

Decriminalization of simple drug possession in Saskatoon, SK: A rapid evidence review

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Preamble:

This rapid evidence review was first drafted at the request of the Charlie Clark, Mayor of the City of Saskatoon, in June 2021 to inform decision-making about the decriminalization of personal possession of substances in advance of a motion put forward by the Saskatoon Board of Police Commissioners (SBPC) to examine this topic. The Perspectives, Pathways, and Priorities of People with Lived and Living Experience of Substance Use: Informing Policies (P5 Project YXE) research team filled this request in five working days. On June 17, 2021, Commissioner K. Healy put forward a notice of motion (item 6.1 of SBPC minutes June 17, 2021) to address Decriminalization for Simple Possession of Illicit Drugs in Saskatoon. The P5 Project YXE team submitted the draft document to the SBPC to inform members about this topic. The motion was debated by SBPC on August 19, 2021 and passed with some modification (item 6.1 of SBPC minutes August 19, 2021).

This rapid review document was finalized for public release in September 2021. It provides summary evidence, rather than a comprehensive assessment of the research literature. It is organized into several key aspects of the topic including; terminology, community safety, economic benefits, impacts on law enforcement, BIPOC/Reconciliation, and HIV/STBBI relationships to substance use. The papers reviewed offer compelling evidence suggesting that decriminalization for simple possession is likely to benefit the city of Saskatoon.

Key Points:

- Criminalization of simple possession feeds stigma, inhibits the seeking of healthcare
- Criminalization encourages less safe use of substances
- Decriminalization for simple possession does not increase substance use
- Decriminalization can save money in health, legal, and law enforcement costs
- Simple possession charges disproportionately affect BIPOC communities
- Decriminalization can reduce health inequities and foster reconciliation
- Decriminalization decreases the incidence of new HIV/AIDS cases, which Saskatoon has inflated rates
- Decriminalization is best undertaken in alignment with additional harm reduction measures (i.e., regulated supply, supervised consumption, culturally informed care)

List of Report Acronyms

BIPOC	Black, Indigenous, and People of Colour
CDSA	Controlled Drug and Substance Act
Criminalization	Production, distribution, and possession of a controlled substance are subject to criminal sanctions (i.e. incarceration, fines), with conviction resulting in a criminal record. ¹
Decriminalization	Non-criminal responses, such as fines and warnings, are applied to designated activities, such as possession of small quantities of a controlled substance with no criminal record. ¹ Decriminalization may involve
IVDU	Intravenous Drug Use
Legalization	Criminal sanctions are removed with acceptable actions of regulated retail and commercial production. Regulatory controls can still apply, as with alcohol and tobacco.
PWLLE	People with Lived or Living Experience

PWUD	People Who Use Drugs
STBBI	Sexually Transmitted Blood-Borne Infection

Background:

Substance use and the overdose crisis are recognized around the world as public health issues. Bolstered by the Canadian Association of Chiefs of Police (CACP) report entitled *Decriminalization for Simple Possession of Illicit Drugs: Exploring Impacts on Public Safety & Policing*,² several Canadian cities* are calling for recognition of drug criminalization harms by considering the amendment of laws that criminalize simple possession of substances. The CACP report recommends decriminalization in part because this approach will ensure that people who use drugs (PWUD) will not fear arrest or be unduly inhibited from accessing harm reduction and other healthcare services. Decriminalization can occur in numerous ways that are both de facto and de jure and as the CACP report notes, various cities have already decriminalized aspects of drug use (safe consumption sites, distribution of unused drug paraphernalia, etc.). Ultimately, the report sets the stage for decriminalization for simple possession without the necessary repeal of legislation.² Of note, the federal Health Minister has broad power to exempt people and / or jurisdictions including municipalities and provinces from any or all of the provisions in the Controlled Drugs and Substances Act (CDSA) without needing to amend or pass legislation in parliament.³ All of this means that cities such as Saskatoon or Regina can take immediate steps to minimize the harms and stem the tide of overdose deaths.

In the past ten years 1681 people have died from overdose in the province of Saskatchewan.⁴ In 2020, there were 73 confirmed overdose deaths in Saskatoon, with numbers rising significantly since the onset of the COVID-19 pandemic.⁴ The 73 deaths recorded are likely an underestimation as some cases are still being investigated.⁴ In 2019, Medavie reported a total of 11 overdose calls for the month of May.⁵ Calls increased significantly in 2021, as Medavie reported 21 overdose calls in the span of the five days between May 25th to 30th.⁵

Several topics that are intended to foster discussion of decriminalization for the city were identified through the review and in conversation with the mayor’s office and the SPS. A rapid review and summary of key points on these topics follows.

Community safety and drug use:

Saskatoon’s City Council wants to “foster a more integrated and effective system of services in response to crime and community well-being”.⁶

- Drug prohibition does not reduce drug use,³ and decriminalization does not increase drug use.⁷
- From 2014-19, police in Canada made over 540,000 arrests for drug offences, of which 69% were simple drug possession.³
- There is no relationship between the “strictness” of a country’s enforcement of drug possession laws and levels of drug use;⁸ countries with the highest rates of drug-related deaths have the most punitive approaches to substance use.¹
- In Portugal, overdose death rates dropped by >80% after partial decriminalization.⁹
- Criminalization of simple possession often pushes PWUD into less safe substance use behaviours (i.e., rushed injection, sharing paraphernalia, etc.).^{3,8}
- Methamphetamine possession charges are up from 15 charges in 2012 to 408 charges in 2018.¹⁰

Economic Benefit:

The cost for incarcerating someone for simple possession or for the use of emergency services is high.

* Vancouver, Toronto, Halifax, and others

- People with criminal records face adversity finding employment,¹¹ housing issues, food insecurity, and stigma,¹⁰ which generates an increase in use of income assistance and social services.
- The average cost of having an individual incarcerated in Saskatchewan (provincial) prison is \$64,970 annually as of the 2018/2019 fiscal year.¹²
- In Portugal, the per capita social cost of substance use dropped by 18% following decriminalization efforts.⁹
- Admissions for opioid-related harms at Saskatoon Emergency Departments increased from 224 to 445 from 2019-2020. Similarly, admissions for methamphetamine rose from 685 to 919.¹³

Impacts on Law Enforcement:

The nature of police work and law enforcement can be burdensome. The CACP report suggests that decriminalization would allow officers to navigate individuals towards healthcare services, as opposed to incarceration, promoting rapport between police officers and the community.²

- In 2020, there were 811 arrests by the SPS under the Controlled Drug and Substance Act (CDSA).¹⁴
- SPS responded to 117,000 calls in 2020, but only 10.4% resulted in charges being laid, as many of these calls were for mental health-related issues.¹⁴
- Collectively, front-line workers/first responders experience first-hand the consequences of under-funding social services, leading to burnout.¹⁵

Fostering Stronger Relationships in the Saskatoon Community:

Reconciliation with Black, Indigenous, and People of Colour (BIPOC) Communities

SPS has stated they are interested in promoting transparency and support for BIPOC communities; decriminalization is one way of applying these values in practice.

- BIPOC communities are disproportionately affected by possession charges.³ There is documented fear and mistrust by BIPOC communities regarding arrests and police violence.^{3, 16}
- In Vancouver, 18% of trafficking and possession charges are against Indigenous Peoples, though they represent only 2.2% of the city's population.³
- Substance use disorders among Indigenous people is often a way of coping with intergenerational trauma and the effects of colonialism.¹⁶ Criminalization of substance use perpetuates violence and discrimination against Indigenous people.^{10, 16}
- Sexually transmitted blood-borne infections (STBBIs) are over-represented in BIPOC communities in Saskatoon.^{17, 18}

HIV/AIDS

Saskatoon has some of the highest rates of HIV/AIDS in Canada.^{17, 18} Decriminalization offers the opportunity for PWUD to access unused paraphernalia and harm reduction services without fear of incarceration. Reduction in HIV/AIDS rates in Saskatoon will alleviate the burden on healthcare services.

- In a corrections environment, there is an increased risk of STBBI transmission and fewer resources for harm reduction despite access to substances within correctional facilities.^{3, 19}
- In 2018, Saskatoon reported the highest proportion of HIV diagnoses in the province.^{17, 18}
- In Saskatoon, 2/3 of new HIV/AIDS cases are primarily linked to intravenous drug use (IVDU).¹⁸
- In Portugal, the prevalence of HIV/AIDS has dropped from 52% to 6% in new diagnoses in those who use drugs.⁹

People with Lived and Living Experience (PWLLE) of substance use

Amplifying and centering the voices of PWLLE of substance use is essential when developing and implementing decriminalization policy to assure successful uptake.¹⁹ Respecting the autonomy and knowledge of PWLLE allows for a more comprehensive understanding of substance use as a health issue and. Two fundamental assumptions in the research on substance use in Canada and elsewhere:

- PWLLE are experts on their own substance use.
- PWLLE are the individuals most affected by criminalization, and their voices must be amplified when determining policy reform.

Conclusion

This rapid review of the literature has provided evidence that suggests that criminalization for simple possession is largely ineffective in deterring people from using substances, is expensive, is burdensome for police officers, and is inequitable as it disproportionately affects BIPOC communities. Promisingly, it also appears that decriminalizing simple possession of substances in the City of Saskatoon could enhance community safety, increase economic benefits to the municipality, enhance law enforcement safety and community engagement, reduce the risk of harms for PWUD, promote pathways to reconciliation, improve BIPOC relationships with law enforcement, and reduce the spread of HIV/AIDS in Saskatoon. These changes would benefit all of Saskatoon's citizens including those who use substances and those who do not.

As public health researchers, we encourage decision-makers to utilize the best evidence available to improve population health. The best evidence on decriminalizing simple possession of drugs is a vital tool in creating change to stem the tide of overdose deaths in our city. This document offers a quick summary of research evidence on the effects of decriminalization from peer-reviewed and non-peer-reviewed sources. We anticipate a future need for a more thorough examination of evidence on the various models of decriminalization employed to date and welcome the opportunity to work with all stakeholders in so doing. In Canada the evidence so far indicates that the process of developing a framework for the decriminalization of personal possession for the city of Saskatoon should be done with the input of PWLLE, health providers, local police services and community organizations who are providing services in this area of care.²⁰ We look forward to next steps.

References

1. Jesseman R, Payer D. Decriminalization: Options and Evidence [Policy brief on the Internet]. Ottawa: Canadian Centre on Substance Use and Addiction; 2018 Jun [cited 2021 Jun 24]. 18 p. Available from: <https://www.ccsa.ca/sites/default/files/2019-04/CCSA-Decriminalization-Controlled-Substances-Policy-Brief-2018-en.pdf>
2. Canadian Association of Chiefs of Police. Decriminalization for simple possession of illicit drugs: Exploring impacts on public safety & policing [Report on the Internet] Ottawa: Special purposes committee on the decriminalization of illicit drugs; 2020 [cited 2021 Jun 25]. Available from: https://www.cacp.ca/index.html?asst_id=2189
3. HIV Legal Network. Decriminalizing people who use drugs: Making the ask, minimizing the harms [Report]. Toronto: HIV Legal Network; 2020 Nov 12 [cited 2021 Jun 24]. 16p. Available from: <https://www.hivlegalnetwork.ca/site/decriminalizing-people-who-use-drugs-a-primer-for-municipal-and-provincial-governments/?lang=en>
4. Saskatchewan Coroners Service. Drug toxicity deaths: Saskatchewan, 2010 to 2021 [Report on the Internet]. Regina: Saskatchewan Coroners Service; 2021 [cited 2021 Aug 30]. Available from: <https://publications.saskatchewan.ca/api/v1/products/90505/formats/107395/download>
5. Giles D. Fentanyl possible factor in recent suspected overdose deaths: Saskatoon police. Global News [Internet]. 2021 Jun 1 [cited 2021 Jun 24]. Available from: <https://globalnews.ca/news/7911383/fentanyl-overdose-deaths-saskatoon/>
6. City of Saskatoon. City of Saskatoon strategic plan [Report on the Internet]. Saskatoon: City Council of Saskatoon; 2018 Aug 27 [cited 2021 Sep 05]. Available from: https://www.saskatoon.ca/sites/default/files/documents/asset-financial-management/cofs-strategic-plan-2018-final_web.pdf
7. Scheim AI, Maghsoudi N, Marshall Z, et al. Impact evaluations of drug decriminalisation and legal regulation on drug use, health and social harms: a systematic review. *BMJ Open* 2020. doi: 10.1136/bmjopen-2019-035148
8. UN AIDS. Do no harm: Health, human rights, and people who use drugs. [Report on the Internet]. Geneva: UNAIDS Joint United Nations Programme on HIV/AIDS; 2016 [cited 2021 Jun 25]. Available from: https://www.unaids.org/sites/default/files/media_asset/donoharm_en.pdf
9. Shane C. Act Now! Decriminalizing drugs in Vancouver [Technical brief on the Internet]. Vancouver: Pivot Legal Society; 2020 Sep 16 [cited 2021 Jun 24]. 24 p. Available from: https://d3n8a8pro7vhm.cloudfront.net/pivotlegal/pages/3494/attachments/original/1600280708/Decriminalization_Report_Final.pdf?1600280708
10. Safe Community Action Alliance Crystal Meth Working Group. A community response to crystal meth in Saskatoon [Report on the Internet]. Saskatoon: Safe Community Action Alliance; 2020 Feb [cited 2021 Jun 24]. 26 p. Available from: <https://static1.squarespace.com/static/5605b57ee4b09976d54b042c/t/601cae97ca18a4036ef6dc44/1612492501005/CMWG+Final+Report+Feb2021+revision.pdf>
11. Oscapella E. Changing the frame: A new approach to drug policy in Canada [Report on the Internet]. Vancouver: Canadian Drug Policy Coalition; 2012 [cited 2021 Jun 24]. 28 p. Available from: https://www.drugpolicy.ca/wp-content/uploads/2015/02/CDPC_report_eng_v14_comp.pdf
12. The John Howard Society of Canada. Financial facts on Canadian prisons [Internet]. John Howard Society of Canada; 2018 Aug 23 [cited 2021 Jun 24]. Available from: <https://johnhoward.ca/blog/financial-facts-canadian-prisons/>
13. Vescera Z. Saskatoon overdoses surged while treatment admissions dipped in 2020. Saskatoon StarPhoenix [Internet]. 2021 Apr 15 [cited 2021 Jun 24]. Available from: <https://thestarphoenix.com/news/local-news/saskatoon-overdoses-surged-while-treatment-admissions-dipped-in-2020>

14. Saskatoon Police Service. 2020 Annual report [Report on the Internet]. Saskatoon: Saskatoon Police Service; 2020 [cited 2021 Jun 24]. Available from: https://saskatoonpolice.ca/pdf/annual_reports/2020_Annual_Report.pdf
15. Hanson L, Fornssler B, Butt P, Dixon J, Gibson M. Consolidating Perspectives on the Nature of Saskatoon's Evolving Opioid Crisis: Technical Report. 2019. University of Saskatchewan. Available online: <https://crismprairies.ca/affiliated-programs/consolidating-perspectives-on-saskatoons-evolving-opioid-crisis>
16. Indigenous Harm Reduction: Reducing the harms of colonialism [Policy Brief on the Internet] Canada; Canadian Aboriginal AIDS Network & Interagency Coalition on AIDS and Development. 2019 [Cited 2021 Jun 25] Available from: <https://www.catie.ca/en/resources/indigenous-harm-reduction-reducing-harms-colonialism>
17. Government of Saskatchewan. HIV and AIDS in Saskatchewan [Internet]. Regina: Government of Saskatchewan; 2019 [cited 2021 Sep 05]. Available from: <https://publications.saskatchewan.ca/api/v1/products/109306/formats/122818/download>
18. Government of Saskatchewan. HIV prevention and control report, 2018 [Report on the Internet]. Regina: Ministry of Health – Population Health Branch; 2018 [cited 2021 Sep 05]. Available from: <https://publications.saskatchewan.ca/api/v1/products/103020/formats/114174/download>
19. Ti L, Tzemis D, Buxton JA. Engaging people who use drugs in policy and program development: a review of the literature. Substance abuse treatment, prevention, and policy. 2012 Dec;7(1):1-9. <https://doi.org/10.1186/1747-597X-7-47>
20. Nygra A. Decriminalization done right: A human rights and public health vision for drug policy reform [Press release on the Internet]. Vancouver: Pivot Legal Society; 2021 May 11 [cited 2021 Jun 24]. Available from: https://www.pivotlegal.org/decriminalization_done_right