



# Canadian House of Commons

## BACKGROUND GUIDE



# VANCOUVER MODEL UNITED NATIONS

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Dear Members of Parliament,

Welcome to the Canadian House of Commons at VMUN 2022!

My name is Luke Montalbano, and it is my honour to be serving as your Speaker for this iteration of Vancouver Model United Nations. When I first started my own journey in Model United Nations, I started in this very committee. From the first intimidating speech and party caucus to where I am today, I have seen myself and others grow and improve through this activity. I am sure you will all undertake a similar journey of growth at VMUN as well.

The House of Commons is a committee unlike any other, fusing the polarization of party politics with the contentious issue of *Drug and Substances Reform*. From coast to coast to coast, each Member of Parliament will play a vital role in shaping how we, as the major Canadian legislative body, address this issue. Each member will have to bring in a unique viewpoint, representing not only their own party but also their constituents and portfolios. I am glad to be your Speaker for this iteration of VMUN, and I look forward to a weekend of fruitful and effective debate.

In order to uphold fruitful and productive committee sessions, it is expected of MPs to prepare and research thoroughly on both the topic at hand, as well as your own relevant stances before the conference. Please feel free to refer to the following resources in your preparation process: this **Background Guide**, the **Private Members' Resolution (PMR) Guide**, and the committee **Standing Orders**, all of which can be found on VMUN's website. The parliamentary procedures will be reviewed and clarified during the first committee session as well, so we encourage you not to feel intimidated by any unfamiliarity. In addition, we highly recommend that you immerse yourself in in-depth research leading up to the conference and assure you that the more you invest in this unique and rewarding experience, the more you will ultimately walk away with.

Should you have any questions, please feel free to reach out at [hoc@vmun.com](mailto:hoc@vmun.com).

Sincerely,

Luke Montalbano  
HOC Speaker

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# Drug and Substances Reform

## Overview

Despite drug and substance laws being relatively loose in the early years of Confederation, laws surrounding their sale, use, and simple possession have generally trended in a stricter direction after the beginning of the 20th century. In general, early legislation to regulate the use of drugs and substances were imposed to regulate opium, but soon expanded to cover most other drugs and substances by the mid-1960s, which even imposed harsh penalties for simple possession.

In spite of this, calls for the liberalization of Canadian drugs and substances policies in the past few decades have grown in strength and number.<sup>1</sup> Social justice groups have called many of the current prohibitive laws on drugs racist and discriminatory, citing the anti-Asian, anti-Indigenous and anti-Black historical context of the time when Canadian drug laws were first proposed and implemented. For example, the Opioids Act, which influences the current governing Canadian drug acts, was passed solely on the basis of anti-Asian sentiment. In a 2017 report, The United Nations has also noted their concern with the racist history and implications of Canadian drug laws and deem that they are no longer suitable for the political and social climate of today.<sup>2</sup>

Social issues are not the sole concern surrounding the reform of drug laws in Canada. Many critics of current Canadian drug laws note health as key factors behind their advocacy of reform. These critics often point to the greater risk of contracting blood transmitted diseases such as HIV/AIDS as well as tuberculosis and hepatitis. If certain drugs and substances are decriminalized, some argue that the rate at which these infectious diseases will spread will decrease significantly.<sup>3</sup> This is mainly due to the fact that the sharing of drugs, especially through needles, will be less common due to greater government intervention. Proponents of decriminalization also claim that fewer drug users would be worried about consuming drugs at a federally or provincially subsidized site which, in turn, decreases the chance of overdose and the transmission of diseases. Furthermore, a Toronto municipal health report states that liberalizing Canadian drug laws will decrease youth addiction rates as well as mortality among all age groups.<sup>4</sup> Critics also note that current drug laws have not decreased crime rates for possession or trafficking and that possession charges often disproportionately affect indigenous and black communities.

Critics of current Canadian drug laws also point to the thriving black market as another issue that legalization and/or decriminalization may be able to solve. Those who advocate for a more liberal drug policy argue that, by

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<sup>1</sup> Briar Stewart, "Ottawa urged to decriminalize simple drug possession as overdose deaths reach record highs," *CBC*, January 28, 2021, <https://www.cbc.ca/news/canada/british-columbia/decriminalize-drug-possession-overdoses-1.5882360>.

<sup>2</sup> United Nations, "International Convention on the Elimination of All Forms of Racial Discrimination," *United Nations*, September 13, 2017, <https://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=6QkG1d%2fPPRiCAqhKb7yhstz6Kqb8xvweVxiwIinyzEnrSQTaImuyoLPtH1p%2b%2fBoA9aSpHnHOaSTR3D%2bGaG21xFo2B95JnqHNgalSwJoOiSGBGOuk6xxJIGD9T1UIJq2pb%2bLbXWwAtxj%2fiP6NJCzvYQ%3d%3d>.

<sup>3</sup> Toronto Public Health, "Canada's Drug Laws and Strategies," *Toronto Public Health*, May 22, 2018, <https://www.toronto.ca/wp-content/uploads/2018/05/970c-Canadas-Drug-Laws-Strategies.pdf>.

<sup>4</sup> *Ibid.*

decriminalizing drugs, the government is able to better regulate the production and exchange of substances and prevent overdoses from the lacing of such drugs—a key factor in the high death rate of the ongoing opioids epidemic nationwide.<sup>5</sup> By decriminalizing drugs, these proponents argue that the government would be much better suited to approach the opioid crisis, as they would be able to monitor the production and sale of drugs and substances, and, in turn, reduce the black market influence in the drug trade.<sup>6</sup> Despite this, opponents of liberalized drug policies point to the recent legalization of cannabis as a key example in which no significant change was seen in black market activity.

Furthermore, proponents of tough-on-crime approaches claim that by implementing mandatory minimum sentencing and by approaching substance abuse as a criminal issue, users will be disincentivized to consume substances. Additionally, this would allow for municipal, provincial, and federal police forces to quell the drug trade as offenders would be cut off from their source. Some proponents of this model claim that it is morally righteous for the government to intervene on the part of a user if they are putting their health, and the health of those around them, in danger. The Canadian government has instituted a general tough-on-crime policy in regards to drugs which has become more controversial in recent years, especially surrounding the social issues that many claim the Canadian drug laws are centred around.

With the legalization of cannabis, the first measures toward a liberalized drug policy have been taken. Additionally, with rising overdose rates across Canada, a rising rate of infection from HIV/AIDS in high-risk communities, and the growing black markets for drugs, municipalities have called for support in both medical supplies from and decriminalization by the federal government.

## Timeline

**1876** — The Indian Act of 1876 is implemented. The Act bans the possession of alcohol on Indigenous reserves—a law not repealed until 1951.<sup>7</sup>

**1908** — The Opium Act of 1908 is implemented, the first instance of drug and substance control legislation in Canada. Subsequently, the black market for opium flourishes and leads to the passage of the later Opium and Drugs Act of 1911, which took on a tough-on-crime approach.<sup>8</sup>

**1918 – 1920** — Prohibition (the total ban on the production and consumption of alcohol) is implemented across Canada and sees early success in reducing consumption. Despite this, prohibition is repealed only two years later due to a lack of enforceability by the federal government and a drastic increase in gang and black market activity.<sup>9</sup>

**1960s – 1970s** — The counterculture movement—an opposition to tough-on-crime models on numerous issues, especially on drugs and substances, generally supportive of a liberal approach to government—grows, leading to

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<sup>5</sup> Ibid.

<sup>6</sup> Ibid.

<sup>7</sup> United Nations, “International Convention on the Elimination of All Forms of Racial Discrimination.”

<sup>8</sup> Toronto Public Health, “Canada’s Drug Laws and Strategies.”

<sup>9</sup> Gerald Hallowell, “Prohibition in Canada,” *The Canadian Encyclopedia*, November 13, 2020, <https://www.thecanadianencyclopedia.ca/en/article/prohibition>.

significant outcry against drug prohibition in Canada. The movement contributed to increased illegal use of cannabis nationwide, which in turn led to a significant rise in arrests for its use.<sup>10</sup>

**1961** — The Narcotic Control Act is implemented, which prohibits the use of narcotics, chiefly cocaine, cannabis, and heroin. People in possession of narcotics could be sentenced to a maximum of seven years in prison.<sup>11</sup>

**1972** — The Le Dain Commission releases its final report on an inquiry into the non-medical use of drugs, in which it recommends that cannabis be legalized and penalties on the possession of drugs reduced.<sup>12</sup>

**1987** — The National Drug Strategy is implemented in response to what Prime Minister Brian Mulroney labels as a drug abuse epidemic. The plan invested CAD 210 million into prevention, education, treatment, as well as rehabilitation to help reduce drug abuse between 1987 and 1992.<sup>13</sup> From 1992 to 1997, the plan proposes investing CAD 270 million to target high-risk individuals of drug abuse, such as Indigenous youth, as well as facilitate discourse between the provincial and federal governments on the issue.<sup>14</sup>

**1996** — The Controlled Drugs and Substances Act is passed to overhaul Canadian legislation surrounding drug use. The Act classifies drugs under eight schedules (the classification of punishments for possession, production, or trafficking of drugs and is subdivided into “schedules” based on the health concerns and criminal activities surrounding the drugs) and outlines search and seizure powers, sentencing for prohibited drugs and substances, and restrictions imposed upon certain drugs for medical and non-medical use.<sup>15</sup>

**1997** — The Vancouver Area Network of Drug Users is founded—the first drug user union in Canada. The group becomes important in advocating for the decriminalization and legalization of narcotics in Vancouver, specifically in the Downtown Eastside. The group’s advocacy leads to the opening of multiple safe consumption sites in British Columbia.<sup>16</sup>

**2017** — A new record of 11 deaths per day from opioid overdoses in Canada is hit, signalling a dramatic expansion of the opioid crisis. In response, the Canadian government began implementing measures to counter overdoses by increasing the availability of naloxone kits, medical supplies that are able to treat overdoses.<sup>17</sup>

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<sup>10</sup> John Douglas Belshaw, “The 1960s Counterculture,” *Open Text BC*, April 13, 2015, <https://opentextbc.ca/postconfederation/chapter/9-16-the-1960s-counter-culture/>.

<sup>11</sup> Canadian Foundation for Drug Policy, “Canada’s Previous Drug Laws,” *Canadian Foundation for Drug Policy*, July 24, 2001, <http://www.cfdp.ca/drug.htm>.

<sup>12</sup> John O’Leary, “Le Dain report on drugs divides cabinet,” *CBC*, June 21, 1970, <https://www.cbc.ca/archives/entry/ledain-report-on-drugs-divides-cabinet>.

<sup>13</sup> Patty Torsney, “Working Together to Redefine Canada’s Drug Strategy,” *Special Committee on the Non-Medical Use of Drugs*, December 2002, <https://www.ourcommons.ca/DocumentViewer/en/37-2/SNUD/report-2/page-27>.

<sup>14</sup> *Ibid.*

<sup>15</sup> Jean Chretien, “The Controlled Drugs and Substances Act,” *Our Commons*, June 20, 1996, <https://laws-lois.justice.gc.ca/eng/acts/c-38.8/FullText.html>.

<sup>16</sup> Laura Shaver, “About VANDU,” VANDU, 2020, <https://vandureplace.wordpress.com/about/>.

<sup>17</sup> Government of Canada, “Canada’s Opioid Crisis,” *Health Canada*, March 20, 2019, <https://www.canada.ca/content/dam/hc-sc/documents/services/publications/healthy-living/canada-opioid-crisis.pdf>.

**2018** — Cannabis is legalized across Canada in an effort to control black market activity and promote healthy, regulated distribution of cannabis in Canada.<sup>18</sup>

**2020 – 2021** — The COVID-19 pandemic worsens the opioid crisis with cities like Toronto and Vancouver seeing jumps in overdose rates and death rates above 75 percent.<sup>19</sup>

**May 2021** — The City of Vancouver requests an exemption from the Controlled Drugs and Substances Act to decriminalize simple possession of illicit drugs. The cities of Toronto and Montreal have submitted similar requests.<sup>20</sup>

## Historical Analysis

### The Early Years of Substances in Canada

Following the European discovery of the Americas and the ensuing period of colonization, trade was established between local Indigenous groups and colonists from Britain, France, and Spain. In Canada, the French and British empires began trading alcohol, among other items, for furs and pelts and soon introduced the substance to numerous Indigenous tribes across the vast expanses of what was then New France and Rupert's Land. The introduction of alcohol to Indigenous groups caused racist stereotypes to emerge and persist, with many Canadians still promoting myths surrounding alcohol use among indigenous groups. Alcohol's introduction also increased Indigenous dependence upon the colonists for such items, boosting trade dependency.<sup>21</sup>

This cycle persisted until the late 19th century, when the discriminatory policies of the Indian Act of 1876 prohibited the sale, possession, and consumption of alcohol on Indigenous reserves. This policy would be repealed in 1951, but its effects, many claim, are still lingering today. The Indian Act was the first piece of legislation restricting access to a substance and would be a precursor to the introduction of other racially-charged pieces of legislation.<sup>22</sup>

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<sup>18</sup> Attorney General, "Cannabis Legalization and Regulation," *Justice Canada*, October 17, 2018, <https://www.justice.gc.ca/eng/cj-jp/cannabis/>.

<sup>19</sup> CBC News Editors, "Opioid Crisis has dramatically worsened during pandemic, reports say," *CBC*, June 14, 2021, <https://www.cbc.ca/news/canada/toronto/opioid-overdose-crisis-has-dramatically-worsened-during-covid-19-pandemic-report-says-1.6065241>.

<sup>20</sup> City of Vancouver, "Decriminalizing simple possession of illicit drugs in Vancouver," *City of Vancouver*, May 12, 2021, <https://vancouver.ca/people-programs/decriminalizing-simple-possession-of-illicit-drugs-in-vancouver.aspx>.

<sup>21</sup> CBC News Editors, "Banning booze won't solve problems on reserves: chiefs," *CBC News*, February 1, 2008, <https://www.cbc.ca/news/canada/manitoba/banning-booze-won-t-solve-problems-on-reserves-chiefs-1.705400>.

<sup>22</sup> *Ibid.*

## The Beginning of the Drug Trade in Canada

For thousands of years, opioids have been used recreationally and for therapeutic purposes across much of the world and played a major role in trade throughout Asia and Europe. As a result, opioids saw widespread recreational use in virtually every socioeconomic class.<sup>23</sup>

After Canadian Confederation in 1867, immigration from Asia spiked due to the construction of the Canadian Pacific Railway.<sup>24</sup> During this period, due to the massive introduction of opium to Asian communities by European powers, opium use in Canada—especially in British Columbia—spiked. Within a decade of the beginning of construction on the Railway, opium was commonly used recreationally and, soon, was adopted for medical use across the province of British Columbia.<sup>25</sup>

Following the Race Riots of 1907, where thousands of anti-immigrant and anti-Asian protestors and politicians rioted in Vancouver, the government of Canada implemented its first narcotics control act to show support for these protestors who blamed Asian communities for bringing the opium addiction epidemic to Canada. The Opium Control Act of 1908 banned the consumption, possession, and sale of opium and acted as the first official narcotics restriction in Canadian history.<sup>26</sup> In 1911, this enactment was further expanded in the Opium and Drugs Act of 1911, which promoted a tough-on-crime stance approach to the possession and consumption of narcotics. The approach made simple possession, trafficking, and production punishable up to life imprisonment. Subsequent to the passage of these acts, the opium black market in Canada exploded in growth, with production of opium moving from neighbourhood-run “opium dens” to illegal gang operations, which has had a lasting impact in Canadian communities and allowed gang operations to grow in strength as monopolies on drug trade and production developed.<sup>27</sup>

## Prohibition and the Escalation of Organized Crime

In 1918, prohibition was implemented in Canada where the sale, production, and consumption of alcohol was completely banned at a federal level. In the early months of the passage of prohibition, it saw much success in reducing consumption and alcoholism, but soon the government faltered in upholding the laws proposed. Much of the RCMP and municipal police forces were unable to contain the illegal alcohol market and soon, as gangs grew in strength, Canadian police forces became incapable of enforcing prohibition measures. The gangs that established a black market focusing on the opium trade soon began producing alcohol and made inroads into

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<sup>23</sup> History.com Editors, “Heroin, Morphine, and Opiates,” *History.com*, June 12, 2017, <https://www.history.com/topics/crime/history-of-heroin-morphine-and-opiates>.

<sup>24</sup> Canadian Encyclopedia Editors, “Asia-Canada,” *The Canadian Encyclopedia*, 2021, <https://www.thecanadianencyclopedia.ca/en/timeline/asia-canada>.

<sup>25</sup> Ibid.

<sup>26</sup> Wilfrid Laurier University Editors, “Vancouver anti-asian race riots of 1907 and the parallels to Canada’s modern-day racial divide,” *Wilfrid Laurier University*, November 24, 2020, <https://www.wlu.ca/news/spotlights/2020/nov/vancouver-anti-asian-riots-of-1907-and-the-parallels-to-canadas-modern-day-racial-divide.html>.

<sup>27</sup> Gaelle Nicolussi, “Opioids and Opioid Use in Canada,” *heretohelp*, February 19, 2018, <https://www.heretohelp.bc.ca/visions/opioids-vol13>.

virtually every city across the country. Crime escalated rapidly, and by 1920, levels of alcoholism surpassed pre-prohibition levels.<sup>28</sup>

Meant as a temporary wartime measure, prohibition was repealed at a national level in 1920 after significant opposition from multiple social justice groups, especially in Ontario and Quebec.<sup>29</sup> Despite this, multiple provinces continued to impose their own prohibition laws, with the last provincial prohibition law being repealed in Prince Edward Island in 1948.<sup>30</sup>

The rise of organized crime during the age of prohibition created powerful gangs in Toronto, Montreal, and Vancouver which still persist to this day. Despite the influence of organized crime in major cities in Canada, no major police operations took place against organized crime syndicates until the 1970s and 1980s, which allowed for the significant expansion of crime syndicates.<sup>31</sup> Canadian experiences of prohibition seem to show that the complete criminalization of a popular and easily created substance can lead to the expansion of black markets and organized crime with police forces often being unable to enforce the law, mainly due to the broadness of such policies.

### **Modernization of Canada's Drug Laws**

In 1961, the government of Prime Minister John Diefenbaker passed the Narcotics Control Act, which created a flat maximum sentence of seven years in prison for simple possession (the possession of drugs for personal use only) of multiple different drugs such as cocaine, heroin, and cannabis. Furthermore, the Act prohibited the cultivation of cannabis and opium without a federal license, with a maximum penalty of seven years as well. The trafficking of narcotics could be punished at a maximum penalty of life imprisonment.<sup>32</sup>

The passage of the Act fell in line with the policies presented during the United Nations Single Conference on Narcotic Drugs. The resolution was presented at the conference and subsequently passed, prohibiting the use of narcotics, especially synthetic opioids, for use and production unless a medical permit is given to the user and/or producer.<sup>33</sup> The 1961 Narcotics Control Act adopted many of the policies recommended by the U.N. conference and continued the tough-on-crime policies of the early 20th century.

### **The Le Dain Commission and the Beginning of Opposition to Canadian Drug Laws**

During the mid-1960s, the counterculture movement (supporting a liberal, and sometimes anarchic, approach to government. In this instance, the movement supported the liberalization of drugs) began picking up support across Canada, following trends in the United States. During this period, an increased amount of illegal recreational drug usage occurred, especially cannabis, which led to a skyrocketing number of arrests for simple

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<sup>28</sup> Gerald Hallowell, "Prohibition in Canada."

<sup>29</sup> Ibid.

<sup>30</sup> Ibid.

<sup>31</sup> Ibid.

<sup>32</sup> Canadian Foundation for Drug Policy, "Canada's Previous Drug Laws."

<sup>33</sup> United Nations Office on Drugs and Crime, "Single Convention on Narcotic Drugs, 1961," *UNODC*, 1961, [https://www.unodc.org/pdf/convention\\_1961\\_en.pdf](https://www.unodc.org/pdf/convention_1961_en.pdf).

possession of narcotics.<sup>34</sup> In response to the counterculture movement and the growing number of arrests on simple possession charges, the Le Dain Commission of Inquiry Into the Non-Medical Use of Drugs was established in 1969 by the Pierre Trudeau government to recommend new policies regarding drug legislation. The commission drafted a report based on findings from across Canada through firsthand accounts, professional testimony, and documents related to the matter.<sup>35</sup> In 1972, the final report of the commission was released, which recommended that the federal government legalize cannabis and lower maximum sentencing for the simple possession of drugs and illicit substances. The report concluded that cannabis did not pose a significant threat to a person's health and that charges of simple possession disproportionately affected Indigenous and Black Canadians.<sup>36</sup>

Despite the commission's thorough report and extensive research, the Canadian government refused to act on the findings and continued to prosecute simple possession under the 1961 Narcotics Control Act.<sup>37</sup>

### **Canada Begins Responding**

In 1987, the Progressive Conservative government of Brian Mulroney declared that Canada was undergoing a drug abuse epidemic caused by years of ignorance on the part of the Canadian government. In response to this, Mulroney's government established the National Drug Strategy to invest into communities struggling with drug addiction and overdose rates.<sup>38</sup>

The National Drug Strategy was originally intended to be a singular five-year plan to address growing concerns surrounding drug abuse but was expanded to cover three phases: the original phase from 1987 to 1992; the second phase occurring between 1992 and 1997; and the third phase occurring from 1997 to 2002.<sup>39</sup>

During the First Phase, the federal government acknowledged that drug and substance abuse was primarily a health issue and, therefore, delegated management of the situation to the Ministry of Health.<sup>40</sup> In addition, the Canadian Centre on Substance Abuse was founded to monitor the ongoing crisis and would be vital to the government's response to the crisis. The Centre provides relevant information to the government regarding policy and statistics as well as educating people across Canada's provincial schooling systems on the drug crisis.<sup>41</sup> The government's focus during the first five years of the strategy mainly focused on educating the public on drug and substance abuse, promoting rehabilitation for users of drugs and substances, and investing in treatment using the CAD 210 million (CAD 417 million after inflation) allocated by the federal government.<sup>42</sup> The Mulroney government renewed the strategy after seeing a high degree of success in the first phase, as per a report

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<sup>34</sup> Canadian Drug Policy Coalition, "History of Drug Policy in Canada," *Canadian Drug Policy Coalition*, 2020, <https://drugpolicy.ca/about/history/>.

<sup>35</sup> Liora Salter, "Royal Commission on the Non-medical Use of Drugs," *The Canadian Encyclopedia*, December 16, 2016, <https://www.thecanadianencyclopedia.ca/en/article/royal-commission-on-the-non-medical-use-of-drugs>.

<sup>36</sup> Ibid.

<sup>37</sup> Ibid.

<sup>38</sup> Patty Torsney, "Working Together to Redefine Canada's Drug Strategy."

<sup>39</sup> Ibid.

<sup>40</sup> Ibid.

<sup>41</sup> Ibid.

<sup>42</sup> Ibid.

released by the Senate. Therefore, the government allocated resources primarily to high risk communities, including Indigenous reserves, impoverished youth, and women.<sup>43</sup>

Phase 3 of the program was implemented in 1997 by the Jean Chrétien government, albeit with significantly reduced funding. The third phase focused primarily on education and preventing the import of drugs. Furthermore, for the first time, the National Drug Strategy directly acknowledged the need for international cooperation on the issue of drug and substance abuse to reduce drug trafficking.<sup>44</sup> This policy has led to greater Canadian participation in the United Nations' Commission on Narcotic Drugs.

To this day, the National Drug Strategy has been retained as the "Canadian Drugs and Substances Strategy," and has continued to play a major role in aiding high-risk communities and providing investment into education and rehabilitation. Despite this, critics still note that the National Drug Strategy failed to concretely address issues surrounding the black market trade of drugs and, in turn, failed to decrease the supply of drugs being trafficked into and around Canada.<sup>45</sup>

### **Canadian Drug Laws are Overhauled**

Until 1996, Canadian drug and substance laws remained relatively unchanged since the Narcotics Control Act of 1961.<sup>46</sup> For this reason, a growing number of critics came out in support of overhauling the Canadian drug laws entirely, citing that the policies implemented in 1961 were a proponent of strict tough-on-crime approaches to drug use. Critics also noted that there was no decline in the rates of those charged and convicted for the simple possession of drugs and that the penalties surrounding possession disproportionately affected minority groups.<sup>47</sup> In response to this, the Chrétien government drafted and proposed the Controlled Drugs and Substances Act, replacing the Narcotics Control Act entirely.<sup>48</sup>

The Act divided drugs into eight legal categories based on the varying degrees of danger they posed to the health of the user and those around them. For each schedule, offences were imposed for trafficking, possession, import and/or export, and production. In general, maximum penalties for simple possession were reduced, drugs were classified into 8 schedules based on the severity of the drug to the health of the user, and used the recommendations put forth by the United Nations Convention on Narcotic Drugs.<sup>49</sup> This would make Canadian drugs laws fairly consistent with those of Canadian allies such as the United Kingdom and France, who also signed and ratified the declaration of the convention. Furthermore, unlike the Narcotics Control Act of 1961, the new Act proclaimed that all eight schedules could be amended to add or remove certain drugs and/or

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<sup>43</sup> Ibid.

<sup>44</sup> Ibid.

<sup>45</sup> Ibid.

<sup>46</sup> Government of Canada, "Narcotics Control Regulations," *Justice Canada*, June 28, 2021, [https://laws-lois.justice.gc.ca/eng/Regulations/C.R.C.,\\_c.\\_1041/index.html](https://laws-lois.justice.gc.ca/eng/Regulations/C.R.C.,_c._1041/index.html).

<sup>47</sup> Matt Gould, "Controlled Drugs and Substances Act: Legislative History," *Brodsky Amy & Gould Criminal Defence*, May 14, 2020, <https://mattgould.ca/controlled-drugs-substances-act-legislative-history/>.

<sup>48</sup> Ibid.

<sup>49</sup> Ibid.

substances if there was public interest to do so.<sup>50</sup> Even though the Controlled Drugs and Substances Act loosened Canadian drug laws, the tough-on-crime model was still very much a major policy that the Act revolved around.

The Act has been amended multiple times, with the most controversial being the implementation of mandatory minimum sentencing in 2007 for those who commit any offence listed under the Act. This made it impossible for courts to approach simple possession as a health issue as rehabilitation was no longer an option. On the other hand, the Conservative government declared that mandatory minimum sentencing would further disincentivize the use of drugs.<sup>51</sup>

### **Growing Opposition to Canada's Laws and the Opioid Crisis**

Following the implementation of the Controlled Drugs and Substances Act, newfound opposition to the tough-on-crime model began appearing across the country. In Vancouver, the first drug union was founded which advocated for the decriminalization of hard drugs so as to address the issue of drug abuse as a health crisis and not a criminal issue.<sup>52</sup> It was noted by the union that current Canadian drug laws allow black markets to flourish, leave the consumption of drugs unregulated by the government, and that minority communities are disproportionately affected by simple possession charges.<sup>53</sup> They note that since the government is unable to regulate the production of drugs, narcotics are more likely to be laced or improperly produced which may lead to a higher chance of overdosing.

The lacing of drugs occurs when two or more substances are mixed to cheapen the cost of a drug to increase the profit from its sale. This issue has been on the rise since the introduction of fentanyl in Canada and has dramatically increased overdose rates, and has, in part, led to the significant expansion of the opioid crisis across Canada. In addition, the misuse of prescription opioids by patients has also dramatically worsened the crisis and points to the fact that the crisis is not simply about heroin or injections, but the government playing an indirect role in exacerbating the issue as well.<sup>54</sup>

In 2003, to counter the growing overdose rate from the lacing of narcotics, the first safe consumption site was opened in Canada in the Downtown Eastside of Vancouver.<sup>55</sup> A safe consumption site allows the government or a private organization to monitor the consumption of narcotics in an environment where narcotics can be tested for lacing prior to consumption and where medical support is readily available in case of an overdose.

Following this, 45 more safe consumption sites opened across Canada, primarily in the hardest hit cities of Montreal, Toronto, and Vancouver.<sup>56</sup> Despite the opening of these sites, the overdose rate from the consumption

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<sup>50</sup> Ibid.

<sup>51</sup> Ian Carter, "Government Introduces Bill to Get Rid of Mandatory Minimum Sentencing," *Bayne, Sellar, Ertel, Carter*, April 21, 2021, <https://www.bsbcriminallaw.com/blog/2021/04/government-introduces-bill-to-get-rid-of-mandatory-minimum-for-drug-offences/>.

<sup>52</sup> Kathleen Dooling and Michael Rachlis, "Vancouver's supervised injection facilities challenges Canada's drug laws," *PMC*, September 21, 2010, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2942917/>.

<sup>53</sup> Ibid.

<sup>54</sup> Laura Shaver, "About VANDU"

<sup>55</sup> Kathleen Dooling and Michael Rachlis, "Vancouver's supervised injection facilities."

<sup>56</sup> Ibid.

of opioids and other narcotics remains high across Canada and has been exacerbated by the COVID-19 pandemic, as medical personnel have been less available due to layoffs and the need for staff in hospitals to treat COVID-19 patients. The pandemic has proven that merely having safe consumption sites readily available does not alleviate the chance of lacing or overdose entirely, especially considering that many users are concerned about using illegal narcotics in government sponsored sites. In fact, in British Columbia From January to August 2020, there were already 1,068 recorded overdose deaths, as opposed to 983 deaths in the entirety of 2019.<sup>57</sup> Some provinces have recorded a 75 percent jump in annual overdose deaths from 2019 to 2020.<sup>58</sup>

By 2015, three of Canada’s major political parties began calling for some or all drugs to be decriminalized or legalized, with the Liberal Party of Canada supporting the legalization of cannabis and the Green Party and the New Democratic Party (NDP) supporting decriminalization of all narcotics. These parties believed that if drugs were decriminalized or legalized, the government would be able to better monitor the production of drugs as well as the sale of them to prevent lacing and abuse.<sup>59</sup> Following the Liberal victory in the 2015 election, the government of Prime Minister Justin Trudeau proposed the Cannabis Act, which was eventually passed in 2018 with its laws to be implemented later in the year. The Act was the first major amendment to the Controlled Drugs and Substances Act that made a certain drug legal for possession and recreational use and was the first time that cannabis had been legal since 1923.<sup>60</sup> Nonetheless, it must be noted that cannabis is not a concern regarding the opioid crisis and has proven to have minimal long-term health effects during and after consumption as opioids.

Following the legalization of cannabis and to counter the growing opioid overdose rate, the Vancouver municipal government passed a non-binding law to decriminalize the simple possession of street drugs—that is, illegal mind-altering or sedative drugs—in city limits. This would allow, the mayor of Vancouver argues, the municipal government to regulate the sale of narcotics as well as approaching the opioid crisis in regards to consumption strictly as a health issue. The office of the mayor has stressed the need for rehabilitation over mandatory minimum sentencing for the possession of narcotics. The municipal government submitted a request to the federal government for an exemption from the Controlled Substances Act and is currently pending approval.<sup>61</sup>

## Current Situation

Canadian drug policy has retained a fairly strong tough-on-crime approach since the inception of the Controlled Drugs and Substances Act. In 2007, the Controlled Drugs and Substances Act was amended by the Harper government to include mandatory minimum sentencing for the simple possession of narcotics. With incarceration rates rising, especially among indigenous groups, the calls to remove mandatory minimum

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<sup>57</sup> CBC News Editors, “More people died of illicit drug overdoses in the first 8 months of 2020 than all of 2019: B.C. Coroner,” *CBC*, September 23, 2020, <https://www.cbc.ca/news/canada/british-columbia/overdose-deaths-bc-august-2020-1.5735247>.

<sup>58</sup> *Ibid.*

<sup>59</sup> Andrea Woo, “Federal Election 2019: Where do the Major Parties Stand on Drug Policy?,” *The Globe and Mail*, October 17, 2019, <https://www.theglobeandmail.com/canada/british-columbia/article-federal-election-2019-where-do-the-major-parties-stand-on-drug-policy/>.

<sup>60</sup> Government of Canada, “The Cannabis Act: The Facts,” *Health Canada*, June 20, 2018, <https://www.canada.ca/en/health-canada/news/2018/06/backgrounder-the-cannabis-act-the-facts.html>.

<sup>61</sup> City of Vancouver, “Decriminalizing simple possession of illicit drugs in Vancouver.”

sentencing have grown, so much so that the federal Liberal Party has promised to repeal mandatory minimum sentencing in the coming years.<sup>62</sup>

On another note, the opioid crisis has noticeably worsened nationwide during the COVID-19 pandemic.<sup>63</sup> In response to this, municipal governments in Toronto, Vancouver, and Montreal have called upon the federal government to decriminalize simple possession of all narcotics so that the government may better regulate the sale of drugs and approach the possession of drugs as a health and rehabilitation issue instead of a criminal issue.

## The Opioid Crisis

The opioid crisis has continued over decades, and has especially become prevalent across Canada since the introduction of fentanyl. Recently, the crisis has escalated due to the COVID-19 pandemic. 6,214 opioid overdose related deaths were reported in 2020, an 89 percent increase from 2,722 deaths in 2019.<sup>64</sup> Many of these deaths were initially caused by the lockdowns imposed across Canada as safe consumption sites became short-staffed and medical professionals were laid off. Furthermore, with mental health workers facing higher rates of anxiety and depression than ever before, rehabilitation facilities have become less effective in the past year and have faced similar staff shortages to safe consumption sites.<sup>65</sup>

Furthermore, the lack of availability of naloxone kits in high-risk areas has exacerbated the issue of deaths from opioid overdoses even before the pandemic began. To counter this, provinces such as Saskatchewan have begun purchasing a greater amount of naloxone kits for safe consumption sites but have been restricted, in part, due to limitations in budget expenditures.<sup>66</sup>

Lacing has been one of the most prominent issues of the opioid crisis. With the introduction of fentanyl across Canada, illegal manufacturers of opioids have cheapened production costs by mixing opioids with fentanyl. With fentanyl being one of the single most potent drugs currently available in Canada, the lacing of narcotics has led to a dramatic increase in overdose deaths. Adding to that, prescription opioids have played a role in expanding the crisis across Canada. It must be noted that upwards of 20% of users of prescription drugs abuse them in some way, and of that 20%, 4% transition to the use of heroin.<sup>67</sup> The common prescription of opioids as a painkiller has significantly increased addiction rates to opioids and has played a major role in the heroin addiction crisis specifically. Finally, blood-transmitted diseases have also become a concern among medical professionals as the

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<sup>62</sup> Jane Gerster, "Is the Liberal government's promise to repeal mandatory minimum sentencing dead?," *Global News*, January 18, 2020, <https://globalnews.ca/news/6381260/mandatory-minimums-justice-reform/>.

<sup>63</sup> CBC News Editors, "Opioid Crisis has dramatically worsened during pandemic, reports say."

<sup>64</sup> Ibid.

<sup>65</sup> Amanda Connolly, "A year into the pandemic, mental health workers face burnout and soaring demands," *Global News*, March 12, 2021, <https://globalnews.ca/news/7670061/coronavirus-mental-health-access-canada/>.

<sup>66</sup> The Canadian Press, "Naloxone distribution questions need answers amid Canada's opioid crisis," *CBC*, June 18, 2019, <https://www.cbc.ca/news/health/naloxone-opioids-1.5180466>.

<sup>67</sup> National Institute on Drug Abuse, "Opioid Overdose Crisis," *National Institute on Drug Abuse*, 2019, <https://www.drugabuse.gov/drug-topics/opioids/opioid-overdose-crisis#:~:text=Roughly%20%20to%20%20percent,for%20chronic%20pain%20misuse%20them.&text=Between%20%20and%2012%20percent,develop%20an%20opioid%20use%20disorder.&text=An%20estimated%204%20to%206,prescription%20opioids%20transition%20to%20heroin>.

sharing of needles has led to a greater rate of HIV and tuberculosis in major cities across Canada. To counter this, the federal and provincial governments have expanded access to safe injection sites, especially in Montreal, Vancouver, and Toronto.

With the COVID-19 pandemic leading to nationwide lockdowns, the opioid crisis was exacerbated significantly with more people—especially those in lower income brackets—turning to drugs to counter mental health issues that have been created due to the pandemic.<sup>68</sup>

### **Social Issues: Minorities and Youth**

According to the Vancouver municipal government, current Canadian drug laws disproportionately affect minority communities, especially Black and Indigenous communities. Following suit with the United States in the early 1980s, Canada played a role in the War on Drugs by escalating the search and seizure powers of the RCMP, notably and primarily, in minority communities. Today, Black Canadians in Toronto are three times more likely to be stopped and searched than White Canadians, and have a higher chance of being arrested for the possession of illicit substances. These disparities in racial profiling and the approach to Canadian drugs laws have led to greater calls for decriminalization, in recent years, and were a key factor in the legalization of cannabis in 2019.<sup>69</sup>

### **Health and Mental Health**

Oftentimes, when opioids are prescribed as a painkiller, 10% of users will develop depression, according to a study released by St. Louis University.<sup>70</sup> Furthermore, it is estimated that between 21% and 29% of those who are prescribed opioids misuse them and of that group, 4% to 6% transition to heroin.<sup>71</sup> To counter this, the government of Canada has begun greater investment into the expansion and development of rehabilitation centres and has also begun the exploration of stricter measures regarding prescribed opioids. Numerous provincial governments have also mandated that their respective curriculums must include seminars on drug abuse and opioids to pre-emptively prevent the misuse of prescribed drugs.

### **Municipal Policies**

In January 2021, the Montreal municipal government demanded that the federal government begin implementing policies to decriminalize drugs and substances. This follows the two other largest Canadian cities, Vancouver and Toronto, who had made similar declarations via either the board of health or city council.<sup>72</sup>

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<sup>68</sup> CBC News Editors, “Opioid Crisis has dramatically worsened during pandemic, reports say.”

<sup>69</sup> Canadian Drug Policy Coalition, “History of Drug Policy in Canada.”

<sup>70</sup> Trevor McDonald, “Depression and Opioid Use Go Hand in Hand,” *Mental Health First Aid*, June 14, 2018, <https://www.mentalhealthfirstaid.org/external/2018/06/depression-and-opioid-use-go-hand-in-hand/>.

<sup>71</sup> National Institute on Drug Abuse, “Opioid Overdose Crisis.”

<sup>72</sup> Patricia Daly, “Decriminalization in Vancouver: A Step in the Right Direction,” *Vancouver Sun*, July 18, 2021, <https://vancouversun.com/opinion/dr-patricia-daly-decriminalization-in-vancouver-a-step-in-the-right-direction>.

Historically, municipal governments have led the charge to treat drug abuse as a health issue over a criminal issue and have taken an active part in establishing safe consumption sites.<sup>73</sup> Despite these past efforts, financial constraints due to the COVID-19 pandemic and the lack of municipal government revenue have made it more difficult for municipalities to handle the opioid crisis. This lack of funds has, in turn, led to the skyrocketing death rate from opioid overdoses. In response, the federal government provided funding, for the first time, to open a safe drug supply program in Ontario.<sup>74</sup>

Montreal has also begun equipping every police officer with a naloxone kit to be able to act as effective first responders to opioid overdose, following the lead of Quebec's provincial police. Nonetheless, skepticism around police involvement in responding to drug overdoses remains high with fewer people calling the authorities when an opioid overdose is occurring or has occurred. It is believed that social workers induce a better response from drug users as they do not have the capability to make arrests and, according to the Montreal municipal government, are better equipped to deal with overdose issues.<sup>75</sup>

In Vancouver, the municipal government has stressed approaching the opioid crisis strictly as a health issue, having requested an exemption from the Controlled Drugs and Substances Act. The city council of Vancouver has also been a proponent of overhauling the policing model in the high-risk area of the Downtown Eastside by proposing that social workers and medical professionals be instead sent to counter the ongoing crisis. Despite this, the city of Vancouver will not mandate treatment for drug abusers if the request for decriminalization is approved.<sup>76</sup>

### **Current Federal Policy**

In recent years, the Justin Trudeau government and the Liberal Party has taken a relatively progressive approach to dealing with drug and substance abuse. Firstly, the government legalized cannabis for personal use and then increased investment into safe consumption sites and programs. The government has stressed approaching the issue as one of health rather than criminal justice.<sup>77</sup> The federal government has also provided funding for a safe drug supply program in Toronto and has expressed openness to expanding this into other high-risk areas such as Vancouver and Montreal. In the near future, the government is poised to expand safe drug supply via programs and safe consumption sites but has shown skepticism towards granting exemptions under the Controlled Drugs and Substances Act to municipalities.<sup>78</sup>

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<sup>73</sup> Canadian Drug Policy Coalition, "History of Drug Policy in Canada."

<sup>74</sup> Jennifer Pagliaro, "Federal Government funds first major safe drugs supply program in Toronto amid overdose crisis," *The Toronto Star*, August 20, 2020, <https://www.thestar.com/news/gta/2020/08/20/federal-government-funds-first-major-safe-drug-supply-program-in-toronto-amid-overdose-crisis.html>.

<sup>75</sup> Benson Cook, "Montreal police officers now trained, equipped with Naloxone kits," *Global News*, November 12, 2020, <https://globalnews.ca/news/7458621/spvm-officers-naloxone-training/>.

<sup>76</sup> Patricia Daly, "Decriminalization in Vancouver: A Step in the Right Direction."

<sup>77</sup> Rachel Browne, "Trudeau confirms that the Liberals are not looking to decriminalize drugs," *Global News*, September 24, 2019, <https://globalnews.ca/news/5946329/trudeau-liberals-decriminalize-drugs/>.

<sup>78</sup> Ibid.

## Possible Solutions and Controversies

### **Decriminalization or Legalization of Street Drugs**

This approach takes after the policies adopted by the Vancouver municipal government in which street drugs were requested to be decriminalized for personal use. This strategy has been controversial among mainstream politicians as many believe that substance abuse stems from it being a criminal issue. Nonetheless, this policy supports the belief that the government would be better suited to regulate a legal drug market and would be able to profit through the use of taxation from such a market, rather than police a black market that provides no monetary benefit for the government nor can be regulated for health concerns. Furthermore, medical professionals often point to the fact that drugs purchased from the black market are highly likely to be laced or poorly produced, which can, in turn, lead to a greater chance of overdose or addiction.

Multiple parties are advocating for the decriminalization of all drugs, but a compromise may be able to be created by solely decriminalizing opioids so that the current crisis may be managed better by the government. This would likely decrease skepticism around safe injection sites which, in turn, may decrease the overdose rate from opioids across the country. Decriminalization not only alleviates skepticism but also allows the government to better screen narcotics to detect for improper production or lacing.

To counter the black market, legalizing government run/approved stores for the purpose of selling narcotics may decrease black market activity as well as raise revenue for the federal government. In this instance, drugs are able to be screened and properly produced, which decreases the chance of an overdose and allows the government to be able to monitor transactions for narcotics. By making a legal market around the sale and production of drugs, it is possible that the black market could decline.

### **Expanding Mental Health Support**

All major federal parties have supported some expansion in federal spending for mental health support, especially related to youth addiction. Proposing a policy such as a 3-digit hotline may allow for greater accessibility and faster treatment, as well as long term recovery or prevention. Furthermore, expanding access to social workers in high-risk communities may be another option to deal with the addiction crisis. Social workers, being often better versed than the police in crisis management surrounding mental health issues, could provide greater support to those with narcotics addictions in these communities. By cooperating with provinces to expand access to social workers, it could be possible to alleviate some of the stress that has been put upon police forces to deal with the opioids and addiction crisis as a whole. It must be noted that expanding access to social workers does not necessarily come at the cost of removing police presence, but instead may see patrols go out alongside social workers instead of the complete replacement of police authorities.

### **Expanding the Use of Safe Consumption Sites**

Across Canada, there are currently 46 safe consumption sites.<sup>79</sup> This approach aims to regulate the safety of consumption of drugs directly by providing narcotics that the government has verified as untainted. By

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<sup>79</sup> Benson Cook, "Montreal police officers now trained, equipped with Naloxone kits."

providing further government subsidies for safe consumption sites, the ability for the government to screen drugs for possible lacing will become more effective and allow the government to screen a greater amount of narcotics. Providing investment for the development of safe consumption sites has been especially necessary in Vancouver, Toronto, and Montreal, with municipal governments calling on the federal and provincial governments for even greater support.<sup>80</sup>

However, expanding the use of safe consumption sites does not necessarily include the construction of more sites; rather, providing investment into awareness campaigns may also prove to be beneficial to the promotion of safe consumption sites in high-risk areas, especially where skepticism runs high. Similarly, an awareness campaign does not necessarily need to target drug users alone. With safe consumption sites having seen a downturn in staff in 2020 and 2021, it may be important to partner with provinces and territories to hire staff for the sites and promote such activities via awareness campaigns.

### **Reforming Access to Prescription Drugs**

Currently, prescription opioids are commonly prescribed as painkillers but have seen upwards of 20 percent of their users begin abusing them.<sup>81</sup> To counter this, the federal government may want to review the standards necessary to be prescribed such drugs to reduce their use. Increasing access to ibuprofen, for example, can be used as a substitute for opioid painkillers. This can be done through having the government cover the total cost of ibuprofen as most provinces do not provide a health insurance plan to cover such a painkiller. Investing into the research and development of high technology alternatives such as Stem Cell transplantation could also be beneficial as this method has shown a high degree of success for combatting pain in the long-term.

### **Investing into Overdose Prevention Support**

In July 2021, the Trudeau government announced a CAD 7.5 million investment into expanding access to healthcare workers that are capable of dealing with drug overdoses. This would place more medical professionals in high-risk areas such as the Downtown Eastside in Vancouver. By expanding this funding, it may be possible for the federal government to target most high-risk communities suffering from the opioid crisis.

On another note, investing into drug rehabilitation centres to develop more in high-risk communities as well as increase the capacity of current rehabilitation centres will close the gap in operational capacity that rehabilitation centres in Canada currently face. This could be done by working in conjunction with provinces, as it is the provincial responsibility to utilize the funding provided by the federal government for such investments. The allocation of funding by the federal government to provinces would likely have the condition that such funding must be allocated to the development and/or expansion of rehabilitation centres.

### **Reforming Mandatory Minimum Sentencing**

In 2007, the Conservative Harper government passed laws mandating mandatory minimum sentencing for the possession of narcotics under the Controlled Substances Act. Critics of this amendment claim that such policies adversely affect minority communities, especially Indigenous and Black communities in major urban areas. By

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<sup>80</sup> Ibid.

<sup>81</sup> National Institute on Drug Abuse, "Opioid Overdose Crisis."

repealing mandatory minimum sentencing, the government may instead be able to focus on the rehabilitation of drug users and long-term prevention of repeat offences—a strategy that many medical and criminal law professionals claim to be of more benefit.

## Bloc Positions

### Liberal Party

The Liberal Party is the largest centre-left Canadian political party as well as the current governing party of Canada. The Liberal Party has been a proponent of the liberalization of cannabis and possesses a somewhat progressive policy on the government's approach to dealing with drug use. Despite this, the Liberal Party has refused to, at this point in time, go any further with the liberalization of drug laws. Liberal leader and Prime Minister Justin Trudeau has stated that liberalization of illicit substances, most notably opioids, is “not a step that Canada is looking at taking at this point” and has expressed his support for keeping to the current status quo regarding the liberalization of drugs.<sup>82</sup> Nonetheless, the Liberal Party has supported amending mandatory minimum sentencing.<sup>83</sup>

The Liberal Party platform also espouses the belief that municipal and provincial addiction treatment, notably safe consumption sites, should be expanded with the help of the federal government. On legal reform, the Liberal Party has noted that reducing sentencing for simple possession and replacing it with policies focused on rehabilitation would be a priority of their government. The Liberals have promised greater investment and cooperation with the provinces on the development of rehabilitation centres as well as safe consumption sites, also pledging greater support for provinces to purchase naloxone kits to deal with overdoses in high-risk areas.<sup>84</sup> Moreover, the Liberal Party supports expanding social worker presence in high-risk areas but has not shown willingness to replace RCMP patrols entirely. On the note of opioid prescriptions, the party has promised to expand investment in research and development into substitutes for opioid painkillers and prefers to replace opioids over their restriction.

### Conservative Party

The Conservative Party of Canada is the only centre-right party in the House of Commons and serves as the Official Opposition to the Liberal government. With a new leader, Erin O'Toole, at the helm who has historically aligned with the socially liberal faction of the party, the Conservatives have taken a relatively significant turn from the tough-on-crime policies of Stephen Harper and Andrew Scheer, especially surrounding mandatory minimum sentencing. Nonetheless, there are numerous members of the Conservative Party, especially in rural and Western ridings, that still align with Harper's tough-on-crime policies, which could lead to inconsistencies regarding the voting record of the party as a whole.

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<sup>82</sup> Rachel Browne, “Trudeau confirms that the Liberals are not looking to decriminalize drugs.”

<sup>83</sup> Ibid.

<sup>84</sup> The Liberal Party of Canada, “Drug Use and Addiction,” *The Liberal Party*, 2021, <https://liberal.ca/our-platform/drug-use-and-addiction/>.

The Conservative Party generally supports a tough-on-crime approach to dealing with the sale and cross-border trafficking of drugs and illicit substances. Despite this, the party has loosened its rhetoric on punishment for simple possession, with Erin O’Toole stating that “it’s not appropriate to have very serious penalties for Canadians who have problems with drugs.” O’Toole has expressed support for decreasing mandatory minimum sentencing for the simple possession of narcotics and has begun stressing the need to approach the issue of substance abuse as a health issue rather than a criminal issue. Despite this, the Conservative Party has expressed opposition to the liberalization of all drugs and substances, believing that the status quo on the issue of legalization must be kept. The Conservative Party instead believes that education on drug use should start at an early age and has recommended that the federal government work with provincial governments to promote such an initiative.

The Conservative Party believes that expansion of safe injection sites should be funded by the federal government, while the responsibilities for their operation and general development should be left to provinces and local communities to restrict further spending from the federal government. The Conservative Party has also promised to invest CAD 1 billion between 2021 and 2026 in funding for Indigenous-specific mental health and drug treatment programs. On the issue of prescription drugs, the party has traditionally leaned toward tightening requirements to receive opioid painkillers but has expressed little interest in the government covering the costs of over-the-counter painkillers.<sup>85</sup>

### **Bloc Québécois**

The Bloc Québécois is a Quebec nationalist and sovereigntist party, with the vast majority of its members falling on the centre-left of the political spectrum. Despite this, the party voted against the legalization of cannabis and instead proposes that provinces should have jurisdiction over whether drugs and illicit substances should be legalized or decriminalized.

The Bloc Québécois has traditionally supported the expansion of safe injection sites and has taken a moderate stance on the issue of punishment for possession, believing in the repeal of mandatory minimum sentencing but not the decriminalization of drugs entirely. The party believes that the federal government should increase funding for healthcare to Quebec but stress that provincial and municipal governments have the best chance at dealing with drug crises. The Bloc is also a proponent of allowing provinces to unilaterally amend the Controlled Drugs and Substances Act within the borders of a province.<sup>86</sup>

### **New Democratic Party (NDP)**

Advocating for progressive reform, the NDP has been the most vocal in support for the decriminalization of drugs and illicit substances of the major parties. The NDP supports decriminalizing the simple possession of drugs and substances, citing the fact that the laws surrounding narcotic possession disproportionately affect Indigenous and Black communities. The party also believes in increasing the number of safe consumption sites

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<sup>85</sup> Alex Boutilier, “Erin O’Toole says drug offenders deserve help, not stiff penalties,” *The Toronto Star*, January 25, 2021, <https://www.thestar.com/politics/federal/2021/01/25/erin-otoole-says-drug-offenders-deserve-help-not-stiff-penalties.html>.

<sup>86</sup> Bloc Québécois, “Le Québec, C’est Nous,” *Le Bloc Québécois*, September 25, 2019, [https://www2.blocquebecois.org/wp-content/uploads/2019/10/Plateforme\\_Bloc2019\\_web-1.pdf](https://www2.blocquebecois.org/wp-content/uploads/2019/10/Plateforme_Bloc2019_web-1.pdf).

and rehabilitation centres, as well as conducting thorough investigations into opioid manufacturers to prevent the lacing of drugs. To prevent overdoses, the NDP has proposed funding for additional resources for the treatment of addiction and overdose.<sup>87</sup> The party has also expressed support for gradually replacing RCMP units in high-risk areas with social workers.<sup>88</sup>

On another note, the NDP has also supported universal pharmacare, which would enable all painkillers, whether prescription or over-the-counter, to be covered by the federal government. They believe that this approach will incentivize patients to use non-opioid painkillers, which would reduce the number of opioid abusers.

## Green Party

Generally holding progressive views, the Green Party sides with the NDP on many issues surrounding drug and substance reform. Many of the Green Party's policies have remained constant to what they were under the previous leadership of Elizabeth May.

The party believes that the opioid crisis should not be treated as a criminal issue but as a health issue and has supported the expansion of safe injection sites as well as the decriminalization of all street drugs. To counter youth addiction, the party has proposed greater investment into mental health and addiction support through youth rehabilitation centres and federal initiatives in education.<sup>89</sup> Similarly to the NDP, the Green Party openly supports replacing RCMP patrols in high-risk areas with social workers, also supporting the implementation of universal pharmacare.

## Discussion Questions

1. What are the major issues with Canadian drug laws and how should they be amended?
2. What legislation does Canada lack that has hindered the ability for federal, provincial, and municipal governments to adequately combat the opioid crisis?
3. What is the impact of drug and substance reform on minority communities in Canada?
4. How much importance should be placed on a tough-on-crime approach as opposed to a medical approach to the issue of drug and substance reform?
5. What are some successful approaches taken by other countries on drug and substance reform?

## Additional Resources

Non-medical Drug Use in Canada:

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<sup>87</sup> The NDP, "NDP: Immediate action needed on the opioid crisis," *The NDP*, December 11, 2018, <https://www.ndp.ca/news/ndp-immediate-action-needed-opioid-crisis>.

<sup>88</sup> Ibid.

<sup>89</sup> The Green Party, "Green Party calls for decriminalization of drugs to deal with opioid crisis," September 21, 2019, <https://www.greenparty.ca/en/media-release/2019-09-21/green-party-calls-decriminalization-drugs-deal-opioid-crisis>.

<https://www.thecanadianencyclopedia.ca/en/article/nonmedical-drug-use>

Supervised Injection Sites in Ontario:

<https://www.sciencedirect.com/science/article/abs/pii/S095539591930249X>

Drug Policy and Human Rights:

[https://www.ohchr.org/Documents/HRBodies/HRCouncil/DrugProblem/HRC39/CanadaHIVNetwork\\_May2018.pdf](https://www.ohchr.org/Documents/HRBodies/HRCouncil/DrugProblem/HRC39/CanadaHIVNetwork_May2018.pdf).

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