

## Submission to the House of Commons Standing Committee on Health, regarding its study on the ‘Opioid Epidemic and Toxic Drug Crisis’

January 2024

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### I. Introduction

The [HIV Legal Network](#) promotes the human rights of people living with HIV or AIDS and other populations disproportionately affected by HIV, punitive laws and policies, and criminalization, in Canada and internationally. For three decades, we have advocated for drug policy grounded in evidence, human rights, and public health. The [Centre on Drug Policy Evaluation](#) works collaboratively with governments, affected communities, and civil society to improve community health and safety by conducting research and outreach on effective and evidence-based policy responses to substance use. We are grateful for the opportunity to make this joint submission detailing key legal determinants of health that have spurred the toxic drug crisis.

### II. Criminalization and Canada’s Drug Poisoning Crisis

Canada’s approach to drugs, focused primarily on prohibition rather than prevention, harm reduction, and support for people who use drugs, has done catastrophic harm, fuelling deadly stigma, racism, epidemics of preventable illness and death, and widespread, egregious violations of human rights. Criminalizing drugs pushes people to use their drugs in isolation, compromises their ability to take vital safety precautions, and deters people from essential health care and harm reduction services.<sup>i</sup> Research has shown frequent contact police have with people who use drugs contributes to their “health risk environment through pathways, such as syringe and naloxone confiscation, and physical and verbal harassment” which can lead to syringe sharing, rushed injection, and isolation while using drugs.<sup>ii</sup> Furthermore, studies have shown how police encounters act as barriers to accessing health services, including opioid agonist therapy, HIV treatment, and needle and syringe programs.<sup>iii</sup> Black, racialized, and immigrant communities have also described how excessive police surveillance and criminalization impacts their ability to access public services such as health care and supervised consumption services.<sup>iv</sup> These harms are exacerbated by a crisis of homelessness and responses that include the involuntary displacement by police or other law enforcement of people experiencing homelessness. As a 2023 U.S. study concluded, over a 10-year period, decampments are “estimated to worsen overdose and hospitalizations, decrease initiations of medications for opioid-use disorder, and contribute to deaths among people experiencing homelessness who inject drugs.”<sup>v</sup>

Canada’s long-standing policy of criminalizing drugs has also resulted in an unregulated drug supply that continues to become more potent and unpredictable year-over-year. The emergence of high-potency opioids can be understood by the “Iron Law of Prohibition,” which dictates that as law enforcement becomes more intense, the potency of prohibited substances increases.<sup>vi</sup> According to a 2023 study, police drug seizures *increase* rather than prevent overdose deaths, by forcing people to obtain an alternate supply with no knowledge of its potency or their ensuing tolerance.<sup>vii</sup> In addition, the observed displacement/replacement effect<sup>viii</sup> indicates that the scheduling of substances is routinely followed by the emergence of new substances often posing greater harms from consumption. Drug prohibition has thus contributed to a tainted drug

supply that has resulted in 40,642 opioid toxicity deaths between January 2016 and June 2023.<sup>ix</sup>

The repercussions of drug prohibition extend beyond immediate impacts on health. Between 2019 to 2021, police in Canada made almost 200,000 arrests for drug offences; close to half of those were for simple drug possession.<sup>x</sup> Not only does drug prohibition fuel stigma and discrimination against people who use drugs, but criminal records impede access to employment, housing opportunities, and shelter, affect child custody, and restrict travel. Canada's drug control framework is also rooted in, and reinforces, racism and colonialism, and has contributed to the racial profiling and disproportionate arrest, prosecution, and incarceration of Black and Indigenous people in Canada for drug offences:

- A [2019 study](#) of cases between 2007-2013 found that Black youth accused of cannabis possession in Ontario were more likely to be charged and less likely to be cautioned than white youth and youth from other racial backgrounds.<sup>xi</sup>
- A [2020 report](#) found that Black and Indigenous people are dramatically overrepresented in drug charges recommended by the Vancouver Police Department. While making up 1% of the city's population, Black people have accounted for 6.4% of drug trafficking and possession charges in Vancouver since 2014; Indigenous people have accounted for almost 18% of drug trafficking and possession charges but are just 2.2% of the city's population.<sup>xii</sup>
- A [2020 study](#) found that Black and Indigenous people continue to be overrepresented in cannabis possession arrests across Canada.<sup>xiii</sup>
- A [2020 study](#) conducted by the Ontario Human Rights Commission found that between 2013 and 2017, Black people in Toronto were 4.3 times more likely to be charged with cannabis possession than their representation in the general population would predict.<sup>xiv</sup>
- A [2022 report](#) analyzed non-cannabis simple drug possession arrest data from police services in Canada. Data from 2015 to 2021 indicates that Black people were nearly three times more likely in Ottawa, nearly four times more likely in Toronto, and around 6.6 times more likely in Vancouver to be arrested for drug possession than their representation in the population would predict. Indigenous people were nearly six times more likely in Regina, five times more likely in Saskatoon, and nearly eight times more likely in Vancouver to be arrested for drug possession than their representation in the population would predict.<sup>xv</sup>

### III. Responding to Canada's Drug Poisoning Crisis

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, with a focus on those who have not been successful with traditional treatments and are at high risk for overdose.<sup>xvi</sup> A growing body of evidence indicates that safer supply programs reduce the use of drugs from the unregulated supply as well as the risk of death and overdose, increase engagement and retention in programs and care, improve physical and mental health, as well as social well-being and stability, and are a critical option on the continuum of care for people who use drugs.<sup>xvii</sup> Yet very limited capacity<sup>xviii</sup> as well as barriers to entry<sup>xix</sup> leave the vast majority of people who use drugs to rely on an unregulated supply, leading to a staggering loss

of life due to overdose fatalities. As the Canadian Civil Society Advancing Safe Supply Working Group has recommended, an “increased variety of [safe supply] models is needed to capacitate culturally appropriate approaches to safe supply that address problems of racism and population-based exclusions within drug access and provision.”<sup>xx</sup> This includes compassion club models such as the one adopted by the Drug User Liberation Front, which has been demonstrated to reduce overdose and hospitalizations among participants, as well as result in fewer negative interactions with the police.<sup>xxi</sup> Additionally, Canada has yet to expand access to a regulated supply by engaging in the **legalization and regulation of controlled substances** as part of a public health approach to drug policy, despite recommendations in 2021 from Canada’s own Expert Task Force on Substance Use to do so.<sup>xxii</sup> As the UN Office of the High Commission of Human Rights recently recommended, States should “take control of illegal drug markets through responsible regulation.”<sup>xxiii</sup>

Another key measure to address Canada’s drug poisoning crisis is **supervised consumption services** (SCS), which provide a safe, hygienic environment where people can use drugs under the supervision of trained staff or volunteers. Evidence demonstrate that SCS reduce the risk of accidental overdose,<sup>xxiv</sup> provide or connect people to social services, healthcare, and treatment (including safer supply programs in some areas), reduce public drug use and discarded drug equipment, prevent HIV and HCV transmission, reduce strain on emergency medical services, and provide space for people to connect with staff and peers.<sup>xxv</sup> When adapted to their needs, SCS can also provide a refuge to women who use drugs from violence that they may experience on the street.<sup>xxvi</sup> Greater flexibility at the federal level regarding exemptions has contributed in recent years to the expansion of SCS, where there is now a greater diversity of services and models.<sup>xxvii</sup> However, progress remains highly vulnerable to the political context given insufficient safeguards in the law to prevent a new federal government from depriving SCS of exemptions that remain necessary for them to operate without risk of prosecution.<sup>xxviii</sup> Moreover, major gaps persist to meet the needs of people who use drugs: SCS remain concentrated in urban areas and in some provinces;<sup>xxix</sup> access to inhalation services is rare although in some localities inhalation has become the main route of consumption resulting in overdose deaths;<sup>xxx</sup> and the prohibition of assisted injection by SCS staff continues to limit access to services.<sup>xxxi</sup> At a provincial level, hostile governments have erected significant new barriers to SCS including stringent conditions for licensing or funding services.<sup>xxxii</sup> Those have resulted in services being shut down while others have waited years to open.<sup>xxxiii</sup> Community members continue to be forced to implement unsanctioned sites to save lives<sup>xxxiv</sup> and to find alternative solutions to support services including crowdfunding, private donations, merchandise sales, or municipal funding.

Unsurprisingly, few if any prisons in Canada offer any of the above critical overdose prevention measures, despite dramatic recent increases of deaths in custody.<sup>xxxv</sup> The vast majority also deny people in prison immediate access to **naloxone**. Most provinces offer free, unrestricted access to naloxone through first line responders, health centres, and pharmacies. Yet prisoners in Canada — a grossly disproportionate number of whom are Indigenous and Black — do not receive the same standard of care. In most prisons, naloxone is only accessible to prison health care or security staff and prisoners are not permitted to have naloxone kits inside their cells in the event their cellmates experience an opioid overdose. Correctional health care staff will not always be immediately available in overdose situations, yet the time taken to respond to an opioid overdose can mean the difference between life and death.

In Canada, there is strong support to **decriminalize simple drug possession** from community organizations, harm reduction and human rights advocates, public health authorities, and law enforcement.<sup>xxxvii</sup> In 2021, more than 100 civil society organizations across the country [released](#)

[a national drug decriminalization platform](#)<sup>xxxviii</sup> for Canada that recommended not only the decriminalization of simple drug possession, but also of necessity trafficking, defined as the sharing or selling of drugs for subsistence, to support personal drug use costs, or to provide a safer supply.<sup>xxxix</sup> [Health Canada's Expert Task Force on Substance Use also recommended](#) that Canada "end criminal penalties related to simple possession."<sup>xl</sup> Globally, numerous UN entities and human rights experts have expressed support for decriminalization, including the World Health Organization (WHO), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the UN Development Program (UNDP), the UN Special Rapporteur on the right to health,<sup>xli</sup> the UN Special Rapporteur on torture,<sup>xlii</sup> and the UN Office of the High Commissioner for Human Rights.<sup>xliii</sup> In 2018, all 31 agencies of the UN system adopted a [common position](#) recommending to all governments that they decriminalize simple drug possession.<sup>xliv</sup> The [International Guidelines on Human Rights and Drug Policy](#), co-published by the International Centre on Human Rights and Drug Policy, UNDP, UNAIDS, and WHO, also call on States to "decriminalise the possession, purchase, or cultivation of controlled substances for personal consumption,"<sup>xlv</sup> as a means to meet their obligation to uphold the right to the highest attainable standard of health. Similarly, the Global Commission on Drug Policy, comprising former heads of state or government and other eminent political, economic, and cultural leaders, has highlighted the tremendous damage caused by the criminalization of people who use drugs and [called for the removal of all punitive responses to drug possession and use](#).<sup>xlvi</sup>

## Recommendations

To curtail the harms of the unregulated drug market, we urge the Standing Committee on Health to recommend the following:

- Increase support for and expand access to safer supply, in line with the recommendations of the Canadian Civil Society Advancing Safe Supply Working Group.
- Increase support for and expand access to supervised consumption services by removing case-by-case exemptions for SCS, including through the decriminalization of activities related to personal drug use, providing funding for SCS, and working with provincial, territorial, and municipal governments to ensure they commit to facilitating the scale up of SCS where needed.
- Ensure equivalent access to safer supply, supervised consumption services, and naloxone, in all prisons.
- Increase supports for voluntary, evidenced-based drug treatment and denounce all forms of coercive and involuntary care.
- Increase supports for housing, ensure non-discriminatory access to shelters for people who use drugs, and denounce involuntary displacement of people experiencing homelessness.
- Decriminalize the possession of all drugs for personal use through a full repeal of section 4 of the *Controlled Drugs and Substances Act*, decriminalize the sharing or selling of drugs for subsistence, to support personal drug use costs, or to provide a safer supply, and remove all sanctions for such activities.

- Commit to legalizing and regulating all controlled substances.

<sup>i</sup> E. Wood et al., “The war on drugs: a devastating public-policy disaster,” *The Lancet* 373:9668 (2009) pp. 989-990; J. Csete et al., “Public health and international drug policy.” *The Lancet* 387:10026 (2016) pp. 1427-1480.

<sup>ii</sup> See, for example, L. Ti et al., “Police confrontations among street-involved youth in a Canadian setting,” *Int J Drug Policy* 2013; 24(1): 46–51; W. Small et al., “Public injection settings in Vancouver: physical environment, social context and risk,” *Int J Drug Policy*. 2007; 18(1): 27–36; B. del Pozo et al., “Police discretion in encounters with people who use drugs: operationalizing the theory of planned behavior,” *Harm Reduction Journal* 18: 132 (2021); J. Friedman et al. (2021) “Intersectional structural vulnerability to abusive policing among people who inject drugs: A mixed methods assessment in California’s central valley,” *International Journal of Drug Policy*, 87; and P. Baker et al., “Policing practices and risk of HIV infection among people who inject drugs,” *Epidemiol Rev.* 2020; 42(1): 27–40..

<sup>iii</sup> G. Bardwell et al., “Implementation contexts and the impact of policing on access to supervised consumption services in Toronto, Canada: a qualitative comparative analysis,” *Harm Reduction Journal* 16: 30 (2019).

<sup>iv</sup> Canadian Drug Policy Coalition, *Decriminalization and Harm Reduction in African Caribbean and Black Communities Getting To Tomorrow Dialogue*, 2023. <https://gettingtomorrow.ca/wp-content/uploads/2023/12/ACB-Report-8.3-1.pdf>.

<sup>v</sup> J.A. Barocas et al., “Population-Level Health Effects of Involuntary Displacement of People Experiencing Unsheltered Homelessness Who Inject Drugs in US Cities,” *JAMA*. 2023 May 2;329(17):1478-1486. doi: 10.1001/jama.2023.4800. PMID: 37036716; PMCID: PMC10087093.

<sup>vi</sup> J. Clayton and S. Atkins, *Drugs and Drug Policy: The Control of Consciousness Alteration*, 2007 at pp. 308–09.

<sup>vii</sup> B. Ray et al, “Spatiotemporal Analysis Exploring the Effect of Law Enforcement Drug Market Disruptions on Overdose, Indianapolis, Indiana, 2020–2021,” *American Journal of Public Health* 113, no. 7 (July 1, 2023): pp. 750-758.

<sup>viii</sup> UNODC, *The growing complexity of the opioid crisis. Global SMART Update, Volume 24*, September 2020.

<sup>ix</sup> Government of Canada, *Opioid- and Stimulant-related Harms in Canada*, Ottawa: Public Health Agency of Canada, December 2023. <https://health-infobase.canada.ca/substance-related-harms/opioids-stimulants/>

<sup>x</sup> Statistics Canada, *Police-reported crime statistics, 2018*, July 22, 2019; and Statistics Canada, *Police-reported crime statistics in Canada, 2019*, October 29, 2020; and Statistics Canada, *Police-reported crime statistics in Canada, 2021*, August 3, 2022.

<sup>xi</sup> K. Samuels-Wortley, “Youthful Discretion: Police Selection Bias in Access to Pre-Charge Diversion Programs in Canada,” *Race and Justice* 1-24 (2019).

<sup>xii</sup> D. Fumano, “New figures reveal the racial disparity in Vancouver drug charges,” *Vancouver Sun*, August 7, 2020.

<sup>xiii</sup> A. Owusu-Bempah and A. Luscombe, “Race, cannabis and the Canadian war on drugs: An examination of cannabis arrest data by race in five cities,” *International Journal of Drug Policy* (2020), 102937.

<sup>xiv</sup> Ontario Human Rights Commission, *A Disparate Impact: Second interim report on the inquiry into racial profiling and racial discrimination of Black persons by the Toronto Police Service*, August 10, 2020.

<sup>xv</sup> R. Browne, “Exclusive Data Shows Canadian Cops Target More Black and Indigenous Folks for Drug Arrests,” *Vice News*, April 19, 2022.

<sup>xvi</sup> Government of Canada, *Safer supply*. <https://www.canada.ca/en/health-canada/services/opioids/responding-canada-opioid-crisis/safer-supply.html>. See also Government of Canada, *Interactive map: Canada’s response to the opioid overdose crisis*. <https://health.canada.ca/en/health-canada/services/drugs-medication/opioids/responding-canada-opioid-crisis/map.html>.

<sup>xvii</sup> See, for example, A. Slaunwhite et al., “Effect of Risk Mitigation Guidance opioid and stimulant dispensations on mortality and acute care visits during dual public health emergencies: retrospective cohort study,” *British Medical Journal* 2024; 384 :e076336 doi:10.1136/bmj-2023-076336 and National Safer Supply Community of Practice, *Prescribed Safer Supply Programs: Emerging Evidence*, 2023. Canada. <https://www.nss-aps.ca/evidence-brief>

<sup>xviii</sup> Government of Canada, *Interactive map: Canada’s response to the opioid overdose crisis*. <https://health.canada.ca/en/health-canada/services/drugs-medication/opioids/responding-canada-opioid-crisis/map.html>.

<sup>xix</sup> Prescribed Safer Supply Programs: Emerging Evidence, supra.

<sup>xx</sup> Canadian Civil Society Advancing Safe Supply Working Group Canada, *Innovating Beyond Exclusively Medicalized Approaches” Policy Brief and Recommendations*, February 2023. <https://drugpolicy.ca/about/publication/innovating-beyond-exclusively-medicalized-approaches-policy-brief-and-recommendations/>.

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

<sup>xxii</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. <https://www.canada.ca/en/health-canada/corporate/about-health-canada/public-engagement/external-advisory-bodies/expert-task-force-substance-use/reports/report-2-2021.html>.

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- <sup>xxiii</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>xxiv</sup> Government of Canada, *Supervised consumption explained: types of sites and services*, February 2023, <https://www.canada.ca/en/health-canada/services/substance-use/supervised-consumption-sites/explained.html>.
- <sup>xxv</sup> *Ibid.*
- <sup>xxvi</sup> N. Fairbairn, "Seeking refuge from violence in street-based drug scenes: Women's experiences in North America's first supervised injection facility," *Social Science & Medicine* 67 (2008) 817–823.
- <sup>xxvii</sup> *Interactive map: Canada's response to the opioid overdose crisis*, supra. See also, Government of Canada, Supervised consumption sites: Status of applications at <https://www.canada.ca/en/health-canada/services/substance-use/supervised-consumption-sites/status-application.html> (consulted in November 2023).
- <sup>xxviii</sup> In response to the COVID-19 pandemic, toxic drug supply and overdose crises, Health Canada issued a class exemption to all provinces and territories under section 56(1) of the CDSA in April 2020 to facilitate access to SCS. SCS providers can go directly to their provincial or territorial governments (if they have accepted to implement the exemption) to establish an Urgent Public Health Need Site without applying for a federal exemption first. Health Canada's class exemption is currently set to expire in 2025 and limited to urgent and temporary services. See Government of Canada, *Subsection 56(1) class exemption in relation to urgent public health need sites in the provinces and territories*, July 8<sup>th</sup> 2022 (current exemption).
- <sup>xxix</sup> *Interactive map: Canada's response to the opioid overdose crisis*, supra. Russell et al, "'Small communities, large oversight': The impact of recent legislative changes concerning supervised consumption services on small communities in Ontario, Canada" (2020);
- <sup>xxx</sup> D. Major, "Changing nature of Canada's overdose crisis calls for more aggressive response, experts say," *CBC News*, January 3, 2023. <https://www.cbc.ca/news/politics/changing-nature-canada-overdose-crisis-1.6694577>.
- <sup>xxxi</sup> M. Gagnon et al, *Nurse-Assisted Injection: A Path to Equity in Supervised Consumption Services*. Canadian Institute for Substance Use Research, Victoria, BC, 2022.
- <sup>xxxii</sup> See, Alberta Health, *Recovery-oriented Supervised Consumption Services Standards*, October 5<sup>th</sup> 2022 and Ontario Ministry of Health and Long-Term Care, *Consumption and Treatment Services: Application guide*, October 2018.
- <sup>xxxiii</sup> K. Larose, "the fight for supervised consumption sites to remain open in Alberta," *CATIE Blog*, August 30, 2021; W. Pearson, A. Barmania and B. Throop, "Timeline: Inside Peterborough's 4-year fight for a safe consumption site," *Peterborough Currents*, March 15, 2022.
- <sup>xxxiv</sup> See, for example, S. Hyatt, "'No time for 'bureaucracy': Advocates plan to continue unsanctioned overdose prevention site in Cobourg," *Peterborough Examiner*, March 24, 2023: <https://www.thepeterboroughexaminer.com/local-northumberland/news/2023/03/24/no-time-for-bureaucracy-advocates-plan-to-continue-unsanctioned-overdose-prevention-site-in-cobourg.html>; and B. Labby, "3 weeks after province ends funding for injection site, unsanctioned space opens in Lethbridge," *CBC News*, Sep 26, 2020: <https://www.cbc.ca/news/canada/calgary/lethbridge-supervised-injection-site-unsanctioned-1.5737627>
- <sup>xxxv</sup> Tracking (In)Justice, *Ontario Deaths in Custody on the Rise*, December 2022. <https://trackinginjustice.ca/wp-content/uploads/Ontario-Deaths-in-Custody-on-the-Rise-2022-8.pdf>. Correctional Service Canada, *Overdose Incidents in Federal Custody, 2018/2019*, December 2020. <https://www.csc-scc.gc.ca/research/sr-20-01-en.shtml>.
- <sup>xxxvi</sup> Canadian Pharmacists' Association, *Environmental Scan: Access to naloxone across Canada*, November 2017, available at [https://www.pharmacists.ca/cpha-ca/assets/File/cpha-on-the-issues/Environmental%20Scan%20-%20Access%20to%20Naloxone%20Across%20Canada\\_Final.pdf](https://www.pharmacists.ca/cpha-ca/assets/File/cpha-on-the-issues/Environmental%20Scan%20-%20Access%20to%20Naloxone%20Across%20Canada_Final.pdf).
- <sup>xxxvii</sup> See, for example, J. Ling, "Seven Chief Public Health Officers Call for Drug Decriminalization, But Justin Trudeau Isn't Budging," *Vice News*, September 2, 2020.
- <sup>xxxviii</sup> HIV Legal Network, *Leading human rights and public health organizations release national drug decriminalization platform for Canada*, 2021. Online: <https://www.hivlegalnetwork.ca/site/media-release-leading-human-rights-and-public-health-organizations-release-national-drug-decriminalization-platform-for-canada/?lang=en>.
- <sup>xxxix</sup> Canadian Association of People who Use Drugs, *Safe Supply Concept Document*, 2019. Online: <https://vancouver.ca/files/cov/capud-safe-supply-concept-document.pdf>
- <sup>xl</sup> Government of Canada, *Report 1: Recommendations on alternatives to criminal penalties for simple possession of controlled substances*, 2021.
- <sup>xli</sup> See, for example, A. Grover, *Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health*, UN General Assembly, 65<sup>th</sup> Session, UN Doc A/65/255, August 6, 2010 and A. Grover, *Submission to the Committee against Torture regarding drug control laws*, October 19, 2012.
- <sup>xlii</sup> Juan E. Méndez, *Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment*, UN General Assembly, 22<sup>nd</sup> Session, UN Doc A/HRC/22/53, February 1, 2013.
- <sup>xliii</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.

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<sup>xliv</sup> UN Chief Executives Board, *Summary of Deliberations: Segment 2: common United Nations system position on drug policy*, UN System, 2<sup>nd</sup> regular session of 2018, UN Doc CEB/2018/2, January 18, 2019; United Nations Chief Executives Board, *United Nations system common position supporting the implementation of the international drug control policy through effective inter-agency collaboration*, UNCEB, 2<sup>nd</sup> Session, Annex 1, UN Doc. CEB/2018/2, January 18, 2019.

<sup>xlv</sup> International Centre on Human Rights and Drug Policy, UNAIDS, UNDP and WHO, *International Guidelines on Human Rights and Drug Policy*, March 2019.

<sup>xlvi</sup> Global Commission on Drug Policy, *Advancing Drug Policy Reform: A New Approach to Decriminalization*, 2016.