



Canadian Public Health Association

2007 Resolutions

The following resolutions were presented and voted upon at the CPHA Annual General Meeting (AGM) in Ottawa, Ontario on Monday, September 17, 2007.

2007 CPHA Resolution No. 2 Regulation of Psychoactive Substances in Canada

WHEREAS psychoactive substances* are a high-profile and ongoing concern due to the associated harmful effects. Conservative estimates are that substances are associated with at least 47,000 Canadian deaths per year (21% of all deaths) at an annual cost of nearly \$40 billion, with most of these deaths and costs due to legal, poorly regulated substances, specifically tobacco and alcohol,¹

WHEREAS substance use is common, much use of some substances is beneficial or non-harmful, and some use may result in harms for the individual user and the community in which they live,²

WHEREAS the informed consensual use of psychoactive substances is a basic right, for which criminal sanctions should only be used to prevent harm to others,³

WHEREAS persons who use drugs are recognized as possessing the same dignity, with all ethical consequences of this ethical fact, as all other human beings,⁴

WHEREAS there is increasing recognition and concern that indiscriminate prohibition of substances (e.g., cannabis, opioids, stimulants) is actually a source of many harms, ^{5, 6, 7, 8, 9, 10}

WHEREAS prohibition is increasingly being recognized as ineffective in reducing the use of illegal drugs, ³ while harm reduction, health promotion, and

regulation are well demonstrated to be effective,¹¹

WHEREAS the law is a powerful tool for protecting and improving health, and the failure to use law appropriately for psychoactive substances has contributed to much death, disease, and social problems, ^{12, 13}

WHEREAS legislative and policy frameworks for psychoactive substances have not kept pace with established health best practices and need to be modernized,¹⁴

WHEREAS a comprehensive approach to addressing the use of psychoactive substance should be based on an accurate assessment and evaluation of the benefits and risks, with an appropriate balance and integration of the four pillars of prevention, harm reduction, treatment, and enforcement, and also needs to include adequate investments in health promotion, education, health protection, discrimination reduction, rehabilitation, research, and monitoring trends, ^{15, 16, 17}

WHEREAS the failure of the prohibition approach (given the additional harm it generates) has created pressure to find alternative solutions, ^{4, 5, 18, 19}

WHEREAS alternative models for the regulation of psychoactive substances are being developed that focus on changes to the supply chain to protect and promote public health, ^{9, 20, 21}

WHEREAS the overarching challenge is to develop coherent, effective, and efficient approaches that minimize psychoactive substance-associated harms, maximize benefits, and recognize that most use does not result in societal harm, without creating additional harms from implementation of control approaches, ²²

* Includes alcohol, tobacco, prescription substances with reinforcing properties such as sleeping pills and pain killers, and illegal substances such as marijuana, cocaine, methamphetamine, ecstasy, and heroin.

THEREFORE BE IT RESOLVED THAT CPHA urge the Government of Canada to establish, in consultation with provincial and territorial governments, a national psychoactive substances regulation steering group to propose policy and regulatory improvements for tobacco, alcohol, cannabis, opioids, stimulants, hallucinogens, and sedative/hypnotics. This body would have broad representation, including but not limited to members drawn from all levels of government, non-governmental agencies, as well as producers, consumers, health, education, social services and criminal justice agencies. This body will have the mandate to develop substance-specific policy and legislative proposals, guided by a comprehensive policy framework based on a public health approach.

CARRIED AS AMENDED.../

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