

Canada's National Drug Strategy

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Substance abuse is placing a significant burden on health care and social services infrastructure in Canada. Persons who abuse alcohol or drugs are at greater risk of health consequences.² They are more prone to a variety of diseases and medical complications than similar persons are in the general population. They experience health problems more frequently than others do and their illnesses are often more severe.

The drug problem in Canada

Canada has adopted a social development approach to the broader issues surrounding illicit drug use, recognizing the significant human, social and economic costs to Canadian society. The most recent figures in 1992 estimated an annual cost of \$8.9 billion. The largest cost was due to lost productivity, illness and premature death. The overall rate of illicit drug use in Canada has remained relatively stable with 23.9 percent of Canadians reporting using one or more illicit drugs during their lives in 1994.

In July 2000, the Canadian Centre for Justice Statistics reported the lowest crime rate since 1979, with declining trends in violent and property crime, as well as a 21 percent drop in the youth crime rate in the last decade. The only area of increased crime was with drug offences. The overall police reported rate of drug offences increased 12 percent, representing an upward trend that began in 1994. The vast majority of drug offences involve cannabis — approximately 75% in 1999, however, most of these offences are in combination with other types of offences.

Three inter-related federal government strategies address issues related to drugs, crime and health — Canada's Drug Strategy, the National HIV/AIDS Strategy and the National Strategy for Safe Communities and Crime Prevention — all of which have components to address drug detection and/or treatment.

Canada's Drug Strategy

The impetus for a concerted Canadian effort to address substance abuse problems emerged in 1987 in response to mounting concerns in North America about increasing rates of drug-related problems. Drug-related problems were posing a long-term and serious threat to the health and well being of Canadians. Fourteen federal departments, including Correctional Service of Canada (CSC), united their efforts under the leadership of Health Canada to launch Canada's Drug Strategy in 1987.

The Strategy promotes a balance between restricting the supply of drugs and reducing demand for drugs. It does not alter the government's lack of tolerance for trafficking; however, it positions substance abuse as being primarily a health issue rather than an enforcement issue. The long-term goal is to reduce the harm associated with alcohol and other drugs to individuals, families and communities

The objectives of the strategy were to raise awareness and educate the public about the problems associated with substance abuse, to enhance the availability and accessibility of treatment and rehabilitation, to energize enforcement and control, coordinate national efforts, and cooperate with international organizations to promote a balanced approach to the global drug problem.³ The Strategy is based on the following key principles:

1. **Balance between supply reduction and demand reduction** is needed. This principle is best accomplished by

strong partnerships between health and enforcement sectors.

2. **Prevention** is considered to be the most cost-effective intervention

3. A variety of **multisectoral partnerships** is key among federal government departments,

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provincial/territorial governments, addiction agencies, non-governmental organizations, health, social, professional, and law enforcement agencies, multilateral organizations, the private sector and community groups. Collaboration among jurisdictions and levels of government brings together the support and expertise required to deliver programs and to sustain efforts.

4. Programs and policies should be formulated with **sensitivity to gender, culture and life-stage**.
5. **Involvement of target groups** in research, program planning, development and delivery is fundamental. Integral involvement of those who will be the ultimate recipients of programs, resources, and services is essential to appropriateness, relevance, and success.
6. Prevention, treatment and rehabilitation programs must **meet the needs of drug users** many of whom use more than one drug at a time.
7. Prevention, treatment and rehabilitation programs must **consider the determinants of health** and address the underlying factors associated with substance abuse.
8. An appropriate and comprehensive **legislative framework** is necessary.
9. In relation to supply reduction, **targeting the upper echelon of criminal organizations** involved in the domestic and international drug trade is critical, requiring an increased focus on investigating and prosecuting proceeds of crime offences.

Related federal government strategies

The National Strategy for Safe Communities and Crime Prevention has a broad goal to encourage and facilitate local communities to develop and deliver innovative community safety and crime prevention initiatives. Emphasis is placed on crime prevention through social development, extending beyond the justice system. On December 9, 1998, the Solicitor General of Canada and the Minister of Justice announced a federal government commitment of \$1.6 million over four years to a pilot project aimed at moving addicts out of jail and into treatment. This project, the Toronto Drug Court, recognized that some people who are drug-dependent are better served in the health system, rather than the criminal justice system. The program is open to non-violent,

drug-dependent offenders charged with possession, possession for the purpose of trafficking, or trafficking in small quantities of crack, cocaine or heroin. The key benefit of the new drug court is that it addresses the underlying medical and social needs of the accused.

The National HIV/AIDS Strategy includes an Action Plan to address HIV, AIDS and injection drug use and includes recommendations specific to the correctional environment, to Aboriginal peoples and to women. The strategy reports that the number of infections among injection drug users is increasing dramatically. Also, Aboriginal peoples are over-represented in groups at high risk, women represent an increasing percentage of new cases. The report also indicates that those becoming infected are younger and younger, with the median age of new infection having dropped from 32 years to 23 years.⁴

Conclusion

The great diversity of needs and capacities across the many sub-populations and communities affected by illicit drug use generates significant challenges for corrections. Across CSC, considerable progress has been made in developing initiatives to address both drug and health issues. However, the backdrop of social, moral, cultural and political values around drug use often clashes with the realities of life for substance abusers. Achieving consensus on an appropriate range of responses is difficult.

In this context, CSC is now partnering with other levels of government in Canada, with non-government organizations and with other correctional jurisdictions throughout the world. CSC will continue to focus on developing programs and services that work to reduce recidivism, with the ultimate goal of enhanced community safety and public health. ■

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² "Substance Abuse-Related Infectious Diseases"; Chapter 7 of Treatment for Alcohol and Other Drug Abuse, Opportunities for Coordination; Treatment Improvement Exchange.

³ Canada's Drug Strategy, 1998.

⁴ HIV, AIDS and Injection Drug Use: A National Action Plan, May 1997, Canadian Centre for Substance Abuse and the Canadian Public Health Association.