Canada's Drug Futures Forum

Summary of Proceedings and Final Recommendations

APRIL 4–5, 2017
OTTAWA, ONTARIO, CANADA

THANK YOU TO THE FOLLOWING SUPPORTERS:

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An agency of the Provincial Health Services Authority

Canadian Centre on Substance Use and Addiction

Centre canadien sur les dépendances et l'usage de substances

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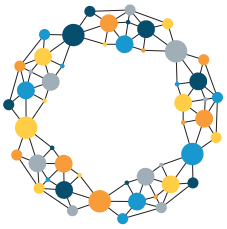

Labo de stratégie mondiale
Global Strategy Lab

FONDATION PIERRE ELLIOTT TRUDEAU FOUNDATION

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Peter McCaffrey, Director of Research, Manning Foundation

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Dr. Frank Welsh, Canadian Public Health Association

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The views expressed in this report reflect reporting from the *Canada's Drug Futures Forum* participants and the opinions of the authors. They do not necessarily reflect the views of all participants, sponsors, and advisors, or their organizations.

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Executive Summary

From April 4-5, 2017, a multidisciplinary team of scholars convened *Canada's Drug Futures Forum* in Ottawa, on traditional Algonquin territory. The goal of the Forum was to bring together academics, policymakers, and community leaders to document priorities for Canadian drug policy in the coming decade. This Forum reflects and builds upon rapid drug policy reform in Canada, and makes a concerted effort to include divergent voices and positions on this issue.

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The agenda for the Forum was built around four key themes generated by the organizing committee: international management and control, integrating criminal justice and public health responses, decriminalization and regulation, and strategies for health and social equity. With the help of an advisory committee comprising leaders in relevant areas of research, advocacy, policy, and practice, speakers were invited to join panels that stimulated a dialogue on policy options corresponding to each of the four Forum themes. On day 2 of the Forum, participants were asked to join structured and facilitated policy working groups that generated a list of policy recommendations presented back to attendees at the end of the Forum.

This report synthesizes the dialogue generated from the speaker panels and keynote presentations, as well as the recommendations generated by Forum participants. It also documents some of the areas where dissent was voiced or agreement could not be reached. The recommendations that emerged from the Forum have been presented within five domains: national drug policy reform; criminal justice reform; prevention, harm reduction, and treatment; research and knowledge exchange; and international leadership. Recommendations have been framed as opportunities to generate policy or amend existing policies in each of the five domain areas. For each recommendation, an appropriate timeline is identified.

Together with the work of other organizations leading a national conversation on drug policy, this report is intended for use by policymakers in all sectors and within all levels of government and civil society to prioritize action on drug policy in Canada over the coming ten years. In response to an unprecedented opioid crisis facing the country, more people are engaged in the drug policy arena than ever before. There is an imperative to explore and implement new and more effective policies in response to this ongoing crisis, as well as to reduce other adverse consequences of efforts to control the harms of drugs and drug use. This report presents a number of such recommendations to support the optimization of Canada's policy response in this domain.

Recommendations

1. National Drug Policy Reform

1a. Create a mechanism for stakeholders, including people who use drugs, to advise on the implementation of the *Canadian Drugs and Substances Strategy*.

1b. Develop regulations for newly-legal substances (e.g., cannabis) in tandem with adjustments to regulations for other regulated substances (e.g., alcohol, tobacco, pharmaceuticals) to ensure harmonization of laws on marketing and promotion.

1c. Before enacting any supply-side restriction (e.g. removing an opioid analgesic from the market), conduct tests to predict its likely impacts on multiple dimensions of Canadian drug markets (e.g., regulated, pharmaceutical, grey, and illegal) and the health and safety of communities. This analysis should also consider the optimal sequencing for implementation of interventions.

1d. Commit a portion of tax revenues from sales of legal cannabis into programs that directly address the needs of communities most deeply impacted by drug criminalization.

1e. Establish a federal commission to: a) conduct a cost-benefit analysis of current drug control policies, b) explore potential steps toward decriminalization, legalization, and regulation of each class of currently illegal drugs, and c) consider formal acknowledgement and redress for harms of drug prohibition policies.

2. Criminal Justice Reform

2a. End the practice of requiring that individuals plead guilty to access diversion programs, and expand the range of offenses eligible for drug treatment courts and other diversion programs.

2b. Create prosecutorial guidelines instructing Crown Prosecutors not to pursue charges for personal possession and use of cannabis in the period prior to the full implementation of recreational cannabis regulation.

2c. Establish a system for persons with existing convictions for non-violent cannabis offences to apply for pardons.

2d. Implement the Truth and Reconciliation Commission Calls to Action (#30-32) related to sentencing for drug-related offenses.

2e. Repeal elements of the *Safe Streets and Communities Act* that evidence suggests have harmful public health and/or discriminatory effects (e.g., on people with problematic substance use, or on other grounds such as race or gender), such as mandatory minimum sentences and other restrictions on conditional sentences.

2f. Conduct a review of policing and police oversight practices related to drug law enforcement, in order to identify practices where adverse public health consequences outweigh public safety benefits, and propose alternative approaches.

Recommendations (cont.)

3. Prevention, Harm Reduction, and Treatment

3a. Implement and evaluate harm reduction-based drug checking services as a public health and consumer safety measure, to ensure a safe supply.

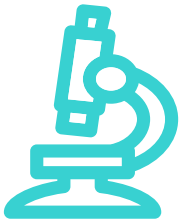
3b. Commit to providing and monitoring adequate coverage for evidence-based comprehensive treatment and harm reduction interventions, including opioid agonist therapy, needle and syringe programs, supervised consumption sites, naloxone, and distribution of safer consumption kits.

3c. Develop national and provincial child welfare policies that prioritize the long-term best interests of the child, in acknowledgement that substance use and/or poverty alone do not justify removal from otherwise loving parents.

3d. Develop harmonized national guidelines on best practices for supporting youth in transition out of foster care who are at heightened risk of substance use disorder.

3e. Develop national guidelines and infrastructure to improve access to injectable treatments in community settings (i.e., hydromorphone, diacetylmorphine [medical heroin]), and to opioid agonist therapy (OAT; e.g., methadone, buprenorphine, slow-release oral morphine).

3f. Develop comprehensive discharge plans for people released from jail or prison, including harm reduction strategies (e.g. overdose prevention) and, if indicated, substance use disorder treatment, with monitoring and follow-up.



4. Research and Knowledge Exchange

4a. Integrate the issue of stigma against people who use drugs into broader anti-discrimination strategies and in training on harm reduction, trauma-informed practice, and cultural safety for health, justice, and social systems.

4b. Improve the collection and analysis of criminal justice statistics related to drug law enforcement (e.g., arrests, incarceration), with disaggregation by race/ethnicity, Indigenous ancestry, and gender. Publish an annual report by the Canadian Centre for Justice Statistics.

4c. Establish a national drug policy observatory mandated to a) conduct drug surveillance and analysis of multiple dimensions of drug policy (e.g., public health, legal and illegal markets, violence, crime) with an equity lens, b) publish annual reports and convene dissemination and knowledge exchange, and c) develop metrics for measuring progress in drug policy implementation.

5. International Leadership

5a. Explore options to reconcile domestic recreational cannabis regulation with the UN drug control treaties, including at the next session of the Commission on Narcotic Drugs and the High Level Ministerial Meeting in 2019, and through discussions with member states, UN agencies, and other relevant stakeholders.

5b. Integrate evidence-based drug policies in foreign policy and development cooperation strategies, through the frameworks of Sustainable Development Goals, gender equality, human rights, and international security, and allocate commensurate resources toward their achievement.

Introduction from the Organizing Committee

The recent steps toward legalizing and regulating cannabis, as well as public health-oriented efforts to stem Canada's unprecedented opioid overdose epidemic, signal a new direction for Canadian drug policy. At the same time, the new United States administration has promised to respond to the continental opioid crisis by renewing the so-called 'War on Drugs.' At a global level, many countries (particularly in Latin America) are questioning the merits of punitive approaches to drug control, while other states have intensified attempts to reduce drug use through violence and coercion (most notably the Philippines). This lack of consensus, and the critical impact of national drug policies on the lives of people who use drugs, suggests that a clear vision is required by decision-makers seeking to craft evidence-based and sustainable policy approaches.

Considering the policy momentum generated by a national health crisis and the fraying global consensus on criminal justice-oriented policies, a team of social science and public health researchers convened *Canada's Drug Futures Forum* in April 2017. More than 200 participants attended the Forum, representing over 100 different national and global organizations. This group met in Ottawa to share participants' collective knowledge, best practices, and lived experiences within the framework of a productive, collaborative, and interdisciplinary dialogue. The premise of the event was that there is a critical need to engage in constructive, inclusive dialogue towards drug policies that maximize community safety and health, particularly given unintended health, social, and economic harms associated with drug policy to date. In addition to urgent responses to the overdose crisis and the array of changes tied to the pending legalization of cannabis, there is therefore a need to explore longer-term policy options beyond these current situations. The aim of the Forum was therefore to envision a ten year agenda for the future of Canadian drug policies at the municipal, provincial/territorial, and federal levels."

> **The aim of the Forum was to envision a ten year agenda for the future of Canadian drug policies at the municipal, provincial/territorial, and federal levels.**

Speakers and participants shared lessons learned, research findings, and experiential wisdom on: the challenges and complexities of international drug control; tensions between criminal justice and public health (including harm reduction); policy models for drug decriminalization, regulation, and control; and the social inequities resulting from current policies and practice. The recommendations and points of disagreement that emerged from this process are diverse, ranging from addressing structural issues to the implementation of specific programming and treatment interventions. While they are not meant to be an exhaustive list or contain implementation-level details, the recommendations provide a roadmap for moving forward on evidence-based drug policy changes.

We note that the recommendations are not formally endorsed by the individuals or organizations that participated in the conference. Rather, they reflect the predominant

themes and areas of convergence in the Forum's presentations and discussions.

> **The recommendations reflect the predominant themes and areas of convergence in the Forum's presentations and discussions.**

There is much work to be done by Canadian decision-makers and other actors to transform these ideas into concrete, funded strategies, policies, and projects across settings and areas of action, inside and outside government agencies. We hope that this bold and cross-sectoral dialogue provides a catalyst, useful building blocks, and new connections and approaches for the short and long-term work of drug policy development and implementation.

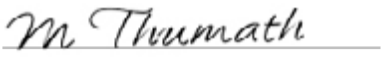
We thank the Pierre Elliott Trudeau Foundation, International Centre for Science in Drug Policy, Canadian Drug Policy Coalition, British Columbia Centre for Disease Control, Canadian Centre on Substance Use and Addiction, Centre for Addiction and Mental Health, Canadian HIV/AIDS Legal Network, and Carleton University Faculty of Public Affairs for making this event possible with their financial support and substantive guidance. Finally, we would like to acknowledge members of the advisory committee, including representatives from these organizations and from the University of Ottawa Global Strategy Lab, Canadian Public Health Association, Canadian Association of People Who Use Drugs (CAPUD), moms united and mandated to saving the lives of Drug Users (mumsDU), and Drug Users Advocacy League (DUAL) of Ottawa, who were instrumental in shaping the Forum agenda and dialogue. This event would not have been possible without the expertise and skill of civic engagement firm MASS LBP, as well as the support of project coordinator Jamie Forrest, who worked with us over the past year to organize and execute the Forum. We would also like to thank the numerous civil servants and policymakers from the Canadian Institutes of Health Research, the federal Departments of Health, Justice, Public Safety, and Global Affairs, as well as provincial, territorial, and municipal government partners for sharing information about the issues addressed by the Forum, their participation in the event itself, and their commitment to improving drug policy in Canada.

Dan Werb, PhD

Jennifer Peirce

Claudia Stoicescu

Ayden Scheim



Meaghan Thumath, RN

***Canada's Drug Futures Forum* Organizing Committee**

Building a Future-oriented Agenda on Drug Policy

During 2016, the organizing committee developed a draft agenda comprising four themes that reflect the major sources of debate in current Canadian drug policy. The organizing committee convened an advisory committee of more than twenty individuals from institutions representing academia, policymakers, and civil society to help further shape the Forum's agenda. Through an iterative process, each theme was divided into two sub-themes and the organizing and advisory committees invited speakers with expertise in each of the thematic areas.

Over twenty speakers presented on the Forum themes, guided by the following framing questions, with two sub-themes providing further context for discussion. The speakers represent a range of positions and views – and it was a deliberate choice to have this diversity of views, all of which are based on research, evidence, and/or lived experience. Of course, this means that not all participants necessarily agree with the views presented by speakers.

Theme 1. International control and management

- How do we intervene in drug markets constructively?
- How do drug policy decisions influence cross-border levels of violence, addiction, and overdose?
- How can domestic policies respond to emerging threats from illicit substances trafficked internationally?
- Is there a path to harmonizing drug policies across all three North American countries?

Sub-Theme 1A: Optimizing supply-side drug market interventions
Sub-Theme 1B: Continental border control

Theme 2. Integrating policing and public health

- How can the skills of police and health professionals be better aligned to address community needs?
- How can we move beyond diversion and toward substantive services not rooted in the criminal justice system?
- What lessons can drug courts teach us for developing new forms of partnerships?

Sub-Theme 2A: Inter-institutional collaborations between police and health professionals for first response
Sub-Theme 2B: System-wide shifts in justice policy and practice to health and public safety

Theme 3. Decriminalization and regulation

- How do we determine appropriate models of control for different types of drugs in Canada?
- What are the opportunities and challenges associated with drug regulation, and how can the latter be mitigated?
- What concrete steps would need to be taken to explore the feasibility of regulation systems for currently illegal drugs in Canada?

Sub-Theme 3A: Drug regulation: Opportunities and challenges
Sub-Theme 3B: Models of decriminalization: Exploring global best practices

Theme 4. Strategies for health and social equity in drug policies

- How can we reform the justice system to reduce persistent racial inequities related to drug policies in Canada?
- How might Canadian programs and policies contribute to better health and social outcomes for women and Indigenous peoples (of all genders) who use drugs, their families, and the broader community?

Sub-Theme 4A: Undoing the racialized harms of drug law enforcement
Sub-Theme 4B: Equity in harm reduction and treatment

Speaker Summaries

The following sections provide brief summaries of the remarks made by each presenter. The slides and videos of most presentations are available on the event website and Facebook page, respectively.

Keynote Presentations

Don Davies, NDP Health Critic, Member of Parliament for Vancouver-Kingsway

Mae Katt, Nurse Practitioner, Temagami First Nation

Hon. Dr. Jane Philpott, Minister of Health, Government of Canada

Jordan Westfall, President, Canadian Association of People Who Use Drugs (CAPUD)

In a passionate address representing drug users across Canada, Mr. Jordan Westfall highlighted the urgent need for reforms to Canada's existing drug laws. Faced with an unprecedented overdose crisis in Canada, he called on all levels of government and sectors to urgently respond with evidence-based solutions that will reverse this alarming trend.

> **Jordan Westfall called on all levels of government to urgently respond to Canada's unprecedented overdose crisis with evidence-based solutions.**

Mr. Don Davies spoke to the priorities of the New Democratic Party of Canada on drug policy and urged the federal government to commit more resources to addressing the national overdose epidemic. Ms. Mae Katt shared her experience as a nurse practitioner developing culturally safe substance use disorder treatment services for youth in the Temagami First Nation and Thunder Bay. Ms. Katt highlighted the importance of the First Nations Mental Wellness Continuum (FNMWC),[1] a framework to address mental wellness among First Nations in Canada that identifies ways to enhance service coordination among various systems and supports culturally safe delivery of services.

Health Minister Jane Philpott identified the priorities of the Government of Canada in drug policy reform. Through personal narratives of patients as a family physician in Ontario, she expressed her personal motivations for making drug policy a priority of the Government of Canada. This includes the introduction of a legalization and regulatory framework for cannabis, and also measures to urgently address the national overdose epidemic.[2]

Panel Presentations

International control and management

Leo Beletsky, Associate Professor of Law and Health Sciences, School of Law and Bouvé School of Health Sciences; Faculty Scholar, Institute on Urban Health Research, Northeastern University

Dr. Stephen T. Easton, Professor of Economics, Simon Fraser University

Richard Fadden, former National Security Advisor to the Prime Minister of Canada

Dr. Beau Kilmer, Co-director and Senior Policy Researcher, RAND Drug Policy Research Centre

Dr. Kasia Malinowska, Director, Global Drug Policy Program, Open Society Foundations

Dr. Rosalie Pacula, Director, Bing Center for Health Economics; Co-director, RAND Drug Policy Research Center; Senior Economist; Professor, Pardee RAND Graduate School

Moderated by **Dr. Dan Werb** and **Adam Blackwell**

Speakers in this panel brought a range of national and international perspectives, as well as disciplines and settings, to the issue of optimizing drug control. All were aligned in seeking to optimize policy through research.

Dr. Beau Kilmer framed the conversation on drug policies within the experiences of the United States with alcohol – a drug for which there are decades of data on the impacts of regulation. Dr. Kilmer's research focuses on 'micro-setting' policy interventions: he described a '24/7 Sobriety Program' for chronic alcohol-impaired individuals in South Dakota. The program relies on intensive surveillance (by law enforcement) of people who have repeated convictions for alcohol impairment. Dr. Kilmer showed that this program is associated with significant reductions in alcohol-related recidivism (repeated offences), including impaired driving. Citing supporting evidence, Dr. Kilmer suggested that 'focused deterrence'[3] approaches could be effective for drugs other than alcohol. This has implications for addressing cases when substance use – legal or not – contributes to behaviors that harm others. Focused deterrence uses enforcement tools only in a way that targets and measurably reduces the most harmful substance-related behaviors – not as an enforcement approach covering substance use broadly.

Leo Beletsky identified the potential harms of illegal drug policies by examining the potential 'toxicity' of the over-application of drug law enforcement. The disparity between the 'law on the books' and the 'law on the street' was also highlighted as a critical barrier to drug policy optimization. For example, while Rhode Island decriminalized the possession of syringes in 2000, approximately one-third of police in the state were not aware of the law change and therefore did not incorporate it into their practice; similar data were presented on the rollout of a drug decriminalization law in Mexico. Finally, Mr. Beletsky described the importance of proper sequencing of

policies and interventions, and pointed to the rise of illicit opioids after restrictions on prescription opioid access without a scale-up of ancillary services for opioid use disorders as a prime example of suboptimal sequencing. This implies that even the best-designed policy reform in Canada must consider the practicalities of knowledge transmission to a variety of front-line actors and the appropriate sequencing of stages of policy rollout.

Leo Beletsky described the importance of proper sequencing of policies and interventions, and pointed to the rise of illicit opioids after restrictions on prescription opioid access without a scale-up of ancillary services for opioid use disorders as a prime example of suboptimal sequencing.

Dr. Rosalie Pacula outlined four key considerations to guide the optimization of drug control policies. First, drug control policies should be tailored to specific drugs and should take into account how drug demand evolves over time. Second, population-level patterns of drug use can be considered as epidemics with periods of expansion, stability, and decline, with implications for policy responses. Third, supply reduction strategies should take into account whether substitute drugs may be available; for example, the availability of heroin in North America limited the effectiveness of efforts to reduce the supply of OxyContin. Fourth, drug policies can only be optimized when the interaction between local and federal approaches is considered. All of these considerations can be translated to the Canadian context, for different types of drugs and drug control policies.

Dr. Stephen T. Easton presented on the history of alcohol prohibition in Canada and disparities in policy application across provinces. Dr. Easton noted that across provinces, the shift towards and away from alcohol prohibition was not uniform. Certain provinces prohibited and regulated alcohol across a span of decades, despite federal guidance. This has implications for the rollout of cannabis regulation in Canada across provinces – though there is no clear consensus as to what the optimal level of uniformity would be. Relatedly, Dr. Easton noted that the history of sin tax in Canada suggests that it has produced unpredictable levels of revenue. It is therefore difficult to predict the tax revenue for cannabis, particularly when considering other indirect cost uncertainties related to savings from criminal justice and substitution effects across other taxed drugs (i.e., alcohol), as well as costs related to the potential of border 'thickening.' This suggests that careful and ongoing tracking and analysis of a range of costs and benefits are necessary for policy optimization, even when considering just financial facets of drug policy change.

Dr. Kasia Malinowska presented on drug policy interdependence, focusing largely on how international drug policy goals might be undermined by the actions of individual United Nations (UN) member states. Noting that the recent 2016 UN General Assembly Special Session on the World Drug Problem reflected the lack of global consensus on drug criminalization, Dr. Malinowska described an emerging recognition of the failure of the 'War on Drugs.' However, this shift away from the previous global consensus on prohibition is challenged by the actions of some national governments. The most egregious episode comes from the Philippines, where a campaign of government-driven mass murder has resulted in the death of over 8,000 individuals. While this is an extreme case, Dr. Malinowska described that other governments have undertaken lesser but still harsh human rights violations – such as coerced treatment and punitive imprisonment – in the service of drug control. The implication of this global polarization

may be that Canada cannot necessarily assume that the standard processes and mechanisms of international governance will evolve naturally in a progressive direction on drug policy; bold action and confrontation may be required.

Richard Fadden discussed national drug policy reform from his perspective as a senior policymaker over a period of decades. Mr. Fadden strongly suggested that the success of drug policy requires a pan-governmental commitment and that without this commitment, any efforts at reform – regardless of their merit – will fail.

> **Richard Fadden strongly suggested that the success of drug policy requires a pan-governmental commitment.**

Mr. Fadden noted specifically that any drug policy reform has to be substantively, financially, and bureaucratically linked with immigration, border control, the Royal Canadian Mounted Police (RCMP), the Department of Justice, Global Affairs, and the provinces. Mr. Fadden suggested that at present, sufficient linkages do not exist. Mr. Fadden further noted that Canada's international commitments to development projects in illicit drug producing countries could be formally linked with efforts to reduce this production. Finally, Mr. Fadden suggested that the control of the international illicit drug market could be modeled upon the control of international terrorism, but that this requires a recognition that the control of drugs is as important as terrorism and buy-in from key agencies such as Foreign Affairs. This implies that even as drug policy reform discussions increasingly emphasize the public health frame, it is crucial to understand and explain drug policy through other frames as well, including finance and both domestic and international security.

Integrating policing and public health

Justice Mary Hogan, Ontario Court of Justice

Meredith Porter, Member of the Social Security Tribunal - Appeals Division

Chief Deputy Sheriff Jim Pugel, King County Sheriff's Office and former Chief of the Seattle Police

Dr. Mark Tyndall, Executive Director, BC Centre for Disease Control

Senator Vernon White, Senate of Canada and former Chief of the Ottawa Police

Moderated by **Jennifer Peirce** and **Rebecca Jesseman**

Speakers presented a range of experiences addressing substance use disorders in the context of criminalization, which by definition requires involvement of law enforcement. Some advocated for radical reorientation to address underlying trauma and social factors. Others showed how police attitudes and practices could change to improve health outcomes. There was an emphasis on avoiding reductive categories for drug users – high/low risk or violent/non-violent – and on the risk of accepting moderate positive change within a criminal justice framework, as this can become an obstacle to more structural change.

Senator Vernon White reviewed the evolution of the supervised injection site model in Canada and police agency responses to it. He noted that, in Canada and abroad, there is growing agreement from police representatives that the current status quo is not working, and greater acceptance of the benefits of the supervised injection site model (for example, Raf Souccar, retired deputy Commissioner of the RCMP and head of drug operations, issued a statement of support). A central concern for police is to reduce the involvement of organized crime in drug transactions. Senator White argued that replacement drug therapy is a key intervention to this end, and that it should not be limited to methadone or medical-grade heroin alone, but rather should include stimulants and other drugs. These comments suggest opportunities for meaningful engagement between harm reduction advocates and law enforcement on drug policy reform proposals, including their potential effects on different aspects of crime.

Chief Deputy Sheriff Jim Pugel presented on Seattle's experience over the past six years in developing and implementing the Law Enforcement-Assisted Diversion (LEAD) program. He argued that public safety and public health are intertwined and mutually dependent. The impetus for the Seattle Police to begin LEAD was the cost of lawsuits based on racial disparities in arrests for drug charges. LEAD allows people who are subsistence consumers or sellers (under nine grams) and have no recent violent record to be diverted to case management and a recovery plan – which may or may not include treatment. The program is based on principles of immediate access to treatment, non-displacement of other treatment clients, a harm reduction philosophy, and no time limits on services. Chief Deputy Sheriff Pugel

emphasized that building trust between police and drug users took some time – about six months – and that now there is more empathy and dialogue across numerous actors. One study shows that LEAD participants have 58% less recidivism than a control group. For Canada, the LEAD program provides a potential model for the design and practical implementation of a diversion program that significantly alters the daily practices and norms of policing.

> **The LEAD program is based on principles of immediate access to treatment, non-displacement of other treatment clients, a harm reduction philosophy, and no time limits on services.**

Dr. Mark Tyndall argued that policing and public health are diametrically opposed and that there is no role for policing in discussions on drug policy any more than on clean drinking water. The threat of criminal sanction has never, in his experience, been the reason someone stopped using or selling drugs. The Vancouver Police Department has altered its practices in a progressive way, with less enforcement – but Vancouver shows that less enforcement in the absence of increased services can actually make the situation worse. The ray of hope in Canada is that slowly different actors are coming to understand that drugs must be addressed as a social issue, without demonization of drugs or users – but urgent action is needed.

Meredith Porter highlighted that for Indigenous communities, on reserve and in urban settings, physical safety is more deeply influenced by a broad range of stressors and traumas. Notably, most child welfare apprehensions in Indigenous communities are due to neglect tied to substance use disorders and poverty, not to direct physical or sexual abuse. Health and safety in reserve communities are intertwined, as they struggle to recruit health professionals to communities where crime rates can be high. Currently, law enforcement policies often destroy rather than strengthen bonds. Policing approaches could instead be trauma-informed,[4] culturally-astute, and based on the Calls to Action of the Truth and Reconciliation Commission (TRC).[5] This vision suggests the need for a much wider view on what issues or strategies are relevant to drug policy reform – that is, not just those that directly address consuming or buying and selling drugs.

Justice Mary Hogan presented lessons from Canada's experience with Drug Treatment Courts (DTCs) since the first one was established in 1998. Though DTCs are important in the current context of criminalization of drugs, they remain within an enforcement paradigm and may hamper systemic change. First, law enforcement and justice professionals need to understand substance use disorders, specifically to change the idea that a threat of prison can push someone to stop using drugs. Second, the power remains with prosecutors, who determine eligibility criteria, and with the Crown, which funds the courts and requires abstinence for participants to graduate. Third, DTCs can only accommodate some drug users who need treatment. Fourth, the existence of DTCs as a pathway for treatment may serve to justify more 'tough on crime' policies for other offenders not in the DTC stream, by falsely suggesting that they are 'real criminals' who don't seek change or deserve treatment. Fifth, the jobs of professionals working in drug courts rely on ongoing criminalization. Justice Hogan called on the Canadian Association of Drug Court Professionals to integrate reforming drug laws and enforcement tactics into its core mandate. These reflections show that even progressive-minded initiatives can unintentionally reinforce the dynamics they seek to overcome, and that future reforms must be self-critical about the incentive structures they create.

Decriminalization and regulation

Manuel Cardoso, Deputy General-Director, General Directorate for Intervention on Addictive Behaviours and Dependencies

Ann Fordham, Executive Director, International Drug Policy Consortium

Dr. Mark Kleiman, Affiliated Faculty, NYU Wagner; Professor of Public Service, NYU Marron Institute of Urban Management

Dr. Mark Ware, Associate Professor, Family Medicine and Anesthesia, McGill University; Vice Chair of the Government of Canada Task Force on Cannabis Legalization and Regulation

Moderated by **Claudia Stoicescu** and **Donald MacPherson**

Speakers discussed opportunities and challenges related to the decriminalization and regulation of controlled substances. Drawing on international best practice, speakers considered the domestic and global implications of pursuing alternatives to drug control in Canada.

Ann Fordham framed the discussion on decriminalization and regulation by presenting a global overview of existing evidence on current approaches to drug policy. Ms. Fordham highlighted that punitive policies centered on the criminalization of drug use, possession, cultivation, and purchase have resulted in measurable health, financial, and human costs, without reducing levels of drug use. Decriminalization, defined as the removal of penalties for selected activities related to drug use, has been associated with positive health and social outcomes and has been endorsed by most UN agencies. To date, over forty jurisdictions around the world have enacted some form of decriminalization. Ms. Fordham argued that Canada has a unique opportunity to lead globally in this area by exploring progressive policy options such as decriminalization of a broad range of substances. This presentation suggests that decriminalization is no longer a 'radical' or 'outlier' policy option, and that both research evidence on positive outcomes and emerging international political dynamics support this pathway.

> **Over forty jurisdictions around the world have enacted some form of decriminalization [of drug use].**

Manuel Cardoso presented on the Portuguese model of drug policy. In 2001, Portugal addressed widespread public concern over drugs by decriminalizing all substances as part of a comprehensive set of interventions including prevention, evaluation, harm reduction, treatment, and social reintegration. In an effort to change the official response to people who use drugs from criminals to patients, the responsibility for reducing drug demand was shifted away from the Ministry of Justice to the Ministry of Health. Although the use of drugs remains forbidden in Portugal, persons found in possession of less than a ten day supply of a controlled substance are brought to a Commission for the Dissuasion of Drug Addiction, comprised of social workers, lawyers, and psychologists, to be assessed and provided tailored health and support services. Portugal's fifteen years of experience with decriminalization shows that this approach can improve public safety for communities, while also reducing drug consumption, blood-borne virus infections, and recidivism.

Dr. Mark Ware summarized the process and key recommendations emerging out of Canada's Task Force on Cannabis Legalization and

Regulation and considered lessons for drug policy reform more broadly. The task force received over 30,000 responses and input from over 300 organizations, largely centered on how to ensure that reform effectively minimizes harms and maximizes benefits. The task force consolidated the range of perspectives received into recommendations on federal, provincial, and municipal jurisdiction, distribution, capacity for personal cultivation, public safety, appropriate quantities for personal use and possession, and public education, among other themes. In terms of lessons learned, Dr. Ware highlighted the importance of listening to multiple stakeholder perspectives, particularly individuals whose lives will be directly affected by policy change. The task force provides not just a set of important considerations for cannabis policy, but also stands as an example of a quality, high-level, fast-paced commission for similar questions on other substances.

Dr. Mark Kleiman argued that while there is broad consensus on the failures of prohibition, legalization and regulation are not a panacea for drug-related harms. As examples, Dr. Kleiman cited the challenges of controlling and reducing harms associated with currently legal substances such as alcohol, tobacco, and prescription medication – all of which kill more people through chronic effects than illegal substances in North America. In response to Canada's plans to legalize and regulate cannabis, Dr. Kleiman cautioned that any type of drug policy reform should avoid commercialization and ensure strict restrictions to marketing activities.

> **In response to Canada's plans to legalize and regulate cannabis, Dr. Mark Kleiman cautioned that any type of drug policy reform should avoid commercialization and ensure strict restrictions to marketing activities.**

Instead, regulation should follow harm reduction principles that involve strict control for the supply architecture, price controls, and adequate licensing and training for vendors. A central implication from this presentation is that even though decriminalization and legalization may be preferable to prohibition, there are many negative unintended consequences and lessons learned from existing regulatory markets, and that these must be taken seriously.

Strategies for health and social equity

Andy Bond, Senior Director of Housing and Program Operations, PHS Community Services Society (PHS)

Caitlyn Kasper, Staff Lawyer, Aboriginal Legal Services of Toronto

Robyn Maynard, Community Activist and Writer

Dr. Akwasi Owusu-Bempah, Assistant Professor, Department of Sociology, University of Toronto

Lynn Paltrow, Executive Director, National Advocates for Pregnant Women (NAPW)

Moderated by **Ayden Scheim**, **Meaghan Thumath**, and **Jesse Thistle**

Drugs – and drug control policies – have had disproportionate negative impacts on Indigenous communities, Black and other racialized Canadians, and women who use drugs (and their families). In fact, argued Robyn Maynard, racist ideology and tropes about Black and Asian people underpinned drug prohibition laws in Canada from the outset. Such laws continue to result in harsh and inequitable treatment of Black, Indigenous, and other racialized communities in policing, criminal justice, and child welfare systems – harms that Ms. Maynard described as "racial violence." Dr. Akwasi Owusu-Bempah echoed this sentiment, observing that while cannabis may not be a 'gateway' to use of other drugs, it indeed has acted as a 'gateway drug' into the criminal justice system for members of marginalized, racialized, and vulnerable populations. This suggests that for such groups, the harms of drug prohibition policies far outweigh the harms of drug consumption.

Dr. Akwasi Owusu-Bempah noted that cannabis acts as a 'gateway drug' not into other drugs but rather into the criminal justice system for marginalized, racialized, and vulnerable populations.

Consistent with the demands of the Black Lives Matter movement, Ms. Maynard called for a strategy of divestment from enforcing drug prohibition and re-investment in equity-promoting and community-driven social programs. Notably, decriminalization or even legalization of drugs on the books is only a first step, and does not, on its own, dismantle existing oppressive institutions and funding allocations, Ms. Maynard argued. Dr. Owusu-Bempah suggested that once cannabis is legalized, criminal records for those convicted of minor cannabis offences and related administrative charges should be expunged, and that a portion of tax revenues generated from cannabis sales should be directed towards those individuals and communities most harmed by criminalization. He also proposed that when new economic opportunities in cannabis arise – such as business loans or licensing – there should be deliberate measures to ensure that groups marginalized by prohibition have first access to these benefits.

To frame the discussion of equity in harm reduction and treatment, moderator Jesse Thistle underlined the role of intergenerational trauma in driving substance use. He shared his own story of recovery through reclaiming his Metis identity and family history of displacement, eventually going on to conduct doctoral research on the topic. Caitlyn Kasper further underscored the importance of holistic mental health and substance use disorder services that address intergenerational trauma, noting that this will require filling the funding gaps experienced by First Nations communities across Canada both on and off reserves.

Lynn Paltrow reminded the audience of the crucial need to include women and families in the development of national drug policy. Drug use itself is not incompatible with parenting, yet many women lose custody of their children because of a positive urine drug screen and not because of a true assessment of their ability to provide a safe and nurturing environment. Ms. Paltrow suggested the true determinants of children's health are largely external to the family, and include poverty, food security, job opportunities, social isolation, and racialization. Compassion, dignity, and respect for mothers are essential to any intervention meant to improve children's well-being.

Lynn Paltrow stressed that drug use itself is not incompatible with parenting, yet many women lose custody of their children because of a positive urine drug screen and not because of a true assessment of their ability to provide a safe and nurturing environment.

Finally, Andy Bond described the model of low-barrier and inclusive harm reduction and treatment programming offered by Vancouver's Portland Hotel Society, including a 'housing first' model (providing housing regardless of active substance use) and culture-based Indigenous harm reduction programs directed entirely by Indigenous staff and clients. Mr. Bond highlighted the need to develop programs based in pragmatism and respect for the dignity and autonomy of people who use drugs.

A cross-cutting lesson in these presentations is that in order for progressive drug policy reforms to make meaningful change, simply changing the laws and policies is insufficient. Concrete measures to redress past and underlying inequities and to change the values and ethos of service delivery for the most-affected people are crucial.

How to move policy forward: Real talk on reform

Elaine Feldman, Senior Fellow, Centre on Public Management and Policy, University of Ottawa

Justice Mary Hogan, Ontario Court of Justice

Donald MacPherson, President, Canadian Drug Policy Coalition

Katrina Pacey, Executive Director, Pivot Legal Society

Dr. Mark Ware, Associate Professor, Family Medicine and Anesthesia, McGill University; Vice Chair of the Government of Canada Task Force on Cannabis Legalization and Regulation

Jordan Westfall, President, Canadian Association of People Who Use Drugs (CAPUD)

By convening a panel of participants with experience implementing drug policies at all levels of government and civil society in Canada, the evening panel focused on concrete policy implementation questions and possibilities. Donald MacPherson, Jordan Westfall, and Katrina Pacey shared lessons from Vancouver's experience: key drivers for policy change were political leadership under pressure from community activists, pushing of legal boundaries (e.g., opening an unsanctioned supervised injection site without a legal exemption), and strategic litigation. Ms. Pacey noted that the court explicitly gives more weight to expert evidence and human rights provisions, while Parliamentary committees, in contrast, may consider numerous opinions or positions, regardless of their scientific or human rights basis. Elaine Feldman reminded the audience that harm reduction is not a widely understood or default frame of thinking for most bureaucrats, and that more education of public servants is needed. In addition, governments cannot act alone; they need leadership from the top and vocal, public support from external trusted stakeholders, including law enforcement. Dr. Mark Ware added the element of scientific evidence: moving cannabis decisions "out of the courtroom and into the clinic."

The panel was largely optimistic about cannabis legalization, but warned that ongoing grassroots pressure for progressive change is important, regardless of which political party is in power. Dr. Ware called on health professionals to speak more frankly with patients about harm reduction options – such as substituting cannabis for opioids. From a foreign policy angle, Ms. Feldman suggested that there is room for Canada to consider drug policy issues under the women and girls priority of the development assistance and foreign policy strategies. Mr. MacPherson contended that Canada could withdraw development aid support from countries that overtly contravene basic public health principles regarding drugs – such as the Philippines' death squad campaign. Audience members agreed that Canada has a substantial and positive story to tell about leveraging public health resources and overcoming obstacles in the past decade. Audience members argued that establishing as many safe injection sites and other 'facts on the ground' as soon as possible is crucial, so that future legal challenges can protect these rather than hypothetical sites.

> **Canada has a substantial and positive story to tell about leveraging public health resources and overcoming obstacles in the past decade.**

Process for Generating Recommendations

On day one, participants heard from experts presenting research findings, conceptual approaches, lessons from concrete experiences, and emerging challenges and questions in each of the Forum themes. Following the plenary presentations, breakout sessions on each sub-theme facilitated discussion among participants and expanded upon the presentations.

On day two, participants self-selected into policy working groups for each of the eight sub-themes. Through a series of facilitated discussions aimed at reaching broad consensus, the groups generated specific recommendations for policy action. In the morning session, policy actions were shared in each group and facilitators generated a short-list of recommendations. In the afternoon, these same sub-theme working groups recombined as four larger working groups, corresponding to each original theme. Participants then further refined their recommendations, seeking common ground amongst the larger group. Facilitators documented issues on which consensus could not be reached. This process was employed to spur the generation of granular and specific recommendations of value to policymakers. Participation in these breakout groups does not necessarily imply endorsement of all the recommendations synthesized in this report.

At the close of the Forum, two representatives from each of the four themes presented highlights of their key messages and recommendations to the Forum participants. Many recommendations crossed several of the Forum themes and so, in the process of reviewing and removing duplication, recommendations were reorganized into the following overarching domains:

1) National drug policy reform
2) Criminal justice reform
3) Prevention, harm reduction, and treatment
4) Research and knowledge exchange
5) International leadership

The following section presents a narrative summary of the primary rationales supporting these recommendations and then outlines specific recommendations within each of the five domains, with indication of which timeline is most relevant. Given the limited time to meet in working groups at the Forum, conversations produced recommendations ranging from very specific actions to broad calls to resolve structural problems. The organizing committee has therefore condensed and revised some of the original phrasing, with the aim of adding details and caveats for clarity and accessibility, while retaining the themes and spirit of the discussion.

Recommendations

1. National Drug Policy Reform

The new *Canadian Drugs and Substances Strategy*,[6] led by Health Canada, was launched in December 2016. In contrast to the previous *National Anti-Drug Strategy*, led by the Department of Justice, the new Strategy reflects a public health approach to substance use. As part of this approach, federal legislation to legalize and regulate non-medical cannabis markets in Canada was introduced in April 2017. Many participants view this legislation as the beginning of a process of re-evaluating the prohibition of all currently illegal drugs. However, while legalization and regulation may reduce many of the negative consequences of criminalization – such as excessive policing, higher levels of incarceration, and the violence linked to illegal drug markets – regulation is not a panacea for resolving all of the harms associated with drug use and drug policy. In drafting and implementing legalization and regulation frameworks, policymakers should therefore seek to establish clear definitions and process and outcome metrics rooted in health, harm reduction, and public safety. In other words, 'success' cannot simply refer to changes in indicators such as rates of drug consumption or abstention, arrests, or interdiction of illegal substances, or institutional outputs.

> **Drug policy 'success' should be evaluated based on outcome metrics rooted in health, harm reduction, and public safety.**

Drug policies should be clear about what they seek to improve and should be required to ensure that their actual impacts – including potential unintended or unforeseen consequences – are continually evaluated and grounded within public interest rather than commercial interests.

2. Criminal Justice Reform

There is broad agreement for redefining and minimizing the role of criminal justice in drug policy. However, concrete actions to reform the criminal justice response are few, and not only because legislation or laws have not caught up. Alternative, less punitive strategies within the justice system itself are hampered by a lack of knowledge about drug use and drug dependence among professionals in systems of law, medicine, and social services who interact with people who use drugs. Research evidence and advocates often suggest that people who use drugs should have minimal to no contact with the criminal justice system. The harms of incarceration, in particular, often outweigh its supposed benefits: not only is it unlikely to deter future drug use or crime, but it can also have collateral consequences on individual and family well-being.[7] However, reaching a situation in which the justice system has such a minimal role – even with political consensus, which is not guaranteed – will take time. In the meantime, and given that people who use drugs also may be charged with other crimes (e.g., theft, assault), it is important to build the capacity of justice system actors to apply evidence-based and trauma-informed responses that aim to improve health and public safety outcomes.

Given that reducing the role of the justice system will take time and that people who use drugs may also be charged with other crimes, it is important to build the capacity of justice system actors to apply evidence-based and trauma-informed responses.

This may also strengthen buy-in for larger structural reform. At all levels of the criminal justice system's response to drug use and sales – from street-based policing to sentencing – people living in poverty, as well as Indigenous, Black, and other racialized communities, have been disproportionately affected. Acknowledging this requires policy actors to consider remedies for past harms caused by racial inequity (e.g., pardons), in addition to strategies for eliminating discriminatory and disproportionately punitive enforcement of drug laws that remain in effect.

3. Prevention, Harm Reduction, and Treatment

Canada is a global leader in generating new knowledge and implementing evidence-based harm reduction and drug treatment solutions. Specifically, Canada has been a hotbed of innovation in harm reduction intervention evaluation (e.g., supervised injection facilities) and research on medication-assisted treatment options (e.g., heroin-assisted therapy). Despite fostering this innovation, however, these and other evidence-based drug policy solutions (e.g., opioid agonist therapy, needle and syringe distribution, naloxone, safer consumption kits) continue to face substantial barriers to scale-up, especially in communities most deeply impacted by drug use. In particular, national and provincial treatment guidelines should include specific, evidence-based recommendations for women, including pregnant women. The threat of criminal prosecution or child removal often prevents many pregnant women and parents from seeking prenatal care or treatment for their substance use. Substance use alone remains a disproportionate cause of child removals, particularly among racialized and Indigenous communities, often in the absence of abuse or neglect, and with limited evidence that substance use is negatively impacting parenting. Neither substance use nor economic status constitutes a failure to provide necessaries of life for a child. As the children of people who use drugs are raised in the foster care system, they are more likely to struggle with substance use disorder and homelessness themselves.[8] In many jurisdictions they age out of support at eighteen years old, with minimal follow-up. Solutions to breaking the cycle of repeat foster care removals for the children of parents who use drugs need to be scaled up nationally beyond the pilot stage.[9]

Solutions to breaking the cycle of repeat foster care removals for the children of parents who use drugs need to be scaled up nationally beyond the pilot stage.

Moreover, harm reduction alone is insufficient as a policy response, and must be accompanied by robust investments in evidence-based prevention and treatment. This also requires sufficient tailoring and flexibility to accommodate the needs and circumstances of diverse communities across Canada – in particular, those who are marginalized in relation to gender and/or race.

4. Research and Knowedge Exchange

New opportunities for research and knowledge exchange are being made possible through national collaborations (e.g., the Canadian Research Initiative on Substance Misuse) and funding opportunities (e.g., a Canadian Institutes

of Health Research (CIHR) competition for evaluating impacts of cannabis regulation). However, harmonized and responsive surveillance and evaluation systems (including, but not limited to, health indicators) are needed across sectors to inform short- and medium-term policymaking related to the ongoing opioid overdose crisis and cannabis regulation. In particular, it is imperative that metrics evaluating drug policy consider its impacts from a holistic perspective that includes improvements in quality of life, health, and public safety. Considering the disproportionate impacts of drug and drug policy related harms among marginalized and racialized groups, all research and knowledge exchange activities should incorporate an equity lens.

> **All research and knowledge exchange activities should incorporate an equity lens.**

Finally, Canada could integrate these experiences and skills related to harm reduction and drug policy design and implementation into its international aid resources.

5. International Leadership

Canada is well placed to take a bold global lead on drug policies, both in its domestic strategies and in its engagement with international agreements, norms, and development assistance. This includes explicitly acknowledging where international treaties undermine the advancement of evidence-based solutions, and leading on reforms to the international drug control regime to align these goals. As only the second UN member state to move to establish a national system of recreational cannabis regulation, Canada has a responsibility to reconcile the potential tension between domestic policy reform and international obligations under the UN drug control treaties in their current form.

> **Canada has a responsibility to reconcile the potential tension between domestic policy reform and international obligations under the UN drug control treaties in their current form.**

Further, the policy solution that Canada chooses for this problem will inevitably affect the actions of other member states exploring potential drug policy reforms that may place them in potential contravention of treaty obligations. Canada can also take bold steps in addressing drug policy explicitly and indirectly in its foreign policy and international assistance decisions. For example, Canada can show and document how progressive drug policy changes connect to gender equality and international security priorities. It can also provide financial and technical support to countries seeking to improve health and social outcomes for groups disproportionately affected by drug use or drug laws – notably, women and youth.

List of Recommendations

Theme	Recommendation	Suggestion timeline for implemention **Short: 1–2 years** **Medium: 3–5 years** **Long: 6–10 years**
1. National Drug Policy Reform	**1a.** Create a mechanism for stakeholders, including people who use drugs, to advise on the implementation of the *Canadian Drugs and Substances Strategy.*	Short-term
	1b. Develop regulations for newly-legal substances (e.g., cannabis) in tandem with adjustments to regulations for other regulated substances (e.g., alcohol, tobacco, pharmaceuticals) to ensure harmonization of laws on marketing and promotion.	Short-term
	1c. Before enacting any supply-side restriction (e.g. removing an opioid analgesic from the market), conduct tests to predict its likely impacts on multiple dimensions of Canadian drug markets (e.g., regulated, pharmaceutical, grey, and illegal) and the health and safety of communities. This analysis should also consider the optimal sequencing for implementation of interventions.	Short-and medium-term
	1d. Commit a portion of tax revenues from sales of legal cannabis into programs that directly address the needs of communities most deeply impacted by drug criminalization.	Short-and medium-term
	1e. Establish a federal commission to: a) conduct a cost-benefit analysis[10] of current drug control policies, b) explore potential steps toward decriminalization, legalization, and regulation of each class of currently illegal drugs, and c) consider formal acknowledgement and redress for harms of drug prohibition policies.	Medium-and long-term
2. Criminal Justice	**2a.** End the practice of requiring that individuals plead guilty to access diversion programs, and expand the range of offenses eligible for drug treatment courts and other diversion programs.	Short-term
	2b. Create prosecutorial guidelines instructing Crown Prosecutors not to pursue charges for personal possession and use of cannabis in the period prior to the full implementation of recreational cannabis regulation.	Short-term
	2c. Establish a system for persons with existing convictions for non-violent cannabis offences to apply for pardons.	Short-and medium-term
	2d. Implement the Truth and Reconciliation Commission Calls to Action (#30-32) related to sentencing for drug-related offenses.[11]	Short-and medium-term
	2e. Repeal elements of the *Safe Streets and Communities Act* that evidence suggests have harmful public health and/or discriminatory effects (e.g., on people with problematic substance use, or on other grounds such as race or gender), such as mandatory minimum sentences and other restrictions on conditional sentences.	Medium-term
	2f. Conduct a review of policing and police oversight practices related to drug law enforcement, in order to identify practices where adverse public health consequences outweigh public safety benefits, and propose alternative approaches.[12]	Medium-term

List of Recommendations

Theme	Recommendation	Suggestion timeline for implemention **Short: 1–2 years** **Medium: 3–5 years** **Long: 6–10 years**
3. Prevention, Harm Reduction, and Treatment	**3a.** Implement and evaluate harm reduction-based drug checking services[13] as a public health and consumer safety measure, to ensure a safe supply.	Short- and medium-term
	3b. Commit to providing and monitoring adequate coverage[14,15] for evidence-based comprehensive treatment and harm reduction interventions, including opioid agonist therapy, needle and syringe programs, supervised consumption sites, naloxone, and distribution of safer consumption kits.	Short- and medium-term
	3c. Develop national and provincial child welfare policies that prioritize the long-term best interests of the child, in acknowledgement that substance use and/or poverty alone do not justify removal from otherwise loving parents.	Medium-term
	3d. Develop harmonized national guidelines on best practices for supporting youth in transition out of foster care who are at heightened risk of substance use disorder.	Medium-term
	3e. Develop national guidelines and infrastructure to improve access to injectable treatments in community settings (i.e., hydromorphone, diacetylmorphine [medical heroin]), and to opioid agonist therapy[16] (OAT; e.g., methadone, buprenorphine, slow-release oral morphine).	Medium-term
	3f. Develop comprehensive discharge plans for people released from jail or prison, including harm reduction strategies (e.g. overdose prevention) and, if indicated, substance use disorder treatment, with monitoring and follow-up.	Medium-term
4. Research and Knowledge Exchange	**4a.** Integrate the issue of stigma against people who use drugs into broader anti-discrimination strategies and in training on harm reduction, trauma-informed practice,[17] and cultural safety[18] for health, justice, and social systems.	Short- and medium-term
	4b. Improve the collection and analysis of criminal justice statistics related to drug law enforcement (e.g., arrests, incarceration), with disaggregation by race/ethnicity, Indigenous ancestry, and gender. Publish an annual report by the Canadian Centre for Justice Statistics.	Medium-term
	4c. Establish a national drug policy observatory mandated to a) conduct drug surveillance and analysis of multiple dimensions of drug policy (e.g., public health, legal and illegal markets, violence, crime) with an equity lens, b) publish annual reports and convene dissemination and knowledge exchange, and c) develop metrics for measuring progress in drug policy implementation.	Medium- and long-term
5. International Leadership	**5a.** Explore options to reconcile domestic recreational cannabis regulation with the UN drug control treaties,[19] including at the next session of the Commission on Narcotic Drugs and the High Level Ministerial Meeting in 2019, and through discussions with member states, UN agencies, and other relevant stakeholders.	Short- and medium-term
	5b. Integrate evidence-based drug policies in foreign policy and development cooperation strategies, through the frameworks of Sustainable Development Goals, gender equality, human rights, and international security, and allocate commensurate resources toward their achievement.	Medium- and long-term

Where We Couldn't Agree

This report is a reflection of a process by which approximately 200 participants engaged in a dialogue over two days about the potential drug policy options available to Canadian policymakers over the next decade. While this represented a rich and dynamic process, it was also limited in its capacity to fully include the perspectives of all participants. Further, given the broad range of perspectives represented, there were inevitable disagreements and some of the most representative are summarized here. A majority of voices in the room came from health practices and roles, and therefore voices from other sectors were less prominent. Nevertheless, the facilitation and reporting process made a deliberate effort to take an interdisciplinary and inclusive approach.

A broad disagreement existed regarding the need for systematic drug policy reform – such as addressing macro factors and social determinants of health for the entire country – versus focusing resources on micro-targeted interventions where the potential effects are the largest – such as concentrating resources in most-affected communities. Another example is the focused deterrence strategy of using criminal law enforcement specifically to reduce violence or physical harms stemming from concentrated drug use or markets. This was, however, largely expressed on a spectrum of priority-setting. That is, some participants spoke in favour of investing first in micro-setting (e.g., county or municipal-level) interventions to address the worst drug-related harms, and others spoke in favour of national-level reform to the legal status of drugs as a first step. Both sides noted that working first on just targeted interventions poses a risk of complacency or delay on more structural reforms, by putting the issue and necessary political and financial resources on the backburner indefinitely.

> **Participants had some disagreement about priority-setting: investing first in micro-setting interventions to address the worst drug-related harms, versus national-level reform to the legal status of drugs as a first step.**

Clear differences arose with respect to whether police and the criminal justice system should have any role in the design or implementation of drug policy. Some contend that because drug policy should be squarely a health issue, police should not be part of forward-looking planning, and that their role in the context of criminalization should be as minimal as possible. In this view, some 'progressive' models – such as joint mental health and police first response teams – still perpetuate some harm or mistrust and would be better off without police. A similar argument supports substantially reforming and/or winding down, rather than expanding, drug courts, because they retain the assumptions and tools of the criminal justice system. On the other hand, other participants upheld the importance of thoughtful integration of police, criminal justice, and public health approaches, for different rationales. Some argued that active participation by police and prosecutors is the best way to generate necessary police buy-in and positive engagement in harm reduction measures and in longer-term structural or legal changes (e.g., decriminalization of other drugs). According to some, law enforcement surveillance of certain

groups of drug users or sellers is necessary to mitigate other harms (e.g., violence). Some also contended that police should have a role in drug policy regardless of the status of prohibition laws, since substance use always entails some related criminal offenses for some people – such as impaired driving.

> **Clear differences arose with respect to whether police and the criminal justice system should have any role in the design or implementation of drug policy.**

Other disagreements were related to perspectives on the root causes of population-level drug use trends. Some participants suggested that historical data demonstrate that patterns of problematic substance use are not meaningfully linked to market dynamics such as the price and availability of drugs; others suggested that data demonstrate that patterns of problematic substance use are closely correlated to socio-economic inequities and other structural factors including access to employment, housing, and specific drug types. Such disagreements have implications for the focus of efforts to optimize policy, as they suggest highly divergent approaches around levels of access, marketing, pricing, and availability of drugs within legalized frameworks.

> **Other disagreements were related to perspectives on the root causes of population-level drug use trends, such as links to market dynamics or socio-economic inequities and structural factors.**

Finally, disagreements also arose on the implications of the potential incompatibility of domestic regulatory systems for drug control within international treaties, insofar as the legalization and regulation of any drug identified within the UN drug control treaties, for use that is other than scientific or medical, may represent a contravention of Canada's international obligations. One key area of debate here is about what a member state that has ratified a treaty must do to meet this obligation. That is, must it criminalize all non-scientific and non-medical use, or can it have a more nuanced approach? Similarly, to the extent that the treaties impose some obligation for the criminalization of certain drug-related activities, there is debate about the scope of this required criminalization.

Next Steps

The goal of *Canada's Drug Futures Forum* was to encourage dialogue between academics, policymakers, and community leaders with the aim of generating priorities for Canadian drug policy for the next decade. This report is intended for uptake by policymakers and stakeholders. Although it is not statement of participants' formal endorsement or consensus, it represents areas of convergence of Forum participants concerning recommendations for future drug policy.

The organizing and advisory committees, along with conference participants, will share the outcomes and recommendations of the Forum with their networks and seek to stimulate broader discussions, including with policymakers in key government entities. Through this dissemination and other knowledge translation activities, organizations and individuals can take up and pursue different elements of the recommendations.

> **Through dissemination and knowledge translation of this report, organizations and individuals can take up and pursue different elements of the recommendations.**

The organizing committee will maintain an active dialogue with relevant stakeholders to support and facilitate the implementation of the Forum's recommendations as much as possible. The organizing committee will communicate these activities and any other relevant news by email and through updates to the website and social media platforms.

This report belongs to all those working in the many sectors of government and civil society where drug policy is generated, implemented, and experienced. It is meant as a catalyst and a foundation for ongoing discussions, policymaking processes, advocacy campaigns, and research agendas – and most of this work will be taken up outside of the structure of this Forum or its network. As this work advances, participants and stakeholders will share information and progress through numerous platforms, events, and channels. The organizing committee and its partners look forward to convening again in a few years to assess our collective progress.

> **This report belongs to all those working in the many sectors of government and civil society where drug policy is generated, implemented, and experienced.**

Notes

1. For more information: http://thunderbirdpf.org/first-nations-mental-wellness-continuum-framework/

2. The video of Dr. Philpott's speech is available on the CPAC website: http://www.cpac.ca/en/programs/headline- politics/episodes/50811125/

3. "Focused deterrence strategies (also referred to as "pulling levers" policing) are problem-oriented policing strategies that follow the core principles of deterrence theory. The strategies target specific criminal behavior committed by a small number of chronic offenders who are vulnerable to sanctions and punishment. Offenders are directly confronted and informed that continued criminal behavior will not be tolerated. Targeted offenders are also told how the criminal justice system (such as the police and prosecutors) will respond to continued criminal behavior; mainly that all potential sanctions, or levers, will be applied." (https://www.crimesolutions.gov/PracticeDetails.aspx?ID=11)

4. "Trauma-informed services take into account an understanding of trauma in all aspects of service delivery and place priority on the individual's safety, choice, and control. Such services create a treatment culture of nonviolence, learning, and collaboration." (http://bccewh.bc.ca/wp-content/uploads/2012/05/2013_TIP-Guide.pdf)

5. TRC Calls to Action:
"30. We call upon federal, provincial, and territorial governments to commit to eliminating the overrepresentation of Aboriginal people in custody over the next decade, and to issue detailed annual reports that monitor and evaluate progress in doing so.
31. We call upon the federal, provincial, and territorial governments to provide sufficient and stable funding to implement and evaluate community sanctions that will provide realistic alternatives to imprisonment for Aboriginal offenders and respond to the underlying causes of offending.
32. We call upon the federal government to amend the Criminal Code to allow trial judges, upon giving reasons, to depart from mandatory minimum sentences and restrictions on the use of conditional sentences." (http://www.trc.ca/websites/trcinstitution/File/2015/Findings/Calls_to_Action_English2.pdf)

6. For more information: http://www.healthycanadians.gc.ca/publications/healthy-living-vie-saine/drugs-substances-strategy-2016-strategie-drogues-autre-substances/alt/pub-eng.pdf

7. Cullen, F. T., Jonson, C. L., & Nagin, D. S. (2011) Prisons do not reduce recidivism: The high cost of ignoring science. *The Prison Journal*, 91(3_suppl), 48S-65S.

8. Barker, B., Kerr, T., Alfred G. T., Fortin, M., Nguyen, P., Wood, E., DeBeck, K., (2014) High prevalence of exposure to the child welfare system among street-involved youth in a Canadian setting: implications for policy and practice. BMC Public Health, 14(197).

9. Alternative solutions to foster care include 24-hour supportive housing to support family reunification and programs like the family group conferencing model, an Indigenous-based and Indigenous-led process that shifts the decision making regarding the care and protection of children to the entire family and community. For more information: http://www.mamawi.com/family-group-conferencing/

10. Such an analysis attempts to account for the harms and costs of drug use versus the harms and costs of drug control policies.

11. See note 5.

12. This could be modeled on the recent Tulloch review of police oversight in Ontario. For more information: http://www.policeoversightreview.ca

13. Drug checking services provide people who use drugs with information about the purity, potency, and composition of their substances. For more information: https://www.publichealthontario.ca/en/eRepository/Evidence_Brief_Drug_Checking_2017.pdf

14. WHO, UNODC, UNAIDS (2012) Technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users – 2012 revision. For more information: http://www.who.int/hiv/pub/idu/targets_universal_access/en/

15. WHO (2015) Tool to set and monitor targets for HIV prevention, diagnosis, treatment and care for key populations: Supplement to the 2014 Consolidated guidelines for HIV prevention, diagnosis, treatment and care for key populations. For more information: http://www.who.int/hiv/pub/toolkits/kpp-monitoring-tools/en/

16. Methadone and buprenorphine are opioid agonists. Opioid agonist therapy (OAT) replaces the illicit opioids people have been using, and prevents them from getting sick with opioid withdrawal. For more information: http://www.camh.ca/en/education/about/camh_publications/making-the-choice/Pages/Opioid-agonist-therapy-FAQs.aspx

17. See note 4.

18. The National Aboriginal Health Organization (NAHO) states that cultural safety, "within an Indigenous context means that the professional, whether Indigenous or not, can communicate competently with a patient in that patient's social, political, linguistic, economic, and spiritual realm. Cultural safety moves beyond the concept of cultural sensitivity to analyzing power imbalances, institutional discrimination, colonization and colonial relationships as they apply to health care." (http://www.nccah- ccnsa.ca/368/Cultural_Safety_in_Healthcare.nccah)

19. There are a number of scenarios for how states party to international drug control treaties could respond to questions of compliance while pursuing domestic cannabis policies that appear in breach of those treaties. For more information: https://d3n8a8pro7vhmx.cloudfront.net/michaela/pages/61/attachments/original/1497480439/ICSDP_Recreational_Cannabis_ENG_ June_14.pdf?1497480439