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Mingling Activism with Policy Influence: Harm Reduction Ideology and the Politicisation of Canadian Drug Policy

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Abstract

This paper will address aspects of Canadian drug policy as it has been influenced by activism. With many choices of focus, it will concentrate on the rise of harm reduction first as a needed partner to treatment and prevention, and how this metamorphosed into an entire worldview geared to legalization[1] and "normalization" (1) of illicit drug use. Proponents of this worldview or ideology have sought to dismiss and discredit those who disagree with them. This interdependency and alliance of harm reduction and legalization will simply be called harm reduction/legalization. Factors in this activism within Canada will be touched upon, including problems created by unchecked mingling of activism with positions of academic, research, professional and public authority, and the politicisation of national drug policy. It will be pointed out that these legalization maneuvers are contrary to and misrepresent both the realities of substance abuse and the sentiments of Canadians. The immediate implications of activism mingled with drug policy will be described within the Canadian context. The hope is to attempt to balance the current debate over drug policy internationally and offer a wakeup call to individuals, organizations, and governments that recognize the reality of drug use.

Scope of the Problem

For anyone who has seen up front the effects of drugs on individuals, families, communities, and nations, the singular task of drug policy and programs is to reduce the pain, suffering, and human and financial loss created by substance abuse. This is the common ground for all who work and care about substance abuse and addictions. Canada, like most nations, has a considerable problem with substance abuse. As of 2007, Canadian youth led the world in cannabis consumption (2) and Canada is a major producer and exporter of cannabis. (3) The use of tobacco and alcohol continue to be significant, although tobacco use has declined in Canada over the past two decades. (4) Binge drinking and heavy drinking per occasion increased among Canadian youth while illicit drug use decreased. (5) (6) The portion of the population 15 and over reporting use of any illicit drugs in the past year remains low (10% for cannabis; less than 2% for other illicit substances). Past year cannabis use among Canadian

[1] Legalization as discussed in this paper includes forms of de facto legalization such as "decriminalization."

youth 15-24 years old has continued to decline, from 37% in 2004 to 25% in 2010. (7) The estimated cost of substance abuse annually in Canada was 39.8 billion dollars annually as of 2002. (8) Not surprisingly, the majority of this cost was produced by the use of the legal substances tobacco ($17B) and alcohol (14.6B). The estimated cost to Canada of illicit drug abuse was $8.2B or **20.6%** of the total cost of substance abuse. The two largest factors in the human/economic costs of substance abuse were, in order, lost productivity and health costs. Illicit drug use produced, per capita, more lost productivity than either tobacco or alcohol because of the greater use of these substances among younger population groups. Law enforcement accounted for 13.6% of the total economic cost of substance abuse. Of course, many costs simply cannot be valuated, such as lost opportunities, emotional pain and loss in families, and deflected developmental trajectories in youth (e.g., dropping out of school or poor school performance), and intergenerational effects.

Canadian Attitudes toward Substances and Substance Abuse

In the latest accessible attitude survey (2004) of Canadians aged 15 and over, 90% (72% for youth age 15-17) perceived regular cannabis use to be a great or moderate risk. Eighty percent (80%) of Canadians reported believing that treatment and prevention were the most important drug policy priorities, and 80% reported wanting "massive increases" in drug related law enforcement. (9). A majority of those surveyed expressed agreement with taking legal action against drug users and especially against those who sell drugs (77% and 95% respectively). As of 2004, 78% of the public had never heard of harm reduction, even when defined for them. When asked to choose between treatment and prevention, and incarceration as priority approaches, respondents heavily favoured treatment and prevention (78%). However, a majority reported supporting needle exchange programs (75%) and drug courts (79%).

These statistics provide some social context for discussing activism as it relates to liberalization of drug policy in Canada over the past 10 years in particular. Because substance abuse affects entire families and communities, the beliefs and perceptions of community members are considered important in this paper. And no groundswell of support for liberalizing drug policy and normalizing drug use is evident in the expressed sentiments of this national sample of Canadians. While public opinion should never be the sole basis, public policy does need to reflect and support the positive collective values of the people.

Canadian Drug Policy Prior to 1998

Canada has long been a leader in health promotion. The 1984 Ottawa Charter for Health Promotion (10) expanded the view of health from a traditional individualist view toward a comprehensive one: encompassing informal and formal support systems; and social, emotional, physical, and economic climates. This Charter led the way to numerous national and provincial programs and policy initiatives and has had an international influence on the way public and private organizations and institutions envision health. Canada's first formal National Drug Strategy, initiated in 1987, incorporated principles of health promotion in its demand reduction funding, which was split between supply and demand side strategies. Numerous community mobilization efforts sprouted during the five year duration of the Strategy. In 1992 the National Drug Strategy was renewed, with funds again split between demand and supply reduction.

In the 1998 renewal of the National Drug Strategy, harm reduction was first introduced as one of four policy pillars that also included prevention, treatment, and enforcement. Funding was reduced, however, and the impact of this strategy was limited. Within this strategy, harm reduction clearly was intended as a companion policy, and the earlier national discussions made this clear. (11) Forms of harm reduction were already established in such initiatives as drinking driving programs, needle exchange, and methadone programs. In Canada, there was and continues to be a recognition in the field that for people not ready for abstinence based treatment, there needs to be lower threshold programs; these types of programs, if effective and closely partnered with treatment, may address immediate needs while providing a bridge to recovery. Brief interventions and similar approaches have been incorporated readily for use with people at risk in their substance use without requiring abstinence. These programs, developed originally for alcohol abuse, work with non-addicted individuals toward an immediate goal of reducing and modifying consumption and have been based largely on the work of G. Alan Marlatt (12) and others.

Metamorphosis of Harm Reduction from Partner Strategy to Ideology

For this paper the term *activis*t will be used consistent with the Wikipedia definition as being *"Intentional efforts to bring about social, political, economic, or environmental change."* In discussing activism to change Canadian drug policies, it is not the intention to criticize activism itself. Activism within the bounds of reason is a natural part of democratic processes. It is the *mingling of activism with positions of public and professional responsibility, often without acknowledging membership or activity as an activist* that constitutes the central concern of the discussion. This mingling lends authority of position and/or title to the activism and provides a bully pulpit for activists in positions responsible for policy, programs, and/or research. It also raises valid questions of potential bias existing where there should be no bias, as in the case of researching and evaluating programs. The influence of this "titled activism" is enhanced by the simple fact that as large as Canada is geographically, with a population 1/10 that of its neighbour the United States, it is actually a "small pond", wherein relatively few individuals, well positioned, can wield disproportionate influence. Such is the case with harm reduction/legalization activism in Canada. There are many examples of this, but the purpose of this paper is not to be a 'tell all," or to criticize individuals, most of whom are obviously competent and passionate in what they do. Where examples are used, it is the principles and methods of pushing for harm reduction/legalization that are challenged, not the individuals.

The term *ideology* will also be used to describe the world view, values or philosophical basis for advocating for harm reduction/legalization. Whatever approach is taken toward societal drug use, it will ultimately be based, in part, on an ideology. A world view, value set, or philosophy underlies current policies, and any other policy option. This is important to make clear because much has been made in Canada and elsewhere about current approaches to drug policy being "ideological", while harm reduction/legalization is purported to be science-based. This has been done both by titled (13) and lay (14) activists. The fact is, an ideology or ideologies underpins any policy approach.

The generally accepted definition of harm reduction is *"any program or policy designed to reduce drug-related harm without requiring the cessation of drug use."* (15) As mentioned, this was the understood intent for many people. However, since 2000 in particular, harm reduction has increasingly become enmeshed with the worldview that drug use is normal and inevitable, should be legalized, and the central focus of policy should be on reducing the

harms of use while focussing on the human rights of users. The emergence of this view can be summated by quotes from a briefing paper to Parliament prepared by an analyst for the 2000/2001 Senate Special Committee on Drugs (16):

"Prohibition, legalization, medicalization and harm reduction are four common approaches to the use and abuse of psychoactive substances. These models differ in how they perceive such use and abuse, and in what they believe are the characteristics of users and the consequences of substance use and abuse. As well, the four models have different views on how society should react to the health, social and economic consequences of substance use and abuse."

"Supporters of prohibition generally associate the use of a psychoactive substance with morally corrupt behaviour that can be modified, and argue that control is best achieved by legal sanctions. Proponents of legalization believe, among other things, that more problems are actually caused by the criminalization of substance use and its users, and that criminal penalties for illicit substance use should be removed. On the other hand, under the medicalization approach, the person who abuses psychoactive substances is perceived to be ill and in need of medical attention and control. Finally, harm reduction, which gained popularity during the 1980s when the spread of HIV/AIDS came to be viewed as a greater threat to individuals and public health than substance use, adopts a value-neutral view of the use and users of psychoactive substances, one that does not see these as intrinsically immoral, criminal or medically deviant."

"Harm reduction adopts a value-neutral view of drug use and users, accepting the fact that some users cannot or will not stop using psychoactive substances."

"Harm reduction strategies can also be based on legalization, where the manufacture, sale or possession of substances is authorized, with perhaps some regulations relating to their sale, advertisement, or place of consumption. Other strategies incorporate decriminalization, either implicit, where certain actions such as possession of opioids at a supervised injection site are allowed, or explicit, where criminal penalties for the consumption and possession of an illicit substance are reduced or eliminated." (17)

This brief contains numerous errors and flaws in reasoning. For example, few people in society, much less in the addictions field, believe drug users are morally deficient. This is a manufactured term. Second, the assumption is made – and has been made in other places – that it is possible to be values neutral. This is, of course, an oxymoron. Any position on the issue of drugs itself expresses a value. Arguably, in an issue such as drug abuse, it is not possible to be entirely neutral, and the pretence of neutrality should be replaced with frank admission of the values, experiences, wisdom, that lead to one view or another. However, the main point in this quote is that it exemplifies thinking wherein legalization and harm reduction are mutually exclusive from "prohibition" (into which presumably current views of treatment, incidence reducing prevention, and supply reduction are lumped) and in which harm reduction/legalization becomes the overarching philosophy of drug policy.

The Senate Special Committee on Illegal Drugs (16) was led by a staunch advocate of legalization and heard a majority of testimony from proponents of legalization. The background paper for the Committee (18) was prepared by a founding member of the Canadian Foundation for Drug Policy and the International Harm Reduction Association, both groups that advocate harm reduction /legalization. From its opening paragraph it attacks drug laws and calls for legalization; and it contains 50 references extolling harm reduction

ideology. Not surprisingly, the report of this Committee called for full legalization of cannabis.

A second influential Canadian work advocating the harm reduction/legalization alliance of ideology reveals the intent of harm reduction to be introduced in phases so as to gain cooperation and effect gradual change: ultimately achieving the end of wholesale change in drug policy. The following is a quote from *Harm Reduction: a New Direction for Policies and Programs,* perhaps the most authoritative pro-harm reduction work in Canada. Its editorial group included founding members of the pro-legalization advocacy group, the Canadian Foundation for Drug Policy:

"Although harm reduction is at odds with the dominant legal-sanction-based policy, the middle range and pragmatic nature of harm reduction measures makes it possible for certain harm reduction strategies to be tolerated, accepted, or even incorporated by legal authorities, without completely dismantling the counter-productive punitive policy. The support and cooperation of the police in needle-exchange programs for injection drug users is one of several examples of the diffusion of genuine harm reduction elements into the existing drug policy, enabling change to occur, and thereby bringing about gradual policy reforms." (19)*(p. 9-10)*

The intentions of harm reduction, as it has come to commonly refer to, clearly include full "drug policy reform," the common euphemism for legalization used by its proponents. It is the same view expressed in Australia by Alex Wodak, President of the Australian Drug Law Reform Society (20) at a 2004 conference of the International Harm Reduction Association: *"In some parts of the world, a second phase (of harm reduction) has commenced recognising the need to reform drug laws which are inherently (and inadvertently) harm augmenting."* (21)

The National Framework for Action to Reduce the Harms Associated with Alcohol and Other Drugs and Substances in Canada (22) provides another example of the effect of harm reduction ideology on drug policy in Canada. For the first time in national dialogue, the term *problematic drug use* is used in all references and as the target of drug policy. Though just a term, it represents a fundamental shift in the basic view advocated toward drug policy. For example, the term implies that there is a clear distinction between problematic and non-problematic drug use that can be reliably identified. The term and its meaning carry implications for primary – incidence reducing – prevention aimed at preventing initial use of drugs, and for treatment and law enforcement, since it implies some safe level of illicit drug use. It is a confusing term and more represents the mindset of the authors than it does reality. By the change of a simple term, whatever non-problematic drug use constitutes becomes unilaterally accepted as normal and arguably acceptable behaviour.

INSITE: Activism Mingled With Research

INSITE refers to the supervised injection facility in Vancouver's Downtown Eastside (DTES), an area defined by high drug use, crime, public disorder, and homelessness. About 5% of the drug injections in the DTES are done at INSITE. (23) INSITE was established ostensibly as a pilot project. The Conservative government challenged INSITE based on concerns such that it was displacing funds needed for treatment and was not solving the core problem of addiction. (24) On September 30, 2011 The Supreme Court of Canada rejected the government's appeal of an earlier provincial ruling and the facility continues to have an

exemption from federal drug laws. (25) (26) The government is reviewing its options and has stated that it stands by its view that treatment and prevention are its priorities, not harm reduction. Prime Minister Stephen Harper has said:

"The preference of this government in dealing with drug crime is obviously to prosecute those who sell drugs and create drug addiction in our population and in our youth. And when it comes to treating drug addiction, to try and do so though programs of prevention and treatment, rather than through the issues that were in front of this court in terms of so-called harm reduction." (26)

This paper will not discuss INSITE except as a classic example of mingling activism with the authority and practice of research. Member(s) of the INSITE research team, responsible for the evaluations to determine if it was effective, actually wrote the successful proposal to create INSITE with a harm reduction action group in Vancouver (27); wrote pro-harm reduction/legalization pieces calling for programs like INSITE before the facility existed (28) (29) (30); continue to participate actively in pro harm reduction/legalization organizations, even winning awards for their work in "drug policy reform" (31) (32) (33) (34) ; were key in writing the Vienna Declaration[2](35) and continue to market the Vienna Declaration. (36) (37) They also continue to disparage existing approaches to drug policy. (38) (32)

One of the concerns raised in critiques of the INSITE evaluations was the potential for bias. (39) (40) (23) Bias in research is not a criticism of ability or character, but a predisposition that can be conscious or unconscious, and not intentional. Bias can occur at any point in research, from funding to selection to interpretation of results. The ability of the researchers was never questioned and is not now questioned. However, the above noted actions of the research group before, during, and after the evaluations were conducted, justify concern: A fundamental tenet of evaluating program effectiveness is that the evaluators must not have a personal or professional stake or bias in the program to be evaluated. This would be doubly true in a controversial area where millions of dollars and the future directions of a nation may be at stake. Some would argue that peer review should pick this out. However, anyone familiar with the peer review process knows that it lacks the specificity to do this. In the case of INSITE, it could be argued that even the peer reviewers be reviewed, because they could well be colleagues and in agreement with any pre-existing biases, if they exist. Canada is indeed a small pond.

Activism within bounds of reason is an acceptable practice. Evaluative research is of course a good and important practice. But, the two comingled justify great concern, given what is at stake. What is done may be done. But, if ever there is an example of activism done using the mantle of professional authority, the case of INSITE qualifies. This is exacerbated by the fact that the evaluators of INSITE continue to attack their critics, including the federal government, claiming they have used ideology rather than science. At the same time, they fail to acknowledge the possibility that their own ideology is involved, while the tone of much of their discussion drips of ideological bias. (41) (42) If one is going to lay claim to the power of science, then that science must be pure and open to the closest scrutiny. Combining the

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[2] The Vienna Declaration was prepared with significant participation by Canadian activists through the Vancouver-based International Centre for Science in Drug Policy (ICSDP) and other organizations, and is essentially a call to end to what is termed "prohibition" and to enact legalization and regulation of substances. It continues to be marketed through the ICSDP.

supposedly objective authority of science and titles of authority therein with ideological activism is dangerously powerful, and arguably inappropriate.

Implications of Harm Reduction/Legalization Activism

The activism as discussed in this paper has a number of serious implications for drug policy, present and future.

First, it should be pointed out that one of the attributes of harm reduction/legalization activism is its constant claim of objectivity and superiority over a "failed" system, while claiming anyone who disagrees is ideological. The Vienna Declaration, as marketed by the Vancouver-based Centre for Science in Drug Policy, has adopted as a mantra "drug policy should be based on evidence not ideology." (32) This mantra has been picked up and repeated by pro-legalization groups. (43) (44) In fact, nowhere has it been established that to follow science and reason is necessarily to agree with and follow the path of harm reduction/legalization. Science does not take sides. Science is a tool, only as good as those who use it. It is highly doubtful that in a short time, with one program, that scientific evidence can be "overwhelming." Those familiar with and who honour science know that science is a humble process, slow, step by step, seldom if ever producing massive and sudden certainty. It is easily abused.

The mantra, and its implicit claim to scientific truth, also ignores the fact that science supports strongly the value of current approaches to drug policy. For one thing, the law has been a clear deterrent to use, given the large difference in incidence and prevalence between legal and illegal substances, and the large difference in costs to society between illegal and legal drugs. [3] Also, it is mistaken to accept success only as a *reduction* in problems over time. It is altogether possible that the current system, however imperfect, has kept the problem from becoming much larger, more quickly, than it might otherwise become. The point is the constantly parroted phrase that "the war on drugs has failed" is not substantiated, even if it's clever in its connotation (The term for years now has been used exclusively by advocates of harm reduction /legalization). No evidence has been demonstrated by harm reduction/legalization advocates that legalization will reduce crime, and this is the key argument for legalization. Even if the government could become such an adroit drug dealer that users could have ready access to whatever substance in whatever potency their hearts desired, at a low enough price to afford with little or no income, the valid question remains – what would those who now traffic drugs then do? Every argument can be made that they would just shift to something more inhuman and do it in equally inhumane ways.

A second implication lies in the mismatch between the views of harm reduction/legalization activists and the large part of the rest of society. This paper started out with reviewing public use levels and attitudes, and these are not levels of use or attitudes warranting wholesale policy reform. Harm reduction/legalization activism does not fit with the reality – that most people want no part of drug use. It certainly disregards parents, who bear the prime responsibility for raising healthy, capable, industrious and caring children. It would have government work against the interests of parents, and in fact all who care about healthy youth.

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[3] As the paper notes earlier, use of illegal drugs in Canada is a small fraction of that of legal drugs, denoting the effectiveness of laws as a deterrent. Likewise, the cost of illegal drug use is but a fraction of that produced by the use of legal drugs.

Harm reduction/legalization does nothing to help families succeed, and successful families are essential to civilization.

Third, harm reduction/legalization activism devalues abstinence based treatment and incidence reducing prevention, emphasizing instead programs that facilitate "safer" drug use. This forces a confrontation of values and closes down cooperation and communication, in effect politicising drug policy.

Perhaps the single most perilous implication of harm reduction/legalization activism lies in the nature and power of the titled activism that has been discussed. Activism in positions of power and authority – professional, academic, or public – has the power to co-opt institutional positions, thus cutting off public disagreement by employees of those institutions or those depending on cooperation or funding from those institutions. It is self-selective, seeking out its own till there is strict homogeneity of views. In the civil service and public institutions, the activism can effectively override the collective desires and needs of the public, becoming in effect a tyranny of the few over the many.

There is a collision of world views in drug policy today, not just in Canada but in many countries. It is but one front in a greater collision of ideals and values. Much can be improved in the way we deal with drugs. But, it is not a dichotomy, and certainly not a choice to leave with activists. Ultimately, if democracies remain, people will determine how collectively to deal with drugs. If they do not, it may be determined by activists, and that will be everyone's loss.

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Dr. Colin Mangham is one of Canada's top experts in the field of prevention and has worked in the field since 1979. He has written numerous prevention programs for schools, communities, and parents that are in use today. A PhD in School and Community Health, Dr. Mangham has developed and taught many university courses in health promotion, school health education theory and methods, health promotion, community program planning, drugs in society, and epidemiology for non-epidemiologists. He has conducted research and evaluation in the area of drug prevention for federal, provincial, and non-profit organizations across the country, and has written many guides, reports, and scholarly papers in prevention theory and practice. Dr. Mangham is a reviewer for the Canadian Journal of Public Health, and a member of both the International Task Force on Strategic Drug Policy and the International Scientific and Medical Forum on Drug Abuse.

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I have no financial interest or conflict in writing this paper. I have not been paid to write this paper.

I am a member of the Internattional Task Force on Strategic Drug Policy. I am affiliated with the Drug Prevention Network of Canada.

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