

Alberta Alcohol and Drug Abuse Commission

POLICY ON ILLICIT SUBSTANCES

November 2006

POLICY STATEMENT

The Alberta Alcohol and Drug Abuse Commission recognizes that the use of illicit substances adversely affects the health and well being of many Albertans. The Commission believes that a balanced, coordinated and comprehensive approach is most effective in reducing harm associated with illicit substance use. The Commission will provide information, prevention and treatment services to address illicit drug use. The Commission also supports reasonable efforts by stakeholders to reduce the consumption of illicit substances, provided that these efforts do not create more harms than the actual use of the illegal drugs.

CONTEXT

1. For the purpose of this policy, the term “illicit substance” refers to all psychoactive drugs and their derivatives, except alcohol and tobacco,¹ which are used or distributed in a manner prohibited by Canadian law.
2. Different drugs are classified “illicit” for different reasons. For example, cocaine is considered illicit because both individual use and possession are illegal. Prescribed medications like sedatives are legal drugs but are of concern when used in situations prohibited by legislation. In the context of law, illicit drug “use” is, by definition, considered “abuse” or “misuse”.
3. With the exception of alcohol and tobacco, two federal statutes regulate the use of psychoactive drugs in Canada: the *Controlled Drugs and Substances Act* and the *Food and Drugs Act*. The *Controlled Drugs and Substances Act* defines the use, possession or trafficking of a variety of drugs and substances without lawful authority, as illegal and punishable by law. The schedules of drugs regulated by this act include opiates, cocaine, cannabis, amphetamines (stimulants), barbiturates (depressants) and precursors. The *Food and Drugs Act* applies to drugs that are only available to the public by medical prescription for use in diagnosing, treating, mitigating, or preventing a disease/disorder, or for restoring or modifying bodily functions. Two classes of drugs are distinguished in this act: controlled drugs and restricted drugs. Controlled drugs include amphetamines and barbiturates; restricted drugs include several hallucinogens such as LSD (lysergic acid diethylamide) and MDA (methylenedioxyamphetamine).

¹ AADAC has adopted separate policies on alcohol and tobacco AADAC also has a Policy on Addiction and Medications and a Position on Performance and Appearance Enhancing Drugs.

4. Illicit drug use occurs throughout the population, usually at levels well below those for licit substances like tobacco or alcohol. In 2004, 15.4% of Albertans aged 15 years and older had used cannabis in the past year while reported use of other illicit drugs was 2.5% or less.
5. Young people are more likely than adults to consume illicit drugs. In 2005, 26.7% of Alberta students (grades 7 to 12) reported cannabis use in the previous year and 25.4% reported using one or more other drugs (excluding cannabis). For example, hallucinogens, ecstasy, cocaine, stimulants, solvents and methamphetamine.
6. The patterns and dynamics of drug use change over time. Recent surveys indicate increased use of cannabis and other synthetic drugs (e.g., ecstasy and methamphetamine) especially by youth. Community values and beliefs about illicit substances are also subject to change. For example, recent studies show increasing support for both reduced sanctions for cannabis possession and the availability of cannabis for medicinal purposes.
7. In 1999, Health Canada initiated an exemption program under Section 56 of the *Controlled Drug and Substances Act* for the medicinal use of cannabis. The *Marijuana Medical Access Regulations* (approved July 2001) define the circumstances for access to cannabis for medical purposes. Advocates argue that the pharmaceutical properties of cannabis help relieve symptoms from AIDS, cancer therapies and other medical conditions.
8. A balanced approach that integrates harm reduction, demand reduction and supply reduction is required to respond effectively to illicit substance use. The use and abuse of illicit substances cannot be managed in isolation from factors determining population health. These include income and social status, social support networks, education, employment and working conditions, physical environments, biology and genetic endowment, personal health practices and coping skills, healthy child development, and health services. Effective intervention requires a focused, collaborative approach that builds on strengths, and increases individual and community capacity.

PRINCIPLES FOR ACTION

Information

AADAC will provide accurate and current information on illicit substances. The Commission will develop and distribute print materials and other information resources that assist AADAC staff, clients and other stakeholders in understanding the harm associated with illicit substance use.

Prevention

AADAC will provide quality programs and services to prevent and reduce harm associated with illicit substance use. Programs and services will target individuals, families and communities and will help to (1) prevent the development of problems, and (2) increase protective factors and reduce risk factors associated with illicit substance use. Prevention programs and strategies will be guided by research and best practices in the addiction field.

Treatment

AADAC will provide a continuum of treatment options to assist people in their recovery from substance abuse. Treatment programs and services will be guided by research and best practices in the addiction field.

The Commission continues to value a client-centred approach to treatment that builds on individual strengths. Clients will be actively involved in defining treatment goals and determining the most appropriate methods for achieving these goals.

Harm Reduction

AADAC supports the concept of harm reduction and will undertake targeted interventions aimed at reducing the immediate health and safety risks associated with illicit substance use. AADAC believes that community harm reduction strategies play an important role in offering substance users support and access to other health, social and community services, including addiction treatment (see AADAC Policy on Harm Reduction).

Legislation and Regulation

AADAC supports legislation and regulation that promotes health and well being and discourages illicit substance use. Legislative and regulatory measures should be sensitive to changing community needs and values, and should not result in more harm to individuals or to society than would occur from the actual use of illicit substances.

Joint Initiatives

AADAC believes collaborative strategies are important in addressing illicit substance use. The Commission will continue to work with individuals, other government agencies and community stakeholders to reduce illicit substance use, and minimize the harm associated with substance use.

Research

AADAC believes that well conceived and executed research is essential to increase awareness about the causes, prevalence, prevention and treatment of illicit substance use. The dissemination of research results is critical to advance effective public policy, and addiction programming and services.

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