Health Equity Impact Assessment Summary – Canadian Drug Policy

Introduction:

The social determinants of health - income and social status, social support networks, education, employment/working conditions, social environments, physical environments, personal health and coping skills, healthy child development, gender, and culture - influence the health of populations.[1] Health equity is achieved when all members of our communities have opportunities to be healthy; however, differences in social determinants of health often produce disparities that are avoidable and unnecessary, creating health inequity.[2] Addressing the determinants of health and reducing health inequities is fundamental to the work of public health in Ontario.[3] In addressing the factors that create inequities in overall health and improving the quality of life for populations at risk of poor health outcomes, a health equity impact assessment (HEIA) tool can help to identify unintended potential health equity impacts of decision-masking on specific population groups and support equity-based improvements in policy, planning, program or service design.[3]

As such, a HEIA was completed by the Shifting Policy – Decriminalization Working Group of the SMDS. It included a focused review of scholarly and grey literature, as well as input and expertise from various members of the working group. The HEIA demonstrates that while current Canadian drug policy impacts all people and all communities in the country, certain sub-populations are disproportionately affected by the harms of substance use criminalization. Key findings on harms to specific sub-populations follows.

Scoping and Implications.

Indigenous and Ethno-Racial communities – Drug prohibition harms Indigenous, Black and other racialized and marginalized communities, who are profiled and disproportionately arrested and incarcerated for drug offences, as well as subjected to child apprehension orders. While rates of drug use remain consistent among different racial groups, research shows that Indigenous, Black, and racialized populations are incarcerated for drug offences at far higher rates than white populations.[4] Indigenous adults represent 5% of the Canadian population but 30% of admissions to federal custody, and 95% of Indigenous women who enter federal prisons report a history of alcohol and drug use.[5] Substance use criminalization fails to recognize the systemic impact on Indigenous people, which ranges from cultural oppression and erosion to economic exclusion.[6] Black adults represent 3% of the Canadian population but 7.2% of federal offenders, and 43% of all federally incarcerated offenders convicted for a drug offence are Black adults.[5]

Youth and Young Adults - Youth accused of drug offences doubled between 1997 and 2007, which can be attributed to illicit drug use among youth increasing consistently since the late 1980s.[7] Drug-related offences involve younger persons than crime in general; in 2013 the rate of drug-related offences was highest among those aged 18 to 24 years (1,176 per 100,00) which was considerably higher than the rate among 12 to 17 year olds and more than double the rate of those aged 25 to 34.[8] In 2018, 1009 youth ages 12 to 17 years in Canada were charged or recommended to be charged for non-cannabis drug offences.[9] Up to 2% (or 500) of the Canadians who passed away from an opioid poisoning in Canada since 2017 have been youth under 19 years of age.[9]

Newcomers – Canadian data on the criminalization of newcomers for substance use is sparse. However, non-citizens in the United States are frequently detained and deported for drug-related crimes, and "crimmigration" is a term coined for criminal and immigration policy and enforcement that is punitive and exclusionary to newcomers.[10]

People with low income – Incarceration for drug use disproportionately affects people who are poor,[11] with drug laws being heavily enforced against people with low income and in marginalized areas where there is more street activity and over-policing.[12] People who use drugs frequently encounter barriers to achieving financial security and obtaining legal and meaningful employment, and may resort to high-risk income generation activities like sex work and drug dealing, which further increases the risk to their personal health and safety.[13]

Religious and faith communities – There is limited research on the impact of drug policy on differing religious entities. However, in a 2014 study of religious behaviours in homeless individuals, those individuals with frequent religious attendance had significantly lower rates of alcohol, cocaine and opioid use than infrequent attendees.[14]

Rural and remote communities – Though data on the rate of substance use criminalization across Canada's different communities is limited, it is known that people living in rural and remote communities are disproportionately impacted by opioid use disorder and face additional challenges when accessing substance use treatment due to higher levels of stigma, fewer available services, and privacy concerns.[15,16] Rural and remote areas also experience opioid poisoning hospitalization rates more than double those of Canada's largest cities.[17]

Identified sex and gender – In 2016-2017, 30.2% of federally incarcerated women in Canada were serving a sentence for "serious drug offences or conspiracy to commit serious drug offences" such as drug trafficking, importing and exporting, and production, compared to 17.5% of men.[18] In 2018, the United Nations estimated that 35% of women incarcerated globally are incarcerated for drug offences, compared to 19% of men.[19] Importantly, three-quarters of federally incarcerated women are mothers, and more than half of those women reported experiences with child protection services due to substance use, mental health concerns or abuse/neglect.[20] Women who use substances also face unique challenges while incarcerated, including lack of access to health and harm reduction services, increased risk of acquiring HIV and Hepatitis C virus, and poor mental and physical health which may contribute to addiction and crime upon release.[20]

Sexual orientation – Although incarceration rates for members who identify with the LGBTQ2S community are not well documented, studies consistently demonstrate that LGBTSQS communities are more likely to engage in substance use, use opioids intensively compared to heterosexual persons, and die of a fatal drug overdose.[21]

People who have previously been involved with the justice system – People with a criminal record for substance use, or other, face significant barriers in daily life including finding employment, adopting a child or gaining custody rights, securing housing, pursuing certain areas of study or career paths that require a criminal record check such as medicine, nursing or child care fields, volunteering, and having the ability to be bonded; thus, jeopardizing safe reintegration into society following an offence.[22]

People with disabilities – In the US, those afflicted with intellectual disabilities suffer from staggering rates of addiction. Anywhere from 7% to 26% of individuals with intellectual

disabilities have addiction-related issues. [23] These rates are heavily influenced by the effects of some mental health conditions combined with the frustrations of dealing with them and the need to cope.[23] In general people with disabilities are more likely to experience victimization, be arrested, be charged with a crime, and serve longer prison sentences once convicted, than those without disabilities.[24] In carceral settings, access to harm reduction and other health services is drastically curtailed,[2] adding to the risks of those incarcerated with disabilities.

People who are un/underhoused - Unhoused people who use drugs are often forced into more unsafe, unsanitary, and riskier injection and drug-using practices to avoid detection. [25] In 2018, the proportion of individuals who reported addiction or substance use increases with time spent homeless, from 19.0 % at 0 – 2 months to 28.2 % for those who reported over 6 months of homelessness in the past year.[26] In Simcoe Muskoka, emergency department visits and hospitalizations for opioid poisoning were highest among those living in areas with the highest amount of material deprivation. [2]

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