

Examiner Column from Dr. Rosana Pellizzari, Medical Officer of Health Peterborough County-City Health Unit

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Why drugs should be a health issue, not a criminal one

There is a discussion that is gaining traction in many circles across the country and at many levels, and it's about drugs. Not medications like antibiotics or blood pressure pills, but psychoactive substances that, when ingested, inhaled, injected or absorbed through skin or mucous membranes, affect brain chemistry and alter mental functions. These include legal substances like the highly addictive nicotine in tobacco, or the alcohol that is found in beer, wine or spirits. It includes prescribed narcotics and stimulants. And it includes a wide range of illegal substances like cannabis, methamphetamine, LSD and heroin.

Humans have been consuming these substances for thousands of years. We know that about 20% of Ontarians use tobacco, and up to 85% of Canadians will consume at least one alcoholic beverage per year. Numbers for illegal psycho-active substances are harder to come by. The 2012 Canadian Alcohol and Drug Survey found that 10% of respondents had used cannabis in the past year and 1% or less reported use of cocaine, ecstasy or hallucinogens.

Societies manage these substances in a variety of ways. Criminalization and prohibition are options on one extreme end of the spectrum, all the way to commercialization on the other, with legalization and regulation somewhere in between. There are problems with both extremes, with prohibition creating the context for institutionalized crime, corruption and violence, and commercialization allowing profits to drive sales promotion and consumption. Either way, there are harmful consequences.

The idea gaining traction is that we can shift the historical debate between criminalization and legalization and reframe it using a "public health" approach to prevent these harms, promote the health and wellness of all members of a population, and reduce the social inequities that are accentuated by these extreme approaches. The Medical Officers of Health in British Columbia have started building support for this approach with their 2011 paper, "Public Health Perspectives for Regulating Psychoactive Substances". The Public Health Physicians of Canada endorsed this approach at our 2012 general meeting in Ottawa. Then, in May of this year, the Canadian Public Health Association released a national discussion paper. Ontario's Medical Officers of Health have now indicated a desire to study the subject as most of our substance misuse work provincially has been limited only to preventing infection (through needle exchange programs) and unintentional injury (through local initiatives like "Clean Out Your Medicine Cabinet", the recent "Fentanyl Patch Return" program or our "Take Home Naloxone" initiative to prevent opioid drug overdoses).

So, what exactly IS a "public health" approach, and what does it have to offer? The approach is grounded in the principles of social justice, attention to human rights and equity, evidence-informed

policy and practice, and addressing the underlying determinants of health that often drive behaviour and impact health outcomes. It would include the perspective of people who use or are affected by the problematic substance use. It would ensure a continuum of interventions, policies and programs that address not only the substance use but the unintended effects of any policy or law that is implemented to manage the harms of substance use. It includes strategies such as good data collection to inform decision-making, population health assessments, prevention and harm-reduction, and health protection efforts. It would also include a full range of targeted, effective health promotion activities unlike the politically-suspect anti-marijuana PSAs produced by the federal government that are currently airing on TV. It may mean the decriminalization of substances and comprehensive regulation to prevent the profit-driven production, marketing and sales of these drugs. It could include more provincial and local regulation and the use of taxation where it has been shown to moderate consumption. It would definitely require research and evaluation to support the adoption of evidence-based strategies, with strong leadership in all four pillars of a comprehensive drug strategy that acknowledges the need for prevention, treatment, harm reduction and enforcement, like our local Peterborough Drug Strategy does. A shift to a public health approach is not without risk, but jurisdictions like Switzerland, Norway, Portugal, Australia and New Zealand can teach us important lessons. Perhaps its time has come for Canada.

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