

By email at: Ginette.PetitpasTaylor@parl.gc.ca and Jody.Wilson-Raybould@parl.gc.ca

July 10, 2018

The Honourable Ginette Petitpas Taylor
Minister of Health
House of Commons
Ottawa, Ontario
Canada
K1A 0A6

The Honourable Jody Wilson-Raybould
Minister of Justice and Attorney General of Canada
House of Commons
Ottawa, Ontario
Canada
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Dear Ministers Petitpas Taylor and Wilson-Raybould,

Re: A Public Health Approach to Drug Policy Reform

On June 20, 2018, the Simcoe Muskoka District Health Unit Board of Health (SMDHU BOH) endorsed the recommendations of the Canadian Public Health Association (CPHA) from their 2017 Position Statement, in regards to decriminalization of illicit psychoactive substances (IPS). These recommendations call for a shift from addressing IPS as a criminal issue to that of a pressing public health issue, through implementing the following recommendations:

- a) Decriminalize the possession of small quantities of currently illegal psychoactive substances for personal use and provide summary conviction sentencing alternatives, including the use of absolute and conditional discharges;
- b) Decriminalize the sales and trafficking of small quantities of IPS by young offenders using legal provisions similar to those noted above;
- c) Develop probationary procedures and provide a range of enforcement alternatives including a broader range of treatment options, for those in contravention of the revised drug law;
- d) Develop the available harm reduction and health promotion infrastructure such that all those who wish to seek treatment can have ready access;
- e) Provide amnesty for those previously convicted of possession of small quantities of IPS; and

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- f) Provide expanded evidence-informed harm reduction options that include, for example, improved access to supervised consumption facilities and drug purity testing services.

In light of the opioid crisis facing Simcoe and Muskoka, and Canada as a whole, the SMDHU BOH has endorsed this position based on research and evidence that Canada's historical approach to drug policy based on criminalization has created a three-fold problem. The first is the financial burden on our enforcement, justice and corrections infrastructure, estimated at multi-billions of dollars per yearⁱ.

The second is that criminalization has created and perpetuated stigma that alienates those who choose to use drugs, who are often seeking to escape mental or physical pain. This same stigma disproportionately affects marginalized populations such as those living in poverty, those living with mental health issues, and Indigenous communitiesⁱⁱ. Research identifies how stigma in fact perpetuates drug use by reducing empathy, and drives persons away from supports such as treatment and counsellingⁱⁱⁱ.

The third aspect of the problem is that exposure to the criminal justice system is harmful to those who use drugs. This approach exposes the person to a wider criminal element, disassociates them from their family or other supports, and creates immense stress^{iv}. Additionally, a criminal record impairs a person's ability to find and maintain employment, housing or education. Further, the nature of arrests, penal penalties and court processes further disrupts Opioid Agonist (Replacement) Therapy, exacerbates the incidence of HIV and Hepatitis and worsens management of these conditions, and creates significantly heightened risk for overdose upon release^v.

In light of extensive evidence that criminalization perpetuates problematic drug-use and compounds its associated harms, we strongly urge you to consider decriminalization of illicit psychoactive substances with a concomitant investment in health services. We call upon your government to reform the necessary policies to more effectively and humanely address drug use and addiction as major societal priorities.

Decriminalization of IPS, in order to be most effective, must be accompanied with commensurate investments in harm reduction, treatment and mental health infrastructure. Where this multi-tiered approach has been implemented in other countries, such as in Portugal, measurably positive outcomes have resulted, including pronounced reductions in overdose deaths and substantial increases in entry to drug treatment^{vi}. Funds for these health investments would be made available from reduced costs within justice, enforcement and corrections services that are anticipated to result from this shift from a criminalized system to a public health approach.

Please see attached a copy of the 2017 CPHA Position Statement for your reference.

Sincerely,

ORIGINAL Signed By:

Scott Warnock
Board of Health Chair
Simcoe Muskoka District Health Unit

SW:LS:mk

Encl.

- c. Honourable Christine Elliott, Minister of Health and Long-Term Care for Ontario
Honourable Caroline Mulroney, Attorney General of Ontario
Dr. David Williams, CMOH
Ms. Roselle Martino, ADM
Ontario Boards of Health
Association of Local Public Health Agencies
Ontario Public Health Association
Canadian Public Health Association
MPs and MPPs in Simcoe Muskoka
Mayors and Councils in Simcoe Muskoka
North Simcoe Muskoka and Central Local Health Integration Network

ⁱ Department of Justice Canada (2008) *Cost of Crime in Canada*

ⁱⁱ Csete J. et. al (2016) The Lancet Commissions. *Public Health and international drug policy*. The Lancet Vol 387, April2, 2016

ⁱⁱⁱ Global Commission on Drug Policy (2017). *The World Drug Perception Problem*. 2017 Report. Executive Summary. P.7

^{iv} Canadian Mental Health Association (2018). *Care Not Corrections: Relieving the Opioid Crisis in Canada*. April 2018

^v Csete J. et. al (2016) The Lancet Commissions. *Public Health and international drug policy*. The Lancet Vol 387, April2, 2016

^{vi} Hughes, C. and Stevens, A. (2011). Harm Reduction Digest [44] *A resounding success or a disastrous failure: Re-examining the interpretation of evidence on the Portuguese decriminalization of Illicit Drugs*. Drug And Alcohol Review (January 2012) 31, 101-113