Recent Developments in Selected Areas of Substance Abuse Policy

(Last Update: May, 2004)

In developing the assessment of CCSA's policy portfolio, a review of recent policy development in several topic areas was undertaken. This information is presented below in bulleted form and will be updated on a semi-regular basis to help researchers and policy makers keep abreast of significant developments in selected topic areas of the substance abuse field.

Recent Developments in National Substance Abuse Policy

- December 2000: Numerous substance abuse policy stakeholders meet in Winnipeg, Manitoba and set out guiding principles for a new National Drug Strategy. The group issues a report entitled *Towards a New National Focus and Drug Strategy* (Manitoba Drug Policy Symposium, 2001) and in it they recommend that the new national drug strategy should:
    - be integrated, balanced and sustained,
    - be meaningful and relevant to all Canadians,
    - be multi-sectoral and comprehensive,
    - reflect tolerance and respect, including the rights of Canadians with drug-related problems,
    - be inclusive of stakeholders across the continuum,
    - consider the full ramifications of interventions and strategies,
    - include support for community capacity building approaches,
    - focus on appropriate outcomes measures, choosing appropriate outcome goals, giving priority to effective interventions with practical realizable goals,
    - focus on support maximizing innovative interventions,
    - focus on the harms caused by drugs rather than drug use per se.
- December 2001: The Auditor General broadly reviews the federal government's response to illicit drugs and concludes that Canada's drug policy lacks balance, leadership, consistency and coordination and that basic information necessary for assessing the extent of the substance abuse problem, and the efficacy of the government's response to that problem, are not available. In addition, the report documents that 94% of federal spending on illicit drugs went to enforcement and only 6% went to demand control efforts such as education and treatment (Auditor General, 2001).
- September 2002: The Senate Special Committee on Illegal Drugs completes a two-year study of the issue of cannabis control and publishes a lengthy report calling for, among other things, the regulated legalization of cannabis in Canada. In addition, the Senate Committee Report echoes the Auditor General by suggesting that inconsistent support at the federal level has negatively affected the ability to address problems associated with substance abuse and addictions in Canada (Senate, 2002).
- November 2002: In the House Special Committee on the Non-Medical Use of Drugs tables a report on illicit drugs offering a total of 41 recommendations which include echoing the Auditor General's appeal for better monitoring and data collection, and calling for the decriminalization of cannabis possession/cultivation for personal use (House, 2002).
- May 2003: The Government of Canada introduces two initiatives designed to improve its response to problems associated with substance abuse and addictions:
    - Bill C-38, the Cannabis Reform Bill, which seeks, among other things, to decriminalize the possession of small amounts of cannabis for personal use. The House Special Committee on the Non-Medical Use of Drugs held several hearings on Bill C-38 during the last half of 2003 but was unable to bring the issue to a vote before the full House before the end of the parliamentary session in December. Bill C-38 was reintroduced as Bill C-10 in early February 2004 and parliament is expected to vote on the bill in the coming months. The topic of cannabis control policy will be further discussed below.

- Renewal of Canada's National Drug Strategy (NDS) allocating $245M over five years to promote the "four pillars" approach to substance abuse in Canada (e.g., education, enforcement, treatment, and harm reduction). Highlights of the renewed NDS include:
  - new funding for the continuation and expansion of drug treatment courts in Canada;
  - community-based initiatives to address a range of prevention, health promotion, treatment and rehabilitation issues;
  - public education campaigns on substance abuse with the specific focus on youth;
  - new funding for research activities on drug trends to enable more informed decision-making;
  - a biennial, national conference with all stakeholders to set research, promotion and prevention agendas; and,
  - new resources to help decrease the supply of illicit drugs (i.e., enforcement) including nearly $1M for research into roadside drug screening.

- October 2003: The Canadian Institutes of Health Research, Health Canada, the Canadian Executive Council on Addictions, and CCSA sponsor the Forum on Alcohol and Illicit Drugs Research which brings together over 70 addiction researchers and related experts to develop a set of strategic directions for research into the causes and consequences of substance abuse. The Forum generates the following list of priority research themes for the next five years:
  - Aboriginal Peoples
  - Biology of Substance Use and Addictions
  - Epidemiology
  - Health Promotion, Prevention, and Healthy Public Policy
  - Populations/Resiliency
  - Research into Knowledge Exchange and Dissemination
  - Sex Differences and Gender Influences
  - System Design and Evaluation, and Public Policy
  - Treatment and Relapse Prevention
  - During plenary discussions at the Forum, several participants note the need for a conceptual framework to guide substance abuse related research and suggest the following draft recommendation:

    > *We recommend that a conceptual framework be developed covering the spectrum of substance use, abuse, addiction, prevention and treatment. This framework would (a) be based on a multidimensional model encompassing approaches, settings and populations and (b) provide a conceptual overview linking various system initiatives at national, regional and local levels (Health Canada, 2004).*

- December 2003: The Canadian Executive Council on Addictions (CECA) announces the implementation of a new national survey that will provide researchers with prevalence data on adult alcohol and drug use for the first time since 1994. Current plans are to repeat the national drug use survey every 3-5 years to provide ongoing drug and alcohol use data for adults in Canada.
- Spring 2004: Health Canada and CCSA host regional "roundtable" meetings in Toronto, Edmonton and Winnipeg with a variety of stakeholders to consult on the development of the National Framework for Action on Substance Abuse.

Recent Developments in Harm Reduction Policy

- November 2000: Vancouver City Council adopts the "four pillars" approach to dealing with drug misuse that includes harm reduction as one of the pillars.

- January 2001: Correctional Service of Canada (CSC) published report documenting positive effect of Methadone Maintenance Therapy on post release outcomes of opiate dependent inmates (Johnson, 2001).
- September 2001: Health Canada issues report entitled: *Reducing the Harm Associated with Injection Drug Use in Canada* (Health Canada, 2001a). This report sets out the following goals and principles:
    - Goals:
        - increasing efforts to address the determinants of health and underlying factors associated with drug misuse;
        - reducing injection drug-related mortality and morbidity;
        - reducing the incidence and prevalence of injection drug use; and
        - reducing the costs and other health, social, and economic consequences of injection drug use.
    - Principles:
        - injection drug use should be regarded first and foremost as a health and social issue;
        - people who inject drugs should be treated with dignity and have their rights respected;
        - services should be accessible and appropriate and should involve people who inject drugs in all aspects of planning and decision making;
        - programs and policies should take into account diversity among the injection drug using population such as gender, culture, age, geographic location and polydrug use; and
        - the community and stakeholders should be involved in the responses.
- May 2002: CSC implements "Phase II" of its methadone program allowing opiate dependent federal inmates to begin methadone treatment while in prison.
- June 2002: The North American Opiate Maintenance Initiative (NAOMI) gains final regulatory and budgetary approval. Study will commence in April 2004 or when logistics for the three study sites (Vancouver, Toronto, Montréal) are worked out.
- 2002: Health Canada releases literature review and best practices reports on methadone maintenance therapy. The Best Practices document includes the following recommendations regarding research and evaluation:
    - More research on methadone maintenance treatment is needed in many different areas. For example, some treatment goals have not received as much research attention as others including the role of MMT in the:
        - treatment of adolescents/youth;
        - effectiveness of low threshold interventions in Canadian context;
        - program acceptability (to clients/patients and to society);
        - alternative medications/treatments available in other countries;
        - screening/assessment and outcome measurement tools (particularly tools designed to make these tasks feasible for practitioners in smaller communities);
        - there is also a need for more research on the cost-benefits and cost-effectiveness of methadone maintenance treatment (Health Canada, 2002).
- May 2003: Harm reduction is included as a central "pillar" in the renewed National Drug Strategy.
- June 2003: Solicitor General of Alberta implements policy whereby prisoners in Alberta's correctional institutions who had been receiving MMT prior to their incarceration would be permitted to continue treatment while incarcerated.
- June 2003: Health Canada grants exemption to the Controlled Drugs and Substances Act (CDSA) for pilot study of safe injection site in Vancouver, BC.
- July 2003: Evaluation Committee of the Medically Supervised Injection Centre (MSIC) in Sydney release a report documenting positive effects of the Injection Centre including high rates of usage, reduction of overdose deaths, and 1800 service referrals in 18 months (MSIC Evaluation Committee, 2003).

- August 2003: The Addiction and Mental Health Research Laboratory at the University of Alberta releases detailed, multi-method report on injection drug use in Edmonton making numerous policy and research recommendations (Wild et al., 2003).
- September 2003: Insite, the first safe injection site in North America, is opened in Vancouver, BC.
- September 2003: Results from prescription heroin trail in the Netherlands published in British Medical Journal (van den Brink et al., 2003).
- October 2003: Health Canada "unilaterally" cuts the payment made to pharmacists who dispense methadone to opiate dependent clients in Canada.
- November 2003: Canadian HIV/AIDS Legal Network releases "Report Card" on the implementation of harm reduction measures in Canadian prison systems giving failing grades to all jurisdictions but CSC and British Columbia (Lines, 2002).
- January 2004: Canadian Human Rights Commission releases report on federally sentenced women in Canada and recommends that harm reduction measures available to the general population (including needle exchange) should be made available to federal prisoners in Canada (CHRC, 2003).
- February 2004: European Monitoring Centre for Drugs and Drug Addiction releases report on safe injection sites. In conclusion the report states that the evidence suggests that safe injection sites only make sense, and can only be effective, if they are:
    - established within the wider framework of a public policy and network of services that aim to reduce individual and social harms arising from problem drug use;
    - based on consensus and active cooperation between key local actors, especially health workers, police, local authorities and local communities;
    - seen for what they are – specific services aiming to reduce problems of health and social harm involving specific high-risk populations of problematic drug users and addressing needs that other responses have failed to meet (Hedrich, 2004:85).
- March 2004: The UN International Narcotic Control Board issues annual report for 2003 that suggests that Vancouver's safe injection site and efforts to reform criminal laws prohibiting cannabis act contrary to international drug conventions to which Canada is party (UNINCB, 2004).

Recent Developments in Drug Treatment Policy

- December 1998: Canada's first drug treatment court (DTC) opens in Toronto.
- December 2001: Interim evaluation report of Toronto DTC released based on non-randomized matched sample shows positive effects on drug use, recidivism, and health (Gliksman et al., 2001).
- December 2001: Vancouver DTC begins operation under four year pilot project.
- 2002: Health Canada releases "best practices" reports on substance abuse treatment for Aboriginal, Seniors, Women, Youth and those with Concurrent Disorders.
- May 2003: Government of Canada commits $23M from the renewed National Drug Strategy over five years to continue the Toronto and Vancouver DTC's and establishment of as many as 3 more DTC's in 2004.
- October 2003: The 2002 National Report of CCENDU reports a general increase in drug use at study sites but fewer inpatient treatment beds available (CCENDU, 2003).

Recent Developments in Alcohol Policy

Alcohol Advertising:

- August 1996: Canadian Radio and Television Commission (CRTC) revises the Code for Broadcast Advertising of Alcohol. The new Code includes requirement for industry to broadcast messages about the negative effects of excessive or inappropriate alcohol consumption and file annual reports on these countervailing campaigns.
- 1997: CRTC turns the screening and approval process for broadcast alcohol ads over to Advertising Standards Canada (ASC) an industry sponsored non-profit organization.
- August 1999: CRTC amends rules regarding the reporting on public education advertising campaigns so that individual broadcasters report rather than industry trade groups.
- 2000: Canadian Medical Association releases policy statement urging the government to pass legislation prohibiting alcohol advertising on radio, TV and in printed material.
- Between 1997 and 2003, an average of 68 complaints about broadcast alcohol ads are received in Canada per year. Of these, an average of 23 complaints are upheld against alcohol advertisers.

Alcohol Warning Labels:

- 2000: Canadian Medical Association releases policy statement urging the government to pass legislation requiring warning labels about the hazards of drinking while pregnant on alcoholic beverages.
- June 2000: Canadian Pediatrics Society releases policy statement in support of warning labels on alcohol.
- April 2001: CAMH releases policy statement supporting alcohol warning labels.
- April 2001: House passes motion from NDP MP Judy Wasylycia-Leis endorsing alcohol warning labels.
- April 2003: NDP MP Judy Wasylycia-Leis initiates national petition to force Parliament to consider alcohol warning labels.

Fetal Alcohol Syndrome:

- July 1998: CSC publishes research report entitled: *Fetal Alcohol Syndrome: Implications for Correctional Service* (Boland et al., 1998).
- May 2001: Health Canada publishes report *Best Practices: FAS and FAE and the Effects of Other Substance Use During Pregnancy* (Health Canada, 2001b).
- May 2001: Federal and provincial governments launch national FAS awareness campaign.
- 2003: *Journal of FAS International* launched by Motherisk in Toronto.
- 2003: Health Canada releases report: *FASD: A Framework for Action* (Health Canada, 2003)

Privatization of Retail Alcohol Outlets:

- May 2003: Canadian Centre for Policy Alternatives publishes an assessment of the privatization of retail alcohol sales and distribution in Alberta (Flannagan, 2003). Several effects are noted: (1) a 4% increase in the real price of alcohol products, (2) an increase in the number of individual stock items available to consumers from 3,325 to 17,000, (3) an increase in number of alcohol outlets from 310 to 983, (5) an increase in employment associated with retail alcohol sales from 1,300 to 4,000, and (6) a decrease in the average wage paid to persons involved in retail alcohol sales from $14/hr plus benefits to $7/hr.
- February 2004: Ontario government mentions the possibility of selling LCBO stores to help cover debt left over from previous administration.
- February 2004: Brewers of Canada propose the merger of their privately owned Beer Stores with the publicly owned and run LCBO stores in Ontario.

General Alcohol Policy:

- March 2000: Researchers at CAMH release report on alcohol and drug use on Canadian campuses that identifies binge drinking as a significant problem.
- April 2002: US National Institute on Alcohol Abuse and Alcoholism (NIAAA) publishes report: *A Call to Action: Changing the Culture of Drinking at US Colleges*. The research strongly supports the use of the "3-in-1 framework" consisting of comprehensive, integrated programs with multiple complementary components that target:
    - individuals, including at-risk or alcohol-dependent drinkers,
    - the student population as a whole, and
    - the college and the surrounding community.
- 2003: Babor et al. publishes *Alcohol: No Ordinary Commodity: Research and Public Policy*. This book presents data on the prevalence of alcohol consumption and harms around the world and then assesses the cost effectiveness of 32 public policies related to alcohol control. The report recommends the following 10 policies as "best practices:"
    - Minimum Legal Purchase Age
    - Government Monopoly of Retail Sales
    - Restrictions on Hours or Days of Sale
    - Outlet Density Restrictions
    - Alcohol Taxes
    - Sobriety Checkpoints
    - Low BAC Limits
    - Administrative License Suspension
    - Graduated Licensing for Novice Drivers
    - Brief Interventions for Hazardous Drinkers

Recent Developments in Cannabis Control Policy

- July 2000: Ontario Court of Appeals issues ruling that suggests that current laws on cannabis possession in Canada force some people to choose between their "health and incarceration." The Court gives the government 12 months to reform its policies so that cannabis is legally available for specified medical purposes.
- December 2000: The government of Canada contracts with Prairie Plant Systems, Inc. to supply medical grade marijuana for distribution to authorized users. The first crop is to be made available in January 2002.
- July 2001: The government implements its Medical Marijuana Access Regulations (MMAR) becoming the first country in the world to officially supply medical marijuana to patients. The policy allows those with appropriate medical diagnoses to possess and/or cultivate cannabis for medical use or purchase cannabis from the government.
- July 2001: Canadian Medical Association issues press release that strongly opposes the Federal Government's Marijuana Medical Access Regulations because there is "not comprehensive and credible scientific evidence on indications, risks and benefits of medical marijuana."
- April 2002: Health Minister announces that the medical marijuana grown by Prairie Plant Systems for distribution by government to authorized users will not be distributed until full clinical trials are conducted. Full trials are expected to take at least five years.
- September 2002: Senate Special Committee on Illegal Drugs tables comprehensive report on cannabis recommending regulated legalization (Senate, 2002).
- November 2002: House Special Committee on the Non-Medical Use of Drugs tables report which recommends the decriminalization of cannabis possession and cultivation for personal use (House, 2002).

- January 2003: Superior Court of Ontario declares federal government's medical marijuana access program unconstitutional because it fails to provide a legal supply of the drug to authorized users. The ruling gives the government six months to respond.
- March 2003: The Netherlands becomes the second country in the world to provide medical marijuana distributing the drug through regular pharmacies.
- May 2003: Ontario Superior Court upholds previous court ruling dismissing cannabis possession charges against second Windsor teen that effectively suspends the law against cannabis possession in Ontario. Nova Scotia and PEI instruct judges to suspend prosecution for possession pending the outcome of the case.
- May 2003: Government introduces Bill C-38 which proposes decriminalizing possession of 15 grams or less of cannabis for personal use. The Bill is debated and revised during the remainder of the parliamentary session.
- July 2003: Government issues interim guidelines for the provisioning of dried cannabis and seeds to authorized medical patients. As of July 9, 2003, 582 Canadians are authorized to possess cannabis for medical reasons under the MMAR.
- October 2003: Ontario Court of Appeals issues judgment on cannabis possession case which (1) gives the government detailed instructions for reforming its medical marijuana program, (2) declares that there was no law prohibiting cannabis possession in Ontario between July 31 and October 7, 2003 and (3) declares that as of October 7, cannabis possession is again illegal in Ontario.
- November 2003: Bill C-38 dies on the order table at the end of the Parliamentary Session.
- December 2003: The Supreme Court of Canada rules that Parliament has the constitutional right to prohibit the possession of cannabis using criminal law.
- December 2003: Clinical trial of smoked marijuana's pain management properties begins in Montreal.
- January 2004: The UK reschedules cannabis and decriminalizes recreational use.
- February 2004: The Cannabis Reform Bill (C-38) is reintroduced unchanged as Bill C-10 and is quickly given a third reading.
- February 2004: Health Canada holds meeting on MMAR with medical marijuana stakeholders including persons who operate compassions clubs in Canada. The options of distributing medical marijuana through regular pharmacies and informal compassion clubs are discussed.

Recent Developments in Problem Gambling Policy

- December 1998: Canadian Medical Association releases report recommending that governments implement harm reduction policies designed to address problems associated with pathological gambling.
- 2000: The Canadian Public Health Association (CPHA) publishes position paper on problem gambling suggesting that the CPHA should:
  - Endorse the position that the expansion of gambling in Canada has significant health and public policy impacts.
  - Adopt the following goals:
    - Prevent gambling related problems.
    - Promote balanced and informed attitudes about gambling.
    - Protect vulnerable groups.
  - Convene a public health think tank on problem gambling.
  - Advocate for a national public policy review of gambling (CPHA, 2000).
- June 2000: The Ontario Problem Gambling Research Centre is established. The Centre funds approximately $4M in problem gambling research per year.

- February 2001: CCSA publishes report on validation study for a new Canadian problem gambling index (CCSA, 2001).
- August 2001: The Canada West Foundation publishes report entitled: *Gambling in Canada 2001: An Overview*. Recommendations include:
    - Adopting the fundamentals of a public health approach in gambling policy development. A public health strategy for gambling includes the development of a public health research agenda and the examination of existing gambling policies for harm minimization opportunities. Specific examples include the development of healthy advertising guidelines and a national youth problem gambling strategy.
    - Discontinuing the expansion of gambling in Canada until research on the social impacts of gambling is made available.
    - Establishing benchmarks for healthy gambling policy in the provinces and measure progress toward these benchmarks.
    - A national review of gambling activity in Canada should be initiated (Azmier, 2001).
- 2002: Provinces spend a combined $44M to deal with problem gambling. Combined net profit from gambling in 2001 totaled over $6B.
- October 2003: CIHR and the Ontario Problem Gambling Research Centre announce the creation of the Inter-Provincial Forum to help coordinate and integrate problem gambling research in Canada.
- October 2003: A man who defrauded the Canadian Forces to support a gambling habit is spared a jail sentence by an Ontario judge who partly blamed the government's expansion of legalized gambling for the man's addiction.
- December 2003: American Gaming Association releases Code of Conduct for Responsible Gambling.
- February 2004: Austrian court upholds huge settlement for problem gambler against two casinos.
- February 2004: Ontario's Economic Development Minister makes statement regarding the potential for opening new casinos in Ontario.
- February 2004: Ontario Government announces new head of Ontario Lottery and Gaming Corporation and their intentions for a top-level review of the gaming industry.

Recent Developments in Tobacco Control Policy

- 1988: Canadian government passes the *Tobacco Products Control Act* (TPCA) restricting the advertising and sale of tobacco products in Canada.
- September 1995: Supreme Court strikes down aspects of the TPCA.
- 1997: Parliament passes the *Tobacco Act* regulating the manufacturing, sale, labeling and promotion of tobacco in Canada.
- June 2000: Canadian government implements policy requiring graphic, oversized warning labels on cigarette packages.
- April 2001: Canadian government announces comprehensive strategy to discourage tobacco smoking including increases in taxes and substantial funding for prevention and education.
- December 2002: Quebec Superior Court strikes down constitutional challenges to the *Tobacco Act* and its amendments from the tobacco industry.
- May 2003: The World Health Assembly adopts the *Framework Convention on Tobacco Control* (FCTC). The FCTC provides among other things for the prohibition of, or restrictions on, tobacco advertising, the protection from exposure to tobacco smoke, the display of health warnings on tobacco packaging, the adoption of measures to fight illicit trade, and cooperation between states on research, surveillance and exchange of information.

- April 2003: Alberta passes the *Prevention of Youth Tobacco Use Act* which subjects anyone under the age of 18 found publicly using or in possession of a tobacco product to a fine of $100 and/or seizure of the product.
- July 2003: Canada signs the *Framework Convention on Tobacco Control*.
- August 2003: University of Waterloo researchers publish report suggesting that graphic warning labels on Canadian cigarette packages may serve as an effective tobacco control policy (Hammond et al., 2003).
- March 2004: Manitoba introduces Bill 21 proposing the first province-wide smoking ban for public spaces and indoor working environments in Canada.

Recent Developments in Medical Marijuana Policy

- July 2000: Ontario Court of Appeals issues ruling that suggests that current laws on cannabis possession in Canada force some people to choose between their "health and incarceration." The Court gives the government 12 months to reform its policies so that cannabis is legally available for specified medical purposes.
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- February 2004: Health Canada holds meeting on MMAR with medical marijuana stakeholders including persons who operate compassions clubs in Canada. The options of distributing medical marijuana through regular pharmacies and informal compassion clubs are discussed.
- March 2004: Health Canada announces pilot project in BC for distributing medical marijuana through regular pharmacies.

Recent Developments in Prescription Drug Abuse Policy

- January 2001: UN International Narcotics Board releases annual report for 2000 that includes discussion of the problems associated with the abuse of prescription drugs in wealthy countries.
- July 2001: US National Institute on Drug Abuse (NIDA) releases research report on prescription drug abuse in the US (NIDA, 2001).
- December 2003: Newfoundland and Labrador create Task Force on Prescription Drug Abuse after six deaths blamed on prescription drugs in the province.
- February 2004: Two Cape Breton, NS men die of mysterious causes on same night. Both are found to have prescription drugs in their systems.
- February 2004: Government of Nova Scotia creates task force to study the issue of prescription drug abuse in the province.
- March 2004: US Office of National Drug Control Policy, Drug Enforcement Agency (DEA) and Food and Drug Administration (FDA) announce major new program for addressing illegal abuse of prescription drugs. Bush's 2005 anti-drug budget asks for $138M for measures to control the diversion of prescription drugs.
- March 2004: Canadian Pharmacist Association recommends that provinces create integrated prescription databases accessible by pharmacists to monitor/track prescription drug abuse.

Recent Developments in Policies for Internet Pharmacies

- February 2000: The Canadian Pharmacist Association issues guidelines suggesting that internet pharmacies be held to the same regulations as "brick and mortar" pharmacies.
- February 2003: The Canadian National Association of Pharmacy Regulatory Authorities implements the Verified Internet Pharmacy Practice Sites (VIPPS) program to help consumers identify legitimate/accredited online drug suppliers.
- May 2003: The Canadian Pharmacist Association issues statement warning against online pharmacies that do not adhere to regulations regarding prescription drugs.
- October 2003: Health Canada announces that internet pharmacies will be subject to "random inspections" like normal pharmacies.
- 2004: Canadian Medical Association updates policy on internet prescribing suggesting that "it is not acceptable for a physician to sign a prescription without properly assessing the patient." This is in direct response to the practice of Canadian doctors signing prescriptions on the behalf of US doctors so that US customers can purchase Canadian drugs online.
- February 2004: The National Center for Addictions and Substance Abuse (CASA) in the US issues report: "You've Got Drugs: Prescription Drug Pushers on the Internet." Of the 157 sites selling controlled prescription drugs on the Internet (January 15 through January 22, 2004):
    - 90 percent (141) did not require any prescription:
        - 41 percent (64) stated that no prescription was needed,
        - 49 percent (77) offered an "online consultation."
    - 4 percent (7) required that a prescription be faxed.
    - 2 percent (3) required that a prescription be mailed.
    - 4 percent (6) made no mention of prescriptions.
- March 2004: CanadaRX, a major internet pharmacy that is not accredited by the Canadian Pharmacy Association, sues Health Canada to halt inspection of its facilities.

Recent Developments in Policies for Drugged Driving

- November 1993: US Department of Transportation study finds that THC's adverse effects on driving appear relatively small compared to alcohol.

- July 1999: Second US Department of Transportation study finds that THC's adverse effects on driving are larger than previous (1993) study suggested.
- October 2001: Australian drugged driving study unable to prove that cannabis significantly impairs driving.
- 2002: Quebec study detects cannabis in 19.5% of driver fatalities.
- January 2002: European Commission begins three year IMMORTAL (Impaired Motorist, Methods of Roadside Testing and Assessment for Licensing) Project.
- March 2002: UK study verifies that cannabis impairs driving much less than alcohol.
- May 2003: Canadian Government devotes nearly $1M in renewed National Drug Strategy for researching and training police in drugged driving assessment techniques.
- July 2003: The Canadian Safety Council recommends that provincial and territorial governments pass legislation to authorize the use of temporary administrative license suspensions for drivers who have been using cannabis.
- February 2004: Justice Minister Irwin Cotler states that the federal government is considering proposing legislation on drugged driving.
- February 2004: An international conference entitled "Developing Global Strategies for Identifying, Prosecuting, and Treating Drug-Impaired Drivers" was held in Tampa, Florida sponsored by The Walsh Group, the National Institute on Drug Abuse (NIDA), and the Office of National Drug Control Policy (ONDCP). The conference was used to promote a zero tolerance strategy and "per se" laws that say that the presence of any illegal drug or drug metabolite in body fluid (blood, urine, saliva, sweat) is regarded as driving under the influence of a drug.
- March 2004: The Minister of Justice, Irwin Cotler, and the Minister of Public Safety and Emergency Preparedness, Anne McClellan introduce Bill C-32 to amend the *Criminal Code* and give police the authority to demand:
    - Standardized Field Sobriety Tests (SFST), where there is reasonable suspicion that a driver has a drug in the body.
    - Drug Recognition Expert (DRE) evaluations where the officer reasonably believes a drug-impaired driving offence was committed. This includes a situation where a driver fails the SFST. These are administered at the police station.
    - A saliva, urine or blood sample, should the DRE officer identify that impairment is caused by a specific family of drugs.

Recent Developments in Employment Related Drug Testing

- July 1998: In *Canadian Human Rights Commission v. Toronto Dominion Bank* the Federal Court of Appeal rules that the Bank's policy of requiring newly hired employees to undergo urine tests constitutes a prohibited discriminatory practice.
- September 1999: Supreme Court of Canada issues ruling on *British Columbia (Public Service Employee Relations Commission) v. BCGSEU* articulating a new, three-step approach to determining whether a discriminatory standard (including drug free status) can be justified as a *bona fide* occupational requirement. An employer may justify the impugned standard by establishing on the balance of probabilities that:
    - it adopted the standard for a purpose rationally connected to the performance of the job;
    - it adopted the particular standard in an honest and good faith belief that it was necessary to the fulfillment of that legitimate work-related purpose; and
    - the standard is reasonably necessary to the accomplishment of that purpose. To show that the standard is reasonably necessary, it must be demonstrated that it is impossible to accommodate individual employees sharing the characteristics of the claimant without imposing undue hardship on the employer.

- July 2002: Canadian Human Rights Commission issues new guidelines for employment related drug/alcohol testing.
  - Because they cannot be established as bona fide occupational requirements, the following types of testing are not acceptable in Canada:
    - Pre-employment drug testing.
    - Pre-employment alcohol testing.
    - Random drug testing.
    - Random alcohol testing of employees in non-safety-sensitive positions.
  - The following types of testing may be included in a workplace drug and alcohol testing program, but only if an employer can demonstrate that they are bona fide occupational requirements:
    - Random alcohol testing of employees in safety sensitive positions.
    - Drug or alcohol testing for "reasonable cause" or "post-accident."
    - Periodic or random testing following disclosure of a current drug or alcohol dependency or abuse problem may be acceptable if tailored to individual circumstances and as part of a broader program of monitoring and support.
    - Mandatory disclosure of present or past drug or alcohol dependency or abuse may be permissible for employees holding safety-sensitive positions, within certain limits, and in concert with accommodation measures.
  - In the limited circumstances where testing is justified, employees who test positive must be accommodated to the point of undue hardship. The Canadian Human Rights Act requires individualized or personalized accommodation measures. Policies that result in the employee's automatic loss of employment, reassignment, or that impose inflexible reinstatement conditions without regard for personal circumstances are unlikely to meet this requirement.
  - Cross Border Driving and Busing: For companies that drive exclusively or predominantly between Canada and the U.S., not being banned from driving in the U.S. may be a bona fide occupational requirement, provided there is evidence that the continued employment of banned drivers would constitute an undue hardship to the employer.
- February 2004: Retired Ontario Justice George Ferguson issues report on police misconduct in Toronto recommending that police in sensitive positions (including anti-drug squads) be subject to random drug testing. Police organizations around the country react negatively to the recommendation.

Recent Developments in MDMA Control Policy

- 1967: A student at the University of California/San Francisco describes his experiences taking MDMA to Dr. Alexander Shulgin. Dr. Shulgin eventually takes the drug himself and is amazed at its effects on his emotional and mental states.
- 1977: Dr. Shulgin gives a vial of MDMA to a friend who is a psychologist who is preparing to retire from practice. The psychologist takes the drug and then quickly decides not to retire. Instead he begins experimenting with MDMA in psychotherapy and educating other psychologists about its potential for treating psychological problems. Over the next several years, numerous mental health professionals around the country use MDMA successfully in therapy.
- 1984: A company in Texas begins aggressively marketing MDMA as "ecstacy" drawing the attention of the DEA.
- 1984: Using special "emergency powers" for the first time, the DEA lists MDMA as a Schedule I drug which is reserved for drugs that have a high addictive potential and "no known medical applications."
- 1984: A group of doctors and psychologists who have used MDMA successfully in therapy challenge the DEA for listing MDMA in Schedule I. Due to the controversy, hearings are held on the matter over the next year.

- May 1986: Judge Francis Young releases his decision on the laws, science, and use surrounding MDMA, declaring that MDMA is safe when used under medical supervision, does not have a high potential for addiction, and has legitimate medical uses. As such, Judge Young states, it is not legal to place MDMA higher than Schedule III. Angered by these findings, the DEA condemns Judge Young as biased, shortsighted, and incorrect in his interpretation of the laws. They reject his non-binding ruling and declared MDMA permanently Schedule I. Outraged by the DEA's attempts to re-write the laws and ignore the science, the groups that first challenged the Scheduling of MDMA sue the DEA again.
- January 1988: After several years of hearings, the courts rule that the Young decision was valid and order the DEA to re-assess its decision to keep MDMA in Schedule I.
- March 1988: The DEA, complying with the court order, 're-evaluates' their decision on MDMA and decides that they had been right all along. They permanently declare MDMA Schedule I, taking effect on March 23, 1988. MDMA has been listed in Schedule I ever since.
- March 2001: Alarmed by skyrocketing use of MDMA (it is now the second most popular illicit drug next to cannabis) and their own clear inability to stop it, the US government increases penalties, making the distribution of MDMA ten times more severely punished, dose for dose, than heroin.
- November 2001: The FDA gives approval for human testing of MDMA to help treat Post Traumatic Stress Disorder (PTSD), the first psychedelic ever approved for human studies in the US.
- September 2002: Dr. George Ricaurte publishes article in *Science* that reports on primate research which suggests that recreational use of MDMA alters brain chemistry enough to potentially lead to Parkinson's Disease. The results are so different from what any other study has found that they are immediately questioned by knowledgeable observers. The DEA picks up the study and uses it to validate its restrictive classification of MDMA.
- September 2003: Dr. Ricaurte publishes retraction letter in *Science* explaining that, due to a "labeling error," the drug given to the primates in the earlier study was methamphetamine and not MDMA.

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