



Economic and Social Council

Distr.: General
31 March 2021

English only

Commission on Narcotic Drugs

Sixty-fourth session

Vienna, 12–16 April 2021

Item 6 of the provisional agenda*

**Follow-up to the implementation at the national,
regional and international levels of all
commitments, as reflected in the Ministerial
Declaration of 2019, to address and counter the
world drug problem**

Statement submitted by the Canadian Centre on Substance Abuse, a non-governmental organization in special consultative status with the Economic and Social Council**

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

* [E/CN.7/2021/1](#).

** Issued without formal editing.



Promoting equity and evidence in drug policy in the midst and wake of COVID-19

Introduction and Objectives

This brief is submitted by the Canadian Centre on Substance Abuse¹ (Special Consultative Status) on behalf of the Canadian Civil Society Working Group on UN Drug Policy. It should be considered alongside the submission by the HIV Legal Network, which also provides recommendations related to ensuring equity for people who use drugs from racialized communities, including Indigenous populations, and across gender.

The following recommendations highlight priority areas in which Member States can play a leadership role in advancing evidence-informed, inclusive and effective drug policy that is grounded in a public health approach and in alignment with complementary UN initiatives, including the promotion of human rights and achievement of the Sustainable Development Goals.

1. Recognizing the impacts of COVID-19 on people who use drugs

The global COVID-19 pandemic has increased the already significant risks facing people who use drugs, who are at higher risk of both contracting and dying from the disease.² Additionally, people who use drugs face greater barriers to accessing treatment for COVID-19 in both public and private healthcare systems, which the pandemic has already stretched to their limits.

With global drug markets disrupted by the pandemic and resulting restrictions on transnational movement, the risks of poisonous drug supplies have increased, due to the limited availability of essential chemicals in the manufacturing processes of many currently scheduled substances.³ This has worsened the hardship and dangers faced by people who use drugs. This is especially true for people who use opioids, as the opioid shortages caused by COVID-19 restrictions have led to increased use of more powerful synthetic opioids such as fentanyl and its analogues.⁴

Disruptions also appear to have created serious price fluctuations in the unregulated illegal market, resulting in increased financial hardship for people who use drugs, as well as engagement in dangerous behaviour to obtain drugs that are now more costly.

Lockdown and physical distancing measures implemented by many Member States have decreased the ability of people who use drugs to access harm reduction and treatment services, as well as disrupted the work of organizations seeking to facilitate harm reduction measures such as supervised consumption services. When these harm reduction measures are either suspended entirely, or run at a reduced capacity, limited access means people who are already isolated from peers and the community, which lockdowns and physical distancing necessarily require, end up using alone, thereby increasing their risk of fatal overdose. Ottawa saw a 38.2 per cent increase in opioid-related deaths in the first 15 weeks of the COVID-19 pandemic compared to the 15 weeks before the pandemic.⁵ Similarly, in the first 8 months of the pandemic,

¹ The Canadian Centre on Substance Abuse has changed its working name to the Canadian Centre on Substance Use and Addiction

² John Marsden and others, "Mitigating and learning from the impact of COVID-19 infection on addictive disorders," *Addiction*, vol. 115, No. 6 (June 2020), pp. 1007-1010.

³ United Nations Office on Drugs and Crime (UNODC) (2020), *World Drug Report 2020* (United Nations Publication, Sales No. E.20.XI.6), https://wdr.unodc.org/wdr2020/field/WDR20_BOOKLET_1.pdf.

⁴ UNODC (2020), *COVID-19 and the Drug Supply Chain: from Production and Trafficking to Use* (Research Brief), www.unodc.org/documents/data-and-analysis/covid/Covid-19-and-drug-supply-chain-Mai2020.pdf.

⁵ Ontario Drug Policy Research Network and others, (2020) *Preliminary Patterns in Circumstances Surrounding Opioid-Related Deaths in Ontario during the COVID-19 Pandemic*,

British Columbia surpassed the total number of overdose-related deaths of 2019, with deaths reaching 1,716 by the end of 2020.⁶ Importantly, there was a significant increase during the pandemic in opioid-related deaths in neighbourhoods with higher ethno-cultural diversity in Ontario.⁴ In British Columbia, Indigenous people have also borne a disproportionate burden of overdose deaths.⁷

People who use drugs face higher risks of comorbidities that can lead to severe negative health outcomes if they become infected with COVID-19, such as death from other respiratory illnesses.⁸ Despite this, people who use drugs, especially those who live with HIV, hepatitis C and/or other blood-borne infections, must overcome more barriers to accessing treatment and healthcare services — a problem that has been exacerbated by the additional strain placed on public healthcare by the pandemic.

Canada and other Member States have implemented some positive measures in order to alleviate the negative impacts of the COVID-19 pandemic. These include the greater availability of take-home doses for opioid agonist therapy, fast-tracking of exemption processes for overdose prevention sites, and the wider availability of “urgent public health need” sites. Given the lifesaving impact these initiatives have had, it should be ensured that they are retained even after widespread vaccination and the containment of the COVID-19 virus. Furthermore, the introduction of virtual meetings at the international level has afforded civil society greater engagement with international drug policy processes than was previously available when meetings ran only in-person. This has also been reflected in increased outreach and engagement for civil society with one another and with the public at a domestic level.

We urge Member States to recognise at the CND the devastating impacts of the COVID-19 pandemic on people who use drugs, emphasizing the importance of “Leaving no one behind,” and endorsing responses to the pandemic which are inclusive and supportive of people who use drugs.

We urge Member States to lead by example in retaining the positive policies and programs put in place during the pandemic, including with respect to harm reduction and treatment services as well as civil society engagement in the CND.

2. Promoting safe supply

The current system of international scheduling reinforces the “Iron Law of Prohibition,” which dictates that as law enforcement becomes more intense, the potency of prohibited substances increases.⁹ Moreover, the observed displacement/replacement effect indicates that the scheduling of substances is routinely followed by the emergence of new substances often posing greater harms from consumption. The continued reliance on scheduling and law enforcement crackdowns fuels harms from drug use, including the steadily increasing rate of overdoses around the world. Such approaches would benefit from undertaking risk assessments and considering the optimal sequencing of interventions before scheduling new substances.

The rate of opioid overdose deaths – perhaps more aptly referred to as opioid poisoning – rapidly increased in 2020, with an average of 17 people dying of opioid

(Ontario Drug Policy Research Network) www.publichealthontario.ca/-/media/documents/o/2020/opioid-mortality-covid-surveillance-report.pdf?la=en.

⁶ Sheila Malcolmson (2020), *Minister’s Statement on BC Corners Service’s illicit drug toxicity deaths report*, (Ministry of Mental Health and Addictions Communications), <https://news.gov.bc.ca/releases/2021MMHA0005-000239>.

⁷ C. Bellrichard, “93% spike in First Nations overdose deaths recorded in B.C. during COVID-19,” *CBC News*, July 6, 2020.

⁸ UNODC (2020), *COVID-19 and the Drug Supply Chain: from Production and Trafficking to Use* (Research Brief), www.unodc.org/documents/data-and-analysis/covid/Covid-19-and-drug-supply-chain-Mai2020.pdf.

⁹ Clayton J Mosher & Scott Atkins (2007). “*Drugs and Drug Policy: The Control of Consciousness Alteration.*” (SAGE E-Books). pp. 308–09.

poisoning per day in Canada.¹⁰ Most of these deaths were related to fentanyl and its analogues, which adulterate the illegal market. However, other adulterants found by drug checking services in Canada have included cocaine, methamphetamines and even plaster and other building materials.¹¹ The UN Office on Drugs and Crime's World Drug Reports have consistently identified an increase in both drug manufacturing and consumption year to year, despite the estimated cost of enforcing current drug laws exceeding USD100 billion per year.¹² This demonstrates that the current system of prohibition has failed to reduce, or even stabilize, the consumption of currently scheduled substances. The current system of prohibition has also failed to protect those most vulnerable in our communities from the dangers of a poisoned, unregulated drug supply.

Canada has, in recent years, promoted a public health approach to drug policy, and safe supply forms an integral part of any public health approach, as part of the wider evidence-based movement towards the regulation of currently prohibited drugs.¹³ This is because safe supply guarantees substances for people who use drugs that are pure, unadulterated and provided in safe dosages. Having been trialled in Canada at the provincial level with support from the federal government, safe supply is effective both at saving lives and at reducing illegal drug use. Safe supply options have demonstrated positive outcomes compared to traditional treatments when measured by the metrics of client retention, lowering participants' use of illegal drugs and improving overall quality of life.¹⁴ For example, heroin maintenance trials in Vancouver involving more than 200 participants had retention rates of over 80 per cent after a year on treatment, and those remaining on treatment had drastic reductions in their illegal opioid use. In comparison, in British Columbia retention rates of new clients on methadone are under 35 per cent a year.¹⁵

North America has some of the highest rates of opioid and stimulant use in the world, with a growing number of opioid- and stimulant-related overdose deaths. In the face of the current opioid overdose crisis in North America, safe supply has proven to be a lifesaving initiative; it was estimated that safe supply initiatives such as prescription heroin programs and heroin agonist treatment implemented in Vancouver decreased opioid-poisoning related deaths by 50 per cent from April 2016 to December 2017.¹⁶ The success of safe supply initiatives in Canada has been fostered and supported by provincial and federal governments, as well as the tireless work of civil society organizations.

As noted above, Canada has advocated strongly for international drug policies which reduce stigma towards drug use and people who use drugs. Prohibition has functioned as a tool of stigma, painting marginalized communities as immoral for their choice to consume drugs. Conversely, safe supply changes this narrative by respecting the agency of people who use drugs and removing connotations of "immorality" which

¹⁰ Special Advisory Committee on the Epidemic of Opioid Overdoses (2020) *Opioids and stimulant-related harms in Canada* (Ottawa, Public Health Agency of Canada), <https://health-infobase.canada.ca/substance-related-harms/opioids-stimulants>.

¹¹ KW Tupper and others, (2018), "Initial results of a drug checking pilot program to detect fentanyl adulteration in a Canadian setting," *Drug & Alcohol Dependence*, 190: 242–5.

¹² Mark Tyndall, (2020), "Safe opioid distribution in response to the COVID-19 pandemic," *International Journal of Drug Policy*, 83: <https://doi.org/10.1016/j.drugpo.2020.102880>.

¹³ Global Commission on Drug Policy (2018). Regulation: The Responsible Control of Drugs. https://www.globalcommissionondrugs.org/wp-content/uploads/2018/09/ENG-2018_Regulation_Report_WEB-FINAL.pdf. See also: Canadian Association of People who Use Drugs (2019). *Safe Supply Concept Document* <https://vancouver.ca/files/cov/capud-safe-supply-concept-document.pdf>.

¹⁴ Canadian Association of People who Use Drugs (2019), *Safe Supply Concept Document* <https://vancouver.ca/files/cov/capud-safe-supply-concept-document.pdf>.

¹⁵ Sustained Release Oral Morphine, Injectable Hydromorphone, and Prescription Diacetylmorphine for Opioid Use Disorder: Clinical and Cost-effectiveness, and Guidelines' (Ottawa: CADTH, April 2017). (CADTH rapid response report: summary of abstracts).

¹⁶ Tyndall, "Safe opioid distribution."

surround drug use. The provision of a safe supply is a necessary step towards ending stigmatization of people who use drugs.

We urge Member States to acknowledge the shortcomings and risks of a reliance on scheduling and law enforcement interventions to address the poisoned drug supply and associated harms.
