

Canadian Association of Chiefs of Police Drug Policy 2007

Introduction

The CACP has taken a number of progressive positions over the years with respect to drug policy in Canada. As far back as 1973 the association has, through its resolutions, programs and initiatives, sought to exert a positive influence as our communities struggle with substance abuse issues.

In drafting this policy, the CACP Drug Abuse Committee was guided and influenced by a number of stakeholders and positions, including the overarching position that **the use of illicit drugs is harmful**. For example, the vision of the *National Framework for Action to Reduce the Harms Associated with Alcohol and Other Drugs and Substances in Canada - Answering the Call*, is that “**All people in Canada live in a society free of the harms associated with alcohol and other drugs and substances**”, and acknowledges that there is harm associated with substance abuse. This Framework has been reviewed and endorsed by the CACP Drug Abuse Committee.

Objective

This document is intended as a guide for CACP members in their day-to-day responsibilities as Canada’s police leaders as well as when commenting publicly on Canada’s drug policy and substance abuse issues in their communities.

Outlook

The CACP is an important leader of progressive change nationally, and is committed to building safer and healthier communities through safe streets, safe homes, safe schools, and strong, vibrant neighbourhoods. The CACP “*Leads Progressive Change in Policing*” and has a clear public position on drug abuse, including a policy that can be examined, critiqued, and debated. The CACP welcomes dialogue on this complex and evolving issue as we continue to work towards a safer and healthier Canada in collaboration with our partners.

Terminology

The CACP defines “Drugs” as all substances, legal and illegal, that cause behaviours that are harmful to the community at large, including alcohol, as well as legal and illicit drugs. In the context of policing, the CACP is primarily concerned with the negative behaviours that arise from substance abuse, and the impact of those behaviours on public safety and public order.

For the purposes of this policy, the CACP considers any illicit drug use to be “**abuse.**” Further, any use of a licit substance (e.g., alcohol, medication) in a harmful way is considered abuse.

CACP Drug Policy: A Balanced Approach

The CACP believes in a balanced approach to the issue of substance abuse in Canada, consisting of prevention, education, enforcement, counseling, treatment, rehabilitation, and where appropriate, alternative measures and diversion to counter Canada's drug problems.ⁱ

We believe in a balanced continuum of practice distributed across each component, supplemented by projects and initiatives as necessary. In addition, the policy components must be fundamentally **lawful and ethical**, must consider the interests of all, and must strive to achieve a balance between societal and individual interests. Further, the CACP believes that to the greatest extent possible, initiatives should be evidence-based.

The CACP does not support uncoordinated silos of effort and work. CACP members partner in a broad spectrum of proactive, community based initiatives. The CACP encourages participation in substance abuse prevention and awareness initiatives that support a safer and healthier Canada, through a vision aimed to reduce crime, reduce the fear of crime, protect the vulnerable, and create safer and healthier communities for all Canadians.

Prevention

The CACP strongly believes that prevention is most important. If prevention is successful there will be a decrease in the harms attributed to substance abuse.

To gauge the magnitude of the alcohol and illicit drug use problem in Canada, Canadian Centre on Substance Abuse, Health Canada, and provincial partners conducted a national telephone survey in 2003 (Canadian Addiction Survey, 2005). This study (CAS) revealed that in the preceding year,

- 79.3% of the population ages 15 and over consumed alcohol,
- 14.1% used cannabis, and 3% used other illicit drugs (i.e., hallucinogens, cocaine, amphetamines, ecstasy, and heroin).

Furthermore, young people are disproportionately more likely to consume substances,

- about 90% of youth aged 15 to 24 reported past-year consumption of alcohol,
- 40% reported past-year cannabis use, and
- 13% reported past-year use other illicit drugs.

In addition, the age of initiation for substance use appears to be dropping. Young people aged 15 to 17 reported engaging in earlier use than those 18 to 24. This is a troubling pattern as earlier substance use is related to an increased likelihood of heavy use, experiencing harms from use, and symptoms of dependence.^{ii,iii}

Data from the CAS also indicates males are substantially more likely to use alcohol and illicit drugs compared to females; however, females are more likely to experience harm. Therefore, prevention programs also need to be gender specific.

The overall theme of prevention should be to encourage Canadians to stay “**drug free**,” and to discourage substance abuse. The relative lack of resources, and inconsistent use of existing resources and effort directed at age-appropriate prevention and education strategies on a national scale is a significant concern. Drug education and positive youth development, as a regular and sustained part of the school curriculum, is imperative. Furthermore, prevention programs should be informed by research that helps identify the high risk users in order to better refine the implementation of these programs.

Positive youth development through asset building makes an important difference in the lives of children and youth as they transition to young adulthood. While children and youth are only 20% of our population, they are 100% of our future. Police, as community leaders have a role to play in helping to keep their dreams alive and full of hope through a HEP (Health, Education and Enforcement) partnership model. The SEARCH Institute’s Developmental Asset Building tm is evidence based and endorsed by the CACP.

Past prevention campaigns, such as those for anti-smoking and anti-drinking and driving, were successful in changing societal attitudes and behaviours, in part, because the undesirable behaviour was identified, judged and stigmatized. Recent messages that tend to de-stigmatize drug use have desensitized society, particularly impressionable young people, to the dangers of illicit drug use. Therefore, the CACP supports long-term and sustained prevention campaigns involving all key partners that have a clear abstinence message and that include clear information about the harm caused by illicit drug use.

The CACP values its ongoing partnership with the Health, Education and Enforcement in Partnership (HEP). HEP is comprised of a network of organizations and individuals representing diverse perspectives, committed to addressing substance abuse issues. HEP unites key players from the health and enforcement fields at the local, provincial, and national levels. It is an inclusive network, including Health Canada’s F.P.T. Committee on Alcohol and Other Drug Use, Addictions Agencies, Justice Canada (DOJ), Correctional Services of Canada (CSC), Public Safety Canada (PS), R.C.M.P., Canadian Border & Security Agency (CBSA), National Crime Prevention Center (NCPC), and Federation of Canadian Municipalities (FCM) all united in a partnership co-chaired by Canadian Centre on Substance Abuse and the CACP.

Prevention supports CACP’s public safety mission in that it will reduce the number of people who abuse substances. This will reduce the number of incidents where a drug abuser’s behaviour, in the form of crime and disorder, has a negative impact on themselves, their family, and their community.

Ultimately, effective prevention strategies will:

- Reduce crime,
- Reduce the fear of crime,
- Minimize victimization, and
- Create safer and healthier communities.

Enforcement

The CACP is also committed to enforcement practices that target **the criminal infrastructure**, which supports and perpetuates the cycle of crime, violence, disorder, as well as the victimization of the most vulnerable citizens in our communities. This strategy supports our mission to reduce crime, reduce street disorder, protect the vulnerable and create safer communities. As well, an enforcement priority will remain targeted at those who profit from the drug trade in trafficking, cultivation, importing, exporting, and production of illicit drugs.

Enforcement should also be prioritized towards those whose trafficking behaviour interferes with the lawful use and enjoyment of a given facility or location, whether public or private, or contributes to street disorder, and causes fear among citizens and the community at large.

The CACP endorses the practice of police discretion in individual communities, but believes there should be emphasis on enforcement of laws against the possession/illegal use of drugs where the users are engaged in behaviours that harm or interfere in the lawful use or enjoyment of public or private property, and contribute to street disorder. In particular, the CACP believes that enforcement should be a priority in **parks, school grounds** and other locations where **vulnerable children and youth are placed at risk**.

Healthy Communities and Transition to Treatment

The CACP supports a range of strategies that serve to reduce harm in society, and has in the past, expressed *qualified* support for certain activities that reduce harm, such as Needle Exchange Programs. **This means that CACP does not endorse all initiatives that are presented as “harm reduction”, but rather assesses specific initiatives that advocate reducing harm.**

Qualified support of activities claiming to reduce harm has always been accompanied with a call to ensure these activities are based on credible evidence and are part of a **comprehensive response**. The CACP acknowledges that the reduction of harm is necessary to support public health objectives such as reducing transmission rates of HIV and hepatitis, as well as preventing drug overdoses. Reducing harm should reflect transitory measures to prevent addicts from contracting disease, injuring themselves, or dying before they have an opportunity to access and eventually succeed at treatment. Harm reduction measures **should not be seen as an end in**

themselves, but rather as temporary measures for hard-to-reach addicts leading to treatment and abstinence.

Some practices may initially reduce harm to the user, but may unintentionally cause more long-term harm by enabling the addicted user to remain in a perpetual cycle of addiction.

The longer addicts are maintained in a cycle of addiction without an accessible pathway to treatment, the more likely they are to engage in negative behaviours that harm themselves, other citizens, and the community at large. These behaviours are reflected in property crime, violence, street disorder, and calls for service to which the police must respond. The CACP supports health initiatives that **preserve and protect life** by preventing disease transmission and overdose deaths. However, the longer a person stays in the cycle of addiction, the longer they remain at risk. The health and safety of drug abusers and those in the community at large must be considered in the implementation of any initiatives.

Initiatives designed to reduce harm to drug abusers may also conflict with law enforcement activities intended to address public safety issues. The CACP encourages the management and mitigation of these impacts through communication with community partners.

The CACP acknowledges that there are different types of harm associated with drug abuse that fall outside the realm of health (e.g., social and economic harms). Therefore, health-based initiatives that reduce harm **should not be perceived as automatically taking priority over other concerns**. By expanding the definition of reducing harm to include all initiatives (and organizations) that reduce harm, this strategy becomes less controversial and more understood, inclusive, and supportable.

Where there is public debate on the merits or disadvantages of initiatives or activities claiming to reduce harms related to substance abuse, the CACP urges its members to recommend that the following questions guide the discussion:

- *What do we know about this problem?* Has anyone validated the problem trying to be addressed? (e.g., is there empirical data to support the claim that there is an injection drug use problem that warrants a Supervised Injection Site?)
- *Why are we trying to address it this way?* Has anyone considered alternate means of addressing this issue? (If there is such a problem, is an SIS the only way to address it?)
- *Where is the evidence supporting this action?* Does this initiative conform to the law? Is this a shot in the dark?

- *When do we know we've reached the goal?* Are there specific objectives for this initiative? What are they and how will they be measured?
- *Who is accountable?* For this initiative and its anticipated/unintended consequences?

Treatment

The CACP calls for accessible and on-demand treatment for substance abuse for both adults and youth. Society as a whole has an obligation to provide whatever treatment tools and resources are necessary to end addiction to drugs. Treatment interventions should address and anticipate a broad spectrum of needs.

The CACP acknowledges that addiction is a chronic and relapsing disorder that may require multiple interventions. Treatment will reduce the number of addicts and reduce their addiction-related behaviours that harm society, and to which the police must devote resources. Clearly, the more accessible and comprehensive the treatment program, the more likely an addict is to succeed in ending the harmful cycle of addiction.

The CACP strongly supports legislated and properly resourced programs, such as **drug courts** and other initiatives, which facilitate and enforce **mandated treatment programs**. In addition, treatment programs should be made available for those incarcerated or being released into the community under conditions.

Conclusion

The CACP leads progressive change in policing in Canada, contributing to and supporting healthy, strong, and safe communities. This document is intended to provide a reference point for CACP members, and to encourage further debate, research, and communications internally and externally on the issue of drug abuse.

ⁱ CACP Resolution 1999-15.

ⁱⁱ Grant, B.F., Stinson, F.S., & Harford, T.C. (2001). Age of onset of alcohol use and DSM:IV alcohol abuse and dependence. A 12 year follow up. *Journal of Substance Abuse, 13*, 493-504.

ⁱⁱⁱ Warner, L.A., & White, H.R. (2003). Longitudinal effects of age at onset and first drinking situations on problem drinking. *Substance Abuse and Misuse, 38*, 1983-2016.