



## **The availability of internationally controlled substances for medical and scientific purposes, including for the relief of pain and palliative care, remains low to non-existent in many parts of the world**

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Globally, as the International Drug Policy Consortium (IDPC) has reported, enormous disparities in access to controlled medicines persist, with low- and middle-income countries bearing the brunt of lack of access to opioids for pain management and palliative care, due in part due to strict controls introduced by the UN drug conventions.<sup>i</sup> At the same time, the IDPC has noted an alarming evolution in relation to increased use of synthetic opioids in North America, in spite of huge investments in interdiction and drug control.<sup>ii</sup>

In Canada, this has translated into a dramatic increase in the number of opioid toxicity deaths that average 22 deaths per day.<sup>iii</sup> In response, Canada has supported a handful of time-limited programs to provide a **safer supply of pharmaceutical grade medications** that are of known quality and quantity to people who use drugs. As the Government of Canada has acknowledged, safe supply programs provide an alternative to the toxic illegal drug supply, can connect people to other health and social services, and “are intended to reach people at risk of overdose for whom currently available care options have been ineffective or inappropriate.”<sup>iv</sup> Affirming the need for safe supply programs, Canada’s Expert Task Force on Substance Use recommended in 2021 that Canada prioritize “developing, implementing, and evaluating a comprehensive emergency response strategy to scale up access to safer alternatives to the toxic illegal drug market in partnership with people with lived and living experience and the organizations that represent them.”<sup>v</sup> The *International Guidelines on Human Rights and Drug Policy* also affirm the right to health necessarily includes access to controlled medicines without discrimination, including for “drug dependence treatment” and calls on States to amend “laws, policies, and regulations that unnecessarily restrict the availability of and access to controlled medicines.”<sup>vi</sup>

Yet, current safe supply programs in Canada are plagued by legislative and regulatory hurdles preventing their expansion, as well as uncertainty with respect to government funding. Current safe supply programs are also hampered by extremely limited capacity<sup>vii</sup> and barriers to entry<sup>viii</sup> — forcing most people who use drugs in Canada to rely on an unregulated supply. And while medicalized models of safe supply produce positive impacts for some people who use drugs, a lack of available and willing prescribers means their reach is highly limited, presenting barriers and exclusions for racialized and other marginalized populations.<sup>ix</sup> In Canada and beyond, there is an urgent need for a diversity of safe supply programs,<sup>x</sup> including non-medical, community-based models to meet the needs of people who use drugs. To legally operate, however, such models require an exemption from federal drug control legislation to permit operators to procure, store, and dispense drugs without the risk of criminal prosecution. In the city of Vancouver, a compassion club run by the Drug Users’ Liberation Front (DULF) resulted in decreased overdoses and improved health among participants, with lower reliance on criminal activity.<sup>xi</sup> Yet, DULF’s application for a federal exemption was denied and its founders were arrested in October 2023, thus depriving people who use drugs of safe supply and deterring other community-based programs from operating. As DULF’s experience confirms, the ongoing criminalization of drug possession and distribution as well as legal and regulatory barriers that prevent community-



based, low-threshold models of safer supply from operating fuel a robust and unregulated toxic drug market, while undermining the human rights of people who use drugs.

Inadequate regulation is another fundamental driver behind drug toxicity deaths and many other drug use harms, yet Canada has not facilitated access to a regulated supply by engaging in the **legalization and regulation of controlled substances**. As Canada’s Expert Task Force on Substance Use recommended in 2021, Canada should “immediately develop and implement a single public health framework with specific regulations for all psychoactive substances, including currently illegal drugs as well as alcohol, tobacco, and cannabis. This framework should aim to minimize the scale of the illegal market, bring stability and predictability to regulated markets for substances, and provide access to safer substances for those at risk of injury or death from toxic illegal substances.”<sup>xii</sup> Breaking the taboo on legal regulation, the UN Office of the High Commission of Human Rights also recently recommended that States should “take control of illegal drug markets through responsible regulation.”<sup>xiii</sup>

Therefore, we urge Member States to:

- Decriminalize drug possession and distribution and remove other legal and regulatory barriers to enable the implementation of a safer alternative supply to the toxic illegal drug market.
- Remedy the lack of UN guidance and recommendations on the legal regulation of drugs in line with health and human rights by elaborating evidence-based guidance and recommendations on how to implement the legal regulation of drugs in line with existing standards and best practices on health and human rights.<sup>xiv</sup>

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<sup>i</sup> IDPC, *Off track: Shadow report for the mid-term review of the 2019 Ministerial Declaration on drugs*, 4 December 2023

<sup>ii</sup> Ibid.

<sup>iii</sup> Government of Canada, *Opioid- and Stimulant-related Harms in Canada*, December 2023.

<sup>iv</sup> Government of Canada, *Safer supply*, undated. See also Government of Canada, *Interactive map: Canada's response to the opioid overdose crisis*, undated.

<sup>v</sup> Health Canada Expert Task Force on Substance Use, *Recommendations on the federal government's drug policy as articulated in a draft Canadian Drugs and Substances Strategy (CDSS)*, June 11, 2021.

<sup>vi</sup> *International Guidelines on Human Rights and Drug Policy*, 2019.

<sup>vii</sup> *Interactive map: Canada's response to the opioid overdose crisis*, supra.

<sup>viii</sup> National Safer Supply Community of Practice, *Prescribed Safer Supply Programs: Emerging Evidence*, 2024.

<sup>ix</sup> Canadian Civil Society Advancing Safe Supply Working Group, *Innovating Beyond Exclusively Medicalized Approaches: Policy Brief and Recommendations*, February 2023.

<sup>x</sup> Ibid.

<sup>xi</sup> DULF Compassion Club and Fulfilment Centre, *Preliminary Findings*, <https://www.dulf.ca/cc-preliminary-findings>.

<sup>xii</sup> *Recommendations on the federal government's drug policy as articulated in a draft Canadian Drugs and Substances Strategy (CDSS)*, supra.

<sup>xiii</sup> Report of the Office of the United Nations High Commissioner for Human Rights, *Human rights challenges in addressing and countering all aspects of the world drug problem*, UN Doc A/HRC/54/53, August 15, 2023.

<sup>xiv</sup> *Off track: Shadow report for the mid-term review of the 2019 Ministerial Declaration on drugs*, supra.