

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

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We respectfully submit to the Saskatoon Board of Police Commissioners (SBPC) this brief draft summary of evidence in support of the notice of motion put forward by Commissioner K. Healy regarding *Decriminalization for Simple Possession of Illicit Drugs in Saskatoon* (item 6.1 of SBPC minutes June 17 2021) to inform discussion at the August 19 2021 SBPC regular public meeting. Contact information is provided at the end of the document.

Background/Introduction

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*,¹⁶ various Canadian cities are calling for this recognition by considering, among other things, the amendment of laws that criminalize simple possession to ensure that people who use drugs will not do so unsafely for fear of arrest, and that they will not be unduly inhibited in accessing harm reduction services and healthcare. Indeed as the CACP report notes, various cities have already decriminalized aspects of drug use, setting the stage for decriminalization for simple possession without necessarily requiring legislation be repealed.¹⁶

There were 67 confirmed overdose deaths occurred in Saskatoon in 2020, with numbers rising significantly since the onset of the COVID-19 pandemic. Between May 25th to 30th of this year, Medavie reported responding to 21 overdose calls. In comparison, for the entire month of May 2019 there were 11 overdose calls in total.¹ Saskatoon's municipal government and the Saskatoon Police Service have begun to discuss decriminalization of simple possession of drugs. We encourage decisionmakers to move quickly on these changes to stem the tide of overdose deaths in the city. This brief offers research evidence on the effects of decriminalization from peer-reviewed and non-peer reviewed sources. We anticipate future need for evidence on the various models of decriminalization employed to date.

Key Points:

- Criminalization for simple possession feeds stigma and inhibits care-seeking
- Criminalization encourages less safe use of substances
- Decriminalization for simple possession does not increase substance use
- Decriminalization can save money
- Simple possession charges disproportionately affect BIPOC
- Decriminalization can reduce health inequities and foster reconciliation
- Saskatoon has inflated rates of HIV/AIDS among people who use drugs, decriminalization can decrease incidence of new STBBI cases
- Decriminalization is best undertaken within a package of harm reduction measures

Definitions:

Criminalization: Production, distribution and possession of a controlled substance are subject to criminal sanctions, with conviction resulting in a criminal record.³

Decriminalization: Non-criminal responses, such as fines and warnings, are available for designated activities, such as possession of small quantities of a controlled substance.³

Legalization: Criminal sanctions are removed. Regulatory controls can still apply, as with alcohol and tobacco.³

De facto decriminalization: An approach implemented according to non-legislative or informal guidelines.³

De jure decriminalization: An approach that reflects formal policy and legislation.³ (I.e., A formal federal exemption from Section 56(1) of the Controlled Drugs and Substances Act)

Acronyms:

PWLLE: People with Lived or Living Experience

BIPOC: Black, Indigenous, and People of Colour

STBBI: Sexually Transmitted and Blood-Borne Infection

Summary of evidence:

This draft summary discusses the impacts of decriminalization in the following categories: Community safety and drug use, Economic Benefit, Impacts on law enforcement, BIPOC/Reconciliation, and HIV/AIDS.

Community safety and drug use:

Perceptions of community safety can be enhanced with consideration of the following evidence on drug use:

- Drug prohibition does not reduce drug use.² Decriminalization does not lead to increased drug use.¹⁷
 - From 2014-19, police in Canada made over 540,000 arrests for drug offences, 69% of those were simple drug possession.²
 - There is no relationship between the “strictness” of a country’s enforcement of drug possession laws and levels of drug use.¹⁵
 - Countries with the highest rates of drug-related deaths have the most punitive approaches to substance use.³
- In Portugal, overdose death rates dropped by >80% after partial decriminalization.⁴
- Criminalization of simple possession often pushes PWLLE of substance use into less safe substance use behaviours (i.e., rushed injection, sharing paraphernalia, etc).^{2,15}

Economic Benefit:

- The Saskatchewan Ministry of Health’s total dollars invested for mental health and addictions was \$402 million in 2019-20.¹⁸ Increasing to \$458 million for 2021-2022.¹⁹
- The PACT (Police and Crisis Team) have saved the Saskatoon Health Region approximately \$198,898, and saved \$57,164 (per person) for the criminal justice system in 2014-25. 2020 saw an increase in service provision from PACT, and a total of 32 people avoiding being charged, decreasing the burden on the criminal justice system.⁵

- People with criminal records face adversity in finding employment⁶, housing issues, food insecurity, and stigma.⁷ This generates an increase in use of income assistance and social services.
- In 2012, Saskatoon had 15 possession charges for methamphetamine, in 2018 there were 408.⁷
- In Portugal, the per capita social cost of substance use dropped by 18% following decriminalization efforts.⁴
- The average cost of having an individual incarcerated in Saskatchewan (provincial) prison is \$64,970 annually as of the 2018/2019 fiscal year.⁸
- Saskatoon Emergency Department admissions for opioids increased to 445 in 2020 from 224 in 2019. Admissions related to methamphetamine rose to 919 from 685.⁹

Impacts on law enforcement (officer-safety/mental health):

- Front-line workers/first-responders experience first-hand the consequences of under-funding social services, leading to burnout.¹⁰
- In 2020 there were 811 arrests under the CDSA.¹¹
- SPS responded to 117,000 calls in 2020, only 10.4% resulted in charges being laid.¹¹ Many of these calls were for mental health-related issues.¹¹
- Calls for service have been steadily increasing since 2017.¹¹

BIPOC/Reconciliation:

- BIPOC communities are disproportionately affected by possession charges.² There is documented fear and mistrust in BIPOC communities regarding arrest and police violence.^{2, 20}
- In Vancouver, 18% of trafficking and possession charges are against Indigenous peoples, though they represent only 2.2% of the city's population.²
- Substance use disorders (SUD) among Indigenous people is often a way of coping with intergenerational trauma and effects of colonialism.²⁰ Criminalization of substance use perpetuates violence and discrimination against Indigenous people.^{7, 20}

HIV/AIDS:

- In a corrections environment, there is an increase in risk of sexually transmitted and blood-borne infection (STBBI) transmission, fewer resources for harm reduction despite access to substances within correctional facilities.^{2,13}
- In Saskatoon, 2/3 of new HIV/AIDS cases are primarily linked to intravenous drug use.¹⁴
- In Portugal, prevalence of HIV/AIDS has dropped from 52% to 6% in new diagnoses in those who use drugs.⁴

Summary and relevance of evidence for Saskatoon:

Criminalization for simple possession is **ineffective** in deterring people from using substances, is **expensive, burdensome** for police officers, and **inequitable** as it disproportionately affects BIPOC communities.

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The City of Saskatoon considers community safety as one of its ten priorities. Evidence indicates that there is no relationship between the severity of substance use laws and the rates of substance use. Globally the “war on drugs” has been proven unsuccessful in curbing supply, decreasing use, or promoting community safety, while resulting in increased spending on corrections and policing and increased barriers to harm reduction and healthcare services for people with lived and living experience (PWLLE) of substance use. Further, creating criminal records for simple possession means that those individuals may have greater difficulty finding employment, leading to increased reliance on social assistance (i.e., increasing the financial burden on the system).

The Saskatoon Police Service has stated they are interested in promoting transparency and support for BIPOC communities. There is considerable evidence that links substance use among Indigenous people to the effects of intergenerational trauma and colonialism., Decriminalization may be considered a form of reconciliation.

Saskatoon has some of the highest rates of HIV/AIDS in Canada and is unique from the rest of the country because the incidence of new HIV/AIDS cases is primarily linked to injection drug use. Decriminalization offers the opportunity for IVDU to access sterile paraphernalia and harm reduction services without stigma and fear of incarceration. Reduction in HIV/AIDS rates in Saskatoon will alleviate the burden on healthcare services.

Conclusion

Decriminalization of simple possession of substances in the City of Saskatoon would benefit its citizens - those who use substances and those who do not. Decriminalization of personal possession of substances in Saskatoon will enhance community safety, be of economic benefit to the municipality, enhance law enforcement safety and community engagement, reduce the risk of harms for people who use substances, promote pathways to reconciliation and improved BIPOC relationships and reduce the spread of HIV/AIDS in Saskatchewan.

Our rapid evidence review focused on the effects of decriminalization. Future work is anticipated to consider the evidence on different models of decriminalization, with early evidence from Canada indicating that the process of developing a decriminalization of personal possession framework 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.¹²

Additional Information and Resources:

Additional resources and evidence are still being collected. Further summary of these materials can be provided with the next iteration of this document. Please contact Dr. Lori Hanson, Community Health and Epidemiology (lori.hanson@usask.ca / 306-966-7936) or Dr. Barbara Fornssler, School of Public Health (barb.fornssler@usask.ca / 306-966-7894) at the University of Saskatchewan with questions or for additional information and resources.

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