DRUG DECRIMINALIZATION & DESTIGMATIZATION

Delegate Backgrounder

QUEEN'S MUNICIPAL DAY OF ACTION 2022

Empowering individuals to address the ongoing overdose crisis through destigmatization efforts in the Kingston community.

ACKNOWLEDGEMENTS

Thank you to our health experts and community leaders who guided our Day of Action, and the creation of this document.

Dr. Jeremy Milloy, Lead - Integrity of Creation & Climate Change

Dr. Eva Purkey, Assistant Professor and Family Physician

Christine Riddick, Public Health Promoter, KFL&A Community Drug Strategy Advisory Committee

Candice Christmas, Doctoral Candidate in Health Policy & Equity, Community Advocate

Stephanie Parent, Medical Student, Queen's School of Medicine - Class of 2023

Ron Shore, Drug Policy Expert, Queen's University - School of Kinesiology & Health Studies

Dr. Jane Philpott, Dean of Health Sciences

Justine McIsaac, Consumption Treatment Coordinator - Integrated Care Hub

Ashley O'Brien, Manager - Integrated Care Hub

Amanda Rogers, Manager of Harm Reduction Services - Integrated Care Hub

Andrea Keller, Member of Moms Stop the Harm & Kingston Community Drug Strategy Plan

Dr. Piotr Oglaza, Family Physician

Connie Li, Medical Student, McMaster School of Medicine

Antje McNeely, Chief of Police - City of Kingston

Susan Stewart, Director - Community Health & Well Being Portfolio

Daphne Mayer, Manager - KFL&A Health Unit

Thank you to our amazing team of medical students at Queen's University, who worked for months to ensure this Day of Action was a success.

Research Team

Mia Wu (Sr. Lead)
Emma Amaral (Jr. Lead)
Devyani Premkumar
Melody Wyslobicky
Ally Soule
Jamie Fujioka
Bryan Wong

Action Team

Jenna Rossi (Sr. Lead)
Amelia Boughn (Jr. Lead)
Natalie Mezey
Ciara Morrison
Shreyas Shah
Fiza Javed
Jamal Tarrabain

TABLE OF CONTENTS

I. Introduction and Our Proposed Asks 2

II. Drug Toxicity and the Overdose Crisis 3

A. The Opioid Crisis 3

B. Impact of COVID-19 4

C. Substance Use Disorder and Other Health Considerations 5

D. Economic Consequences 6

III. Drug Poisoning in Kingston 7

A. Local Responses 7

IV. Stigma Around Drug Use and PWUD 8

A. Stigma in Kingston 8

B. Other Anti-Stigma and Education Initiatives 9

V. Drug Decriminalization 10

A. Harms of Criminalization 11

B. Decriminalization Policy and the Kingston Context 12

C. Evidence and Case Studies 12

VI. References 15

I. Introduction and Our Proposed Asks

Queen's Medicine Municipal Day of Action (MDoA) is a student-led initiative that provides individuals with the opportunity to organize and present a topic of concern regarding public health and/or health policy to the local Kingston municipal government. Our MDoA team has spent months researching and consulting with academic and community experts, which have led us to the development of the following asks:

1. Apply for a Section 56 Exemption for the City of Kingston
    1.1 Consult with front-line workers, PWUD, and care providers with relevant experience regarding how best to implement drug decriminalization policy
2. Explore and address stigma surrounding PWUD and drug decriminalization by undertaking community dialogues that will be used to guide future educational campaigns focusing on de-stigmatization and any identified gaps in knowledge
    2.1 Commit to involving the compensated inclusion and leadership of PWUD in aforementioned community dialogues and de-stigmatization initiatives
3. Support the creation of a memorial butterfly garden in memory of those lost to substance use or toxic drug poisoning wherein a designated piece of property is allocated that is accessible to the most vulnerable in our community (ie. centrally located, properly maintained)

II. Drug Toxicity and the Overdose Crisis

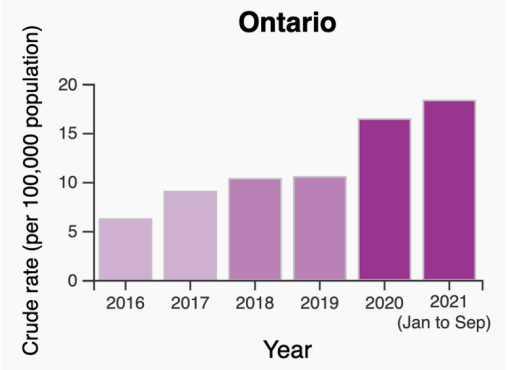
Canada is currently undergoing a dire drug poisoning crisis[1] that has been exacerbated by the COVID-19 pandemic. With an increasingly unregulated and toxic drug supply driving the majority of deaths, other social structures, such as continued stigma and criminalisation of illicit substances, as well as political inaction have further complicated this serious health epidemic (1). As a result, communities across Canada are facing alarming rates of drug overdoses with more than 7224 opioid-related deaths occurring in 2020, the equivalent of 16 deaths per 100 000 people (2), of which 96% were unintentional (3). From January to September 2021 alone, a peak 5368 opioid-related deaths had been recorded so far[2], which equates to approximately 20 lives per day (3). The harms of drug toxicity are far-reaching and devastating for individuals, families, and communities, and it is clear that we are in the midst of a serious public health crisis (4).

Of note, opioids only partially account for total drug toxicities. In Canada, deaths on illicit drug toxicity are categorized into **opioid**-related deaths and **stimulant**-related deaths, however these deaths are oftentimes not mutually exclusive. In 2021, 86% of stimulant-related deaths involved opioid use, and over half of opioid-related deaths involved a stimulant (3). This suggests that the overdose crisis is of a polysubstance nature, and decriminalization of illicit substances, de-stigmatization, and evidence-based harm reduction services are needed to save lives.

Stimulant-related toxicities include substances such as cocaine (68%) and methamphetamines (47%) which are illicit, synthetic drugs with addictive properties and a high risk of overdose and death (2, 5). In 2020, Ontario had the highest known rate of stimulant-related deaths at 13.5 per 100 000 (2), and trends suggest that this is increasing (5). However, stimulant-related deaths have only more recently been reported by 4-6 provinces in Canada, and national numbers are not available due to limited data (2). As such, although we will largely be reporting on opioid-related harms for the purposes of this report, it should be noted that the **overdose crisis, including the negative impacts of criminalization and stigma, encompass the use of various other substances as well.**

A. The Opioid Crisis

Opioids are a class of drugs that have pain relieving properties and can be prescribed to relieve acute and chronic pain. They can also produce a feeling of well-being, relaxation, or euphoria, which contributes to the potential for misuse and addiction (6). These drugs include non-fentanyl opioids (i.e., codeine, morphine, oxycodone), as well as fentanyl and its analogues (i.e., carfentanil) which can be up to 10 000 times more potent than morphine.



Rates of total apparent opioid toxicity deaths in Ontario 2016-2021 (From: https://health-infobase.canada.ca/substance-related-harms/opioids-stimulants/maps)

[1] A drug overdose is a poisoning, in which the drug is being used in the wrong way, by the wrong person, or in the wrong amount (8).

[2] Complete numbers from 2021 have not yet been published.

Since opioids affect the part of the brain that controls breathing, an opioid overdose results in slowed breathing, unconsciousness, and death (7).

Over the past decade, there has been an alarming rise in opioid use and related harms in Canada which has been referred to as the 'opioid crisis' (9). In 2016, numbers of opioid-related deaths revealed a dire public health crisis, with 2816 reported deaths (10). Since then, opioid-related overdoses and deaths have continued to rise at a national level, and as of September 2021, has claimed the lives of 26 690 individuals over the last 5 years (11, 12). This increase in opioid deaths has also been paralleled with an increase in opioid-related hospitalizations and Emergency Medical Service responses (12). Furthermore, effects of the opioid crisis have affected all provinces and territories across Canada, with 88% of opioid-related deaths occurring in British Columbia, Ontario and Alberta.

This current public health crisis is rooted in both prescription and illicit opioid substances (4):

- Prescription Opioids: Due to high rates of opioid prescribing in the past, increased exposure to opioids and its harmful consequences has contributed to the current opioid epidemic (13). In 2016, Canada was the second-largest consumer of prescription opioids in the world and in 2017, opioid pain relievers were used by 11.8% of the population (11).
- Toxic Drug Supply: The illegal drug supply has become increasingly contaminated with synthetic opioids, most notably fentanyl and its analogues, which increases the risk of accidental overdose. Fentanyl is a powerful opioid that can't be distinguished by eye, smell or taste. **In 2021, toxic drug supply was the main driver of opioid-related deaths in Canada with 86% of deaths involving fentanyl** (12).

B. Impact of COVID-19

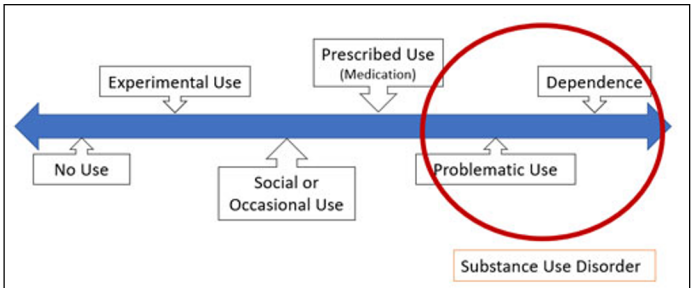
The COVID-19 pandemic has disproportionately impacted people who use drugs (PWUD). Canada has seen an increase in opioid-related overdose deaths during the pandemic (14) and in Ontario specifically, there was a 38.2% increase in opioid-related deaths in the first 15 weeks of the COVID-19 pandemic compared to just 15 weeks prior (15). This increase in deaths can be attributed to numerous factors, mainly tainted drug supplies, increased criminalization, and limited access to healthcare (16). PWUD have expressed concerns of overdosing due to a disruption of supply chains that have resulted in an increase in contaminated and toxic drug supplies. Due to accessibility and affordability issues, PWUD have also resorted to "substitute" substances that are potentially more dangerous (17).

The pandemic's need for physical distancing also significantly impaired access to resources such as in-person support groups, safe-use sites, shelters and drop-in centers; forcing many clients to engage in higher-risk substance use activities alone. Since the start of the pandemic, Ontario reported a 70% decrease in admissions to these services, and numbers have remained low since (18). In fact, a study conducted by researchers at Queen's University found that people who used alone were the highest risk group for opioid-related mortality (19). Furthermore, PWUD are considered "high-risk" individuals for COVID-19 infection and COVID-19 related death due to the prevalence of co-morbid conditions such as chronic obstructive pulmonary disease, HIV, hepatitis and many others (14). Certain structural

determinants, such as unstable housing, limited access to food and economic insecurity further increases their risk of contracting COVID-19. Additionally, stigma surrounding substance use prevents PWUD from seeking help or obtaining appropriate care (20). It is evident the pandemic has revealed the existing vulnerabilities in PWUD and has further exacerbated an already dire public health crisis.

C. Substance Use Disorder and Other Health Considerations

The experience of substance use varies based on the individual and exists on a spectrum (21). While some individuals may consume substances without experiencing associated harms, others may develop problematic substance use. Substance use disorder (SUD) evolves when an individual becomes addicted to a substance, resulting in continued use despite negative consequences. In Canada, approximately 21% of individuals will meet the criteria for an addiction in their lifetime (22). **Addiction is a complex process that causes physical changes in the brain and body and is not a personal choice.**



The Continuum of Substance Use (From: https://www.hamilton.ca/city-initiatives/strategies-actions/no-one-chooses-addiction-see-person-stop-stigma)

- Dependence: the physiological and psychological symptoms that contribute to addiction. Individuals may experience cravings or withdrawal symptoms that make it difficult to stop using a substance (7).
- Tolerance: when higher doses of a substance are needed to feel the same effect. Tolerance can rapidly decrease if the drug is stopped, and sometimes returning to a previous dose can be fatal (13).

It is important to note that the term *substances* and the concepts of SUD can apply to all legal and illicit drugs as well as alcohol. For our work however, we are focusing on illicit substances, such as opioids, as these are driving the majority of drug toxicities and in which we believe criminalization and stigma have had devastating impacts.

Harms related to substances extend beyond addiction, overdose, and death. There is an inextricable link between drug use and many other social determinants of health, including but not limited to:

- Mental Health: Over 87% of individuals with opioid use disorder in Ontario also have another diagnosed mental health disorder (23, 24). In 2018, there were a total of 20,484 opioid-related hospitalizations in Canada (24). Of these hospitalized patients, it was found that 43% also had a co-diagnosis of another mental disorder (24).
- Housing: Unstably housed individuals are at increased risk of opioid use and overdose, and overdose is the leading cause of death in the homeless population, with rates 17 times higher than the general population (25).
- Trauma: Exposure to traumatic events has been associated with the development of substance use disorders. Substance use may be linked to unresolved, inescapable trauma (26, 15).

There is an important intersection of various determinants of health when considering the risks and consequences of SUD and which creates a complex context in which PWUD live. Effective interventions require an integrated approach that centers the unique experiences of these individuals. As

such, **any work towards drug decriminalization, harm-reduction services or other initiatives that will involve PWUD should prioritize the compensated leadership and involvement of those with lived experiences.**

D. Economic Consequences

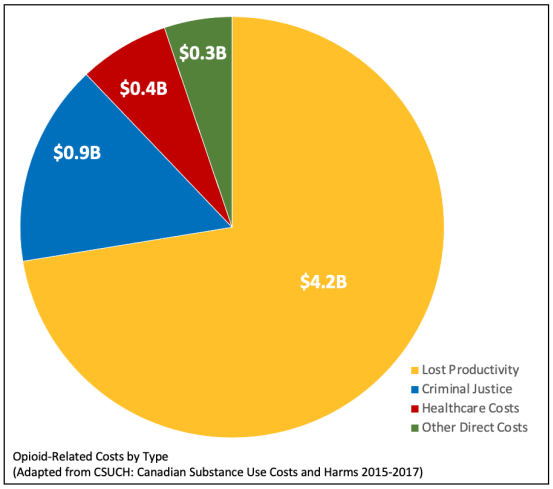
From an economic standpoint, the costs associated with substance use are widespread and significant. In a study conducted by the Canadian Centre on Substance Use and Addiction (CCSA) in 2017 (7), substance use cost Canadians almost $46 billion, corresponding to $1258 per capita. Of all substance types, **opioid-related costs were the 3rd highest, accounting for $5.9B or 12.9% of total substance use-related costs, after alcohol (40%) and tobacco (26%)**.

The opioid-related costs evaluated by this report were divided into 4 major types:

Lost productivity ($4.2B): opioid-attributable premature deaths, long-term and short-term disability (absenteeism, impaired performance). **The significant cost of lost productivity is largely driven by opioid-related deaths.**

Criminal Justice ($0.9B): policing, legal and correctional services, impact of crimes attributable to substance use

Healthcare costs ($0.4B): emergency department visits, inpatient hospitalizations, surgeries, treatment for substance use disorders, prescription drugs. **This represented ~3.4% of all healthcare costs associated with substances** (7).



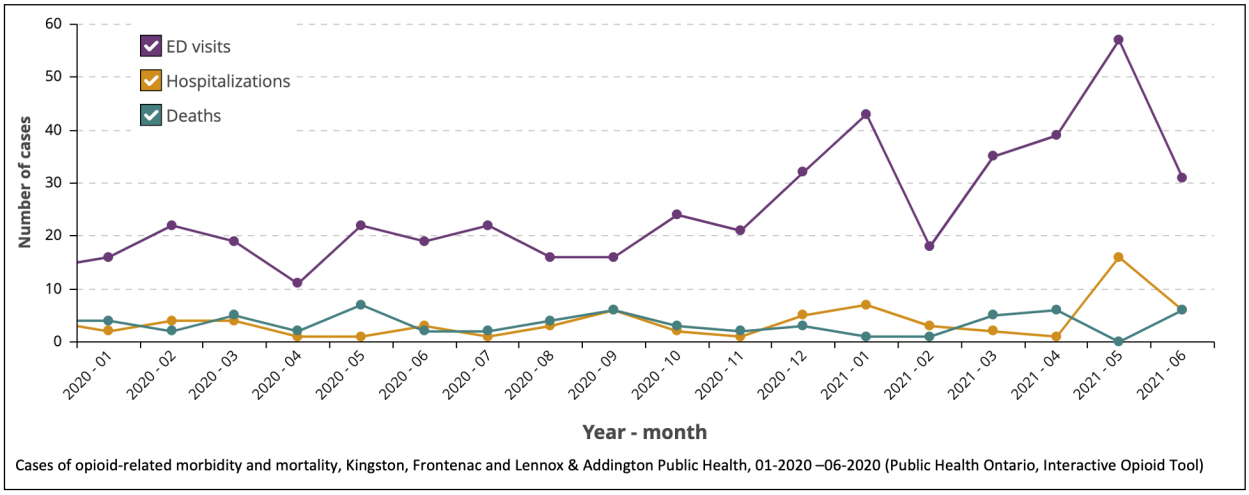
Opioid-Related Costs by Type
(Adapted from CSUCH: Canadian Substance Use Costs and Harms 2015-2017)

Other Direct costs ($0.3B): funding of research and prevention programs, fire damage, motor vehicle damage, employee assistance programs, workers' compensation, etc.

Since the last report in 2015, the cost associated with all substance use per capita increased by 3.3%, and more specifically, opioid-related costs increased the most by 20.9% (7). This reflects the rapidly increasing harms of the ongoing opioid crisis. With cases of drug poisoning further compounded throughout the COVID-19 pandemic, it is predicted that the costs and harms related to opioid use will continue to increase in future reports (7). In comparison, the costs associated with alcohol and tobacco use increased by 1.6% and decreased by 5.1% respectively since the 2015 report. These two substances remain the greatest drivers in total substance-related costs despite being regulated and legalized (27). It is clear that there is an increasing economic burden associated with opioid-use that is largely driven by opioid-related deaths and criminalization.

III. Drug Poisoning in Kingston

Like other areas across Canada, the Kingston, Frontenac, Lennox and Addington (KFL&A) region has experienced escalating rates of opioid-related deaths during the COVID-19 pandemic. During the pandemic, the rate of opioid-related deaths was 14.0 per 100,000 in KFL&A in comparison to a pre-pandemic rate of 7.9 per 100,000 (28). Between March 16 and December 31, 2020, there were 0 deaths from COVID-19 in the city of Kingston and 33 opioid overdose deaths—an increase from 22 opioid-related deaths over the same timeframe in 2019 (28, 29). **Importantly, KFL&A has a higher rate of opioid-related deaths, hospitalizations and emergency department visits compared to the provincial average** (30).



Cases of opioid-related morbidity and mortality, Kingston, Frontenac and Lennox & Addington Public Health, 01-2020 –06-2020 (Public Health Ontario, Interactive Opioid Tool)

To further characterize opioid-related mortality in KFL&A, a retrospective study of opioid-related-deaths that occurred between May 2017 and March 2021 was conducted by researchers at Queen's University (19). This study found that, of the 125 people who died of an opioid-related death during this time period, 92.8% were accidental, 77.6% died in a private home and only 11.2% had access to opioid-substitution therapy. The mean age was 42 years old, and people as young as 17 and as old as 78 died. Most people who died were unemployed at the time of death highlighting the intersection between opioid use and other social determinants of health as discussed above.

A. Local Responses

In response to the opioid crisis, multiple interventions have taken shape in KFL&A (31). In 2019, prior to the pandemic, the KFL&A Community Drug Strategy Advisory Committee released their Opioid Action Plan with the aim of developing and implementing a community-based strategy to reduce the harms associated with substance use and upstream approaches to prevent and manage addiction within the region (30). The Opioid Action Plan outlines a four-pillar approach to address the opioid crisis in KFL&A including:

- **Prevention**: Increasing public awareness of the opioid epidemic and community services
- **Harm reduction**: supporting overdose prevention sites, widespread naloxone, and other harm reduction services)

- **Enforcement**: Working with the local police force to track drug overdoses and monitor fentanyl trafficking
- **Surveillance**: Warning systems to monitor opioid-related 911 calls and monitoring the demand and distribution of naloxone kits

The city of Kingston also hosts the below harm reduction sites to help the community's most vulnerable residents:

- **Street Health Center**: This clinic is a community-based, multidisciplinary, low-barrier resource for people with addiction-related needs (30). The centre has expanded their services to include opioid-agonist medications, an opioid overdose prevention site and a needle exchange program (32).
- **The Integrated Care Hub** (**ICH or "The Hub"**): The ICH opened approximately 6 months into the pandemic in response to the increased needs of people experiencing homelessness in the Kingston area and escalating homeless encampments that emerged in the summer of 2020 (33). The ICH offers a drop-in food program, shelter, connections to community supports, and harm reduction services in addition to operating as a supervised consumption site (15).

Despite these efforts, opioid-related mortality and morbidity continues to burden the region (30), **placing KFLA as ninth highest for opioid-related deaths out of the 35 Ontario public health regions** (31).

IV. Stigma Around Drug Use and PWUD

One cannot confront the overdose crisis without acknowledging the deeply rooted stigma that surrounds drug use and PWUD. The overdose crisis has been exacerbated by this stigma, by isolating PWUD, and creating barriers to effective interventions and timely action. Stigma is the negative attitudes, beliefs, or behaviours towards drug use, and can include discrimination, prejudice, and judgment (34). This stigma often stems from the misconception that addiction is a choice, which creates a stereotype of PWUD as dangerous or having moral failings. As discussed earlier, people do not choose addiction – it is a complex medical diagnosis that can be caused by multiple factors including genetics, childhood trauma, and stress (21). Importantly, stigma is further worsened by the criminalization of illicit drug possession. For PWUD, stigma can be deadly - people may avoid seeking help or will use drugs alone, which is a significant risk factor for overdose. PWUD also face structural stigma when obtaining housing and jobs, and even receive lower quality healthcare (34). In order to prevent these dangerous effects of stigma, efforts must be made to reduce the stigma surrounding illicit drug use and PWUD so that people who have substance use disorders can receive the same dignity and care that is given to those living with any other medical condition.

A. Stigma in Kingston

Stigma around drug use and PWUD is pervasive in Kingston. When COVID-19 first forced people into lockdown in 2020, a homeless encampment emerged at Belle Park that supported up to 50 individuals (35). This sparked significant public debate, forcing the homeless encampment out of Belle Park and leading to the creation of the ICH. In addition to the stigma that the residents of Belle Park faced,

individuals within the Kingston community continued to protest against the ICH. Staff of the ICH reported receiving death threats against ICH patrons, and regularly observed people driving past the ICH taunting patrons with harmful phrases such as “Junkie”, “Crackhead”, and “Just don’t do drugs”. In the recent ICH Community Needs Assessment published in 2021, patrons of the ICH painfully described how they internalized the stigma, further eroding their self-esteem and perpetuating their health problems (15). Recognizing how stigma from the Kingston community contributes to the city’s opioid crisis, the ICH has organized a “Support, Not Stigma” t-shirt campaign which aims to amplify the voices of ICH patrons who were asked to describe what people in the community should know about them. The ICH also plans to reinvest proceeds into compassion and anti-oppression training so that ICH patrons do not experience stigma when using the services that are designed to protect them (15). Nonetheless, the stigma faced by PWUD is damaging, unjust and harmful, and Kingston is regrettably no exception.

B. Other Anti-Stigma and Education Initiatives

When planning anti-stigma initiatives, Kingston can look towards other cities that have launched educational initiatives to combat stigma.

Toronto Public Health, Vancouver Coastal Health, and the Angus Reid Institute facilitated community dialogue processes which engaged the public on topics of drug policy in their respective jurisdiction (36-38). In Toronto, these dialogues confirmed that Torontonians believed that Canada’s policy for illicit drug use was ‘broken’ and needed to be changed. And furthermore, a public health approach to drug use that focuses on the social issue as opposed to a criminal one was preferred; within this focus, harm reduction was considered the ideal solution (36). Undertaking similar community dialogues in Kingston will not only help identify any gaps in knowledge and biases within the community surrounding topics of drug use and decriminalization, but it may also provide an opportunity for important de-stigmatization work. Additionally, outcomes of these dialogues may also help guide future educational campaigns surrounding these topics. In Vancouver, dialogues strongly supported the engagement of PWUD and associated groups as they should be continuously engaged throughout a drug decriminalization proposal (37). We believe that the compensated involvement and leadership of individuals with lived experience is an essential component of these community dialogues as PWUD face unique experiences and challenges that must be centered in any relevant community action.

Another example of a community de-stigmatization initiative is the “Crosses for Change” memorial garden in Sudbury which was created to honour individuals who have died from drug overdose in northern Ontario. Having started from a single cross erected by a mother in memory of her son who died from a drug overdose, the memorial has since grown to include over 200 white crosses (39). Crosses for Change de-stigmatizes the opioid crisis by increasing awareness of this growing crisis and the disproportionate impacts on smaller communities. It also humanizes the crisis – each cross is not just a number but a life who was loved by many and continues to be grieved. There has been local interest in the creation of a similar memorial butterfly garden in Kingston to create a space for individuals who have lost loved ones to overdose. This memorial garden should be located such that it is easily accessible to

those in the community and appropriately cared for. The creation of a butterfly memorial garden can similarly assist with de-stigmatization efforts in Kingston by providing a symbol and place of remembrance while also showing public acknowledgement of the lives lost to this ongoing crisis.

V. Drug Decriminalization

Drug decriminalization is not a single approach but rather a group of principles, policies, and practices. At its core, decriminalization aims to reduce the harms caused by the stigmatization and marginalization of PWUD (27). This is achieved by ensuring a non-criminal response to activities such as simple possession and personal use of drugs. It is important to distinguish decriminalization from legalization, which refers to the removal of criminal sanctions on a drug and its regulated production and sale (40). Under decriminalization, the drug itself remains illegal and activities such as production, sale or distribution are criminal offenses (53).

Decriminalization can include:

- **De facto** approaches: non legislative guidelines (i.e., Agreement among local law enforcement to not arrest people on simple possession, though possession remains criminal (41)
- **De jure** approaches: formal policy or legislation (i.e., Federal legislative exemptions that allow individuals to possess controlled substances at certain locations, such as safe consumption sites (27).

Although de facto approaches can reduce criminal prosecution, de jure approaches are a necessary step to remove social stigma surrounding drug use (27).
There are many different programs and services that exist under the umbrella of drug decriminalization. For example:

- **Supervised consumption sites:** designated safe, clean spaces where individuals are able to use substances in the presence of trained staff. They prevent accidental overdose and decrease the spread of HIV and hepatitis (40).
- **Drug checking programs:** allow individuals to check what is in their drugs to prevent the harms of consuming unknown and potentially toxic substances. For example, testing for the presence or absence of fentanyl in the illegal drug supply (40)
- **Prescription maintenance programs:** allow individuals to access substances such as medical grade heroin (diacetyl morphine or diamorphine) through the healthcare system, typically reserved for people with problematic drug use who have not responded to other therapies (40).
- **Safe supply:** the provision of a safe, legal, and regulated drug supply for individuals who use substances. This prevents individuals from accessing the toxic drug supply from the illegal market (42).

For the purpose of this backgrounder, we are focusing on decriminalization on a municipal level as well as the importance of addressing the stigma around drug use.

A. Harms of Criminalization

Evidence demonstrates that criminalizing people for possession and use of drugs creates serious health and social harms while failing to deter drug use (42). It leads to a more dangerous drug supply while hindering efforts for harm reduction strategies. Criminalization has numerous harmful consequences for individuals, society, and the economy:

- ***Health:*** Current drug policies impede public health initiatives aimed at harm reduction. The threat of arrest and prosecution discourages individuals from accessing supervised consumption, overdose prevention or treatment services. This impacts access to sterile needles, needed to prevent the transmission of blood-borne communicable diseases such as HIV and hepatitis C (27). It also encourages riskier drug practices (ie. using alone or in unsafe spaces), which increases the risk of overdose (19). Criminalization directly contributes to an unpredictable illegal drug market and increases the toxic drug supply, which we know is the main driver of overdose deaths during the COVID-19 pandemic.

- ***Stigma:*** Framing drug use as a primarily criminal activity as opposed to a health issue has significantly contributed to the stigmatization of PWUD. As mentioned previously, these negative views towards drugs and PWUD have widespread repercussions. Stigma at the systems level, including within healthcare itself, prevents people from accessing the care they need. Politically, it also undermines the response to the opioid crisis, and directly reduces the urgency with which the government addresses this issue (27). Furthermore, police intervention exacerbates the stigma faced by PWUD, a survey from the city of Toronto found that of PWUD and harm reduction workers expressed that negative perceptions held by police causes them to be unfairly and disproportionately targeted (43).

- ***Social:*** The harms of criminalization have lasting social impacts on individuals throughout their lives. **Many of those apprehended for simple possession of drugs are non-violent, low-level offenders** (27). Penalties for simple possession offenses range from fines of up to $1000 and 6 months in prison for a first offense, and up to $2000 and 1 year in prison for a second offense (44). Criminal records limit employment, education and housing opportunities and can affect child custody (42).

- ***Economic:*** Alongside these harms, there is significant cost to the country and Ontario itself associated with substance use. As mentioned above, $6.4 billion of policing, courts and correctional costs could be attributed to the use of criminalized substances in Canada (45). There is a huge financial burden on the legal system to process simple drug possession charges. Evidence from other countries shows that drug decriminalization of simple drug possession results in direct savings, allowing funds to be diverted to harm reduction strategies (45).

Due to these reasons, decriminalization of personal possession can have vast benefits both on the individual scale and at large.

B. Decriminalization Policy and the Kingston Context

In Canada, illegal substances are regulated through the Controlled Drugs and Substances Act (CDSA), which is under federal jurisdiction. The federal government has indicated there is no intention to make changes to the CDSA after the legalization of cannabis in 2018 (27). For this reason, provincial or municipal mechanisms must be used to implement policy change.

> Section 56(1) of the CDSA, states that:
>
> "56 (1) The Minister may, on any terms and conditions that the Minister considers necessary, exempt from the application of all or any of the provisions of this Act or the regulations any person or class of persons or any controlled substance or precursor or any class of either of them if, in the opinion of the Minister, the exemption is necessary for a medical or scientific purpose or is otherwise in the public interest." (44)

This grants the federal Minister of Health the power to exempt jurisdictions, including municipalities, from the provisions of the CDSA without needing to pass legislation via parliament (45). **A section 56 exemption is the current method by which supervised consumption sites (SCS) can operate across Canada**. Drug possession is effectively decriminalized at these locations and people can be in possession of drugs for their personal use without fear of arrest (42). Requests for exemption can be submitted to the Minister of Health by any individual or organization. However, formal requests via municipal or provincial authority allow a clear route through which exemption can be granted and a means to demonstrate widespread support from various stakeholders (45).

Municipalities can request exemptions via:

- City Council
- Municipal Board of Health
- Local Medical Health Officer

In Kingston, all three of these entities have voiced support for drug decriminalization but there has been no action to request a section 56 exemption. In April 2022, the KFL&A Community Drug Strategy Advisory Committee submitted a petition calling on the federal government to decriminalize drug possession on the national scale (46). While this is a great step, legislative changes can have a substantial timeline for parliamentary approval. Regulatory amendments via a section 56 exemption can be implemented more quickly and allow for an immediate response to this health emergency (40).

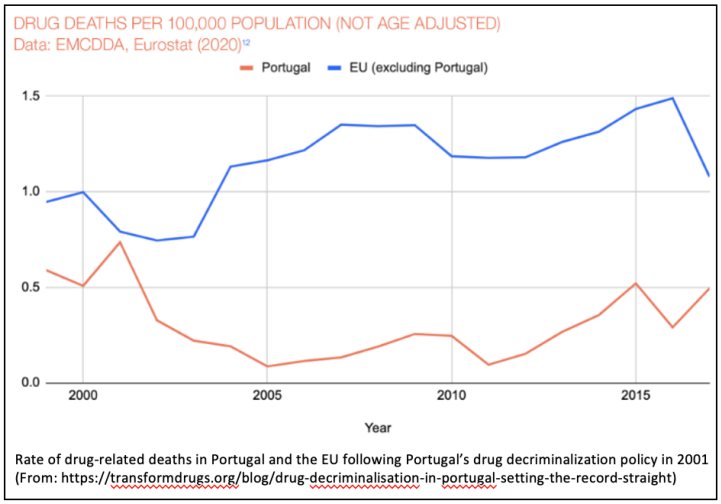
C. Evidence and Case Studies

Over thirty countries have implemented drug decriminalization to varying degrees (47), providing widespread evidence of the effectiveness of these policies and different models that Kingston and the rest of Canada can learn from. There is no evidence to suggest that the decriminalization of drugs in these countries has led to an increase in drug use and associated harms:

- A report from the United Kingdom's Home Office department compared criminalization and decriminalization approaches from around the world and found 'no obvious relationship between the toughness of a country's enforcement against drug possession, and levels of drug use in that country' (48).
- An analysis of data across the Netherlands, the United States, Australia and Italy also found that the removal of criminal penalties did not increase drug use or associated harms (49).

Portugal is often cited as a national model for a decriminalization approach to drug use, having decriminalized drug use and possession in 2001 (47). This legislative change occurred in conjunction with increased investments in harm reduction, prevention and treatment supports, such as drop-in centres, shelters, mobile health units, low threshold opioid substitution programmes and needle exchange programs. (47). It had widespread beneficial outcomes including:

- A decrease in HIV/AIDS diagnoses among people who use drugs from 52% to 6% over a 15-year period (47).
- Some of the lowest drug death rates in the European Union (6 deaths per million among people aged 15-64, compared to the EU average of 23.7 per million in 2019) (50).
- A decrease from over 40% of the sentenced Portuguese prison population relating to drug offenses in 2001 to 15.7% in 2019 (below the European average) (50).



Rate of drug-related deaths in Portugal and the EU following Portugal's drug decriminalization policy in 2001 (From: https://transformdrugs.org/blog/drug-decriminalisation-in-portugal-setting-the-record-straight)

There are many more examples of decriminalization internationally that Kingston can draw from that are less comprehensive than the Portuguese model. For example, in **Czech Republic**, the possession of "small amounts" of drugs (with no predefined threshold) is a civil offense that can result in fines of up to $600 rather than a criminal offense (47). In **Jamaica**, cannabis possession for personal use is decriminalized, but youth under 18 years old consuming cannabis and adults appearing to be dependent on cannabis are referred to counseling (47).

The City of **Vancouver** has long been a leader in Canada and around the world in approaching drug use through a harm reduction and decriminalization lens. For example, in 2003 Vancouver opened the first sanctioned Supervised Consumption Site in North America (37). The Vancouver Police Department (VPD) adopts a *de facto* decriminalization approach towards drug use, and the number of simple possession charges in Vancouver decreased from 476 in 2008 to 10 in 2020 (37). Despite these initiatives, the opioid crisis continues to claim many lives. British Columbia's Provincial Health Officer

declared a public health emergency in 2016 due to high rates of drug overdose deaths in BC (largely attributable to fentanyl contamination) (37).

The City of Vancouver is also pursuing *de jure* decriminalization, and in May 2021 submitted a request for a Section 56 exemption from the *CDSA* in order to decriminalize simple possession of illicit substances within the city's boundaries (37). Vancouver submitted a detailed proposal for thresholds defining personal use for the drugs most implicated in overdose deaths in the city: opioids, cocaine, crack cocaine, and amphetamines. Although this application has not yet been approved, the primary expected outcomes of Vancouver's proposed decriminalization model include:

1. Reduce the reluctance of people who use drugs to seek health and social supports for fear that they may encounter criminal sanctions if they reach out for support.
2. Reduce possession charges and seizures of drugs intended for personal use to prevent harms such as property crime, survival sex work, withdrawal, drug debts, and unsafe purchases created by efforts to replace seized drugs and prevent withdrawal.
3. Improve health care connections for people at risk of overdose by referring them to an Overdose Outreach Team (OOT).
4. Increase public understanding that substance use is not criminal in nature (37).

Following Vancouver's lead, the province of British Columbia and the City of Toronto have also submitted exemption requests to Health Canada and are awaiting a response (51, 43).

Chief BC Coroner, Lisa Lapointe - **"Criminalizing people using drugs has meant punishing those that are already suffering." "The goal of decriminalization is to reduce suffering and death. It is a compassionate and rational response to a health crisis"** (52).

VI. References

1. Strike C, Watson TM. Losing the uphill battle? Emergent harm reduction interventions and barriers during the opioid overdose crisis in Canada. International Journal of Drug Policy. 2019 Sep 1;71:178–82.

2. Giacomazzo A, Nowell M, Challacombe L. The drug toxicity and overdose crisis in Canada: a snapshot of what the current data tell us [Internet]. CATIE - Canada's source for HIV and hepatitis C information. 2021 [cited 2022 May 4]. Available from: https://www.catie.ca/prevention-in-focus/the-drug-toxicity-and-overdose-crisis-in-canada-a-snapshot-of-what-the-current

3. Public Health Agency of Canada. Opioid- and Stimulant-related Harms in Canada [Internet]. 2022 [cited 2022 May 4]. Available from: https://health-infobase.canada.ca/substance-related-harms/opioids-stimulants/

4. Government of Canada. Progress report on the Joint Statement of Action to Address the Opioid Crisis in Canada: H12-42E-PDF - Government of Canada Publications - Canada.ca [Internet]. 2017 [cited 2022 May 4]. Available from: https://publications.gc.ca/site/eng/9.837986/publication.html

5. Calgary Dream Centre. Statistics on Addiction in Canada [Internet]. 2021 [cited 2022 May 4]. Available from: https://calgarydreamcentre.com/statistics-on-addiction-in-canada/

6. Canadian Centre on Substance Use and Addiction. Prescription Opioids (Canadian Drug Summary) [Internet]. 2020 [cited 2022 May 4]. Available from: https://www.ccsa.ca/prescription-opioids-canadian-drug-summary

7. Canadian Centre on Substance Use and Addiction. Substance Use in Canada Costs Almost $46 Billion a Year According to Latest Data [Internet] 2020. [cited 2022 May 4]. Available from: https://csuch.ca/publications/CSUCH-Canadian-Substance-Use-Costs-Harms-Report-2020-en.pdf

8. Washington State Department of Health. Poisoning and Drug Overdose [Internet]. [cited 2022 May 4]. Available from: https://doh.wa.gov/you-and-your-family/poisoning-and-drug-overdose

9. Donroe JH, Socias ME, Marshall BDL. The Deepening Opioid Crisis in North America: Historical Context and Current Solutions [Internet]. 2018 [cited 2022 May 4]. Available from: https://www.researchgate.net/publication/328344517_The_Deepening_Opioid_Crisis_in_North_America_Historical_Context_and_Current_Solutions

10. Canadian Centre on Substance Use and Addiction. Joint Statement of Action to Address the Opioid Crisis: A Collective Response (Annual Report 2016–2017) [Internet]. 2017 [cited 2022 May 4]. Available from: https://www.ccsa.ca/joint-statement-action-address-opioid-crisis-collective-response-annual-report-2016-2017

11. Belzak L, Halverson J. Evidence synthesis – The opioid crisis in Canada: a national perspective [Internet]. 2018 [cited 2022 May 4]. Available from: https://www.canada.ca/en/public-health/services/reports-publications/health-promotion-chronic-disease-prevention-canada-research-policy-practice/vol-38-no-6-2018/evidence-synthesis-opioid-crisis-canada-national-perspective.html

12. Public Health Agency of Canada. Opioid- and Stimulant-related Harms in Canada [Internet]. 2022 [cited 2022 May 4]. Available from: https://health-infobase.canada.ca/substance-related-harms/opioids-stimulants/

13. Canadian Centre on Substance Use and Addiction. Canada's Opioid Crisis: What You Should Know [poster] [Internet]. 2021 [cited 2022 May 4]. Available from: https://www.ccsa.ca/canadas-opioid-crisis-what-you-should-know-poster

14. Ali F, Russell C, Nafeh F, Rehm J, LeBlanc S, Elton-Marshall T. Changes in substance supply and use characteristics among people who use drugs (PWUD) during the COVID-19 global pandemic: A national qualitative assessment in Canada. International Journal of Drug Policy. 2021 Jul 1;93:103237.

15. Christmas C. Crystal Meth, Opiates, Overdose and Housing in Kingston, Ontario [Internet]. 2021 [cited 2022 May 4]. Available from: https://www.pathhomekingston.ca/wp-content/uploads/2021/10/Community-Needs-Assessment-V2.pdf

16. López-Pelayo H, Aubin HJ, Drummond C, Dom G, Pascual F, Rehm J. "The post-COVID era": challenges in the treatment of substance use disorder (SUD) after the pandemic. Gale Academic OneFile [Internet]. 2020 [cited 2022 May 4]. Available from: https://go-gale-

com.proxy.queensu.ca/ps/i.do?p=AONE&u=queensulaw&id=GALE|A631915170&v=2.1&it=r&sid=bookmark-AONE&asid=6b6634bd

17. Ali F, Russell C, Nafeh F, Rehm J, LeBlanc S, Elton-Marshall T. Changes in substance supply and use characteristics among people who use drugs (PWUD) during the COVID-19 global pandemic: A national qualitative assessment in Canada. International Journal of Drug Policy. 2021 Jul 1;93:103237.

18. Canadian Centre on Substance Use and Addiction. Impacts of the COVID-19 Pandemic on Substance Use Treatment Capacity in Canada [Internet]. 2020 [cited 2022 May 4]. Available from: https://www.ccsa.ca/impacts-covid-19-pandemic-substance-use-treatment-capacity-canada

19. Parent S, Buttemer S, Philpott J, Moore K. Opioid-related deaths in Kingston, Frontenac, Lennox, and Addington: the shadow epidemic. 2022. [cited 2022 May 4]. [Unpublished].

20. Melamed OC, Hauck TS, Buckley L, Selby P, Mulsant BH. COVID-19 and persons with substance use disorders: Inequities and mitigation strategies [Internet]. 2020 [cited 2022 May 4]. Available from: https://www.tandfonline.com/doi/full/10.1080/08897077.2020.1784363

21. City of Hamilton. No One Chooses Addiction - See The Person. Stop Stigma. [Internet]. 2020 [cited 2022 May 4]. Available from: https://www.hamilton.ca/city-initiatives/strategies-actions/no-one-chooses-addiction-see-person-stop-stigma

22. Canadian Mental Health Association. Substance use and addiction [Internet]. [cited 2022 May 4]. Available from: https://ontario.cmha.ca/addiction-and-substance-use-and-addiction/

23. Morin KA, Eibl JK, Franklyn AM, Marsh DC. The opioid crisis: past, present and future policy climate in Ontario, Canada. Substance Abuse Treatment, Prevention, and Policy. 2017 Nov 2;12(1):45.

24. Health Canada. Opioid-related harms and mental disorders in Canada: A descriptive analysis of hospitalization data [Internet]. 2020 [cited 2022 May 4]. Available from: https://www.canada.ca/en/health-canada/services/opioids/data-surveillance-research/opioid-related-hospitalizations-mental-disorders.html

25. Milaney K, Passi J, Zaretsky L, Liu T, O'Gorman CM, Hill L, et al. Drug use, homelessness and health: responding to the opioid overdose crisis with housing and harm reduction services. Harm Reduction Journal. 2021 Aug 26;18(1):92.

26. Rosic T, Au VYO, Worster A, Marsh DC, Thabane L, Samaan Z. Trauma and post-traumatic stress disorder in patients treated for opioid use disorder: findings from a 12-month cohort study - PMC [Internet]. 2021 [cited 2022 May 4]. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8329768/?fbclid=IwAR3aPRfNhQac8fQoUdnLhqGh4Z6camNwmbyLMgjvdwAKRHPoZqH3naJGo54

27. Province of British Columbia - Office of the Provincial Health Officer. Stopping the Harm: Decriminalization of People who use Drugs in BC [Internet]. 2019 [cited 2022 May 4]. Available from: https://substanceuse.ca/stopping-harm-decriminalization-people-who-use-drugs-bc

28. Gomes T, Murray R, Kolla G, Leece P, Bansal S, Besharah J, Cahill T, Campbell T, Fritz A, Munro C. (2021). Changing circumstances surrounding Opioid-Related deaths in Ontario during the COVID-19 pandemic. 2021 [cited 2022 May 4]. Available from: https://www.publichealthontario.ca/-/media/documents/c/2021/changing-circumstances-surrounding-opioid-related-deaths.pdf?sc_lang=en

29. KFL&A Public Health. Status of Cases in KFL&A [Internet]. 2022 [cited 2022 May 4]. Available from: https://www.kflaph.ca/en/healthy-living/status-of-cases-in-kfla.aspx

30. KFL&A Public Health. Opioid Action Plan [Internet]. 2020 [cited 2022 May 4]. Available from: https://www.kflaph.ca/en/opioid-action-plan.aspx

31. Bahji A, Camiré D. At-a-glance - The local response to the Canadian opioid epidemic in the Kingston, Frontenac, and Lennox and Addington communities [Internet]. 2021 [cited 2022 May 4]. Available from: https://www.canada.ca/en/public-health/services/reports-publications/health-promotion-chronic-disease-prevention-canada-research-policy-practice/vol-39-no-12-2019/local-response-opioid-epidemic.html

32. Kingston Community Health Centres. Street Health Centre. [Internet]. [cited 2022 May 4]. Available from: https://kchc.ca/barrack-street/street-health-centre/

33. McCann V, Allen R, Purkey E. Exploring the impact of COVID-19 on substance use patterns and service access of street involved individuals in Kingston, Ontario: a qualitative study. BMC Public Health. 2022 Mar 23;22(1):571.

34. Health Canada. Stigma around drug use [Internet]. 2022 [cited 2022 May 4]. Available from: https://www.canada.ca/en/health-canada/services/opioids/stigma.html

35. Krause K. Former Belle Park campers speak out after forced to leave. [Internet] Global News; 2020. [cited 2022 May 4]. Available from: https://globalnews.ca/news/7312868/former-belle-park-campers-speak-out-after-forced-to-leave/

36. Ipsos Public Affairs. Community Dialogue on a Public Health Approach to Drug Policy: Report [Internet]. CCity of Toronto; 2018 [cited 2022 May 5]. Available from: https://www.toronto.ca/wp-content/uploads/2018/07/8f74-Toronto-Public-Health-Community-Dialogue-On-Drug-Policy.pdf

37. City of Vancouver. Decriminalizing simple possession of illicit drugs in Vancouver [Internet]. 2021 [cited 2022 May 5]. Available from: https://vancouver.ca/people-programs/decriminalizing-simple-possession-of-illicit-drugs-in-vancouver.aspx

38. Angus Reid Institute. Canada's other epidemic: As overdose deaths escalate, majority favour decriminalization of drugs [Internet]. 2021 [cited 2022 May 5]. Available from: https://angusreid.org/wp-content/uploads/2021/03/2021.02.24_Opioid_Dependence.pdf

39. Gemmill A. Sudbury's memorial crosses help OMA highlight impacts opioid crisis has had on north. [Internet]. CBC 2021 [cited 2022 May 5]. Available from: https://www.cbc.ca/news/canada/sudbury/crosses-for-change-catches-oma-attention-1.6223583

40. Canadian Centre on Substance Use and Addiction. Decriminalization: Options and Evidence [Policy Brief]. 2018 [cited 2022 May 5]. Available from: https://www.ccsa.ca/decriminalization-options-and-evidence-policy-brief

41. Canadian Association of Chiefs of Police. Decriminalization for Simple Possession of Illicit Drugs: Exploring Impacts on Public Safety & Policing. Findings and recommendations report. 2020 [cited 2022 May 5]. Available from: https://www.cacp.ca/index.html?asst_id=2189

42. Savehilaghi S. Decriminalization Done Right: A Rights-Based Path for Drug Policy [Internet]. Pivot Legal Society. 2021 [cited 2022 May 5]. Available from: https://www.pivotlegal.org/decriminalization_done_right_report

43. Toronto Public Health. Request for exemption to the Controlled Drugs and Substances Act to allow for the possession of drugs for personal use in Toronto. 2022 [cited 2022 May 5]. Available from: https://www.toronto.ca/wp-content/uploads/2022/01/943b-TPH-Exemption-Request-Jan-4-2022-FNLAODA.pdf

44. Government of Canada. Consolidated federal laws of Canada, Controlled Drugs and Substances Act [Internet]. 2022 [cited 2022 May 5]. Available from: https://laws-lois.justice.gc.ca/eng/acts/c-38.8/

45. HIV Legal Network. Decriminalizing People Who Use Drugs: A Primer for Municipal and Provincial Governments [Internet]. 2020 [cited 2022 May 5]. Available from: https://www.hivlegalnetwork.ca/site/decriminalizing-people-who-use-drugs-a-primer-for-municipal-and-provincial-governments/?lang=en

46. Goulem B. Petition to House of Commons calls for drug decriminalization [Internet]. The Whig 2022. [cited 2022 May 5]. Available from: https://thewhig.com/news/local-news/petition-to-house-of-commons-calls-for-drug-decriminalization

47. Eastwood N, Fox E, Rosmarin A. A Quiet Revolution: Drug Decriminalisation Across the Globe [Internet]. Canadian Drug Policy Coalition. 2020 [cited 2022 May 5]. Available from: https://www.drugpolicy.ca/a-quiet-revolution-drug-decriminalisation-across-the-globe/

48. GOV.UK. Drugs: international comparators [Internet]. 2014 [cited 2022 May 5]. Available from: https://www.gov.uk/government/publications/drugs-international-comparators

49. Hughes CE, Stevens A. What Can We Learn From The Portuguese Decriminalization of Illicit Drugs? The British Journal of Criminology. 2010 Nov 1;50(6):999–1022.

50. Slade H. Drug decriminalisation in Portugal: setting the record straight. [Internet]. 2021. [cited 2022 May 5]. Available from: https://transformdrugs.org/blog/drug-decriminalisation-in-portugal-setting-the-record-straight

51. British Columbia Ministry of Mental Health and Addictions. Decriminalization in BC: S. 56(1) Exemption. [Internet]. 2021 [cited 2022 May 5]. Available from: https://news.gov.bc.ca/files/DecrimSubmission.pdf

52. Ghoussoub M. B.C. applies to decriminalize use of small amounts of illicit drugs in effort to reduce deaths | CBC News [Internet]. 2021 [cited 2022 May 5]. Available from: https://www.cbc.ca/news/canada/british-columbia/toxic-drug-measures-1.6232746

53. Toronto Public Health. Discussion Paper: A Public Health Approach to Drugs 2018 [cited 2022 May 5]. Available from: https://www.toronto.ca/wp-content/uploads/2018/05/9105-A-Public-Health-Approach-to-Drugs-Discussion-Paper.pdf