Policy on Illicit Substances: Background Paper

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Background Paper

The Alberta Alcohol and Drug Abuse Commission (AADAC) is authorized by the Alcohol and Drug Abuse Act to operate and fund programs and services addressing alcohol, other drug and gambling problems, and to conduct related research. In 1992, the AADAC Board adopted a Policy on Illicit Substances that broadly guides the provision of services and research within AADAC, and supports collaboration in developing community-based initiatives that are intended to minimize the harms associated with illicit substance use.

The purpose of this paper is to assist the Commission Board's review of the Policy on Illicit Substances by providing an overview of psychoactive substances, drug policy approaches and strategies, and key considerations for drug policy development.

Psychoactive Substances

Psychoactive substances have the ability to alter mental processes such as cognition or affect. They include tobacco, alcohol, numerous prescribed medications, and illicit drugs like cannabis and cocaine. Alcohol, tobacco (nicotine) and caffeine are the most widely used psychoactive substances throughout the world.[1, 2, 3]

Licit substances

Licit or legal psychoactive substances are for the most part consumed for whatever purpose the consumer chooses. They include alcohol and caffeine, as well as non-prescription or over-the counter drugs that are regulated through the Foods and Drugs Act or Natural Health Products Regulations. Harm to health from these products is protected through licensing and/or monitoring of quality, as well as the quantity and circumstances in which they are consumed.[4] Non-prescription medications are generally less toxic and less effective than prescription medications, but they still have the potential for abuse[a] (e.g., antihistamines, diet aids, laxatives and herbal preparations).[5]

Included within the category of licit substances are prescribed medicines or pharmaceuticals. Many have psychoactive properties that assist with pain relief, sleep disturbances, mood disorders or other physical or mental health concerns.[2] Prescribed medicines are also regulated through the Foods and Drugs Act. Access and availability is restricted by a system of medical prescription and physician/pharmacist monitoring.[2] Public health is protected through clinical research, licensing and control policies, and monitoring of quality and quantity of drugs.[4] Some prescribed psychoactive drugs (e.g., opioids, sedatives) can lead to dependence if taken improperly or purposefully abused.[1]

Illicit substances

Illicit or illegal substances are psychoactive drugs whose production, sale, possession or use is prohibited by law.[1, 4] In Canada, illicit drugs refers to substances listed in Schedules I to VI of the Controlled Drugs and Substances Act. These substances include heroin, cocaine, cannabis and

[a] For more detailed discussion see Cook, D. A. (2004). *Addiction and Medications*. Edmonton, AB: AADAC.

synthetic substances such as lysergic acid diethylamide (LSD) and methylenedioxymethamphetamine (ecstasy). Regulations under the act provide conditions whereby possession, production and sale of such substances are illegal, and also outline when certain drugs may be used legally for medical treatment.[6] Unless classified as a prescribed medication, there is no acceptable level of use and no legal source of supply of illicit drugs.[4] In addition, international conventions have bound most nations, including Canada,[b] to prohibit trade in and non-medical use of psychoactive drugs.

In 1999, Health Canada initiated an exemption program under Section 56 of the Controlled Drugs and Substances Act for the medicinal use of cannabis. The Marihuana Medical Access Regulations (MMAR) defines the circumstances and manner under which access to cannabis for medical purposes is permitted in Canada. There are two main components to the MMAR: Authorization to Possess and Licence to Produce. The MMAR provides seriously ill people, for whom conventional therapies have not been appropriate or successful, an option of applying to Health Canada for authorization to possess and, if needed, to produce cannabis for medical purposes.[7]

Trends

Problems associated with substance use continue to increase, although there are indications that the rate of increase is generally slowing.[8]

Global

According to the United Nations *World Drug Report 2004*, approximately 185 million people (3% of the global population or 5% of the population aged 15 to 64) had used illicit substances at least once in the previous 12 months. Cannabis was the most widely used illicit drug (about 146 million people), followed by amphetamine-type stimulants. About 30 million people used amphetamines and 8 million used ecstasy. Just over 13 million people used cocaine and 15 million illegally used opioids (e.g., heroin, morphine, opium, synthetic opium).[8]

In terms of health as measured by demand for services, opioids rank as the most serious problem drugs in the world. Opioids accounted for 67% of drug treatment in Asia, 61% in Europe and 47% in Oceania (Australia, New Zealand and the Pacific islands). In Southeast Asia during the last decade, methamphetamine was the drug causing most concern. In the Americas as a whole, cocaine was predominant. In the United States, however, the number of admissions to treatment centres was higher for heroin than for cocaine.[8]

Cannabis continued to be the most widely produced, trafficked and consumed illicit drug in the world, with consumption increasing at an accelerated rate.[8, 9] After cannabis, there were notable increases in the use of amphetamine-type stimulants (primarily ecstasy) followed by cocaine and opioids.[8]

[b] Canada is signatory to three international conventions dealing with illicit drugs: the Single Convention on Narcotic Drugs, the Convention on Psychotropic Substances, and the Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances.

Canada

Reflecting global trends, cannabis continues to be the most commonly used illicit drug in Canada. In the 2004 Canadian Addictions Survey, 14.1% of respondents aged 15 years and older reported use over the previous 12 months.[10] This is almost double the number reporting use (7.4%) in 1994 when the previous national addiction survey was conducted in Canada.[11]

The percentage of Canadians reporting use of other illicit drugs during the previous year was generally 1% or lower, with the exception of cocaine use (1.9%).[10]

Alberta

Cannabis was also the most popular illicit drug in Alberta. In 2004, 15.4% of Albertans aged 15 and older had used cannabis in the previous twelve months, slightly higher than the national average (14.1%). As compared with 1994 (8.4%), use of cannabis in Alberta has almost doubled.[10, 11]

The prevalence of other illicit drug use in Alberta was relatively low. Among Albertans aged 15 years and older, reported use of any other illicit drug in the previous year was approximately 3% or less.[10]

Among Alberta youth, 27.6% of junior and senior high school students surveyed in 2002 had used cannabis in the previous year, and 3.8% reported using one or more other illicit drugs (e.g., magic mushrooms, club drugs, uppers, cocaine).[12]

Policy Approaches

Drug policies dealing with substance use and abuse are varied and can be broadly grouped into three types: harm reduction, demand reduction and supply reduction.[13]

Harm reduction

A harm reduction approach to drug policy is directed toward reducing or containing the adverse health, social and economic consequences of drug use without necessarily requiring either a reduction in consumption or abstinence.[14] Because harm reduction does not expect drug use to be eliminated, safe drug use is paramount. In other words, if people are going to use drugs, they should use them as safely as possible.[13, 15]

Demand reduction

Demand reduction policies focus on strategies to prevent and reduce the desire for illicit substances. Strategies are designed to delay experimental use and/or prevent progression from experimental or occasional use to chronic use. Strategies include encouraging drug users to reduce use, abstain or reduce harms associated with continued use.[13, 15]

Supply reduction

This policy strategy targets the supply of illicit substances and includes legislation that makes possession, use or sale of certain drugs a criminal offence.[13, 15] This approach emphasizes law enforcement, with the aim of substantially reducing if not eliminating the use of illicit drugs.[16]

Prohibition and regulation can be considered forms of supply reduction.[17] The prohibition model prevents use and access to illicit drugs by imposing criminal sanctions for possession, distribution, cultivation, manufacture and importation, all subject to severe maximum penalties for violation.

The regulation model provides parameters for some use, but restricts access through various health protection statutes (like the Foods and Drugs Act) and provides controls for product quality and conditions of sale, as well as medical prescription guidelines. Violations are subject to fines, and suspension or revocation of licences.[4]

Although supply reduction is the most widespread policy approach to drug use,[15] it is expensive with little evidence of effectiveness in terms of reduced drug use.[16, 18]

Drug Strategies

This section provides a brief overview of international and national drug strategies.

United Nations (UN)

Since 1998, the primary objective of the UN International Drug Control Programme has been to eliminate or substantially reduce the use and availability of illicit drugs.[16, 19] This is to be accomplished through a combination of supply and demand reduction activities with specific targets to

- eliminate or significantly reduce illicit cultivation of the coca bush, cannabis plant and opium poppy
- eliminate or significantly reduce the illicit manufacturing, marketing and trafficking of psychotropic substances including synthetic drugs, and the diversion of precursor drugs (chemical or pharmaceutical ingredients used to make illicit drugs)
- achieve significant and measurable results in the area of demand reduction

The strategy's guiding principles support co-ordinated and integrated social and public policy but do not specifically reference harm reduction.[19]

European Union (EU)

The European Union Drug Strategy 2000–2004, adopted in 1999, includes targets for prevalence, availability and harm reduction. The strategy has an evaluation component and considers drug-related harms. Targets include

- significantly reducing the prevalence of illicit substance use, as well as new recruitment to it, particularly among young people under 18 years of age
- substantially reducing the incidence of drug-related health damage and death
- substantially reducing availability of illicit drugs
- substantially reducing the number of drug-related crimes
- substantially reducing money laundering and trafficking of precursor chemicals
- substantially increasing the number of successfully treated individuals with an addiction[19]

United States (US)

The drug policy in the United States has shifted in response to social, cultural and political pressures. Over 25 years, the US has introduced 19 different drug strategies. In the 1970s, policy approaches focused on reducing harms associated with drug use; in the 1980s, tough law enforcement, and supply and demand reduction were emphasized; and in the 1990s, the intent was to reduce prevalence by focusing on recreational use by young people. Currently, the US drug policy has three key priorities:

- stop drug use before it starts (includes support for student drug testing and a national youth anti-drug media campaign)
- heal America's drug users by improving treatment and access to treatment
- disrupt markets through supply reduction initiatives[19]

Aside from federal drug policy, there are eleven US states that have enacted laws or policies regulating medicinal use of cannabis.[20]

Sweden

Sweden's drug policy approach, like that of the US, is based on the goal of a "drug-free society." Sweden expects that substantial reductions in drug use can be achieved by a rigid and tough stance with no provision for harm reduction. Since the late 1960s, drug use has been criminalized and penalties for drug offences have increased. The objectives of Sweden's National Action Plan on Drugs are prevention, availability of quality treatment and rehabilitation, and reduction of drug availability.[19]

United Kingdom (UK)

UK policy explicitly focuses on reducing drug-related harms while emphasizing the relationship between drug dependency and crime. Objectives of Britain's drug strategy include

- reducing the prevalence of illicit drug use, particularly among young people
- reducing crime committed by drugs users to fund drug use
- increasing the number of people receiving treatment for drug problems
- reducing availability of drugs at street level[19]

Australia

Australia has one of the most progressive and respected drug strategies in the world.[21] Australia's National Drug Strategy is based on the premise that drug use can never totally be eliminated. Key features of the strategy include

- harm reduction as the central principle
- a comprehensive approach that covers the harmful use of illicit drugs, pharmaceuticals, licit drugs and other substances
- promotion of partnerships
- commitment to a balanced approach between supply, demand and harm reduction[13, 19]

Australia's National Drug Strategy positions drug control interventions in a broader social context, highlighting the issues of social justice and welfare, recognizing the particular needs of minorities and marginalized groups, and establishing strategic partnerships with local communities.[13, 19]

Canada

In 2003, the federal government announced the renewal of Canada's Drug Strategy (CDS). The strategy aims to reduce the demand for and supply of drugs and is based on four program components: prevention, treatment, harm reduction and enforcement. Key objectives of the strategy are to

- decrease prevalence of harmful drug use
- decrease the number of young Canadians experimenting with drugs
- decrease the incidence of communicable disease related to substance use
- increase the use of alternative justice measures
- decrease illicit drug supply and address new drug trends
- decrease avoidable health, social and economic costs related to substance use[22]

As discussed earlier, Canada introduced the Marihuana Medical Access Regulations in 1999, permitting access to cannabis for medical purposes.

Considerations in Developing Drug Policy

The following are key considerations in the development and review of drug policies:

Harm reduction

Although harm reduction is a policy approach, it is also a key consideration in policy development. A fundamental goal of drug policy can be to decrease the harms associated with substance use.[16, 19, 21, 23, 24, 25] Increased health problems, such as HIV and hepatitis infections resulting from illicit drug use, have led to increased political pressure to incorporate harm reduction measures into local, national and global drug policies.[15, 19] However, the harms associated with drug use are not limited to health, but also include social and economic consequences related to production, supply, purchase and use of drugs, as well as damage to the environment.[16]

While abstinence from drug use is an important goal for some, it may not be the primary goal for others. Harm reduction acknowledges that in some circumstances, an incremental approach is more realistic, beginning with safe drug use, followed by a reduction in quantity of drugs consumed, then possibly abstinence.

Continuum of interventions

A balanced and integrated approach to substance use based on the public health model should include a range of policies, programs and services such as prevention and education for the general population and high-risk groups, early detection and intervention, treatment and rehabilitation, and harm reduction.[1, 23] In order to successfully implement a co-ordinated system of programs and services, all stakeholders—including national, provincial and territorial, municipal and non-government agencies—must endorse this approach.[1]

Unintended consequences

In developing drug policies, consideration must be given to the unexpected and sometimes adverse outcomes of the policy itself.[19, 26, 27] The Beckley Foundation Drug Policy Programme (BFDPP) provides the following points relative to assessing drug policy outcomes:[19]

- The reduction (or increase) in harms will not simply result from drug policy measures, but will be a function of broader social phenomena. For example, a reduction in drug-related crime may be offset by a general increase in unemployment.
- An initiative that reduces one type of harm may increase another type of harm, so trade-off considerations are necessary.
- A policy or initiative that is effective in reducing harm may violate human and civil rights, or the values and expectations of the community. For example, imprisoning drug traffickers without a trial may have a positive impact on drug-related harm, but it would violate international conventions.
- Drug policies themselves can have unintended outcomes that may defeat their own objectives in the longer term. For example, high rates of incarceration of non-dangerous offenders for drug offences puts pressure on the penal system, but also tends to intensify problems like poverty, exclusion and family breakdown.

Policy effectiveness and outcomes

Drug policies, and the goals and outcomes of implementation strategies, should be based on objective, scientifically validated evidence and include evaluation as a key component.[19, 23, 27]

Basic components of an evidence-based approach to drug policy include

- clear, achievable and realistic policy objectives[19]
- a clear time frame and dates for progress review[19, 23]
- independent mechanisms for evaluating and reporting on progress utilizing a broad continuum of research methodologies[19, 23]
- knowledge transfer that includes communicating results to professionals and the general public[19, 23]
- review and revision of drug policy based on the evidence of effectiveness[19]
- use of best practices for prevention and treatment programs[23]

Evaluation

An often overlooked but key element for effective drug policy is evaluation. Review and revision of drug policies should be based on the evidence of effectiveness.[19, 23] Drug policies and related programs should also be evaluated in terms of cost and benefit.[23, 27] If there is no process to evaluate the effectiveness of policy initiatives, funds may continue to be allocated to failed efforts.[23]

Drug policies should also be framed to include and be evaluated for cost effectiveness in relation to objectives and outcomes.[23, 27] If expenditure is not supported by satisfactory progress towards goals and targeted outcomes, the appropriateness of the drug policy needs to be re-evaluated.[16] For example, the main objective of the UN drug strategy is to eliminate or substantially reduce the use and availability of illicit drugs. It is likely the 2008 targets for production, trafficking and demand for illicit drugs will not be met.[19] As a result, the UN has been criticized for not reviewing a strategy that, despite considerable government and international agency expenditure, may fail to significantly reduce prevalence of use.[16, 19, 24]

Future developments

Like the problems associated with drug use, drug policies are not static. Analysis of trends and current situations informs the future development of drug policy.

Thinking about the future directs attention to elements of a particular drug policy or to external influences that may produce unanticipated and/or unwanted outcomes.[28] For example, moral codes of conduct have shifted over the past few decades, changing opinion and behaviour regarding such things as gambling and the use of cannabis. In Canada there is evidence of this shift; recent surveys indicate that 51% to 57% of Canadians feel that possession of small amounts of cannabis should be legal.[29, 30]

Shifts in morals and normative attitudes may also be reflected through the voting population. Currently in Canada, the largest proportion of the electorate is made up of people born after 1945. During young adulthood, this group was exposed to and had experience with illicit drugs during a time when illicit drug use was increasing. This familiarity with illicit drugs may be a factor affecting current drug policy development in Canada. Current attitudes show increasing support for the availability of cannabis for medicinal purposes, as well as for reduced sanctions for cannabis possession.[28, 31]

Drug policy development includes examining the trends associated with licit drug use and its impact on illicit drug use. In other words, problem drugs of the future may not only be existing illicit drugs, but could also include existing licit drugs (e.g., prescription drugs like Viagra® sold illegally on the Internet) or yet-to-be-invented substances that are meant to improve memory, treat attention deficit disorder, or relieve mental or behavioural conditions.[28, 31, 32]

Drug problems and drug policy may continue along current trends over the next five to 20 years if certain assumptions supporting these trends are maintained. For example, cocaine, heroin and marijuana (the “big three”) have together accounted for most of the global illicit drug use. A safe assumption would be that this will continue. However, if costs of other drugs decrease (e.g., methamphetamine), there is potential for those drugs to surpass one of the big three as a generator of use, crime and spending.[28]

There are also unexpected or unknown factors that could change the course of drug problems and drug policy. For example, developments in neuroscience, the ability to engineer different drugs, and increased understanding of interactions between drugs, metabolism and the brain could result in new treatment models that are significantly more effective than current models.[2, 28, 31] Should scientific developments result in a “cure” for addiction, concerns about addiction may decrease. As a result, policy may increasingly focus on the consequences associated with intoxication and impairment.[28]

Advances in technological research could result in inexpensive, quick and non-intrusive procedures for drug testing. Such diagnostic tools may lead to increased attention to drug testing by parents, employers and others, leading to a review of policies associated with privacy, human rights and criminal sanctions.[28]

Summary

A balanced and integrated approach to illicit substance use based on public health principles should be used when developing and implementing drug policies. Prevention, education, early intervention, treatment and harm reduction are elements of such an approach and cannot be delivered without collaboration between federal, provincial, territorial and municipal authorities and community-based organizations.[1, 23] To be effective, drug policies must be well designed, evidence-based, effectively managed and oriented to the needs of the individual and the community.[23]

A fundamental goal of drug policy should be to reduce harm. Harms are not limited to physical health; they include social, economic or environmental factors that negatively affect the individual, community and society. As well, negative consequences resulting from drug policy implementation strategies, and from drug policy itself, must be considered.[19] Through systematic review and evaluation, drug policies can remain relevant and be effective in addressing the harms associated with illicit substance use.

AADAC has a responsibility to stay informed when developing policy guiding the delivery of addiction programs and services in Alberta. In a broader social context, the Commission also has a responsibility to provide leadership and sound advice to others about effective approaches for dealing with illicit substance use.

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