, not on whether they send the right, the wrong, or mixed messages."*

■ American Journal of Public Health 1995 vol 85

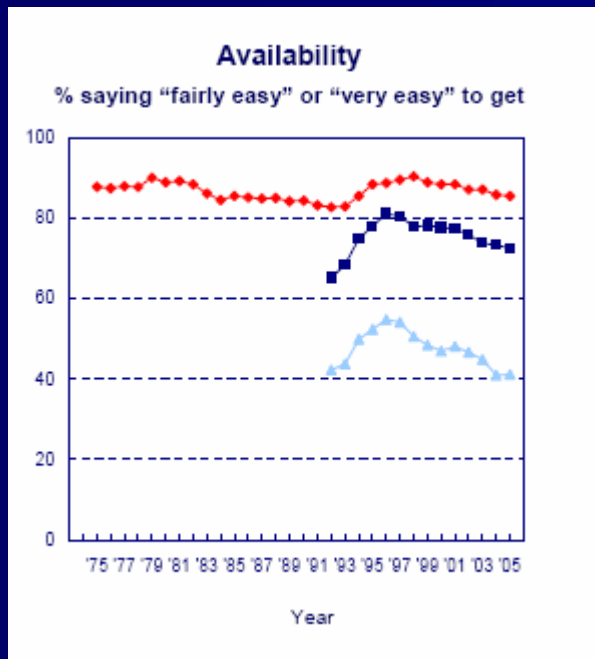
Why Prohibition Doesn't Work

- Prohibition does not decrease availability
 - It's easier and faster to have illegal drugs delivered to your home in Vancouver than a pizza
 - High schools are primary retail distribution points for illegal drugs
 - Jails have drugs available
 - Teens report marijuana is as easy to obtain as tobacco or alcohol

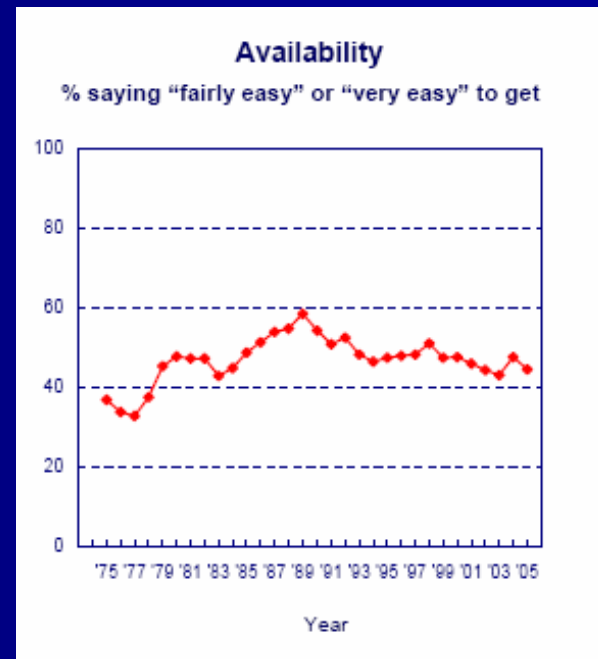
Why Prohibition Doesn't Work

Drug availability among U.S. students

Availability of cannabis



Availability of cocaine/crack



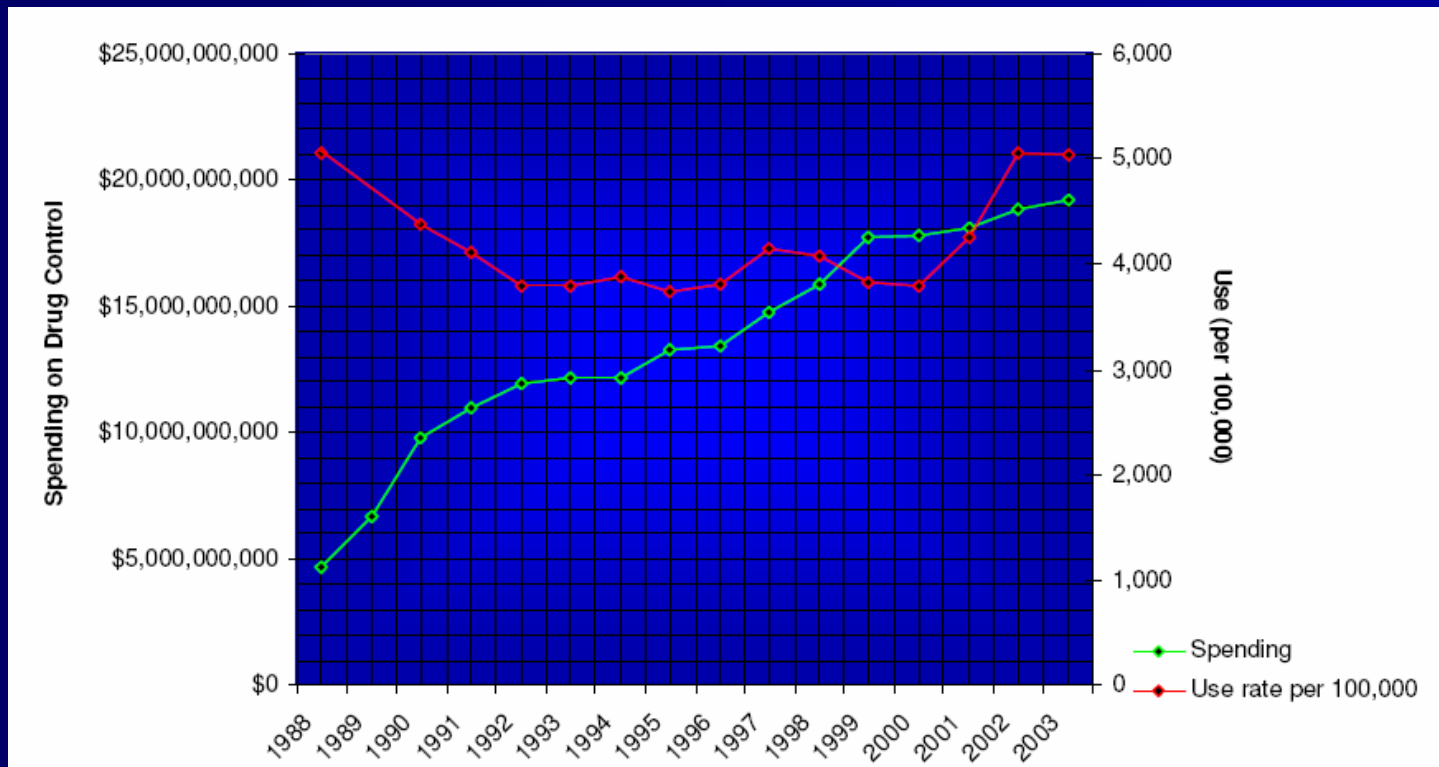
Johnston, L.D., O'Malley, P.M., Bachman, J.G., & Schulenberg, J.E. (2005). *Monitoring the future: National results on adolescent drug use—overview of key findings, 2005*. Bethesda, MD: National Institute on Drug Abuse.

Why Prohibition Doesn't Work

- Prohibition does not increase drug prices
 - Over the past few decades, both wholesale and retail prices of illegal drugs have dropped dramatically
 - Even massive illegal drug seizures have, at best, only a small and temporary effect on drug availability and price (often none at all)

Why Prohibition Doesn't Work

U.S. Drug Control Budget and Marijuana Use Rates (1988 – 2003)



Ziedenberg, J., & Colburn, J. (2005). *Efficacy & impact: The criminal justice response to marijuana policy in the U.S.* Washington, DC: Justice Policy Institute.

Figure 17. Annual Price of One Expected Pure Gram of Heroin

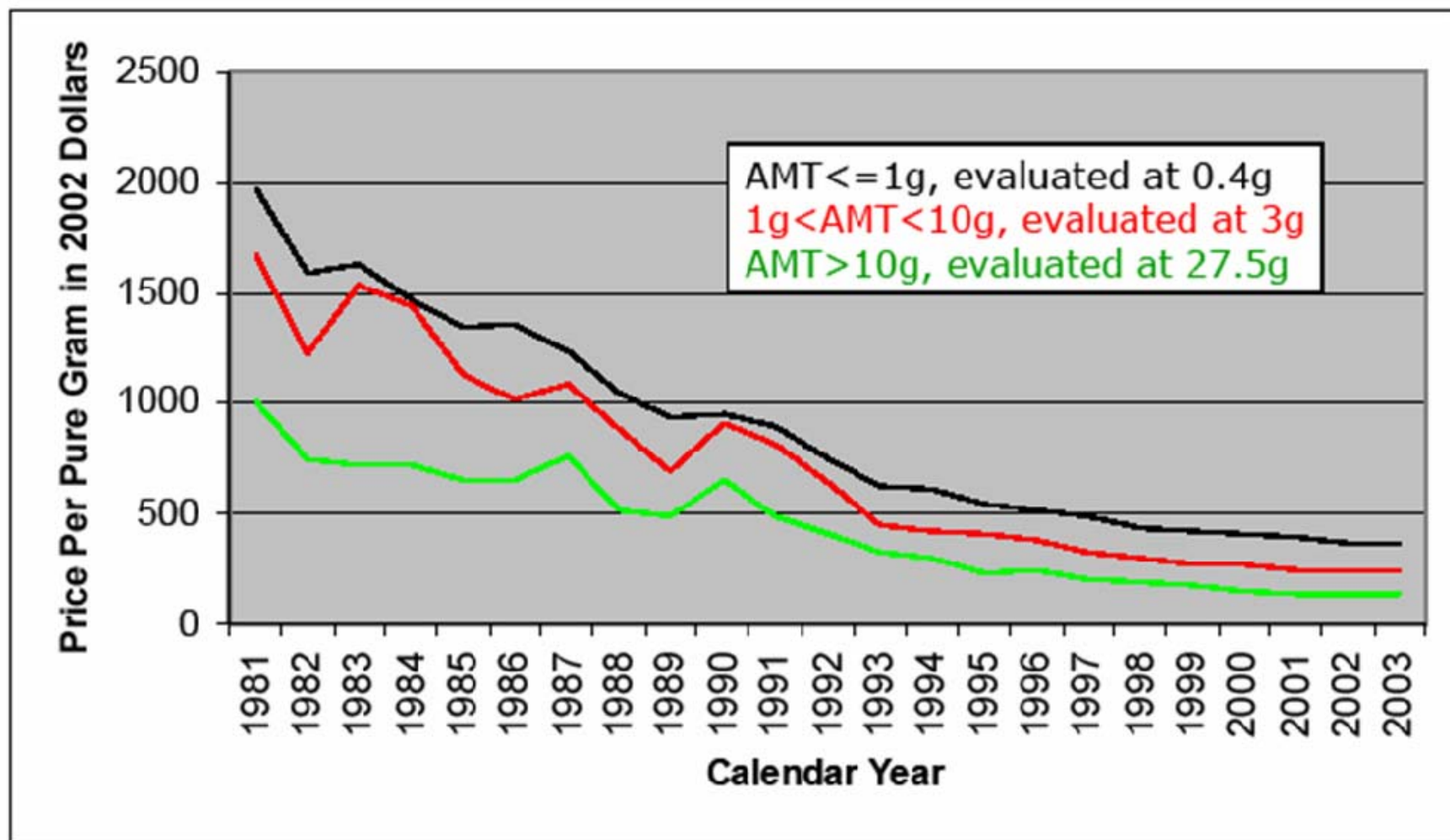


Figure 24. Annual Price of One Expected Pure Gram of d-Methamphetamine

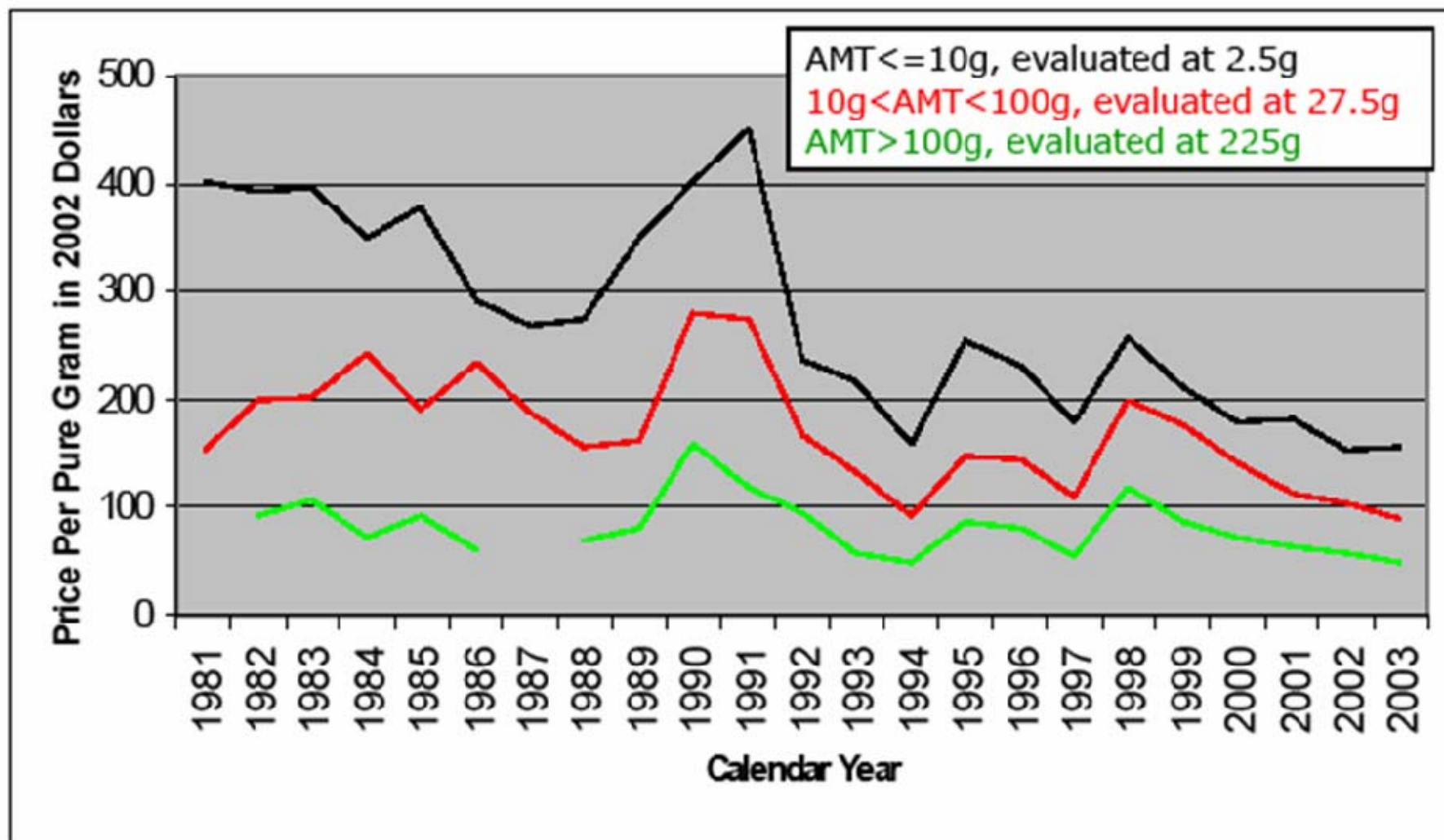
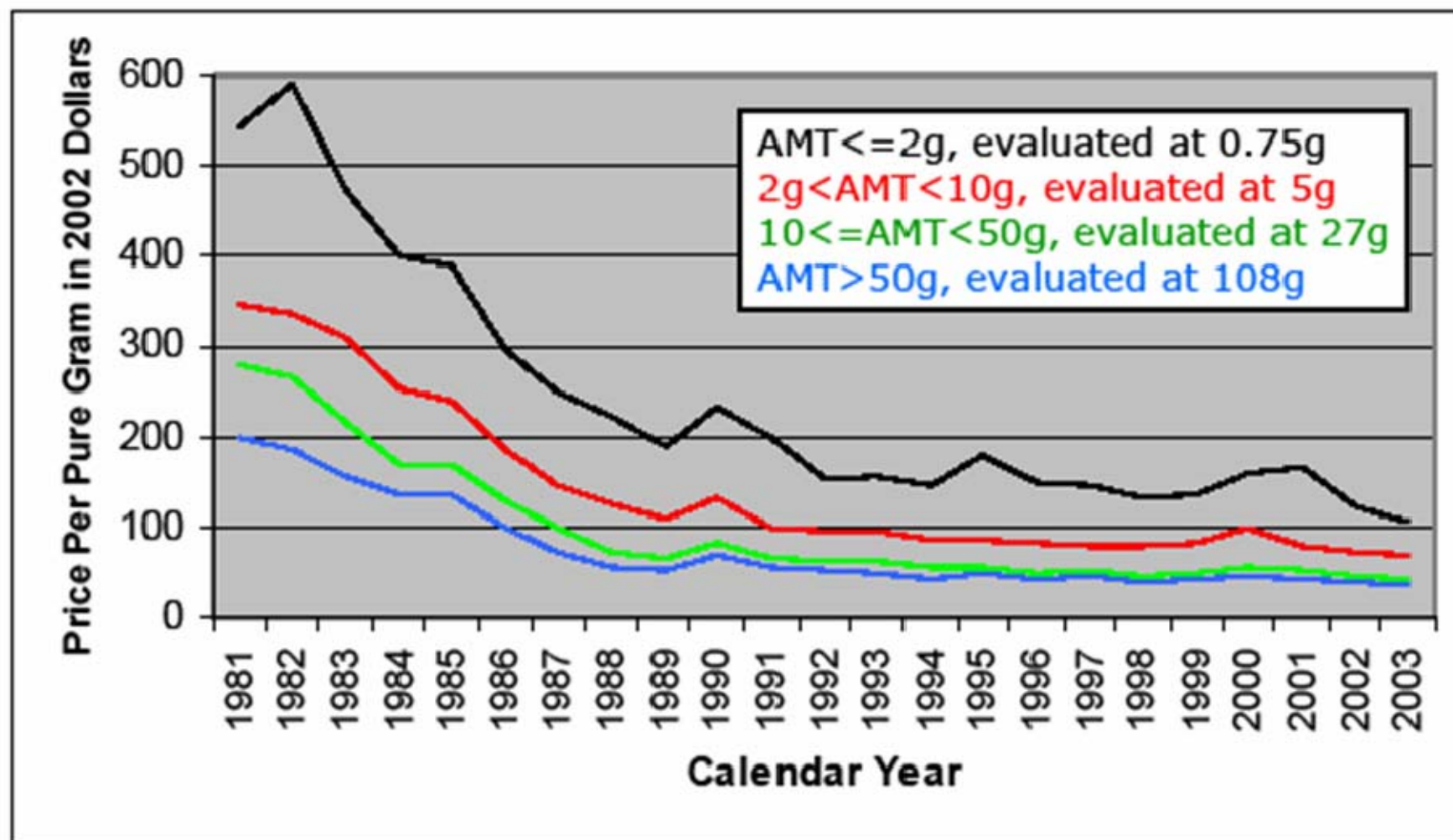


Figure 1: Annual Predicted Price of One Expected Pure Gram of Powder Cocaine



Why Prohibition Doesn't Work

- Heroin Seizure Study - 2003
 - CMAJ – B.C. Centre for Excellence in HIV/AIDS and UBC
 - Studied impact of Canada's "largest ever" seizure (100 kgs)
 - Availability was not reduced,
 - Price dropped (a small amount)
 - No change in any public health indicators (frequency of injection, OD deaths, etc.)

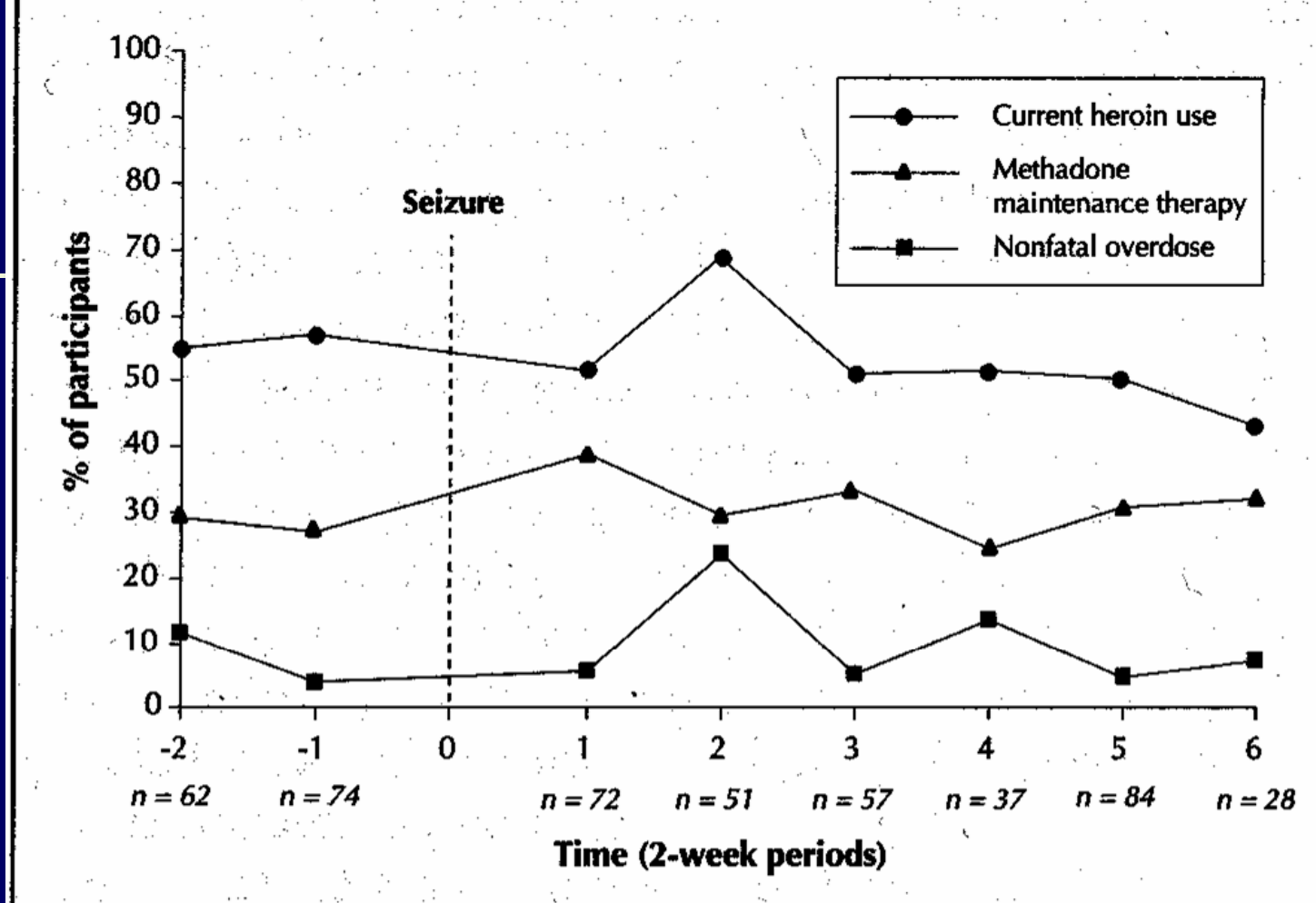


Fig. 1: Percentage of participants reporting current heroin use, methadone maintenance therapy and recent nonfatal overdose. Time zero is the date of the heroin seizure, Sept. 2, 2000. Time periods -2 and -1 are consecutive 2-week intervals before the seizure. Time periods 1 to 6 are consecutive 2-week intervals after the seizure.

Why Prohibition Doesn't Work

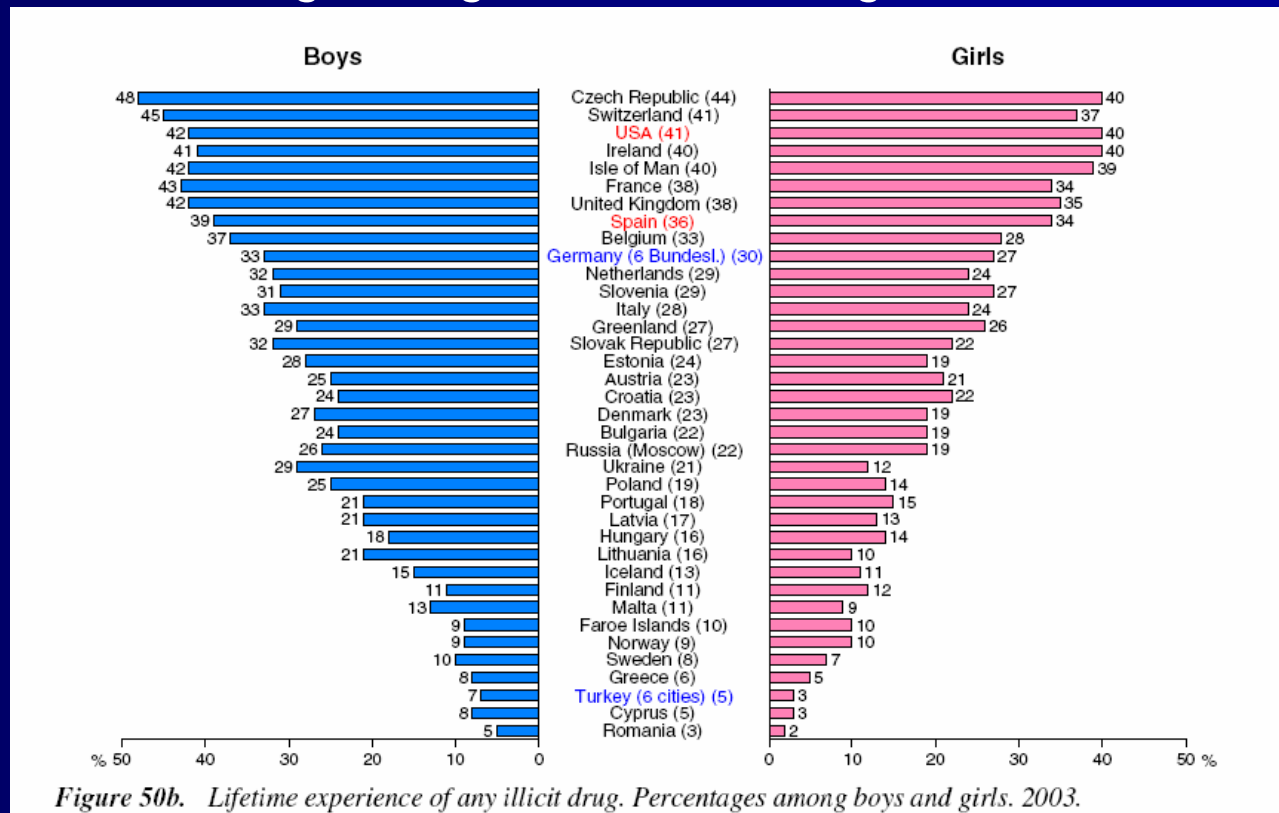
■ Quote: Heroin Seizure Study

– *“Our findings support the strong consensus that curbing the HIV and overdose epidemics will require a shift in emphasis toward alternative strategies based on prevention, treatment and harm reduction, even if this shift necessitates a diversion of resources away from criminal justice interventions”*

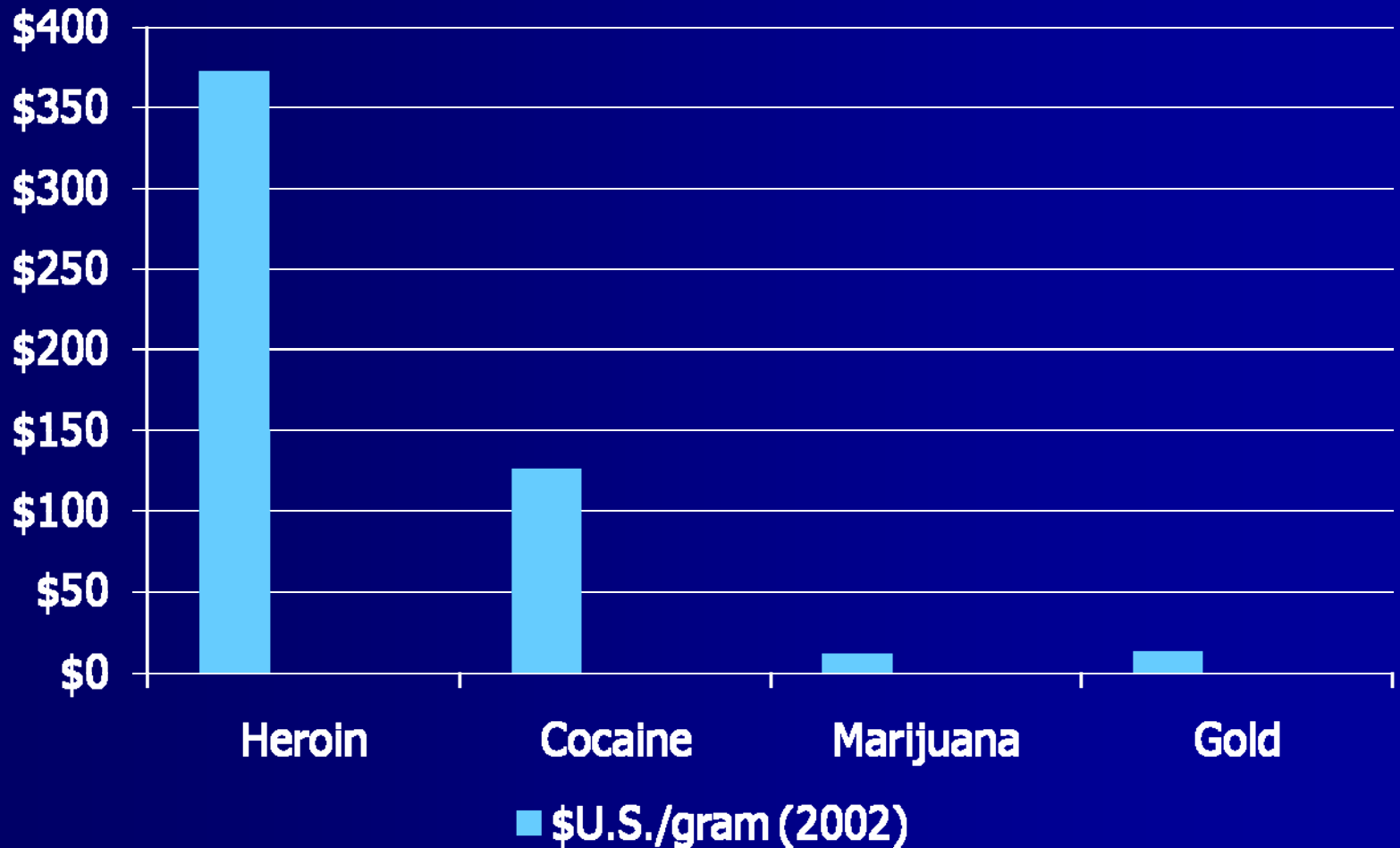
– Wood, E., et al. (2003). Impact of supply-side policies for control of illicit drugs in the face of the AIDS and overdose epidemics: Investigation of a massive heroin seizure. *Canadian Medical Association Journal*, 168(2), 165-169.

Why Prohibition Doesn't Work

Percentage of students who report ever having tried an illegal drug in their lives (age 16)



Why Prohibition Doesn't Work



U.S. Office of National Drug Control Policy. (2004). *The price and purity of illicit drugs: 1981 through the second quarter of 2003*. Washington, DC: U.S. Office of National Drug Control Policy.

**Questions/discussion about
why prohibition doesn't work?**

Harm Reduction: An Interim Step Towards a Public Health/Human Rights Model of Drug Control



Harm Reduction

- Harm reduction asks the question: how do you reduce the harm to individuals and society given the fact that some individuals will use drugs?

Harm Reduction

- Teen age sexual behaviour
 - Society does not condone teen age pregnancies
 - While we disapprove, we tell the truth and provide prescriptions and medical care
- Women who drink during pregnancy
 - We use public health tools
 - We do not criminalize or ignore this behaviour
- Youth who huff gasoline
 - Can not criminalize
 - Need to work with youth in context

Harm Reduction: SISs

- Insite – summary of findings
 - Increase of public order
 - Less public injecting
 - Fewer discarded needles and related litter
 - Safer injection practices
 - Reduced sharing of needles
 - Referrals to other addiction treatment services
 - No overdose related deaths
 - No increased crime/dealers

Harm Reduction: Maintenance T_x

- Swiss heroin prescription trial
 - 1994 - 1996
 - 16 sites through out the country
 - 1146 participants
 - 800 users given injection heroin
 - Participants could inject onsite up to 3 times a daily with nurse present

Harm Reduction: Maintenance T_x

- Results of the Swiss study
 - No overdoses, no diversion to black market
 - Improvements in physical health, mental health, housing
 - Employment doubled
 - Contacts with drug scene decreased
 - Criminal acts dropped by 60%
 - 83 of the subjects voluntarily choose abstinence during the study
 - Heroin was better than methadone at recruitment, retention and compliance, with fewer side effects

Harm Reduction: Maintenance T_x

- Swiss study follow-up
 - 1969 subjects
 - Physical health (22% to 13%) and mental health (37% to 19%) improved
 - Homelessness dropped (18% to 1%)
 - Criminality dropped (69% to 11%)
 - Contacts with the drug scene dropped (59% to 14%)
 - Cocaine use dropped (29% to 5%)
 - Unemployment dropped (73% to 45%)
 - 22% had chosen abstinence treatment

Harm Reduction: Maintenance T_x

- NAOMI trial (North American Opiate Medication Initiative)
 - clinical trial to determine whether heroin-assisted therapy benefits people suffering from chronic opiate addictions
 - Began spring 2005 (Vancouver and Montreal)
 - Funded by CIHR
 - <http://www.naomistudy.ca/>

**Questions/discussion
about harm reduction?**

**Calls for Change:
Movement Towards
Ending Prohibition and
Using a Public Health/
Human Rights Model to
Regulate Drugs**

Calls for Change

- History: Canadian Concerns with Prohibition
 - LeDain Commission Report, 1973
 - Task Force into illicit Narcotic Overdose Deaths in BC: Vince Cain. 1994
 - HIV/Aids in Prison: HIV/Aids legal network. 1996
 - HIV/Aids and IDU: A National Action Plan: CCSA. 1997
 - The Red Road – Pathways to Wholeness: BC Aboriginal AIDS Task Force. 1999
 - Injection Drug Use and HIV Aids: Legal and Ethical Issues: Canadian HIV/Aids Legal Network. 1999
 - Pay Now or Pay Later: Report of the Provincial Health Officer. 1998
 - round tables CCSA and Canada's drug strategy - 2004

Calls for Change



Law Enforcement Against Prohibition

- LEAP was founded in the U.S. in 2002
- Made up of current and former law enforcement officers
- 6500 members and growing
- www.leap.cc
- <http://www.drugwarodyssey.com>

Calls for Change – A Regulated Market

- Cannabis: Our Position For A Canadian Public Policy: Senate Committee. 2002

Calls for Change – A Regulated Market

- Cannabis: Our Position For A Canadian Public Policy: Senate Committee. 2002
- *Preventing Harm from Psychoactive Substance Use*
 - City of Vancouver, 2005
 - “The City advocates a regulatory regime based on the particular health and social harm related to each substance”

City of Vancouver. (2005). *Preventing harm from psychoactive substance use*. Vancouver, BC: City of Vancouver.

Calls for Change

- *A Public Health Approach to Drug Control in Canada* by the Health Officers Council of B.C.
 - Advocates “the creation of a regulatory system for currently illegal drugs in Canada, with better control and reduced harms to be achieved by management in a tightly controlled system.”

**Questions/discussion
about calls for change?**

Reframing the Question:
How do we reduce harm by using a
Public Health/Human Rights
model to control drugs?

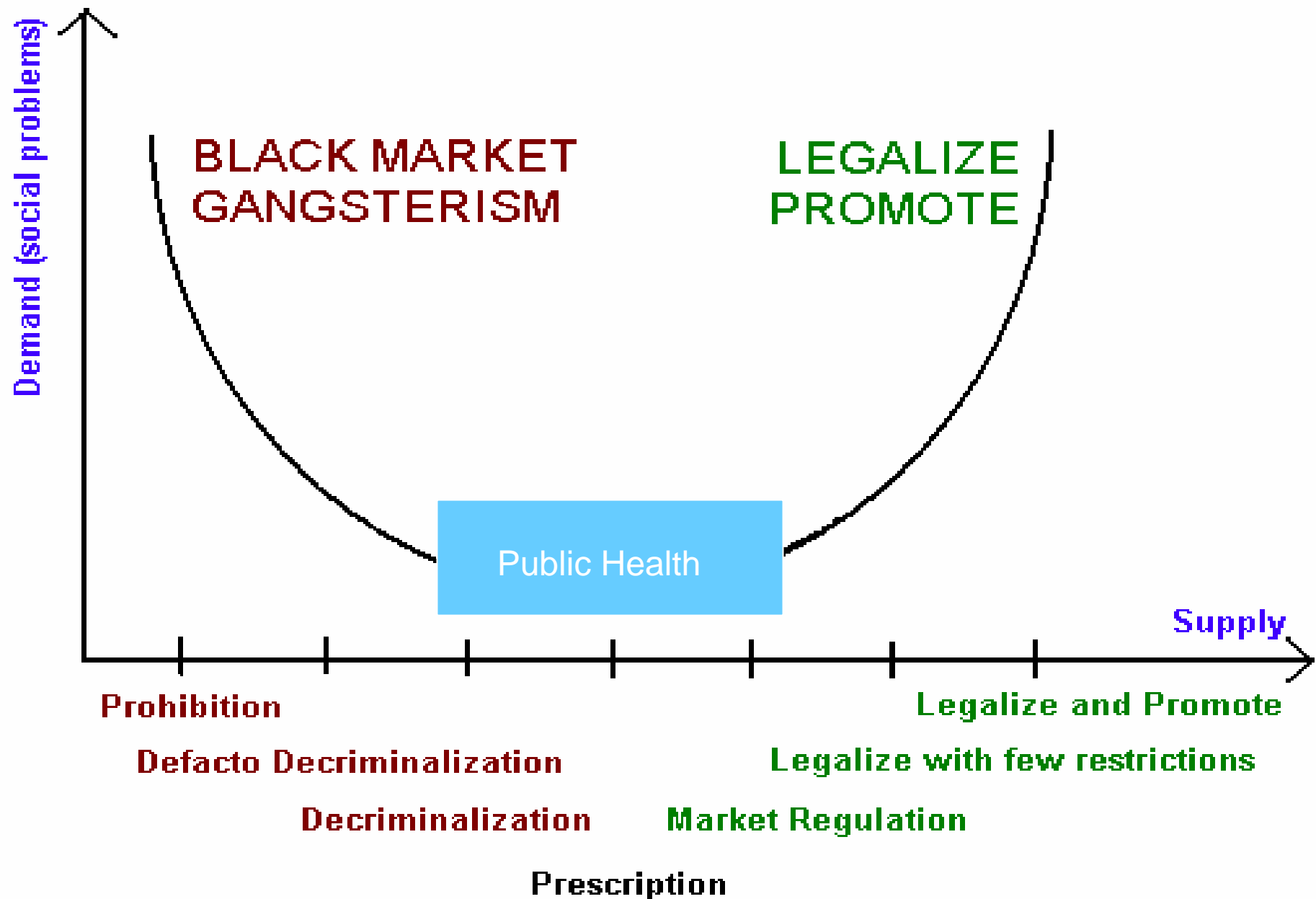
Rand Study

- \$1 Treatment
- \$7 Police
- \$10 Interdiction
- \$21 Source Control

Reframing the Question

- Eight legal options, not just two
 - 1) Free market legalization
 - 2) Legalization with “product” restrictions
 - 3) Market regulation
 - 4) Allow drugs to be available on prescription
 - 5) Decriminalization
 - 6) De facto decriminalization or de facto legalization
 - 7) Depenalization
 - 8) Criminalization

The Paradox of Prohibition (John Marks)



We need to learn the lessons
from alcohol and tobacco

Regulated Markets

Regulated Markets

- We need to control production and distribution *because* drugs are harmful!
- Many commodities are potentially harmful (food, cars, children's toys, etc)
- In the early 20th century, governments began regulating production of foods, beverages and pharmaceuticals
- Don't governments have the same duty to regulate psychoactive drugs?

Public Health and Human Rights

These two models are being
explored as the foundation for
post prohibition drug control

Human Rights

- Universal declaration of human rights: 1948
- Limits the states ability to intrude on individuals and establishes governmental responsibilities

Advantages

- Is global in its perspective and acceptance
- Has successfully empowered many marginalized groups
- Has significant history in Canada as we support our own charter of rights

Weaknesses

- May not balance individual rights and responsibilities
- Does not deal with health issues directly

Public Health

- Focuses on health of groups, communities and all of society
- Social determinants of health (poverty, housing, etc)

Advantages

- Includes prevention, treatment, education
- Accountable, goal orientated
- Specifies health approaches and interventions
- Social capital/cohesion
- Has political traction

Weakness

- Can be seen as too intrusive and controlling

Public Health and Human Rights

Both models are needed as the weaknesses of each model are balanced by the strengths of the other.

The Public Health model brings the focus of population health and the Human Rights model brings the users perspective.

A Difficult Balance

Examples where Canadians need more Public Health:

- Alcohol controls
- Tobacco controls

Examples of where we need more Human Rights:

- Medical marijuana (e.g. lack of choice of strains and poor quality control, difficulty of access)
- Methadone (e.g. those on this program experience travel restrictions)

What public health tools
could be used to regulate
the market for currently
illegal drugs?

Product Restrictions

- Branding should be prohibited
- Design of packaging (colour, logos, images)
- Amount per package, formulation (e.g. oral, IV, smokable) and concentration of product
- Warning labels
- Registration/approval of products before sales are allowed
- Package ingredient labelling

Customer Regulation

- Age
- Degree of intoxication
- Proof of residency
- Use location restrictions
- Required training prior to purchase
- Registration of purchasers
- Licensing of users

Customer Regulation

- Need to pass a knowledge test prior to purchase
- Tracking of consumption habits
- Required membership in a group prior to purchase
- Shared responsibility between provider and purchaser
- Proof of dependence prior to purchase
- Proof of need prior to purchase

Customer Regulation

- Have a previously negotiated maximum allowable limit for each individual
- Allow an individual to put a “stop purchase” order on themselves where they will be refused the product for a fixed period of time.

Corporate restrictions

- Price control / profit control
- Sales from government run outlets only
- Government can be responsible for both packaging (no branding) and sales
- % of tax/profit to be allocated to prevention and treatment programs
- Ban on public trading of stocks for companies who sell these products
- Required reporting of all sales
- Prohibit advertising/promotion/sponsorship of events (sports, arts, music, etc),

Social controls vs. Administrative controls

For centuries drug use was controlled in societies using social/sacred controls.

- Social norms – coffee break, wine only with food, no alcohol with breakfast
- Social rituals – Japanese tea ceremony, coca leaf ritual, bottle gangs
- Sacred rituals – peyote, ayahuasca

Social controls can function to increase social cohesion and strengthen connections to mainstream society.

Prohibition prevents social/sacred controls from developing.

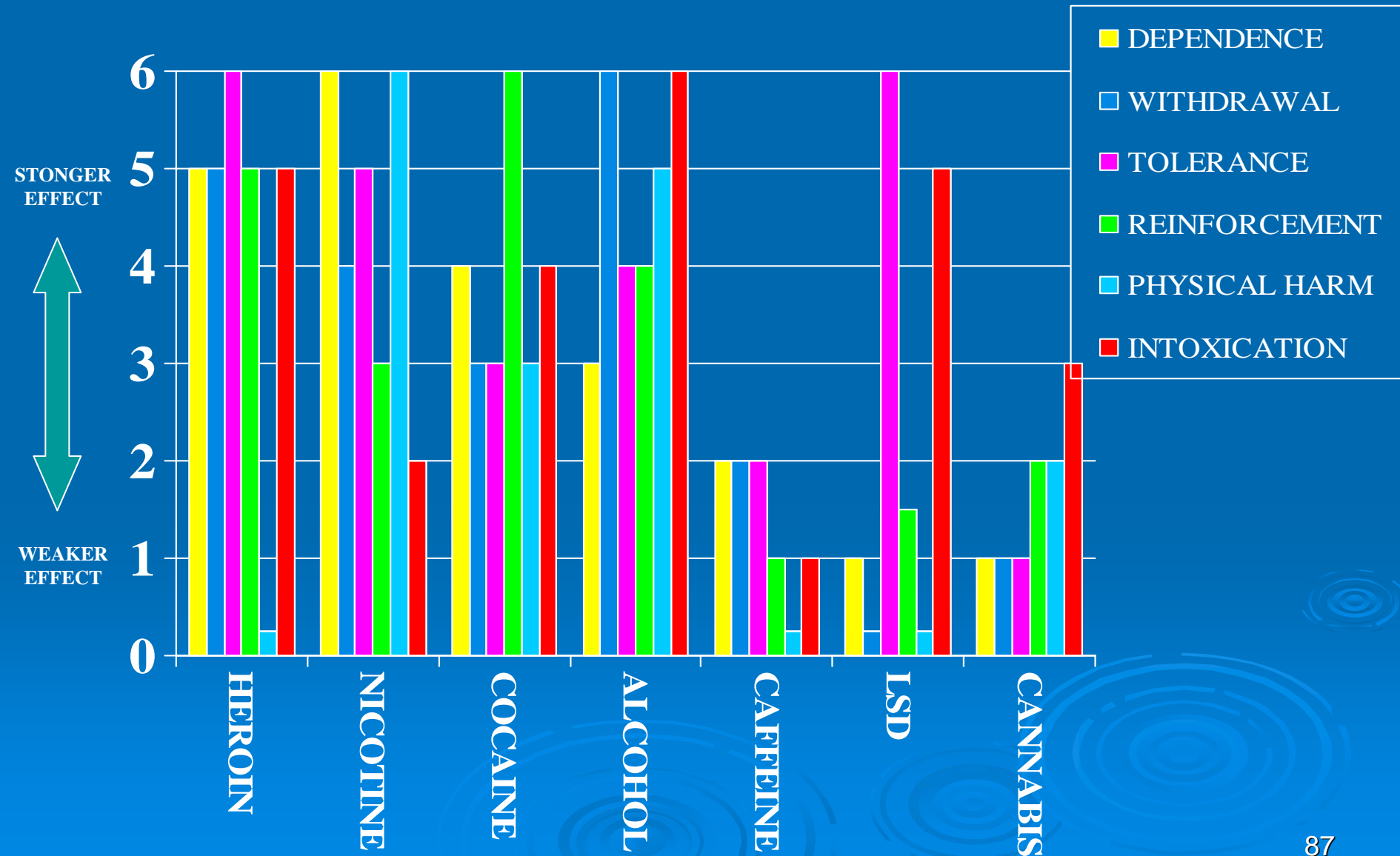
Incremental Change

- Incremental change toward a regulated market for all psychoactive substances which allows for:
 - data collection
 - response to the evidence
 - information sharing with the public
 - a slow phasing in, while illegal market is monitored – changes can stop at the point where this market collapses

Incremental Change

- Increments can be based on:
 - drug type (cannabis has the most public support, stimulants have an urgent health need)
 - preparation (weak oral solution of cocaine will be easier to implement than smokable cocaine)
 - degree of intrusiveness of regulatory options (from more to less)
 - location – start with some cities/regions/or a neighborhood
 - cost of drugs – slowly reduce price
 - order / delivery delay time
- Where possible move slowly from administrative to social controls

ATTRIBUTES OF ILLICIT DRUGS



Spectrum of Psychoactive Substance Use

Non-problematic

- recreational, casual or other use that has negligible health or social impact

Dependent

- use that has become habitual and compulsive despite negative health and social impacts

Beneficial

- use that has positive health, spiritual or social impact
- e.g. medical psycho-pharmaceuticals; coffee to increase alertness; moderate consumption of red wine; sacramental use of ayahuasca or peyote

Problematic

- use that begins to have negative health consequences for individual, friends/family, or society
- e.g. impaired driving; binge consumption; harmful routes of administration

Objections

If prohibition is repealed, won't we be sending a message to youth that it's ok to use drugs?

- Not necessarily—look at successes in tobacco reduction
- We disapprove of teen pregnancies and pregnant women who drink alcohol without criminalizing
- Important not to allow corporations to market & promote use as we have done with caffeine, alcohol, tobacco and psychopharmaceuticals

Objections

How can you be talking about regulating drugs? Don't you understand that drugs are dangerous?

Drugs need to be controlled because they are dangerous.

Objections

What can Canada do on its own?—if we changed our drug policies, the US would close the border

- Not likely—they need us as much as we need them (perhaps even more so in the future)
- Many voices in the US calling for change—we can be a model for them to follow
- Canada could work together with like-minded states (e.g. many European countries) to demonstrate drug policies can be changed based on public health and human rights

Objections

Is this surrendering in our battle against drugs?

- “No” it is using more effective public health tools to deal with these problems

Objections

Won't many more people become addicted to drugs if they are legally available?

- Drugs are already easily available, especially to young people
- Most people who try a drug never have problems with it, let alone become dependent on it (e.g. alcohol)
- A reallocation of resources away from criminal justice would allow for much improved access to treatment for that minority of users who do become dependent

Objections

Where is your morality? – drugs are bad and people who use them are bad

- We believe that a compassionate response to individuals who have addiction problems is morally superior to the current system where they are attacked and punished.