

Document 3 – Evidence that Supports a Public Health Approach to Substance Use Health

The current approach to substance use in Canada causes harm to people who use substances and the broader community and is not turning the curve on deaths due to overdose. Harms include stigmatizing people who use substances, which leads to less help-seeking behaviours,¹ which in turn leads to experiences of discrimination within the health sector and the community as a whole and makes it harder for people to find work and housing.² Additional harms include people using substances in unsafe spaces and high-risk behaviours, increasing the risk of overdose and blood-borne infections like HIV, hepatitis and tuberculosis.³ Moreover, the illegal drug market produces stronger drugs for higher profits resulting in poisonings, overdoses, and other harms⁴ and costing \$2 billion a year for police, courts, and prisons to enforce drug laws.⁵

Alternatively, a public health approach to substance use health will provide a framework that addresses the issue of preventing health and social harms that can result from substance use through a population health approach, which aims to improve and protect the health and well-being of the community and reduce inequities. There exists a growing body of evidence of the effectiveness of this approach from other countries. In Portugal, there has been a reduction in drug use among at risk populations and increases in the number of people accessing treatment.⁶ In the Czech Republic, HIV rates are less than 1% among people who inject drugs, one of the lowest rates in the region.⁷ Police in jurisdictions that have decriminalized drug possession effectively have reported improved community relations because of the reforms.⁸

A public health approach to substance use health has a broader scope than just legal reform or downstream strategies. It includes a focus on the social determinants of health (SDOH), promoting healthy behaviours, and developing healthy communities.⁹ Root causes of substance use health problems and disorders include risk factors and determinants discussed in this report.¹⁰ Addressing key determinants, such as early childhood experiences, will help to prevent harms in the future. When discussing early childhood development and adverse childhood events such as trauma, we know that secure attachment with a caregiver is foundational to positive developmental outcomes and future relationships with peers and partners. Early childhood experiences shape the brain's architecture and build secure attachment, healthy development, and future relationships with others.¹¹ Therefore, a public health approach includes aspects that address risk factors and prevention of substance use disorders by working to promote protective factors such as building healthy family and peer relationships, providing

supportive school and work environments, improving community connectedness and cultural supports, and improving individual coping skills to address stress, emotional trauma, etc.¹²

Substance use health concerns (such as substance use where problems are occurring), overdose risk, and stigmatization disproportionately affect some communities over others. As a result of the residential school system and its related historical and ongoing practices of oppression and genocide, many Indigenous communities face disproportionate rates of substance use and stigmatization.¹³ Furthermore, one element of a decolonial lens is the need for fulsome engagement and collaboration with Indigenous peoples on health issues, including substance use health, as per the Truth and Reconciliation Commission's Calls to Action.¹⁴ OPH's research into the mental health of Ottawa's Black community indicates that some members of that community turn to substance use as a coping mechanism when barriers prevent them from accessing mental health services. One research participant described stigmatization in the health care system when a service provider ignored the participant's real needs in favour of their preconceived notion of the participant as a "drug addict".¹⁵ Therefore, explicit anti-oppression and decolonial lenses will aid a public health approach to substance use health in identifying, understanding, and tackling the ways in which oppression and colonialism underlie and exacerbate negative substance use health outcomes including substance use where problems are occurring, substance use disorder, overdose risk, and stigmatization.

A public health approach to substance use health also requires the insight and leadership of people with lived and living experience of substance use. People with living experience have been at the forefront of existing advocacy work on drug policy reform and in responding to the overdose crisis.¹⁶ Recent efforts at reform in Vancouver have been criticized by leading advocacy organizations for their lack of proper engagement and collaboration,¹⁷ and in their call for a working group on decriminalization, Toronto Public Health has explicitly identified the need for people with living experience to have a seat at the table.¹⁸ People with living experience are intimately aware of the impacts of substance use, stigmatization, and criminalization on their lives, and therefore bring a necessary level of situational awareness and expertise to decision-making tables. People with lived experience have reduced their substance use and can also bring this expertise to the table.

Public health approaches to the use of legal substances such as alcohol¹⁹ and cannabis²⁰ recognize that many Canadians are unlikely to fully abstain from substance use. They therefore endorse the view that use of these substances is a spectrum, and encourage people to use substances in moderation, at the lower end of the spectrum, where the risks are minimized. OPH has in the past recommended that the board adopt a framework that views substance use on a spectrum.²¹ Taking a spectrum-of-use

approach to all substances is appropriate for a public health approach since it acknowledges the complex biological and social or environmental determinants which influence how much use of a given substance constitutes problematic use for any individual, and understands that use where problems are occurring is primarily a health issue.²²

The Spectrum of Substance Use and Wellness

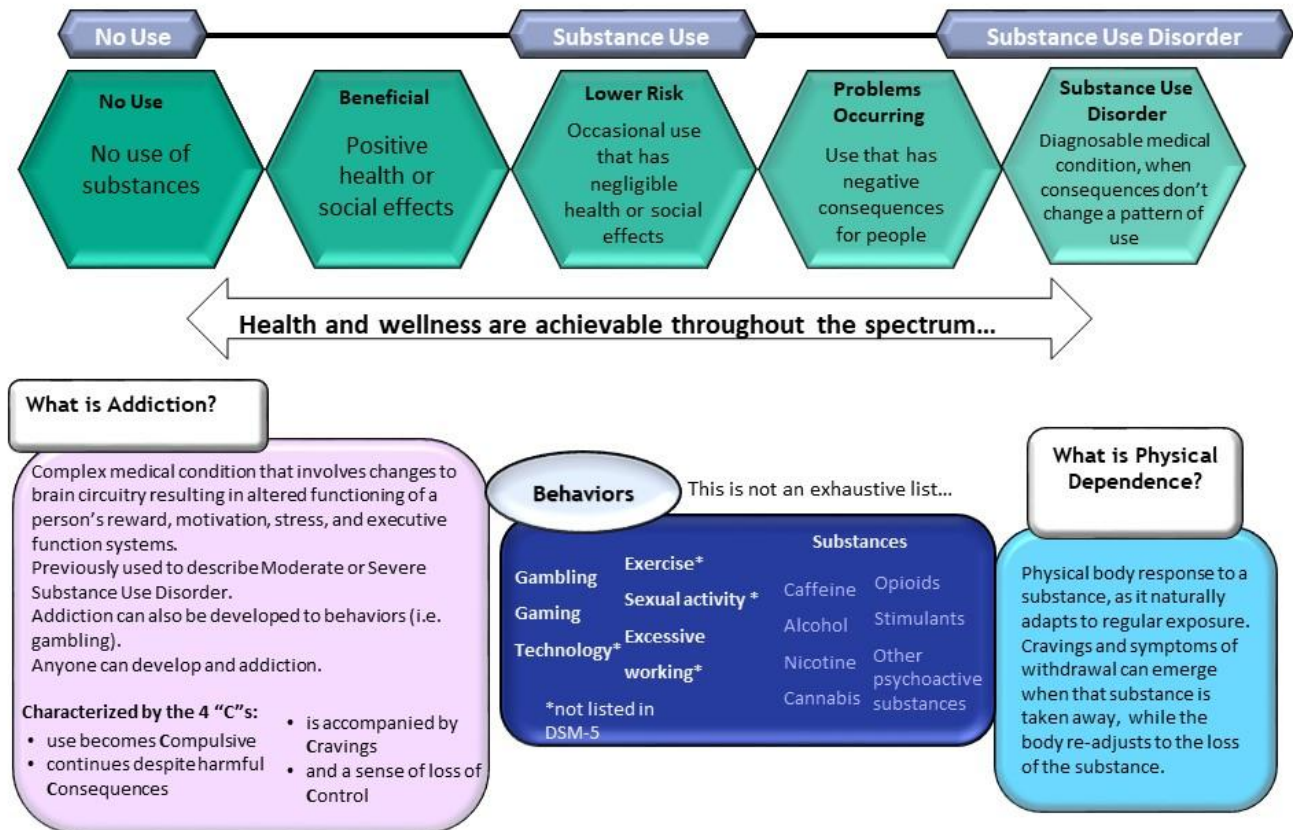


Figure 1 - Image depicting spectrum of substance use and wellness

Where We Need to Go

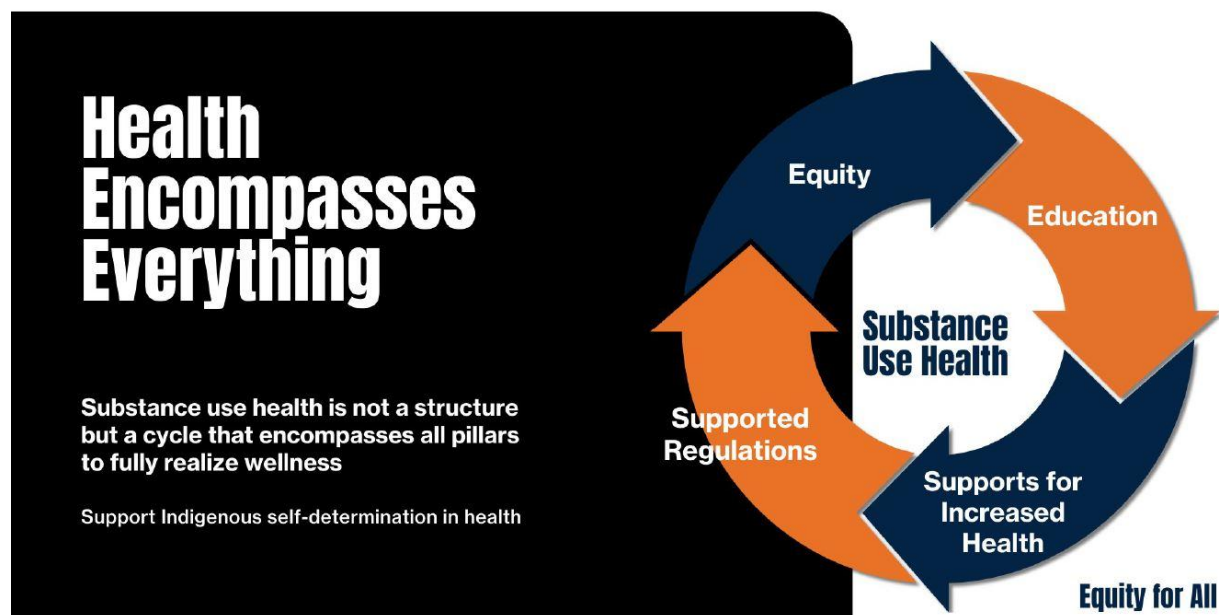


Figure 2 - Image depicting cycle of substance use health

¹ Csete, J. et al (2016). The Lancet Commissions: Public health and international drug policy. *The Lancet*, 387 (10026): 1427-1480.

² Canadian Bar Association. (2017) *Collateral Consequences of Criminal Convictions: Considerations for Lawyers*.

³ Transform Drug Policy Foundation. (June 2015) [Count the Costs. The War on Drugs: Threatening Public Health, Spreading Death and Disease.](#)

⁴ Canadian Bar Association (2017). *Collateral Consequences of Criminal Convictions: Considerations for Lawyers*

⁵ Department of Justice (2008). *Cost of Crime in Canada*.

⁶ Hughes, C., & Stevens, A. (2010). What can we learn from the Portuguese decriminalization of illicit drugs? *British Journal of Criminology*, 50, pp. 999–1022.

⁷ The National Monitoring Centre for Drugs and Addiction, Annual Report: The Czech Republic Drug Situation 2013, 2, as cited in: Global Commission on Drug Policy (2016) *Advancing Drug Policy Reform: A New Approach to Decriminalization*.

⁸ Magson, J. (2014) *Drugs, Crime and Decriminalization: Assessing the Impact of Drug Decriminalization Policies on the Efficiency and Integrity of the Criminal Justice System*, Winston Churchill Fellowship, 27, as cited in: Global Commission on Drug Policy (2016) *Advancing Drug Policy Reform: A New Approach to Decriminalization*.

⁹ The Ministry of Health and Long-term Care. (June 2021) [Ontario Public Health Standards: Requirements for Programs, Services and Accountability Protecting and Promoting the Health of Ontarians.](#)

¹⁰ Health Canada.(Sept 2018) [Background Document: Public Consultation on Strengthening Canada's Approach to Substance Use Issues](#)

¹¹ Ottawa Public Health. (2018) [Status of Mental Health in Ottawa Report](#). Pgs 54-55.

¹² Health Canada.(Sept 2018) [Background Document: Public Consultation on Strengthening Canada's Approach to Substance Use Issues](#)

¹³ The Truth and Reconciliation Commission of Canada. (2015) *Honouring the Truth, Reconciling for the Future: Summary of the Final Report of the Truth and Reconciliation Commission of Canada*. Pgs 193, 221-223.

¹⁴ Truth and Reconciliation Commission of Canada. (2015) Truth and Reconciliation Commission of Canada: Calls to Action

¹⁵ Ottawa Public Health. (August 2020) Mental Health of Ottawa's Black Community Research Study. Pgs 27-28.

¹⁶ VANDU et al. (2021) The drug war must end: The right to life, liberty and security of the person during the COVID-19 pandemic for people who use drugs. *Harm Reduct J*:18(21).

¹⁷ Canadian Drug Policy Coalition. (May 2021) Decriminalization Done Right: A Human Rights and Public Health Vision for Drug Policy Reform.

¹⁸ Toronto Public Health. (June 2021) Toronto Overdose Action Plan: Status Report 2021.

¹⁹ Canadian Centre on Substance Use and Addiction. (2018) Brochure: Canada's Low Risk Alcohol Drinking Guidelines.

²⁰ Canadian Research Initiative in Substance Misuse. (Revised 2018) Brochure: Canada's Lower-Risk Cannabis Use Guidelines.

²¹ Report to Ottawa Board of Health. (June 2016) Enhanced Harm Reduction Services in Ottawa – Data, Guiding Principles and Next Steps.

²² National Institute on Drug Abuse. (Revised June 2018) DrugFacts: Understanding Drug Use and Addiction.