

Detailed summary of the history of Canadian Drug Policy.

Since the early 1500s, psychoactive substances have been used globally for medicinal, cultural, and spiritual purposes and were available in the form of elixirs, teas, drinks and cough suppressants. European colonizers from Britain and France introduced these substances, along with alcohol, to Indigenous communities in Canada in trade for fur and other valuable goods. By the mid-1800s, cocaine (derived from cocoa plant), cannabis and opium were legal and commonplace for relaxation and the treatment of various medical ailments. In the late 1800s, however, moral reformers began emphasizing the importance of White supremacy and Christian values, particularly sobriety, and implemented the prohibition of alcohol in certain regions to control Black, Indigenous and other racialized communities who used the substance.

The first formal drug legislation, *The Opium Act*, 1908, was passed during a time when racism against Chinese people was high, and opium was commonly used by Chinese immigrants working on the Canadian Pacific Railway for pain relief and relaxation. The legislation banned the manufacture, import and sale of opium for non-medicinal purposes, as there was growing concern amongst domestic workers that Chinese men were a threat to their employment stability, and that opium smoking encouraged interaction between Chinese men and White women. This was the first of many drug policies targeting racialized communities, demonstrating that prohibition of psychoactive substances is intricately tied to racism and colonization in Canada.

In 1911, the *Opium and Drug Act* passed, adding cocaine and morphine to the list of prohibited substances, and increasing enforcement powers of police. Over the next 50 years, 15 additional substances were added to the schedule of prohibited substances, including cannabis, and further offences and police authorities were afforded. In 1961, the *Narcotic Control Act* passed and increased penalties against people who used drugs, and The Single Convention on Narcotic Drugs was also signed by Canada, requiring drug possession to be a punishable offence. In 1969, a Commission of Inquiry into the Non-Medical Use of Drugs, otherwise known as the Le Dain Commission, was launched to examine the impact of drug policy on people who use drugs in Canada. The final report emphasized harms caused by criminalization of drug use and recommended decriminalization of cannabis, reduced criminal penalties for people who use illicit drugs, and treatment services for people with opioid dependence, however these recommendations were never implemented due to opposition from law enforcement.

In 1987, Canada's first five-year Drug Strategy was released and included principles related to enforcement, prevention, treatment, and harm reduction. One year later, The Convention Against Illicit Trafficking in Narcotics and Psychotropic Substances was signed by Canada, which expanded international enforcement of illicit drugs. In 1996, the *Controlled Drugs and Substances Act* (CDSA) was passed, leading to the regulation of importation, production, exportation, distribution, and use of scheduled drugs. By the early 2000s, the approach towards drug policy began to shift; in 2001, Canada introduced medical access to cannabis, and in 2003, Canada's first supervised injection site, Insite, opened in Vancouver.

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In 2007, the National Anti-Drug Strategy removed harm reduction as a pillar, despite evidence supporting the emerging movement. A new federal government introduced the Canadian Drugs and Substances Strategy in 2016, however, and reinstated harm reduction as a pillar in response to the opioid overdose crisis. The *Good Samaritan Drug Overdose Act*, 2017 was then passed to protect people who utilize emergency services for drug overdose from being charged or convicted under the CDSA. In 2018, the production, use and sale of cannabis became legalized and regulated, and was removed from the CDSA. In 2019, Canada became the first country to approve Injectable Opioid Agonist Therapy (iOAT) as a treatment for opioid use disorder and diacetylmorphine (prescription heroin) was added to the list of drugs for an urgent public health need, allowing its import for the treatment of opioid dependence. In response to the COVID-19 pandemic in 2020, Health Canada granted temporary exemptions under the CDSA for flexible prescribing of controlled substances, such as through safer supply programs.

Since 2020, a growing number of Canadian jurisdictions have demonstrated interest in decriminalization of substance use. In 2021, the HIV Legal Network outlined a drug decriminalization policy for Canada that was endorsed by 112 human rights and health-based civil society organizations. A provincewide section 56 exemption under the CDSA for British Columbia was granted in May 2022, resulting in adults 18 years of age and older being exempt from charges for simple possession of up to 2.5 g cumulative of opioids, cocaine, methamphetamine and MDMA. The City of Toronto requested a section 56 exemption in January 2022 under the CDSA to decriminalize possession of illicit substances within the city's boundaries and is awaiting response from Health Canada. Kingston, Frontenac, Lennox and Addington Public Health Unit is undertaking community consultation on decriminalization. Decriminalization of drug use has thus emerged as one important component of a comprehensive harm reduction model to address the crisis of drug toxicity in Ontario and Canada.

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