

How to Create and Maintain a Social Problem:
Critically Deconstructing the Canadian National Drug Strategies 1987-2014

Serenna Dastouri

Thesis Submitted to the Faculty of Graduate and Postdoctoral Studies
In partial fulfillment of the requirements for the Masters of Arts (MA) in Criminology

Department of Criminology
Faculty of Graduate and Postdoctoral Studies
University of Ottawa

© Serenna Dastouri, Ottawa, Canada, 2015

ACKNOWLEDGEMENTS

Many thank-you's are owed.

Bastien, thank-you for not pushing me on this even though there were times when I thought it would help me finish sooner. A thesis should be a product of one's will, not a deadline in a world so fixated with time. Your patience and then guidance when I finally decided to seek it helped me develop personally in the way I needed to get this thing done. Thank you to my readers, Christine Bruckert and Steve Bittle for providing great feedback on my labour of love. To all the professors who talked to me about my project and provided ideas and guidance, notably Professeur Frauley, Kempa, Kilty, Stevens, Robert, Acosta, Oscapella and Melchers. I think I had the best cohort on the face of the planet. Particularly, Kara, Mark, Amanda, Elie, Chris, Alyson, Pat, and Matt who always let me grumble and complain, listened and supported, and most of all made me laugh and kept me relaxed and calm...a feat for any who know me. Thank-you to non-cohort nerds as well particularly, Melanie, Marcel, Natalie, Ginette, Lysiane, and Ralph for reassuring me that 'yes, I am normal, this is normal, it's ok to want to throw my computer at the wall, it's ok to take my time'. A particular shout-out to Marcel, Matt, and Brandon and many, many strangers for the countless hours of intellectual discussion that kept me passionate about these subjects every time my energy waned. To my friends, who helped remind me who I was and who I wanted to be, even when I thought I was losing myself and for kindly asking me on my progress without annoying me: Robyn, Maxime, Lysiane, Lynne, Alex, Simon, and Marie-Claude. To my family, because you're my blood and the source of all my love. I know it sounds simple, but it's actually everything. Endless gratitude to time for easing up its pressure on me, for slowing down when I got stressed, and for kindly disappearing from my mind when I needed to focus. And lastly, though perhaps selfishly, I dedicate this thesis to myself. This was difficult for me for many reasons. There were a lot of frustrating and self-deprecating moments of this process that could only have been overcome by a will I seemed to struggle so hard to find and maintain. This process has taught me so much about self-love, respect, and patience, in addition to the time management, organization, knowledge, and focus.

ABSTRACT

This thesis explores the evolution of the discourses that constitute the social problem of drug use in Canada as described throughout the three Canadian drug strategies: the National Drug Strategy 1987-1992, the Canadian Drug Strategy 1992-2007 and the National Anti-Drug Strategy 2007-2014. In order to do so the author engages with Foucaudian concepts of discourse, power and knowledge to conduct an archaeological analysis of government texts produced during each time period. In particular, the author places a focus on how drug use, drug users, the impact of drug use on Canadian society and the perceived necessary responses to the drug problem are constructed through various discourses. The findings help the author propose a framework to examine how social problems may be politicized in general. The framework highlights the tendency for social problems to emphasize appropriate social norms, be selective in their incorporation of evidence, marginalize those who are considered problematic and politicize objects in a vague manner.

TABLE OF CONTENTS

ACKNOWLEDGEMENTS	ii
ABSTRACT.....	iii
TABLE OF CONTENTS.....	iv
1.0 INTRODUCTION	1
1.1 General Description of the Area of Concern	1
1.2 Problem to be examined.....	4
1.3 Purpose of the Proposed Research Project.....	6
1.4 Major Research Questions	6
1.5 Significance of the Problem and Justification for Investigating It	7
2.0 THEORETICAL FRAMEWORK.....	9
2.1 Discourse: Much More than Just Language.....	10
2.2 A Fluid Conception of Power and Knowledge.....	11
2.3 Truth: A Product of Power/Knowledge	13
3.0 METHODOLOGY	15
3.1 Introduction.....	15
3.2 Archaeology	16
3.3 Data source.....	17
3.4 Data Analysis	18
3.4.1 Familiarizing Myself with the Data, and Drawing Out the Discourses.....	19
3.4.2 Analyzing the nature of the discourse.....	20
3.5 Limitations of a Foucaudian Discourse Analysis	21
3.6 Political and Ethical Considerations	22
4.0 SOCIO-POLITICAL CONTEXT.....	25
4.1 Introduction.....	25
4.2 Prohibition: Drug Policy Worldwide.....	25
4.2.1 Single Convention 1961.....	26

4.2.2 Convention of Psychotropic Substances 1971	26
4.2.3 Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances 1988	27
4.2.4 Post-Implementation of Conventions	28
4.3 Drug Policy in the Canadian Context	29
4.3.1 Historical Context	29
4.3.2 Canada and the Conventions.....	29
4.3.3 Current Context: Canada’s Drug Strategies and the Canadian Drugs and Substances Act (CDSA)	31
4.3.4 Canada and the United States	36
4.4 Re-Problematizing Drug Policy in Canada.....	38
4.4.1 Criminal Justice Issues and Considerations	38
4.4.2 Division of Powers.....	40
4.4.3 Medical Marijuana	41
4.4.4 Harm Reduction Practices.....	43
4.4.5 Evidence Based Policies	45
5.0 ANALYSIS.....	48
5.1 National Drug Strategy (1988).....	48
5.1.1 Drug use	49
5.1.2 Drug User.....	53
5.1.3 Social Considerations of Drug Use.....	56
5.1.4 Responses to Drug Use	59
5.2 Canadian Drug Strategy	63
5.2.1 Drug Use	64
5.2.2 Drug User.....	69
5.2.3 Social Considerations.....	73

5.2.4 Response to the Drug Issue.....	76
5.3 National Anti-Drug Strategy.....	82
5.3.1 Drug Use	83
5.3.2 Drug Users	86
5.3.3 Social Considerations.....	90
5.3.4 Response to Drug Use.....	93
Conclusion	98
6.0 DISCUSSION.....	99
6.1 Power Knowledge Networks of Each Strategy.....	100
6.1.1 National Drug Strategy (NDS).....	100
6.1.2 Canadian Drug Strategy (CDS)	108
6.1.3 National Anti-Drug Strategy.....	113
6.2 What Can the Problematization of Drug Use Tell Us About the Politicisation of Social Problems?.....	116
7.0 CONCLUSION.....	121
APPENDIX A-GUIDE TO FOUCAUDIAN DISCOURSE ANALYSIS	123
APPENDIX B – DATA SOURCE DESCRIPTION	124
APPENDIX C- EXAMPLE DATA ANALYSIS TABLES	126
BIBLIOGRAPHY.....	132

1.0 INTRODUCTION

1.1 General Description of the Area of Concern

For the past century, the use of illicit drugs and more recently, the misuse of licit drugs has been characterized as a serious social problem. In order to address this problem, nations around the world have attempted to curb the use and distribution of drugs by legislating against their use. To this end, national drug strategies and international conventions over the past century have been instrumental in creating the infrastructure and institutions through which the criminalization of drug use and drug related activities could be exercised and maintained (Bewley-Taylor, 1999). While drug use has been problematized as early as 1909 through the Shanghai International Opium Commission, it was the United Nations (UN) *1961 Single Convention of Narcotic Drugs* that marked the onset of the perceived need to control drugs internationally (Bewley-Taylor, 1999). Ensuing national policies encouraged by the United States promoted the idea that *all* illicit drug use posed a danger to mankind and that no nation could benefit from their use (Bewley-Taylor, 1999). Many nations supported this position and, over the decades, in conjunction with the *1961 Convention*, illicit narcotic use and later some licit drug use was prohibited and heavily governed by several complex multilateral agreements worldwide. Years later the Nixon administration, instrumental in the proliferation of international prohibition under the *1961 Convention* (Bullington, 2004), coined the ubiquitous and unifying phrase ‘War on Drugs’ which led to the adoption of strict zero-tolerance policies in many nations which persist in many parts of the world to this day. A by-product of such policies includes the internalization of the strict prohibitionist discourse over generations, with each generation further removed from the original context and decisions that criminalized various substances in the first place (Bewley-Taylor, 1999).

Over the decades however, the latent effects of problematizing drug use as a social problem in need of a legal solution began to emerge. First, and similar to trends observed during the American alcohol prohibition in the 1930’s, prohibition creates a dangerously violent black market for drugs. The United Nations National Office of Drug Control and Crime Prevention estimates that the illicit market retails over \$400 billion dollars a year, fueling criminal

organizations worldwide that also engage in human trafficking and arms dealing (Oscapella, 2001). These organizations have also recently been linked to terrorist activities in Afghanistan, Colombia, and Angola (Oscapella, 2001). Furthermore, because the quality of the drugs is not regulated, the quality and potency of drugs that circulate on the black market are questionable and often dangerous, and can exacerbate existing health concerns facing drug user (Cusson & Block, 2000). The economic impact has also been enormous: the cost of the drug war in the United States alone is an estimated \$20 billion when one factors courts, corrections, and interdiction strategies (Cusson & Block, 2000). This is because the knee-jerk response to the proliferation of these criminal enterprises, including terrorist activities that sell drugs to finance their individual causes, has been to increase law enforcement and establish stricter laws against not only traffickers and dealers, but also users (Bullington, 2004; Moore and Elkavich, 2008).

One such policy is the infamous “Three Strikes” law established in the 1990’s in the United States in response to the ‘high’ crime rate (Vitiello, 1997). Many of the individuals targeted under this law were incarcerated for a drug related offence (*Ibid*). This policy has been liberally executed in many parts of the United States and still is today, and as a result is commonly touted as the reason the United States houses the largest incarcerated population in the world (Cusson & Block, 2000).

Second, Drucker (2002) claims that in the past thirty years alone, over 200,000 years of life have been lost to sentences in the name of the drug war. The unfortunate reality of this policy however, is that prisoners predominantly consist of small time drug dealers and users, usually poor minorities, rather than powerful dealers and traffickers (*ibid*). Zero tolerance approaches, such as the Three Strikes law operate on the assumption that legal mechanisms have a deterrent effect on drug using behaviour; however this has proven not to be the case (Vitiello, 1997). Years of implementing this policy have shown that not only has the rate of drug use *not* declined, it increased significantly (Bullington, 2004), and with it the illicit drug market has exploded considerably. The law also does not take into account the addictive nature of drugs which is often cited as the reason many individuals engage in criminal activity to pay for the drugs they consume (Cusson & Block, 2000). As a result, many of those incarcerated under this policy are in need of rehabilitation and treatment, yet often have their underlying substance use problems unaddressed in correctional institutions (Loue, 2003).

On an international scale, problematizing drug use as a social problem in need of criminal sanctions has severely impacted drug supplying countries such as Colombia, Bolivia, and Peru, the primary producers and distributors of cocaine. The coca leaf, which has been a symbolic and cultural crop for centuries across the Andes, is also the key ingredient in manufacturing cocaine (Bastos, Caiaffa, Rossi, Vila & Malta, 2006). The War on Drugs and the various international drug conventions under the United Nations have called for the destruction of all coca leaf production and the criminalization of those who grow it. In Bolivia and Peru this is seen to by the military who police and destroy all crop production, resulting in the impoverishment of thousands of farmers (Bastos, Caiaffa, Rossi, Vila & Malta, 2006). By contrast, in Colombia, the value of the coca leaf has fostered a thriving industry that acts as a financial source for the paramilitary and domestic terrorist organizations such as the *Fuerzas Armadas Revolucionarias de Colombia* (FARC) who have been at war with each other for decades (Bullington, 2004, Tokatlian, 1998). To address Colombia's coca production, the United States has intervened by spraying the chemical *Agent Orange* by air over suspected crops. Unfortunately, this chemical succeeds in destroy all other crops in the vicinity, again a source of livelihood for local farmers (Keefer, Loayza & Soares, 2008; Tokatlian, 1988). In conclusion, the drug economy has negatively affected economic growth rates of these countries, severely impacted security and interfered with structural reforms that would have supported economic growth.

These issues have led scholars and policy makers for over 50 years to call into question the efficacy of an international prohibition on drugs as the appropriate mechanism to deal with the social problem of drug use. Their concern focuses on whether prohibition is causing more harm than good. While many do not deny the existence of health-related impacts of drug use, some argue that this social problem is better addressed outside of criminal justice institutions and within health care institutions thereby exercising an existing discourse on treatment and rehabilitation for users (Haden, 2006; Loue 2003). Similar to this approach there are also many (Hughes and Stevens, 2010; Inchurraga, 2003) who problematize certain elements of drug use such as harm and support greater focus on harm reduction measures which reduce the negative impacts of drug use or aim prevent them from occurring by addressing dangerous practices related to drug use rather than use itself. Others, such as Boyd and Faith (1998), Hathaway & Erickson (2003) and Kornblum (1991) question the problematization entirely, maintaining that

drug use is a victimless crime, and that its prohibition creates the conditions for problems surrounding its use, and not the act using drugs itself. Finally, many criticize the excessive cost of the drug war, claiming that it is a waste of resources and has not succeeded in its endeavour to reduce worldwide drug consumption or production (Bagley, 1988; Cusson and Block, 2000; Miron, 2001 and Tokatlian, 1988). These arguments have led to serious discussion on the benefits of drug policy reform, including decriminalization, and legalization or different forms of regulation.

Many countries have considered these arguments recently in an effort to ‘re-problematize’ how they look at drug use. The Netherlands is renowned for its lenient policies towards drug use, and in some cases, only viewing certain drugs through a problematic lens. Since the *Opium Act* of 1976, simple possession of marijuana has been decriminalized and the country’s national drug strategy focuses on minimizing the broader social damage of drug use as opposed to incarcerating it (Pakes, 2005). In 2001, Portugal became the first country to decriminalize simple possession of *all* drugs. This decision came after incidences of the human immunodeficiency virus (HIV) and Hepatitis C escalated among intravenous heroin users (Hughes & Stevens, 2010). Argentina and Mexico have also changed their laws to decriminalize drugs (Arriola, 2009). Many other countries in the past two decades have entertained decriminalization of some or all drugs, including Italy, Australia, Germany, Spain and Canada (Hathaway & Erickson, 2003). Finally and most recently, Uruguay became the first country to legalize the production and sale of marijuana (Watts, 2013) and both Colorado and Washington state voted to legalize the production and sale of marijuana despite federal drug laws (Lewis, 2013).

1.2 Problem to be examined

Not all countries have decided to revisit their understanding of the drug problem. This is most evident in the three Canadian drug strategies that have been in operation since 1987 which are evidence that the drug problem has been heavily politicized in Canada. These strategies have served to create a series of institutions and practices which reinforce the understanding that drug use is indeed a problem Canadians need to be concerned with, and set out a series of action plans geared towards ridding supply and demand of drugs in Canada. While drug use in Canada has been prohibited through various pieces of legislation and agreements over the course of the 20th

century, it was only in the late 1980's, with the signing of the *Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substance 1988*, that Canada mobilized its various institutions from multiple sectors to develop a national strategy to combat what it advertised to be 'the drug problem'. The initial drug strategy entitled the *National Drug Strategy* (NDS) was established in 1987 by the Mulroney government and focused on taking the "*balanced approach*" to addressing the drug problem by placing equal emphasis on prevention, treatment and supply reduction (Action on Drug Abuse, 1988, 7). In 1992, the NDS evolved into the Canadian Drug Strategy (CDS) which focused on the same pillars as the NDS, however adopted a fourth pillar, harm reduction, under the direction of the Chretien government. The CDS strategy held strong over the next 15 years until the Harper government in 2007 announced the implementation of the "National Anti-Drug Strategy", Canada's first *Anti-Drug Strategy*, which focuses strictly on prevention, treatment and supply reduction measures, eliminating harm reduction from its mandate.

Since the launch of the most recent drug strategy, the National Anti-Drug Strategy (NADS) in 2007, Canada has directed hundreds of millions of dollars per year towards a strategy whose primary intention continues to focus on supply and demand reduction efforts that frame drug use as a *dangerous* social problem in need of state response. This has been most evident in its decision to remove the harm reduction pillar from the strategy which was considered a point of contention in drug policy discourse because it promoted safe and responsible consumption over cessation (CAMH, 2008). Furthermore NADS has been developed and implemented despite the extensive evidence which suggests its type of *status quo* approach to addressing the drug problem is not effective at reducing rates of drug consumption, drug abuse, drug related crime, and drug production. Finally, this strategy has encountered resistance from key stakeholders, most notably the organizations tasked with implementing its programs, in addition to the individuals it purports to protect, the drug using population (CAHM, 2008, Lucas, 2009, Mosher, 2011).

My project, which is exploratory in nature, stems from my interest in the evolution of Canadian drug policy. I am interested in further unpacking *how* drug use has come to be problematized by the political discourse in each of the past three Canadian drug strategies. This will be achieved by unveiling and analyzing the active discourses in each drug strategy and illuminating their resulting effects. In doing so I hope to uncover and document the types of

discourses necessary to problematize drug use as a social problem at each point in time and place them in the larger context of the evolving global discussion on drug use. I am interested in understanding which discourses are given priority in one strategy versus another and outlining whether an evolution or rupture occurs in the discourse of drug use in Canada. This will then enable me to gain a better understanding of the discursive strategies that have, and continue to, dictate Canadian drug policy.

1.3 Purpose of the Proposed Research Project

The drug policy literature in recent decades is almost unanimous in its criticism of 20th and 21st century drug policy as a response to the perceived drug problem. While there are several works which trace the historical problematization of different illicit drugs in both Canada and the United States (Giffen, Endicott & Lambert 1991; Bewley-Taylor, 1999, Beauchesne, 2003; Hathaway & Erickson, 2003; Bullington, 2004; Gecelovsky, 2008), few have elected to examine *how* the political discourse continues to problematize drug use in the present day using, as a vehicle, the national drug strategies to disseminate and reinforce their message among the Canadian public. Furthermore, even fewer have employed the analytic of Michel Foucault on discourse/power/knowledge to contextualize the discussion in order to root it in a sound and rigorous theoretical framework. This study therefore endeavours to explore which discursive strategies are employed by the political discourse in order to successfully problematize drug use in Canada. An overview of the literature in section 1.6 suggests that the political discourse may borrow from discourses rooted in medicine, legal and economic discourse to create the conditions for a response against the drug problem. A thorough investigation of the strategies will illuminate whether this is true, whether there are others and finally how these discourses align or do not align with current trends in drug policies adopted by other nations. I will proceed with this investigation by conducting a critical discourse analysis of the three drug strategies through a Foucauldian lens of discourse, power and knowledge. In doing so this study is able to isolate the discursive strategies that were active in shaping the political conception of the drug issue within each strategy.

1.4 Major Research Questions

The main research question that will lead my study is:

- How does the political discourse frame the *drug issue* in the three Canadian national drug strategies?

I have also included three sub questions to help contextualize my analysis:

- How does the political discourse in these strategies problematize drug use, the drug user, and the impact of drug use and the user on Canadian society?
- How did each drug strategy propose to respond to the perceived drug issue; what elements of the drug problem were they most attentive to?
- What is the political and social context under which each strategy emerged?

1.5 Significance of the Problem and Justification for Investigating It

I have two objectives with this research study: the first is to offer a methodological contribution building on the work of Michel Foucault by using his methodological lens of discourse, power and knowledge to explore how drug use has been problematized in Canada in the past 28 years. In order to do so, I will use documents from the three strategies in order to tease out the discursive strategies used in each era to construct drug use as a problem. This *archeology* provides a ‘snapshot’ of the discourses necessary to implement the three national strategies in order to address ‘the drug problem’. This kind of analysis also enables me to explore the *effects* of those strategies in the form of the *responses* outlined in the strategy, that is, the results of how drugs are spoken of will manifest into corresponding actions to ameliorate the problem. I will not only focus on employing a Foucauldian methodology but by situating my problematic in the political discourse I can contribute to his efforts to “*define how, to what extent, at what level discourses, particularly scientific discourses, can be objects of a political practice*” (Foucault, 1968, 69, emphasis added). Consequently, this allows me to contribute to ‘destabilizing the present [discussion]’ (Voruz, 2005, 695) on drug policy in Canada in an effort to provide a more critical account of the considerations inherent to continued problematization of drug use and by extension potentially offer alternative possibilities of understanding it in the future.

This is linked to my second objective which is heavily guided by the contentious issue of ‘evidence-based’ policy and its consideration by the political discourse: I would like to address, as evidence throughout my analysis of the strategies to what extent ‘evidence’ was incorporated

from one strategy to the next. To assess this I will examine how these strategies build on one another and how they diverge from one another. This is important because it provides an insight into the way in which evidenced-based policy is incorporated (or not) into the political discourse as it relates to the problematization of drug use. As indicated earlier, over the course of the last 25 years, there has been a plethora of research produced both within and outside of government to indicate that present drug related policies fall short of achieving their objectives and, in fact, exacerbate issues surrounding drug use. The national drugs strategies themselves are important vehicles for exercising a number of different discursive strategies to continue to support the problematization of drug use. Therefore, in light of the recent academic inquiries into the subject, I am interested in understanding how the strategies originally problematized drug use, and how they continue to do so in the face of changing evidence. This will shed light over the degree of influence evidence based policy, a discourse in its own right, has had in how the drug issue was and continues to be framed in Canada.

2.0 THEORETICAL FRAMEWORK

‘Comparisons of problematizations...highlight the specific combinations of factors and relations that allow something to become a ‘problem’ in one situation and not in another’
(Bacchi, 2012, 6)

This study’s primary theoretical objective is to engage with the oeuvre of French philosopher Michel Foucault, specifically his concepts of *discourse, power, and knowledge*, within the political context of the three Canadian Drug Strategies. Foucault’s contribution to 20th century knowledge is rooted in his investigations of the productive and constitutive power of scientific discourse and its subsequent relation to our conception of power and truth in Western society (Golder and Fitzpatrick, 2010). My objective therefore, is to supplement scholarship on the nature of the relationship between political discourse and the question of drug use. I will do this by undertaking an archaeological excavation of the discursive formations inherent in the three Canadian drug strategy’s construction of the drug issue in order to document the ‘process of drug problematization’ in the three drug strategies.

While his personal investigations focused on psychiatry, criminology, and medicine, Foucault has been criticized for eschewing the political applications of his work (Hunt and Wickham, 1994). Indeed, the majority of his work focused on more localized powers inherent to the discourses he was trying to identify throughout his genealogical work. For this reason, the more globalized powers including the role of politics was left for other theorists to unravel (Hunt and Wickham, 1994). However near the end of his life Foucault battled with the applications of his analytic of power and what it could mean for political practice in a paper entitled ‘Politics and the Study of Discourse’ (1968). There he identifies that the purpose of his work is to show how the positivity of discourses, their conditions of existence and the systems which regulate their emergence, functioning, and transformation can all concern political practice. He goes on further to say that “[he is] trying to show how, to what extent, at what level discourses, particularly scientific discourses, can be objects of a political practice, and in what system of dependence they can exist in relation to it” (Foucault, 1968, 69). It is on this note that I will try to understand the different manners in which the discourse on drug use becomes an object of

political practice in the three drug strategies. While I will not be undertaking a genealogy due to the time commitment required, I will be conducting a ‘mini genealogy’ that covers the span of 28 years of Canadian drug policy. In doing so I will be able to provide a ‘snapshot’ of the discourses exercised and discursive strategies employed to implement the three national strategies in order to address ‘the drug problem’

2.1 Discourse: Much More than Just Language

It is first important to demarcate the commonly conflated boundaries of the terms *discourse* and *language*. According to Garrity (2010), many researchers who use Foucauldian concepts to inform their work err by interchanging the words ‘discourse’ and ‘language’ as if they were referring to the same thing. Over the course of his work however, Foucault is very clear to draw distinctive lines around these terms. He explains that “... *language (langue) is...a system for possible statements, a finite body of rules that authorizes an infinite number of performances,*” (Foucault, 1972, 27, emphasis added). Taylor (2011) adds that while we rely on language to describe our experiences, not all experiences and events can be described by language (Taylor, 2011). Foucault further explains that the two terms have two different objects of inquiry:

The question posed by language analysis of some discursive fact or other is always according to what rules has a particular statement been made, and consequently according to what rules could other similar statements be made? The description of the events of discourse poses a quite different question: how is it that one particular statement appeared rather than another? (Foucault, 1972; 27).

Foucault explains that there are various materializations of discourse including speech, text, and writing and, of course, symbols (Foucault, 1972). Although these concepts may employ the use of language, they are much more than that. Because when they refer to the same object they cohere together to create—or build—a representation of that object in a finite moment in space and time. This is why he concludes that discourses both ‘produce’ and ‘constitute’ the object in which they speak. In sum, discourse refers to a group of statements that may follow the rules of language for talking about a particular topic at a particular moment in time, in addition to the use of non-verbal cues and visual symbols in order to *produce knowledge* within a context of a set of institutionalized practices (Foucault, 1972; Hunt & Wickham, 1998).

This productive element of discourse is key to Foucault’s oeuvre. Foucault’s conception of discourse is a fluid, productive, and opportunistic force creating meaning and effect in the social world all the while being influenced by the pre-existing discourses that precede and surround it

(Foucault, 1972). Discourse is found in various types of statements and is as *instrumental* in creating (producing) the subjects and objects to which it also refers (Foucault, 1972). Hunt and Wickham (1998) elaborate on this productive power of discourse in the following excerpt:

What the concept captures is that people live and experience within discourse in the sense that discourses impose frameworks which structure what can be experienced or the meaning that experience can encompass, and thereby influence what can be said, thought and done. Each discourse allows certain things to be said, thought and done and impedes or prevents other things from being said thought and done (Hunt and Wickham, 1998, 8).

In this study I am interested in looking at the discursive formations – “*a system of more or less stable elements of a discourse that are linked or associated*” (Hunt & Wickham, 1998, 9) — of the drug issue within the political context and all the ways in which the political discourse chooses to speak the drug problem into existence within each drug strategy. Hunt and Wickham (1998) suggest that discursive formations focus on the “*external or social conditions within which discourses are formed and transformed*” (9) thereby making them a useful tool with which to investigate the process of *problematization* of the drug issue in Canada. Foucault’s description of the nature of discourse also refers to their propensity to proliferate, clash, compete and collide with one another (Foucault, 1972) leading me to suspect I will come across multiple discourses over the span of 28 years of the three strategies. This will become clearer as I compare the discursive strategies and formations from one strategy to the next.

2.2 A Fluid Conception of Power and Knowledge

The early stages of Foucault’s career, which, at first glance, appear to be far removed from his later works, in fact set the stage for ideas that would emerge in future decades (Golder & Fitzpatrick, 2010). His understanding of the constitutive and productive property of discourse would later become the foundation for his analytic of power and knowledge: the underestimated relationship inherent to all truth claims (Golder & Fitzpatrick, 2010).

For Foucault the abstract idea of *power* and *power relations* are inextricably linked with *knowledge*. Unlike many who use the term, Foucault does not discuss power with respect to it being a “thing” possessed, but instead describes it as being *exercised* and *practiced* through the relationships between people and institutions (Foucault, 1977). He is one of the first thinkers to problematize the mechanics of this intangible force and produce a mechanism for following its referents in our social world:

Power must be analysed as something which circulates, or rather as something which only functions in the form of a chain. It is never localised here or there, never in anybody's hands, never appropriated as a commodity or piece of wealth. Power is employed and exercised through a net-like organization. And not only do individuals circulate between its threads' they are always in the position of simultaneously undergoing and exercising this power (Foucault, 1980; 98).

But for Foucault power does not act alone. It is intrinsically linked with the production of *knowledge* and the interaction of these two entities determines the regime of truth that contributes to the constitution of any object (Foucault, 1970). He says, “[t]here is no power relation without the correlative constitution of a field of knowledge, nor any knowledge that does not presuppose and constitute at the same time, power relations” (Foucault, 1977; 21). Thus power emerges through the production of knowledge. And, inversely, knowledge can only continue to be produced through the exercise of power. The relationship of these two concepts to discourse is neatly summarized as follows: “it is in discourse that power and knowledge are joined together...discourse can be both an instrument and an effect of power...Discourse transmits and produces power” (Foucault, 1978, 101). In other words they emerge as the *product* of a discourse, or—speaking from a critical realist lens—discourse is the referent through which power and knowledge emerge on the level of the “actual”. As such, knowledge cannot exist outside of discourse, for knowledge presupposes meaning, and for Foucault, nothing in our social world can have meaning outside of discourse (Hall, 2009).

Unlike traditional conceptions of power being the tool of oppression exercised by few in society, Foucault contends that power can be both positive and/or negative as indicated in the following quotation:

What makes power hold good, what makes it accepted, is simply the fact that it doesn't only weigh on us as a force that says no, but that it traverses and produces things, it induces pleasure, forms knowledge, produces discourse. It needs to be considered as a productive network which runs through the whole social body, much more than as a negative instance whose function is repression (1980;119).

The productive capacity of power can be understood by observing the hierarchical status of certain knowledges in our world; not all knowledge is created equal. Some knowledges have more legitimacy in our world than others, which mean they are, consequently, imbued with more power. Foucault refers to these knowledges as “*erudite*” knowledges or the “*established regimes of thought*” (Foucault, 1980, 81). These are discourses that have been so heavily exercised, improved upon, and readily accepted that they play a large role in defining our reality whether we realize it or not; in other words, they are extremely productive discourses evidenced by their continued self-preservation and evolution and, hence, they are more likely to be seen as

legitimate because they are so heavily reproduced in society. Discourses that are well known include those that make up much of the human sciences: philosophy, psychiatry, medicine, economics and, of course, law (Foucault, 1980). These are knowledges that are not only highly revered because they are an amalgamation of productive discourse, but also because their ubiquity and general acceptance within a population allow them to continue to exercise and produce discourse in a way to keep the knowledge alive and influential (Foucault, 1980). Unlike the pure sciences of chemistry, physics and mathematics, the human sciences do not tend to subject themselves to the self-criticism that would problematize and question their knowledge (Foucault, 1980). But that does not mean they are not criticised at all.

Foucault contrasts *erudite* knowledge with what he calls “*subjugated*” knowledge, or “*naïve*” knowledge. These are knowledges that are “*located low down the hierarchy, beneath the required level of scientificity...a whole set of knowledges that have been disqualified as inadequate to their task or insufficiently elaborated [upon]*” (Foucault, 1980, 82). Examples of these kinds of knowledges could be homeopathy, eastern medicine, or astrology. Although many of these techniques and beliefs have been practiced for thousands of years, they lack the scientificity that is necessary to gain relevancy in the ‘established’ world of science. In other words, less *power* is exercised within the discourses of these fields, likely due to the hegemonic stature of Western medicine and astronomy. That is to say, the discourse of homeopathy and eastern medicine is not adopted, and therefore practiced, by enough subjects for it to be able to exercise as much power and knowledge as are exercised within the discourse of Western medicine.

2.3 Truth: A Product of Power/Knowledge

According to Foucault, the level of inherent power/knowledge in a discourse is an indication of its ‘truth status’ in society (Foucault, 1980). That is, if a discourse can be said to have successfully produced meaning in the social world, we will observe that it holds a certain truth status. This truth status is observable through normative discussions that take place at the societal level wherein individuals exercise certain discursive strategies to speak an object into meaning (Foucault, 1972). Often these discursive formations are considered to be ‘knowledge’, or already established truths, of which the actors uttering them rarely question the origins (Foucault, 1980). Therefore, the actors continue to perpetuate the discourse allowing it to further creating meaning

in the social context. In this way, discourse and power/knowledge form a type of triad, in which they are inherently connected and strengthened through the continued exercise of practicing a discourse. The degree to which they succeed in their endeavour is reflective in the truth status of that discourse at a particular moment in time and space.

For Foucault, therefore, there are no exact realities or truths that await discovery, or at least, it is not the intention of his work to discover these realities. Instead he examines the various sets of rules (a regime of truth) embodied in heavily practiced discourses exercised in different social contexts, he says:

Each society has its regime of truth, its 'general politics' of truth: that is, the types of discourse which it accepts and makes function as true; the mechanisms and instances which enable one to distinguish true and false statements, the means by which each is sanctioned; the techniques and procedures accorded value in the acquisition of truth; the status of those who are charged with saying what counts as true (Foucault, 1977; 131).

Following this logic, political discourse, as a set of practices, uses certain regimes of truth to produce knowledge that will have elevated legitimacy in modern societies. When looking at the Canadian drug strategies, I am in fact looking at a located space in time, where the nature of drug use is debated (or not) in multiple discourses within the political context. My interest lies in how the political discourse frames drug use in these policies, and to see which discursive strategies, discourses and practices are adopted or influence the process. In doing so I will be able to show *how* problematizing drug use was made possible.

3.0 METHODOLOGY

3.1 Introduction

This chapter will discuss the method used to investigate my research questions: “*How does the political discourse frame the drug issue in the three Canadian national drug strategies?*” In addition to my three sub-questions:

- How does the political discourse in these strategies problematize drug use, the drug user, and the impact of drug use and the user on Canadian society?
- How did each drug strategies propose to respond to the perceived drug issue; what elements of the drug problem were they most attentive to?
- What is the political and social context under which each strategy emerged?

The method I employed is a discourse analysis inspired by Foucaudian concepts of discourse and power/knowledge, although there are several clarifications that need to be made before I continue. There are multiple types of discourse analyses within qualitative research, the two most prominent being a linguistic discourse analysis, which studies the language of a text in detail (Alvesson, 2002) and a discourse analysis inspired by Foucaudian concepts of discourse, power, knowledge and truth (Graham, 2005). The difference between these two poses many problems because many make the mistake of infusing the principles of the latter as they pursue linguistic discourse analysis, resulting in incoherent analysis and much confusion (Graham, 2005; Selby, 2007; Garrity, 2010). One of the reasons this may occur is because Foucault did not provide a formal method for discourse analysis. Indeed, Foucault refused to provide a formal method because he would have been considered epistemologically hypocritical if he outlined a prescribed method for employing his concepts when the purposes of them was precisely to introduce discontinuity into the history of thought in the first place (Foucault, 1972; Graham, 2005).

3.2 Archaeology

In order to answer my research question, I will conduct an archaeological analysis of the three Canadian drug strategies. *The Archaeology of Knowledge* (AOK) is one of Foucault's most influential works that speaks to the art of understanding, extracting, and isolating the elements of a discourse. In AOK, Foucault describes the process of conducting an archaeology as "*the intrinsic description of the monument*" (Foucault, 1972, 7), where monument is a metaphor for the object, or event, under observation by the researcher which, in my case, is the problematization of social problems illustrated through the empirical example of the three Canadian drug strategies. More specifically, archaeology is described as an *inquiry* into the way the object of inquiry is *formed* in and by discourse (Golder & Fitzpatrick, 2010). This is possible through Archaeology because it refers to the process of *describing* discursive formations rather than *interpreting* them (Garrity, 2010). The word *inquiry* further suggests the need to identify the characteristics that surround the emergence of discourse objects and this means studying the

"discursive rules which dictate not only the emergence of objects but also the qualification of speaking subjects, and the regulation of what, and how, statements about such objects, can be formed, transmitted and put into circulation" (Golder & Fitzpatrick, 2010, xiii).

Archaeology forms the foundation of another commonly applied Foucaudian methodological concept, the *genealogy*. In his *Two Lectures* essay, Foucault (1972) describes genealogy as "*the union of erudite knowledge and local memories which allows us to establish a historical knowledge of struggles and to make use of this knowledge tactically today*" (83). While elements of genealogy, will appear in the discussion as I attempt to situate the discursive strategies within the socio-political context, I am simply capturing a 'snapshot' of the drug problem at a finite moment in time. Compared to an archaeological analysis, a genealogical examination goes further to study the "*things we do not believe have a history*" (Oksala, 2011) that emerge from a reciprocal relationship between systems of exclusion and the formation of discourses (Taylor, 2011). Since 'the drug problem' existed well before the first drug strategy in 1987, a thorough genealogy of this issue would prove far too onerous a task for a project of this size and therefore systems of exclusion will not feature in this analysis.

In sum, archaeology is incredibly useful to determine the normative discourses which constitute one social problem or another because it suggests that discourses *constitute* their objects, not reflect them. The discursive formations analyzed are made up of a series of statements and the

archaeologist is tasked with describing the relations *between* these statements (Foucault, 1972). A statement is described by Foucault an event or, something *that happens*, and is more than just *language* which may constitute it, it has a function: it *does something* (Foucault, 1972). More specifically statements, while linked to subjects in that they are written or spoken by them, are not *borne* of the subject (as an original author). Thus examining the relationship between statements allow us to determine the *position* of the subject and, by extension, allow us to see how social behaviours and practices create individuals (Garrity, 2010). Thus an archaeological analysis will enable me to identify the way that drug use, as an object of knowledge, is formed in political discourse by charting the various discursive formations that speak the concept to life in the different drug strategies.

As with any monument, an archaeologist can only ever observe it in the context of its emergence and use—which requires the researcher to examine it within its historical context. For this reason I have included a chapter on the socio-political context of the three drug strategies as part of my overall analysis. While the AOK provides the conceptual foundation for the elements of a discourse analysis it should not be misconstrued as an instruction manual. In fact, the introduction begins by criticizing former methods of historical inquiry focused on the strict adherence to one method over another (Foucault, 1972). Foucault explains that this strict adherence renders difficult the study of *discontinuity* among former historical analyses, particularly if the element of discontinuity does not meet the standards of the methodological procedure selected (Foucault, 1972, 10). Therefore Foucault encourages his readers to refer to his concepts, techniques, and analytics as “tools” to help them get *somewhere* rather than “instructions” that would presuppose a final destination (Foucault, 1972). In this way AOK has since been adopted by researchers as a hub of available tools to study discourse from a Foucaudian perspective. As a result, there are multiple interpretations of Foucaudian discourse analysis, both by authors who maintain there is a “set way” (Hook, 2001), and those who developed personal interpretations of the approach (Carabine, 2001; Graham, 2005; Prior, 2004).

3.3 Data source

I have chosen to conduct a textual analysis for this study. Appropriately enough, textual analysis is the epitome of a Foucaudian discourse analysis because of how a single document can hold several discourses (Foucault, 1972). Additionally, analyzing text demonstrates the rules by which

statements are related and organized, and thus how they are understood by a subject (Prior, 2004). My decision also stems from a specimen perspective, which holds that written words are not merely a window into “reality,” but a part of “reality” as well (Alasuutari, 1995). For this reason, texts “*constitute a starting point for qualitative analysis in their own right*” (Prior, 2004, 325). Throughout the duration of each drug strategy, multiple government documents and texts were prepared and circulated; therefore my analysis has focused on these texts. The documents which were selected were chosen because of their potential impact on how each drug strategy would unfold including research used to support the creation of the strategy, assumptions made about drugs and suggested programming. I should note here, that I fully acknowledge it is not possible for me to be certain whether the policies and practices identified in each document analyzed *actually* impacted policy in the way identified. There is the possibility, as is often seen in government, that strategies were not adopted whether for political, economic or other reasons despite having been drafted. That said, many of the documents analyzed were publicly shared, so their effects, whether materialized or not in practice, were nevertheless disseminated to the Canadian population, potentially impacting the public discourse on drugs. In short these documents consist of internal and external communication and program materials, baseline measures and evaluations. The development of some of these documents has been referenced in later documents that exemplify a discourses being reproduced, strengthened and ultimately having a greater impact. For a complete list of my documents, please refer to Appendix B which identifies both the type and length of each reviewed document and the justification for its inclusion.

3.4 Data Analysis

My discourse analysis will draw heavily from Carabine’s (2001) method of performing a Foucaudian Discourse Analysis (see Appendix A) which seeks to identify the discourses through two phases: *knowing the data and drawing out the discourse; and analyzing the nature of the discourses* (Carabine, 2001). I was also influenced by a series of questions to pose on discourse by Taylor (2011) and Garrity (2010).

In addition to this, I researched the surrounding social and political context in Canada in relation to each strategy which has been summarized in chapter 5. This included reading as many articles, government texts, publications, and newspapers as I could that referenced drug

use in general to determine how it is viewed socially, politically, medically, morally, and economically prior to the implementation of each drug strategy. This helped me determine the various ways that drug use was spoken of in Canada and subsequently aided me in identifying the discursive formations and strategies present in the drug strategies. Once finished, I read the strategies again, this time identifying themes and categories that represent discursive formations and speak my research object into existence. The specifics of the archaeological analysis will be elaborated upon in the next section.

3.4.1 Familiarizing Myself with the Data, and Drawing Out the Discourses

I read the documents a total of 5 times. I began my analysis by reading the documents over a first time to get a sense of whether they contained the kinds of references towards my research question I would need for my analysis. After the first reading, my second reading allowed me to get a feel for the documents and to start thinking about common themes or categories that would be relevant to my research question. On my third read, I then began to analyze how each document “*spoke to*” my topic of interest (Carabine, 2001, 282). The first three readings provided me with a useful way to categorize the discourses to begin: I noticed that drug use was broached in, broadly, four difference ways: **drug use** in general, **drug users**, the **relationship between drug use and Canadian society** and finally the **drug strategy’s response** to the perceived drug issue.

My next step was to create four tables to organize the statements I extracted from my data under these categories for each of the three drug strategies. This gave me a total of total of 12 tables (four for each strategy, see Appendix C for example). Each category had a color: drug use-green, drug user-yellow, societal references-blue, responses to drug use pink—I then reread my data from each drug strategy and looked for statements that spoke to each of these categories and put them in their respective tables. For example, whenever a strategy commented on the drug user, I cut and pasted that excerpt, or manually transcribed it, into the yellow table for that particular strategy. I did this for each category, for each strategy. At the end I found myself with 58 pages of single spaced data organized in four different tables for each drug strategy.

Once all the tables were filled with their respective excerpts, I proceeded to read through them all to ensure each table contained the appropriate reference and changed those I felt belong better somewhere else. There were some occasions where one excerpt spoke to several

categories. My next step was to reorganize all the tables by *category* rather than *strategy*. With that done, and starting with the drug use category (green), I read each one over once and immediately noted any major ways the object (drug use) was spoken of. To help orient myself into looking for discourses, rather than doing a thematic content analysis, I posed the following questions to myself suggested by Taylor (2011):

- What is being represented here as truth or a norm?
- How is this constructed? What ‘evidence’ is used? What is left out? What is foregrounded and backgrounded? What is made problematic and what is not? What alternative meanings/explanations are ignored? What is kept apart and what is joined together?
- What interests are being mobilized and served by this statement on drug use and what are not?
- How has this come to be?
- What identities, actions or practices are made possible and/or desirable and/or required by this way of thinking/talking/understanding? What are disallowed? What is normalized and what is pathologized?

I repeated this process with the three remaining sets of categories rearranging the statements into groups with subheadings as I went. After this, I took the four categories and divided them into their appropriate strategies and repeated the process of looking for discourses again but this time across strategies. It was from this point that a series of sub-categories began to emerge which forms the basis of my analysis in Chapter 5.

3.4.2 Analyzing the nature of the discourse

At this point it was necessary not only to draw out the discourses from the text, but also, as Carabine suggests, to consider *the nature* of the discourses presented (2001). This was achieved by analyzing how the discourses were interrelated which is to say, how the meanings and effects of the drug user, as identified through my questions, are connected, or not, to the questions developed about society as a whole for example. I also looked for discursive strategies, or “techniques of deployment” in the text (Graham, 2005) in addition to documenting the absences and silences of the various discourses (Carabine, 2001) in order to discern which discourses were

contributing to the problematization of drug use in Canadian drug policy. Part of this process required me to be mindful that the mere inclusion of certain words such as ‘addiction, violence, poverty, stigma etc.’ did not necessarily indicate the presence of a particular discourse in the strategy. Instead it was important to assess whether the way the words were included indicated either the presence of a particular known discourse or, perhaps, another discourse that was not previously known to me.

3.5 Limitations of a Foucaudian Discourse Analysis

Every method of analysis has limitations, and Foucaudian discourse analysis is no exception. As indicated earlier, Foucault did not outline a clear, replicable method for undergoing archaeology – this can lead readers of post-structural analyses, such as mine, to doubt its rigour (Garrity, 2010). However where a study guided by a more positivist orientation gains its strength from demonstrating its ability to be replicated and generalized (Frauley & Pearce, 2007), studies that emanate from a post-structural thinker such as Foucault gain their strength through the individual subjectivities brought to them by the researcher and his or her reflective way of selecting statements for analysis while understanding both personal biases and the historical context of their object of investigation (Carabine, 2001; Garrity, 2010). While I did my best to “*step outside the data*” (Carabine, 2001, 306) the documents available for analyzing the various drug strategies differ in terms of their form and intended audience and therefore are likely to depict widely different discourses. Documents relating to the NDS, for example, are internal documents that tend to be more technical in nature, and were intended for senior government officials. Documents related to the NADS, on the other hand, have been produced in a number of forms, including webpages, television commercials, and politicians’ speeches. At the same time, the fact that the NADS is a more recent strategy means that fewer internal documents are available for analysis. The different forms and intended audiences of the various documents analyzed in this thesis have restricted my ability to remain consistent in terms of the documents examined for each strategy. While this may pose a problem for some readers, I do not believe that my choice will have a detrimental effect on my analysis because I am forthright with these limitations and the notion of an ‘unbiased’ selection of documents is not commensurate with a post-structural thinker such as Foucault (Garrity, 2010). Furthermore, the act of conducting a discourse analysis is an exercise of abstraction that uses the discourses from all data and

combinations of different data in order to identify different power/knowledge relationships (Garrity, 2010).

Third, Silverman (2006) identifies that the “*ephemeral and insubstantial*” nature of discursive elements like statements, text, and speech render analysis difficult and less convincing than if the author were to focus on social practices or institutional structures (154-155). This criticism, however, does not take into account the fact that the power/knowledge relationship embedded in those structures, in its discourses, *produces* any of meaning in the greater social world or in the institutional structure, and that, if that is ever to be analyzed, it requires exploration of its discursive elements (Groulx, 2008).

Finally, Carabine (2001) identifies another source for concern although she mentions it with reference to analyzing documents in their historical context: “*There is a problem of interpreting what was happening in the 1830’s through the lens of the twenty-first century,*” (pg. 29). As mentioned above, I must always keep in mind the era that I am examining, however since I am only going back 25 years, I do not consider this particular concern applicable to my analysis although I am cognizant, as she suggests, to “*step outside my data*” by challenging my assumptions and looking for discursive strategies in the data that would contradict them (Carabine, 2001, 307).

3.6 Political and Ethical Considerations

My impetus for focusing on the problematization and politicisation of social problems stems from the interest I have in present drug policy in Canada and worldwide. In Canada drug policy is a politically contentious issue and has been for nearly a century (Beauchesne, 2003). At present, the international community is undergoing a discursive shift that lends itself to more liberal manifestations of drug use and drug users – a move that while more respectful and considerate of the injustices suffered by drug users tends to create considerable moral panic from those who continue to practice the discourses which problematize drug use in the first place. More and more countries are questioning the efficacy of a prohibition-led drug policy and the detrimental effects it has had. Several countries, such as Italy, Spain, Germany, decriminalized consumption of marijuana and the Netherlands went further by not only decriminalizing consumption, but also allowing it to be consumed in public. More recently, Portugal

decriminalized the possession of all drugs in 2001, as did Argentina and Mexico in 2009. Canada, on the other-hand, appears to be embracing the more traditional view of drug use by essentially redirecting its efforts to support a strict conservative drug policy discourse which privileges prohibition and supply reduction above all else.

My choice to write on this subject stems from a personal distaste with this redirection of power-knowledge. I believe the repercussions of the discursive effects of such a direction have been well documented which will be explored in the next chapter. It is important that I identify my position *vis-à-vis* this topic as it will inevitably be manifested through my analysis—indeed I intend it to be. Dedicating my thesis to a critical analysis of the problematization of drug use in the three Canadian drug strategies helps give voice to this marginalized side of the drug policy debate discussion, a subjugated knowledge which has not yet been adequately exercised to redirect present power relations. I fear the shift from the criminal label (used by the law), to the addict label (commonly used by the medical community) will continue to have detrimental effects for drug users, as not all drug users are drug addicts. What is missing from these debates is the very real discussion on the very real social acceptance and prevalence of recreational drug use (Duff, 2004). This absence largely stems from a warped consideration of the motivations behind drug use and what is considered ‘acceptable’ drug use. Research shows that the large majority of drug users engage in the practice because of its pleasurable qualities, and the majority of these users do not become, what would be considered by medical standards, ‘addicted’ (Duff, 2004). The problem arises therefore when the stigma associated with drug use no longer problematizes drug users for engaging in a criminal activity but instead begins to view them as ill. This label engenders difficulties ranging from forced rehabilitation and medication to social isolation (Duff, 2004).

It is for this reason that I believe mobilizing Foucault’s concepts of discourse and power/knowledge will add an important angle from which to see this discussion. Foucault’s later work began to discuss the ethical implications of his ideas of power/knowledge and although, to many researchers’ dismay, he did not provide a definitive answer on how his ideas could lead to emancipation, he did discuss the benefit to the individual from recognizing the power relation within which they are situated (Golder, 2007). Foucault’s interest in research ethics emanated from the following questions he posed to himself: what part of the researcher is concerned with moral conduct? In what way is a human being incited or invited to consider their moral

obligations? How are they to change themselves into these ethical subjects? And, to what kind of human being do we aspire to be when we are acting morally? (Cooper & Blair, 2002). His subsequent genealogical work of ethics dating back to the Christian ascendancy allowed for the development of his own ethical code of conduct. He employed this ethical system to his own work as well as to his evaluation of the work of others. My own ethical considerations need to demonstrate my reflexive capacity to analyze the drug strategies for their content value (Popke, 2003). Remaining nonjudgmental is, of course, impossible, however, I can cross my analyses with my journal entries to identify when my own biases surface. For example, I already know that I am going to see medical and legal discourses surface in the strategies but I do not want to trap myself into only looking for these discussions.

4.0 SOCIO-POLITICAL CONTEXT

4.1 Introduction

The following chapter discusses the socio-political context surrounding the three Canadian drug strategies organized into two over-arching themes. The first theme describes the international and national events and considerations that support the prohibition of drug use. This section includes an in-depth discussion of the important international conventions that shape international drug policy, highlights the constrained US-Canada relationship that results from differing drug policies and ends with a detailed description of the three Canadian national drug strategies. The second theme captures the Canadian efforts and arguments that challenge the *status quo* on prohibition. This includes a detailed discussion of the impact on the criminal justice system, the strained relationship between federal and provincial jurisdictions to enforce the drug strategies, the controversy surrounding the legitimacy of medically prescribed marijuana and harm reduction policies and finally, the role of evidence based policies in the development of drug policy.

4.2 Prohibition: Drug Policy Worldwide

Of interest to any discussion on Canadian drug strategy is the consideration of several interconnected elements. First, globalization and integration of worldwide economies has forced a previously domestic conversation into the international arena. There, over-arching regulations preside, housed in the confines of three international drug conventions, often dividing the developed from the developing world. However, policy housed at this high level complicates the discussions of reform or change (Bewley-Taylor, 2012). That is because historical attitudes and political rhetoric surrounding drug use over the past 100 years have successfully normalized and internalized the *status quo* within public discourse rendering any change or amendment of protocol politically dangerous, if not suicidal (Bewley-Taylor, 2012). Thus, for decades, international agreements remain untouched and unaltered even in the light of mounting evidence suggesting a new direction for drug policy; as a result a number of nation-states are interpreting the treaties to their own advantage (Bewley-Taylor, 2012).

4.2.1 Single Convention 1961

It is important to establish the international drug policy context that guides—and restrains—many nations around the world. In the mid-twentieth century the evolution of international drug policy, led in large part by the United States, embarked on a strict prohibitionist policy culminating in the development of the United Nations Single Convention on Narcotic Drugs *1961* (Bewley-Taylor, 1999, Senate Standing Committee on Illegal Drugs (SSCID), 2002b). This convention aimed to eradicate the use and production of illicit narcotics by criminalizing their production, distribution, and consumption (Bewley-Taylor 1999). Today, over 180 nations have ratified the terms of the convention by incorporating, to varying degrees, its terms and conditions into their national drug strategies (Thoumi, 2009). However, this convention, administered by the United Nations, has received much criticism for its arbitrary classification of substances and its lack of specificity: it never once defines what a drug is, yet designates substances which are to be restricted placing them on one of four drug schedules (Bewley-Taylor, 2012, SSCID, 2002). Furthermore, it has been argued that the overarching reach of the strategy is such that it supercedes nations’ rights to develop specific drug policies for local problems and issues (Bullington, 2004). For example, Australia, Germany and the Netherlands were publicly criticized for entertaining harm reduction measures such as decriminalization and needle exchange under the charge that detract from the strict prohibitionist lens of the Single Convention weakens its overall effectiveness (Bullington, 2004). Developing nations also heavily criticize the convention because it overwhelmingly prohibits the production of economic staples that have historical and cultural significance products in poorer regions because they are key ingredients in illicit drugs (Bewley-Taylor, 1999, Bullington, 2004).

4.2.2 Convention of Psychotropic Substances 1971

A decade later, in 1971, the escalating use of synthetic drugs, or ‘psychotropics’, not included under the Single Convention of 1961, came under scrutiny. This resulted in the development of the *Convention of Psychotropic Substances 1971*, which, like its predecessor, proceeded to classify known psychotropics into the same four schedules as organic drugs. This convention marked the first time ‘public education’ and ‘abuse prevention’ entered into the drug policy discourse, training staff and educators to carry out these roles (SSCID, 2002b, 459). Curiously, however, and *unlike* its predecessor, this convention mandated *weaker* controls and penalties for

the possession of these drugs and their components which has been a subject of enormous debate among the conventions signatories, particularly those representing developing nations (Bewley-Taylor, 1999, SSCID, 2002b). Developing nations were already strained from the economic impact of the *Single Convention 1961*, which demonized many organic compounds native and essential to the economies of their homelands, (i.e., coca leaf, opium and cannabis) (Bewley-Taylor, 1999, 2012, SSCID, 2002b). However the synthetic drugs outlined in the 1971 convention, which were arguably just as dangerous as the illicit ones identified under the *Single Convention*, were comprised predominantly of ingredients used by the pharmaceutical industry for licit drugs production. As a result these ingredients were protected from the harsh punitive measures outlined in the *Single Convention*¹ and classified as “controlled substances” which, with proper monitoring and supervision, were still allowed to be produced (SSCID, 2002b). This double standard reinforced the critique that developed Western nations were drafting drug policy in their favour: protecting the pharmaceutical industry and its access to psychotropic product ingredients, yet denying developing countries the right to control production of the substances that formed part of their economies and cultures for thousands of years because they contained ingredients, or could be used, for illicit drug production purposes (Bewley-Taylor, 2012).

4.2.3 Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances 1988

To enforce the principles of the *Single Convention 1961* and the *Convention of Psychotropic Substances 1971*, and in reaction to escalating dangers posed by international traffickers and the black market, the United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances was enacted in 1988. It attempted to harmonize international legislation and activities by encouraging signatories to “*enact and implement specific laws aimed at fighting trafficking*” (SSCIL, 2002b, 452). Thoumi (2009) explains that this convention mandates its signatories to *severely punish* all activities related to the use, production, and distribution of drugs in accordance with their respective constitutions. Bewley-Taylor (1999) attributes this strategy to the leadership, influence, and pressure of the United States who both directly (in

¹ The reference to “harsh and punitive measures” refers to the beginning of Richard Nixon’s War on Drugs which funded harsh crop substitution and eradication, as well as increased military presence in developing nations (SSCID, 2002b pg 460).

public meetings and assemblies) and indirectly (via trade agreements and embargos) has *encouraged* the adoption a strict zero-tolerance policy by other signatories against drug use and production in their home states (Bewley-Taylor, 1999). Bewley-Taylor's claim helps to elucidate why the number of incarcerations for drug related offences therefore exploded exponentially since the 1990's (Conyer, 2013; Cusson & Block, 2000 & Nadlemann, 1998).

4.2.4 Post-Implementation of Conventions

The three conventions have yet to deliver on their promise of a drug free world. Meanwhile, over recent decades, the latent effects of international drug prohibition and the United States War on Drugs have begun to multiply: the violence associated with the lucrative underground drug market has claimed thousands of lives (Beauchesne, 2003). The cost of the War on Drugs in the United States alone is an estimated \$20 billion dollars and is touted as the leading cause of mass incarceration in the US (Cusson & Block, 2000). Internationally, countries that supply drugs are severely affected by the impoverishment of thousands of farmers (Bastos, Caiaffa Rossi, Vila & Malta, 2006), the continuation of civil wars (Tokatlian, 1988), and escalating violence by drug cartels and terrorists funded through the illicit drug trade (Cusson & Block, 2000).

In recent decades, scholars and policy makers worldwide have been increasingly questioning the efficacy of the international prohibition on drugs. Their concern centralizes on whether prohibition is causing more harm than good (Cusson & Block, 2000. Hughes & Stevens 2010). Many nations, including Spain, Portugal, the Netherlands, Argentina, Mexico, France and Germany, have found themselves 'self-defecting' from the treaties strict prohibitionist approach by experimenting with more liberal and progressive approaches to addressing drug policy issues in their respective states (Bewley-Taylor, 1999, Hathaway & Erickson, 2003). While their actions are wide-ranging and different, their reasons cite the escalating social issues mentioned above and echo the criticism that prohibition has, if anything, further strengthened the infrastructure and resolve of organized crime, terrorists, and gang activity (Hughes & Stevens, 2010). These drug policy renegades have opened the door to discussing alternative approaches to drug policy development sparking international debate that questions international drug conventions and whether they actually succeed in their mandate to eradicate drug use and trafficking at all, or if they are just amplifying a problem with deep social and physiological roots that have yet to be addressed (Beauchesne, 2003).

The United Nations Office on Drugs and Crime (UNDOC) - watchdog of Single Convention signatories - initially met these deviations with criticism (Thoumi, 2009), and for good reason: while not technically legalizing certain narcotics, deviating from the international status quo symbolically weakens the hold of international law in general by undermining its logic and wisdom (Bewley-Taylor, 2012). But changing the policy is also problematic: policies are already difficult to change at the municipal, provincial and national level, but organizing policy change at the international level is rarely done, whether for drug policy purposes or otherwise (Bewley-Taylor, 2012); this remains one of the greatest obstacles to be addressed in the drug policy debate.

4.3 Drug Policy in the Canadian Context

4.3.1 Historical Context

The earliest of Canada's drugs laws can be traced back to the *Opium Act* of 1908 which, some argue was a racially charged piece of legislation intended to target and single out Asian Canadians who were, at the time, a source of great political tension (Beauchesne, 2003; Hathaway & Erickson, 2003). Soon after, in 1911, cocaine was added to the list of prohibited substances on the *Opium and Drug Act* of 1911 (SSCID, 2002b). Twelve's years later, cannabis was added to the schedule and public discourse began to shift towards demonizing the possession and use of narcotics that had previously been considered 'a private matter' (Hathaway & Erickson, 2003). From that point on-wards, Canada joined forces with many other nations around the world to enforce international prohibition of what they considered to be illicit drugs (SSCID, 2002b).

4.3.2 Canada and the Conventions

Canada, like many nations, ratified the *Single Convention* shortly after its conception in 1964 (SSCID, 2002a). Three years before, in 1961, Canada passed the *Narcotics Control Act* which heavily reflected the contents of the *Single Convention 1961* including drug scheduling (SSCID 2002b). Similar to drafting the *Single Convention*, no parliamentarian questioned the health minister's reasoning behind drug classification in the *Narcotic Control Act* (SSCID, 2002b). Over the next decade, Canada experienced the same issues as other nations who subscribed to the convention: increase in use and distribution of banned substances, increased criminalization and

dependency on drug use and increased stigmatization of individuals who consumed drugs in general (Mosher, 2011). These shortcomings, which corresponded with the international conversation on psychotropic use that led to the 1971 convention, fuelled public criticism of Canada's existing drug policy. This lack of public faith in the direction of the *Narcotics Control Act* in addition to the presence of a then Liberal government is also suggested to have played a role in Canada's hesitation to take part in the international conversation leading up to the *1971 Convention of Psychotropics*. More interestingly, however, and along lines with Bewley-Taylor's (2012) claim that there were pharmaceutical interests at stake, was a number of prescription drug using individuals began to speak up about their *responsible* drug use: they did not want to be grouped in the *same* category as the people who abuse drugs recreationally. They considered themselves responsible, hard-working citizens who required pharmaceuticals containing barbiturates and other psychotropics for a variety of health related problems (SSCID, 2002b). As a result, barbiturates and other similar drugs were considered 'controlled substances' under the *Food and Drugs and Barbiturates Act of 1961*, and not subject to the same harsh penalties as substances listed in the *Narcotics Control Act, 1961* (SSCID, 2002b).

Public scepticism over the current drug policy also led the Liberal government to ask a special committee to investigate the drug issue in Canada, with a particularly focus placed on marijuana. The Commission of Inquiry into the Non-Medical Use of Drugs, more commonly known as the *Le Dain Commission*, was a monumental inquiry, employing over 100 full-time individuals to study and understand the Canadian drug using situation (Beauchesne, 2003; SSCID, 2002b). This Committee was the first to challenge the medical accuracy of the drug scheduling system by investigating the alleged dangers of various drugs including marijuana (SSCID, 2002b). The commission's recommendations affirmed that the extent of the punishment for possession and distribution of marijuana greatly outweighed its purported harms: it recommended a gradual reduction of criminal sanctions for possession and use of marijuana (Erickson & Cheung, 1992). Although the Commission did not amount to legal change, it was greatly regarded as having a profound impact on Canadian views towards drug use predominately because it challenged myths about drug users circulated in the early 1960's (SSCID, 2002b). The four year commission and the liberal Canadian government and audience during the 1970's were probably the leading factors in Canada's choice not to ratify the *Convention on Psychotropic Drugs 1971*.

It was not until 1988, well after US President Reagan reaffirmed his nation's commitment to the War on Drugs, that Canada's Conservative government ratified the *Convention of Psychotropic Substances 1971* (SSCID, 2002b). The Canadian government had also become heavily involved in the International Conference on Drug Abuse and Illicit Trafficking that led to the *Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances 1988* (SSCID, 2002b). The official government position had since very much changed, justifying the policy change as: "[an action] to stem the flow of drugs in and out of Canada, not only because Canadians are among the victims of drug abuse, but also because we have a role to play as responsible citizens of the world" (SSCID, 2002b, 285). Indeed, the Canada's identity as a role model and ally in what was globally becoming known as the War on Drugs would have a huge effect on its subsequent drug policy decisions.

4.3.3 Current Context: Canada's Drug Strategies and the Canadian Drugs and Substances Act (CDSA)

This section describes in detail the social and political context surrounding the three Canadian drug strategies in operation since 1987: the National Drug Strategy 1988-1992; the Canadian Drug Strategy 1992-2007 and the National Anti-Drug Strategy (2007-present day). The strategies are followed by a discussion of the development of the *Canadian Drugs and Substances Act*, which is Canada's presently binding drug legislation.

National Drug Strategy

As previously mentioned the end of the 1980's marked new attitudes towards drug policy in Canada and these attitudes, shaped, in part, from the American 'War on Drugs' led to the development of Canada's first National Drug Strategy (NDS) in May 1988 (SSCID, 2001c). The strategy engaged multiple government departments including the Department of National Health and Welfare (present day Health Canada), the Department of Justice, the RCMP, the Department of Foreign Affairs and the Department of National Revenue-Customs and Excise (Action on Drug Abuse, 1988). While the strategy penalized drug-related activities considerably more than in the 70's and early 80's, Hathaway & Erickson (2003) explain that the original intention of the strategy was to reduce harm to the community from drug abuse. They describe that despite the Mulroney Government's original position to adopt an American inspired tough-on-drugs approach, developers of the NDS heavily weighed existing evidence which suggested adverse

effects of a strictly enforcement-driven drug policy. This resulted in what was termed a *balanced approach* prioritizing both demand and supply reduction through three pillars: prevention, treatment and enforcement. The strategy was led by the Department of Health and Welfare where 70% of the \$210 M strategy would be directed towards prevention and treatment efforts (Hathaway & Erickson, 2003).

While the strategy was being developed, the House Standing Committee on National Health and Welfare released a study entitled, *Booze, Pills and Dope: Reducing Substance Abuse in Canada* which provided a number of recommendations to inform the government on the substance abuse and drug supply issue in Canada (Collin, 2006b). One main issue that surfaced from the inquiry was the absence of an up-to-date depiction of the substance abuse problem in the nation (Collin, 2006b). The committee recommended the need for additional research to understand substance abuse in Canada and requested the creation of a national centre on substance abuse governed by public and private stakeholders (Collin, 2006b). In 1988, an act of parliament created the Canadian Centre of Substance Abuse (CCSA), a centre to be funded by the National Drug Strategy. To this day, the CCSA remains Canada's leading national agency on problematic substance abuse research (Collin, 2006b).

Canada's Drug Strategy

In 1992, after a review of the NDS's first five years, the program was renewed for another 5 years and additional \$270 million. The strategy also merged with the *National Strategy to Reduce Impaired Driving* and renamed Canada's Drug Strategy (CDS) (Collin, 2006a; Hathaway & Erickson, 2003). Like its predecessor the majority of its funding (60%) was intended to be directed towards demand reduction and 40% towards supply reduction (Collin, 2006a).

Throughout the 1990's, the Canadian government, as part of its international commitments under the *1988 Convention*, merged parts III and IV² of the *Food and Drug Act* with the *Narcotic Control Act* into Bill C-85 *an Act Respecting Psychotropic Substances* (SSCID, 2002b). The bill intended to fulfill Canada's commitments by "*introducing a legislative framework for regulating the import, production, export, distribution and use of scheduled substances under previous acts*" (SSCID, 2002b, 286). Although, the Bill died on the Order Paper, it resurfaced again as the

² Parts III and IV of the *Food and Drug Act* housed the restrictions for psychotropic substances established in the 1970's.

Controlled Drugs and Substances Act (CDSA) in 1996 where it was passed and went into full effect in 1997 (Collin, 2006b & SSCID, 2002b). The CDSA was the first major change to Canadian drug legislation since the 1960's and placed greater focus on enforcement and supply reduction laws by giving law enforcement additional powers to intercept and prosecute drug users and sellers (Fischer, Erickson & Smart, 1996). The law was perceived by many to be a step in the opposite direction and led the CCSA to publicly express its disappointment with the legislation which it argued ran contrary to the harm reduction pillar recently introduced and heavily supported by the academic community and parts of the CDS itself (Hathaway & Erickson, 2003). The bill was also heavily criticized for its irrational scheduling system, particularly of cannabis whose penalty was disproportionately harsh compared to its purported level of harm posed to society (Riley, 1998).

In 1998 the CDS was renewed again with its focus redefined around four pillars instead of three: education and prevention; treatment and rehabilitation; harm reduction; and enforcement and control (Hathaway & Erickson, 2003). The harm reduction pillar was a new direction in drug policy discussion that reflected many limitations of drug prohibition including high risk injecting behaviour, treatment refusal and avoidance due to fear of persecution, and a shift from smoking to injecting certain drugs (CHALN, 2006). Unlike past renewals however, this particular renewal occurred without specified funding to targeted activities, which in effect, restricted the reach of many programs and activities in the strategy (SSCID, 2001b). For example, an evaluation of Health Canada's contribution to the strategy unearthed that the considerable investments in research over the past decade would not be able to be analyzed and applied to new policy should no new funds be dedicated for this important work (SSCID, 2001b). For this reason the CDS was considered by many to have been 'sunsetting' in 1997-98 (CHALN 2006; Collin, 2006a; SSCID, 2001b).

The period after CDSA's implementation marked the beginning a long period of drug policy criticism in Canada from within government as well outside government. For instance in 1998, a new federal diversion policy created to mitigate the impact of a high number of youth cannabis infractions by diverting them to an alternative community service agency was heavily criticized as being unconstitutional due to its restriction to youth living exclusively in Toronto and therefore unfairly penalizing youth elsewhere in Canada (Hathaway & Erickson, 2003). Also only two national drug use surveys had been conducted to date, one in 1989 and the other in

1994 which prevented non-federal researchers and drug policy stakeholders from understanding the change in Canadian drug consumption rates as a result of the strategies efforts (SSCID, 2001b). This was predominately a reflection of budget cuts and quickly became the subject of much criticism because it was argued new evidence and information into the state of the Canadian drug abuse problem nation-wide was being thwarted (*Ibid*).

At the height of these criticisms, in 1999, Senator Pierre Claude Nolin received permission to organize a committee to study illicit drug use and its policies in Canada and internationally. His original intention was to study all drug use, however the enormity of that endeavour, in addition to political pressures, forced the committee to focus solely on marijuana and its derivatives, and how it was presently governed in Canada and abroad (SSCID, 2002). The fruits of the Senate Committee's two-year inquiry—a product a countless interviews, conferences, speakers, and research—was a 650 page report calling “*for a regulatory form of legislation that would stipulate conditions for obtaining licenses to produce and sell cannabis*” (Hathaway & Erickson, 2003, 475). The report also recommended amnesty for persons convicted of possession of marijuana under current or past legislation (SSCID, 2002b). The contents of the report, published in 2002, were echoed by a high-level report by the Auditor General of Canada released in 2001 that criticized the CDS for its lack of direction, efficacy and poorly coordinated activities between public stakeholders (i.e, federal, provincial and municipal governments). It also highlighted that it lacked evaluation criteria which would indicate the success of the initiative both from an economic and social perspective (Office of the Auditor General of Canada, 2001). In addition, the report focused on the inaccurate claim that the strategy would employ a balanced approach: although it was publicly stated that the strategy would place considerable focus on *both* supply and demand reduction, the report found that over 95% of Federal funds were directed towards supply reduction efforts (Office of the Auditor General of Canada, 2001).

The results of the efforts of the Senate Committee and the Audit report led Jean Chretien's Liberal Government to renew the CDS in 2003 for \$245 million dedicating specific attention towards “developing leadership capacities; increasing research; monitoring and reporting capabilities; and supporting the modernization of drug legislation and policy” (CHALN, 2006, 6; Erickson & Hathaway, 2003). In response to the Senate report, the House summoned its own Committee to investigate marijuana policy and in 2003 tabled bill C-38

proposing to “decriminaliz[e] the possession and cultivation of not more than thirty grams of cannabis for personal use” (House of Commons, 2002, 132). The bill, however, died on the order paper twice during the final years of the Liberal government, then in 2006, Prime Minister Stephen Harper’s Conservative government clearly stated their stance on drug policy did not favour reintroducing what had then been renamed, Bill C-10. Instead, he expressed his party’s desire to propose changes to the Criminal Code to “*ensure that mandatory minimum prison sentences and large fines are imposed on marijuana grow operators and drug dealers*” (Collin, 2006b, 6) and Canadian drug policy started a new chapter.

National Anti-Drug Strategy

In 2007 the Conservatives unveiled the National *Anti-Drug Strategy* (NADS). Unlike its predecessors, this initiative still in effect today is very much enforcement driven with over \$170 million directed to enforcement compared to \$100 million for treatment and \$30 million for prevention activities (Mosher, 2011). It is led by the Department of Justice instead of Health Canada (as were other strategies) and instead of four pillars, the strategy was reduced to three: prevention, treatment and enforcement eliminating harm reduction (Department of Justice, 2012). Critics maintain that switching the leadership from Health Canada to the Department of Justice, in addition to the removing of harm reduction from the strategy, was a deliberate message on behalf of the conservative government whose platform was heavily focused on a commitment to get ‘tough on crime’ (CAMH, 2008). The conservatives also proposed changes to the CDSA in hopes of implementing mandatory minimum sentences for various drug offences. This was heavily contested by the opposition, academics, judges, lawyers and health professionals alike (Mosher, 2011, CAMH, 2008) and the bill never made it to the Senate (Tibbets, 2010). When the conservatives won a majority government in May 2011, however, they bundled all Bills regarding reforms to the Canadian criminal justice system (CJS), including several amendments to CDSA, in bill C-10 where it was passed in September 2011. The conservatives still fight hard against harm reduction measures in Canada, including the highly controversial safe injection facility Insite, which will be discussed in further detail later in this section. In defense of his party’s new policy Prime Minister Harper is quoted as saying: “*If you remain a drug addict, I don’t care how much harm you reduce, you are going to have a miserable life*”, (Hunter, 2009).

4.3.4 Canada and the United States

It is important to conclude any analysis of Canadian drug policy by placing it in the North American context, or more specifically, in the context of Canada as a close geographical and cultural neighbour of the United States. As mentioned above, the United States has played, and continues to play, an enormous role the development and enforcement of international drug policy; Canada as its closest neighbour and ally, has no doubt been susceptible to its influence and watchful eye. Historically, Canada and the United States have more or less agreed on drug policy although their views on enforcement have differed more so lately and present the greatest degree of contention at present between the two nations (Mulgrew, 2006; Mosher, 2011). Due to the trade agreements, the long unprotected shared border and the vast access to water that both nations share, how Canada chooses to develop its domestic drug policy has always been, and continues to be, of significant interest and concern to the United States (Bullington, 2004; Mosher, 2011). Due to their increased standard of living, nations such as Canada, the United States and much of Europe are typically considered consumers in the international drug trade because they can afford to pay the black-market value of the products (Duff, 2004; Mosher, 2011). As a result both Canada and the United States promote demand reduction as a central component of their domestic drug strategies. However an analysis of the allocation of funds continuously demonstrates that supply reduction efforts (policing, courts, and corrections) receive the majority of the financial attention (Nadlemann, 1998; Gecelovsky, 2008; Office of the Auditor General of Canada, 2001; SSCID, 2002) and existing demand reduction endeavours tend to operate through the same institutions established to ensure supply reduction (i.e., police, courts and corrections) (Mosher, 2011).

This can be partially attributed to the understanding that in its infancy, drug policy originally prioritized supply reduction as a mechanism to reduce demand, rather than addressing the demand itself (Beauchesne, 2003; Nadlemann, 1998). This is problematic because these policies have offered little evidence that they are effective: efforts in crop eradication, imposing stiff penalties, and using heavy military presence in drug producing nations has demonstrated that when one source is destroyed, a new one is emerges elsewhere to feed an increasing consumer demand (Mosher, 2011). This is important because while it has been become well known that incarceration rates in the United States, as well in Canada, skyrocketed with in the

introduction of harsh penalties for drug related offences (Conyers, 2013), the criminal justice infrastructure that governs supply reduction efforts still persists, and forms part of powerful cultural institution that would be very hard to dismantle because they are considered a respectable source of income for hundreds of thousands of people from police, to courts, to corrections (Gecelovsky, 2008) in addition to providing a sense of security to the people it claims to protect (Bewley-Taylor, 2012).

A particular source of tension between the two nations has been the long-standing idea that Canada is too soft on penalizing drug crimes, which undermines the American zero-tolerance approach (Gecelovsky, 2008). For example, Campbell (2002) describes the irritation US authorities felt with Canada for accepting 'pot refugees' who fled US persecution for Canadian border because of what is perceived to be more relaxed attitudes towards marijuana use in Canada (Campbell, 2002). The United States has also been making a concerted effort to influence Canadian drug policy supply reduction efforts by alleging that the percentage of 'BC bud' found across the border has been steadily increasing (Mosher, 2011). Regardless of if it has been increasing, sceptics point out that it is nowhere near as high as the percentage of Mexican marijuana and home-grown California marijuana circulating throughout the United States and that it is just another ruse to enforce US interests on Canadian drug policy (Mosher, 2011). Furthermore threats continue from the United States Congress towards Canadian policy makers. For example, the Chairman of the United States Congressional Drug Policy Committee in 2003 warned Canada that if they decriminalized marijuana the United States would be forced to tighten border controls thereby affecting Canadian-United States trade relations (Gecelovsky, 2008; Russo, 2004 as cited in Mosher, 2011). Most recently, the US exercised their influence on Canada by working with Prime Minister Steven Harper in 2010 to extradite Marc Emery to the United States for operating a marijuana seed and shipping business in Vancouver, BC that sold to the United States (Mosher, 2011). The arrest of Emery was considered a major statement from the Conservative government regarding their position on drug policy and was lauded as a significant 'blow' to the marijuana legalization movement that had been gaining strength over the past decade (Mosher, 2011).

In conclusion, the direction of Canadian drug policy will always be closely followed and commented on by the United States. Ironically, however, it would appear that in its efforts to influence foreign drug policies the United States has done little to combat the liberalization of

drug policy at home: in November 2012, citizens in both Washington and Colorado voted to legalize the recreational use of marijuana (Perez, 2013).

4.4 Re-Problematizing Drug Policy in Canada

This next section focuses on describing the emerging perspectives that have sought to challenge Canadian drug policy in the past 15-20 years. First I will discuss the criminal justice implications and considerations that merit and reconsideration of existing drug policy in Canada. Next I will describe how the Canadian constitutional division of powers poses important challenges towards implementing a national federal drug strategy. Thirdly, I will discuss the controversial role of medical marijuana laws in Canadian drug policy and finally I will end by describing the conversation around evidence-based policy and its role (or lack of) in recent Canadian drug policy discussions.

4.4.1 Criminal Justice Issues and Considerations

As with many nations around the world, enforcing a drug policy heavily organized around drug prohibition in Canada comes at a substantial cost: the annual estimated cost of drug enforcement in Canada is between \$700 million and \$1 billion (SSCID, 2002b). In 2011 alone, there were over 113,000 police-reported drug crimes, 54% of which were for cannabis possession (Flister, 2012). While less than 3% of those resulted in a prison sentence, the financial burden of processing the individual is nonetheless taxing on an already stretched system (Conyers, 2013). More importantly, the individuals processed are forever burdened with a criminal record that significantly impacts their ability to find gainful employment as well as been showed to play a large role in future encounters with the criminal justice system (Hathaway & Erickson, 2003). Since the late 1960's more than half a million people have acquired criminal records for possession of *cannabis alone* in Canada (Hathaway & Erickson 2003; Office of the Auditor General of Canada, 2001). This reality is reflected in both the Le Dain Commission as well as the Senate Committee reports recommendation to lift restrictions on marijuana use because of the economic and social effects it has had on the public these past 50 years (SSCID, 2002b). For example, Correctional Service Canada spends upwards of \$169 million dollars annually for drug related incarceration (SSCID, 2002b). Of those institutionalized, over 70% are in prison due to drug related charges many of whom have serious addictions issues which require attention and rehabilitation programs not readily available in prison (SSCID, 2002b). It is in this context that

the argument suggesting society is harmed more through enforcing prohibition than it would from lifting it holds considerable weight.

Canada is the 2nd largest nation on earth with one of the smallest populations of industrialized, developed nations. As such, the application of the Canadian drug laws is dispersed among few over great distances to regions that are often far removed both culturally and politically from the politics of Ottawa. Differing cultural attitudes towards drug use within each jurisdiction ultimately manifest in those who apply the law in each jurisdiction (Mosher, 2011). This has resulted in significant differences in arrest rates and charges from province to province and between major cities (SSCID, 2002b; Hathaway & Erickson, 2003; Mosher, 2011). This imbalance is most evident in British Columbia, a province known for exercising considerable interpretation of the drug policy *status quo*. British Columbia is renowned for its 'mom and pop' marijuana dispensaries supplying world famous 'BC Bud' (Hathaway & Erickson, 2003), its controversial safe injection facility 'Insite' (Wood et al., 2008), its high public tolerance and usage rate of marijuana (Gecelovsky, 2008), its reliance on harm reduction to mitigate risky drug using behaviours in the downtown east-side of Vancouver (CHALN, 2006) and its booming underground marijuana drug market (Mulgrew, 2006). Similarly, Quebec a historically liberal-minded province when it comes to drug use, also entertains harm reduction strategies and houses a huge underground drug market that produces large quantities of marijuana (Gecelovsky, 2008; Mosher, 2011). This varied interpretation and application of law poses two problems: those in more conservative regions feel the full brunt of the criminal justice system when facing drug charges and those in more liberal minded regions benefit from lenient police and judges and benefit from innovative treatment and harm reduction services not available in other parts of the country (Mosher, 2011).

Increasing seizure statistics also provide insight into the ever-expanding black markets of British Columbia and Quebec (SSCID, 2002b). In 2006, it was estimated that the British Columbia marijuana industry employed over 150,000 people and is worth approximately \$6 billion dollars (Mosher, 2011). Critics insist that simply changing marijuana laws could revert revenue back to the legitimate, taxable market not to mention reallocating law enforcement resources towards more pressing issues (Beauchesne, 2003; SSCID, 2002b). Instead, these revenues fuel an expanding web of black markets driven by gang activity in British Columbia, Quebec and increasingly Ontario, which, if left unaddressed, risk seriously undermining

Canadian democracy as the quest for new territory has spawned gang-related violence that often affects innocent bystanders and has been found to be linked to serious corruption (Harris, 2012; Mosher, 2011).

In general, Canadian attitudes towards drug use depend on the drug in question. Since the Le Dain Commission it has been suggested that Canadians are less judgmental of drug users than their American counterparts (SSCID, 2002b), although this would seem to depend which drug one is talking about. The relative acceptance of cannabis is growing increasingly throughout Canada, but the concern over heroin and, more increasingly methamphetamines, is still significant (SSCID, 2002a; Mosher, 2011). Canadians do not appear to subscribe to the view that cannabis is a harmful drug, in fact, however, many Canadians are concerned about the organized crime developing around marijuana use and the added violence it brings into their communities (SSCID, 2002a). Finally some polls suggest Canadians wish to see it legalized and taxed to create new revenue (Mosher, 2011; SSCID, 2002a).

4.4.2 Division of Powers

The inconsistent application of drug law identified above is further complicated by the division of powers between the provincial and federal governments outlined in the Canadian Constitution of 1867. In Canada, the federal government is in charge of the creation and application of criminal law, which includes the creation of legislation on drug policy (*Constitution Act, 1867*). However it is the provincial government's responsibility not only to apply federal law within their jurisdictions but also to oversee the administration and maintenance of the public health care system, which includes dealing with the health related consequences of drug use and abuse and operation of provincial courts and corrections which oversee the majority of drug law infractions (*Constitution Act, 1867*; Gecelvosky, 2008). The over emphasis on enforcement has been shown in the literature to drive drug use underground where it becomes significantly more risky than in the out in open (Wood, Kerr, Tyndall & Montaner, 2008). Risky drug using behaviour also translates directly into health care related expenses to be assumed by the provinces only to then be further compounded by escalating health care costs in a publicly funded system (CHALN, 2006).

While the federal government provides the provinces with monies through the national drug strategies, the provinces must apply to receive the funds adding a further level of

bureaucracy onto the process. Hathaway & Erickson (2003) point out that the initial intention of the Mulroney government in 1987 was to direct over \$100 million dollars of the NDS budget to treatment and rehabilitation efforts. They argue that in addition to spending cuts in Health Canada's treatment and prevention led programs, it fell upon the provinces to mobilize efforts to acquire and use the funds which they were not able to do leaving over half of the \$50 million unspent (Hathaway & Erickson, 2003). Municipal and provincial police forces however had little problem mobilizing themselves to access the funds because, as mentioned previously, the CDS's emphasis on supply reduction was organized around the law, which for criminal matters, is a federal jurisdiction in Canada (Hathaway & Erickson, 2003). The provinces, also mandated to absorb the costs of administering the law, are then legally bound to do so in a timely manner, more than with health care related issues. It becomes apparent then, that the costs of present-day Canadian drug policy does not favour provincial coffers in the slightest. It is therefore not surprising that certain provinces with large populations and a great deal of drug circulation began experimenting with harm reduction measures in order to offset the costs to the health care system caused by heavy enforcement of drug policy (CHALN, 2006).

4.4.3 Medical Marijuana

The use of marijuana for medical purposes has been a controversial issue in Canada, indeed around the world. To this day evidence supporting the use of marijuana to treat medical conditions is not accepted by all in the medical community (SSCID, 2002a; Jones & Hathaway, 2008). Some say there is inconclusive proof of marijuana's efficacy in alleviating the pain of certain illnesses (Canadian Medical Association, 2001, as cited in SSCID, 2002b) while others are convinced the movement is nothing more than an attempt by proponents of legalization to change public perception of marijuana from a harmful substance to a therapeutic one (DuPont, 1999 as cited in SSCID, 2002b). Yet it is typical of those who reject favourable studies on medical marijuana to privilege evidence demonstrating the harmful effects over the its suggested therapeutic effects, which is hypocritical considering the medical community has widely accepted both the pro's and cons of opium and coca leaf extracts in controlled doses (SSCID, 2002a).

In acknowledgment of the evidence that did exist on the subject matter and in response to the number of individuals prosecuted who cultivated marijuana for medicinal purposes, section

56 of the *CDSA* gave the Federal health minister authority to grant exemptions for individuals to use medical marijuana on a case-by-case basis (Lucas, 2009). However, after a few years, and two high profile court cases (*R. v. Parker, 2000* and *Wakeford v. Canada, 1998*) the court ruled section 56 unconstitutional under the Charter explaining that present laws violated a person’s right to life and security of the person because they created an “*illusion of access*”: patients were unable to choose their own medication and access to federally approved medical marijuana was mitigated by physicians and pharmacies unwilling to be associated with providing such a controversial substance (SSCID, 2002b, 307). In response to the Ontario provincial court trials, the Federal Health department introduced the *Marijuana Medical Access Regulation Act (MMAR)* in 2001 to address the issues posed by authorization to possess marijuana and the license to produce it (SSCID, 2002b). However not long after another the MMAR was instituted the Ontario court ruled the law unconstitutional as it, again, created an illusion of access for individuals wishing to seek out medical marijuana (*Hitzig v. Canada, 2003*, as cited in Lucas 2009).

The system to access medical marijuana has not changed since, although elements of its bureaucracy and bias continue to be explored. The number of applicants has steadily declined over the years as more and more individuals grow frustrated with the process, restrictions and the system’s overall short-comings (Lucas, 2009). On the government’s side, the program is littered with faults including, but not limited to: irregular product stalk, lack of communication and procedure between dispensers and physicians, and overall poor quality of product which has sent many back to the black market in order to acquire better quality marijuana (Lucas, 2009; Mosher, 2011). On the medical side, despite the issues raised in *R v. Parker* and *Wakeford v. Canada*, it continues to be difficult to find a physician who will refer patients to the program. Jones & Hathaway (2008) explore this issue in detail claiming that the inherent conservatism of the study of medicine is coupled with apathy by medical professionals towards the medical marijuana issue in general. Doctors may refer their patients to the MMAR program but that is where their interest stops. This is exacerbated by the ultra-conservatism of the Canadian Medical Association (CMA): the CMA is the overseeing body which vehemently rejects the ‘evidence’ put forth on medical marijuana because none has relied on the disciplines preferred, and revered, methodology— the randomized clinical trial. But those trials are far from being undertaken in Canada as the onus is on the medical community to lead them, which they have shown little

interest in doing. This reflects not only their apathy towards the cause but also because it would require partnering with Big Pharma who has no financial interest in exploring a product it cannot make money off of (Jones & Hathaway, 2008).

4.4.4 Harm Reduction Practices

In the mid-1980's there was a significant international paradigm shift within drug policy discourse that gave rise to the 'harm reduction' principle. While evidence against the effectiveness of punitive drug policy began to amass in the late 1980's the onset of the HIV/AIDS epidemic was also making headlines. Public health officials began searching for a way to manage transmitting the disease and since sharing needles among intravenous drug users was a known cause of HIV transmission, a movement mobilized to begin to educate drug users about safe needle using practices. For example, Hathaway & Erickson (2003) illuminate that "[h]arm reduction... emphasizes secondary prevention-education about, rather than against, drugs-considering benefits as well as risks in the context of where drug use actually takes place" (as cited Cohen, 1993, 478). Harm reduction strategies have been known to take several forms including needle exchange, methadone maintenance and overdose prevention (Polsin, 2013). The most popular (and controversial) of which is the safe injection facility (SIF), which provides clean needles to intravenous drug users to, at the very least, mitigate disease transmission. In Canada, safe injection facilities (SIF's) have been established in areas with high drug use as a mechanism to stem the transmission of HIV from one individual to another (CAMH, 2008). Vancouver, with an estimated 12,000 injection drug users has been a Canadian leader in applying the harm reduction principle to their drug using population with great success (CHALN, 2008; Wood et al, 2008). What began with the simple distribution of clean needles for injection drug users, turned into a trial for North American first Safe Injection Facility known as Insite (Wood et al, 2008).

Insite's existence has been a highly controversial subject in Canada. It was established under the Liberal government in 2003 under a legal exemption by Health Canada to which the case was made that international evidence on SIFs demonstrated a potential to reduce public drug use, decrease visible drug paraphernalia in the communities and reduce emergency room visits due to overdose (Wood et al, 2008). Insite's exemption allowed the pilot program to operate for 3 years after which, pending a successful evaluation, it would be eligible to apply for another

three-year term. However the government changed during that time from the Liberals to the Conservatives and not only were SIF’s not supported as an acceptable public health response to drug use, the entire harm reduction pillar of the drug strategy was eradicated (CAMH, 2008). The Health minister at the time, Tony Clement, denied the renewal of the pilot program citing ‘new evidence’ had come to light on SIF’s (on which he did not elaborate) and that the pilot had not succeeded in reducing the drug using population (a goal for which it was never created) (Small, 2012). In response, the Public Health Community Services Society launched a legal case against the Federal government to protect the program under two themes: the division of powers and the Charter of Rights and Freedoms (Small, 2012). In 2011, the Supreme Court of Canada ruled in favour of Insite claiming the Federal government violated section 7 of the Charter guaranteeing life, liberty and security of person as it restricted potentially lifesaving treatment from drug users in Vancouver³ (the evaluation identified Insite attended to 497 overdoses with no fatalities) (Insite, 2013). The Supreme Court decision thus opened the door for future SIF’s in Canada, discussions on which are taking place in various cities including Toronto, Montreal, and Ottawa.

Despite the Supreme Court decision the Harper Conservatives continue to search for other ways to dismantle the harm reduction infrastructure built in Canada during the 1990s. For example, in eliminating the harm reduction pillar from the NADS, the Harper conservatives never addressed the issue it was intended to resolve: that is, the public health implications of dangerous drug use (Garmaise, 2006). Instead they defended their actions by criticizing the lack of evidence demonstrating harm reduction programs succeed in decreasing drug consumption: which they were never intended to do. More recently they have made a promise to end the heroin maintenance study, a program that provides heroin 3 times daily to individuals in addition to counselling to help them better manage their addictions and slowly reduce consumption (Mosher, 2011). The Conservatives explained in their October 2013 Speech from the Throne that they intended to axe the program because it “[created] loopholes that allow for the feeding of addiction under the guise of treatment” (Speech from the Throne, 2013). They continue to defend their position against harm reduction measures on an international level as well: in March

³ The Supreme Court made the ruling based on evidence presented that Insite has intervened on 497 overdoses during its 3-year trial none of which had resulted in a fatality. This demonstrated Insite’s life saving role in the downtown east-side which suffers from numerous fatal drug related overdoses a year (Small, 2012).

2014 Canada publicly stood with nations including Iran, China, Russia and Pakistan *against* the adoption of harm reduction practices by the United Nations for a new 'Draft Statement' being forged which will inform discussions on adopting a new global drug control regime during the 2016 UN General Assembly (Webster, 2014).

4.4.5 Evidence Based Policies

Another theme that surfaces is the degree to which evidence-based policy should be considered in the development and ongoing maintenance of drug policies. It is noteworthy to mention that the atmosphere within which the three international conventions and the first two drug strategies were created characterized a period in time dominated by a prohibitionist discourse which will have framed the drug issue as one to be feared and eradicated (SCCID, 2002b). However as the *Booze Drugs and Pills* report in the late 1980's pointed out as of 1988 the extent of Canada's drug problem was still unknown. It is therefore interesting that much of the fear which guided prohibitionist policies on drug use (i.e., that drugs were dangerous and problematic) had not yet been thoroughly explored or had adequate evidence to substantiate the original claims. As a result of the *Booze, Drugs and Pills* report the CCSA was then founded to better understand the nature and dynamics of this so-called problem (SCCID, 2002b). Now, decades later, researchers and scientists have studied the drug issue from multiple angles and their findings do are not always in support of the *status quo* (SSCID, 2002b; Garmaise, 2006; Polcin, 2013).

As a result, there has been a considerable debate about the lack of evidence informed drug policy in Canada. Critics argue that since prisons are filled with marginalized drug users, the laws are unequally applied across the country, penalization of drug use drives both the market and the users underground into dangerous unregulated territories, and that SIF's help control the spread of disease in addition to help lower costs to of treating overdoses to by the public health system we should use these new findings to help us reformulate a new drug policy because we are better equipped now with a complete understanding of the problem, which was the aim of researching the issue in the first place (Wood et al, 2008). But that is easier said than done. It is very difficult to reverse a policy that has been in place for over 40 years because, as mentioned previously, that would require the public to be on board with a complete transformation of a discourse familiar with reproducing (Bewley-Taylor 2012). While the evidence for a reformed drug policy in Canada is strong, change would require policy makers to

undertake the massive task ahead of re-educating the public that all the money, time and leadership put behind drug policy in the past 40 years was misguided and did more harm than good, which is political suicide (Hathaway & Erickson, 2003). Lucas (2008) describes the problem with an evidence-based drug policy approach differently: it was originally a morally guided approach which was born of an ideal of moral propriety and that has not changed yet. The idea of using substances to alter one consciousness continues to be taboo in many social circles regardless of the evidence that is put forth. The present government is representation of those in Canada who prioritizes that moral position (Mosher, 2011). So the question remains, how much *should* evidence based policy apply to Canadian drug laws? This remains a difficult question in Canada. Even the Senate Committee report's guiding principles identified that scientific knowledge would not solely shape their findings:

Scientific knowledge cannot replace either reflection or the political decision-making process. It supports the process. We consider that its greatest contribution to public drug policy is in doing so. Our guiding principle is that science, which must continue to explore specific areas of key issues and reflect on overarching questions, supports the public policy-development process. No more, no less. (SSCID, 2002, 49, emphasis added).

Lomas and Brown (2009) echo this Senate report and describe that there is a qualitative difference between evidence-based policy and evidence-informed policy, the latter taking into account other variables important to policy-making such as ethics and governance.

It is clear that Canada does not have an official policy on the role of scientific evidence in policy formation-and perhaps it should have one. This is because there are unpopular political decisions that are defended on the basis of evidence, or 'the facts'—such as Prime Minister Harper pushing prevention programs despite the fact that the efficacy of the Drug Abuse Resistance Education program (or D.A.R.E), one of North America's longest running drug prevention programs, has been found to be lacking considerably by multiple studies (Pan & Bai, 2009; West & O'Neil, 2004; Ennet, Tobler, Ringwatt & Flewelling, 1994). When it comes to many contentious issues regarding drug policy, it appears that the Conservatives refuse to acknowledge the evidence that has been made available on the subject and instead insist on the need for more research to be done. For example consider the former health minister Tony Clement comment on the renewal of the SIF in Vancouver:

Do safe injection sites contribute to lowering drug abuse and fighting addiction? Right now the only thing the research to date has proven conclusively is that drug addicts need more help to get off drugs . . . given the need for more facts, I am unable to approve the current request to extend the Vancouver site for another three and a half years (as quoted in Garmaise 2006, 22).

Despite the fact that it was never the aim of harm reduction programs to lower drug abuse and fight addiction, the flaw in his logic is clear and has been a reoccurring theme of the Harper government: if there is not *yet* adequate evidence on a program to support a policy (as indicated by his statement that 'more facts' were needed), eliminating the program is the best way to ensure no more evidence will ever be generated to that effect. Thus Minister Clement deferred to the role of evidence in his statement about drug users needing more help to get off of drugs, suggesting that he accepts evidence in his policy decisions, yet denies the opportunity for more evidence to be generated on a program which has generated a considerable amount of evidence suggesting benefits to the public as a whole (Wood et al. 2008).

analyzed for this particular section include a 200-page ministerial briefing book on the elements and decisions behind strategy, as well as a 30-page publicly released document outlining the elements of the strategy.

5.1.1 Drug use

Drug Use as a Synonym for Drug Abuse

In the Ministerial Briefing book on the National Drug Strategy (1987) it is stated that the “*NDS is intended as a framework to guide those active in addressing **the problems of drug abuse***” (Section F, 3). With this goal in mind, it is interesting to note the effect of the variety of terms it uses to construct this ‘problem’ which include: drug use, drug abuse, and substance use and abuse. Drug use, in and of itself, becomes depicted as problematic in the NDS primarily by what appears to be an indirect generalization that all drug *use* necessarily results in drug *abuse*. While no statement within the strategy overtly states as such, it is the repetitive positioning of the terms *together* that give this impression, particularly when they are positioned together to show they share the same consequences. See, for example, the following statement:

*People **use and abuse** alcohol and other drugs for a variety of reasons. Some **use** them for recreational purposes, others to relieve stress or anxiety, still others to escape life’s frustrations and challenges. But **whatever the reason**, the results are **always the same**: short-term gain, long-term loss. A meaningful response to the problem of **substance abuse** must be to meet the problem head on-at the level of attitudes and understanding which then affect behaviour (NDS, Action on Drug Abuse 1988, 8, emphasis added).*

While the above statement begins by using the terms separately it is ultimately trying to show that the reasons for either use or abuse are both the same *and* unacceptable because they result in ‘short-term gain and long-term loss’. This statement is then quickly proceeded by outlining the meaningful response to the “*substance abuse*” problem in light of the reasons for use. This type of positioning is used through the NDS for example: “*Informational materials should be developed, which relate to **drug use/abuse** in specific workplace environments...*” (Ministerial Briefing Book, Section B, 40), “*the few youths whose parents had discussed the **perils of drug use** often knew someone close to them who had been or was **addicted***” (Ministerial Briefing Book, Section B, 20) and finally,

*Respondents who are aware of **drug and alcohol abuse** in their communities are asked whether the current level of **illegal drug use, prescription or proprietary drug abuse and alcohol abuse** has increased, decreased or stayed the same in the past five years. The general trend noticed by respondents is that **drug and alcohol abuse** has increased in their communities rather than decreased or stayed the same (Ministerial Briefing Book, Section B, 12, emphasis added).*

These statistics are used in the Ministerial Briefing Book to outline the extent of the “problems of drug abuse” in Canada as part of a media sound bite for the Minister to use in questioning. It does not, however, differentiate between the fact that one substance is merely increasing in use and another in reported cases of dependency. This, as will be discussed later on in this section, is primarily because the *abuse potential* of illicit drugs has not yet been established due to lack of research. However even the notion “*abuse potential*” and “*drugs of abuse*” illustrate a desire to suggest drug use can be abusive (Ministerial Briefing Book, Q&A, NDS, 1988, 4). Finally the following statement:

Prevention is the key to a first line defense against drug abuse (Ministerial Briefing Book, Section F, NDS, 1988, 1, emphasis added).

demonstrates the pessimistic attitude depicted in the NDS that that even before the simple use of a substance occurs the end result is assumed to be abuse, and for this reason, prevention activities ought to be employed to reduce this from happening. The NDS is replete with language of this type that attempts to demonstrate only that regardless of the reason, type or frequency of use, drug use of any kind is a problem likely to lead to abuse.

Alcohol's Special Status

The strategy states that it aims to “*reduce the social acceptability of and demand for the non-medical use of drugs*” (Ministerial Briefing Book, Section F, NDS, 1988, 3, emphasis added) then defines drugs as “*any psychoactive (i.e., affects the central nervous system and is mood-altering) or body modifying substance capable of producing dependence and harm to the user*” (Ministerial Briefing Book, NDS, Section F, 1988, 2). Of particular interest here is the inclusion of legal and regulated alcohol and prescription drugs. In fact, NDS places considerable emphasis on including alcohol in the drug strategy indicating that “[a]lthough use of illicit drugs receives more media attention alcohol is by far the most frequently abused substance in Canada” (Action on Drug Abuse, NDS, 1988, 5). To illustrate its harmful potential alcohol is linked to “*drinking while driving*”, “*ruinous effects on health and family life*” and its tendency to be used in “*combination with other drugs of abuse*” or what is referred to as “*poly drug use*” (Ministerial Briefing Book, Q&A, NDS, 1988, 4). Lastly, it is depicted as an escalating problem with “*an estimated 600,000 Canadians with alcohol dependencies*” (Ministerial Briefing Book, Section F, 1988, 4).

This frequently *abused* substance, however is spoken of as having a “*level*” or threshold one must surpass in order to become “*hazardous to themselves and others*” (Action on Drug Abuse, NDS, 1988, 5):

*Over 80% of Canadians used alcohol in the past year in 1985; over 10% of these **had more than 14 drinks in the past week a level considered hazardous to ones health** (Ministerial Briefing Book Section B, NDS, 1988 3, emphasis added)*

*It is estimated that 12% of adults **drink at levels hazardous** to themselves and others (Action on Drug Abuse, NDS, 1988, 5, emphasis added).*

This threshold, as we will see in a moment, does not exist with other classes of drugs.

Acknowledging a range of acceptable versus unacceptable use suggests that despite it being the most abused drug, alcohol’s legal status is not up for discussion. The following excerpt further supports this when it discusses the reasons for including alcohol in the NDS in the first place:

Professionals believe the NDS cannot ignore the link between alcohol and other psychoactive drugs and still maintain its credibility. They maintain that the Strategy must include alcohol and solvents in order to reflect the prevention and treatment realities that abuse of any of these substances can be triggered by the same factors and that the substance of abuse depends in part on availability and in part social acceptability (Ministerial Briefing Book, Section F, NDS, 1988, 2).

This statement, included in the Ministerial Briefing Book, is peculiar as it suggests that alcohol may not have been included in the strategy in the first place, but has now become included in the overall drug discussion and more importantly, it is the largest focus of the strategy. Furthermore, it is interesting, given the intention shared above by NDS to reduce the *non-medical use* of drugs, that there is no intention stated to prohibited alcohol outright.

Illicit Drugs

There are many other drugs identified in the strategy and illicit drugs, most notably marijuana, cocaine and heroin, are mentioned frequently throughout the strategy. These drugs, however, are almost exclusively constructed to be abusive and harmful by problematizing their frequency of use, availability and their relation to organized crime and criminal activity rather than their tendency to lead to dependency:

Over one million Canadians used marijuana or hashish in 1985...Between 15,000-20,000 Canadians used cocaine in 1985. ...Finally it has been estimated that over 20, 000 Canadians used heroin in 1985 (Ministerial Briefing Book, Section B, NDS, 1988, 2)

Intelligence concerning cocaine abuse points to a progressive escalation trend which has been consistent for the past several years. Increased production in the source countries with declining prices have resulted in the greater availability throughout Canada. Although abuse levels are highest in major urban areas, increased supply and lower prices have resulted in the spread of this dangerous drug across the country (Action on Drug Abuse, NDS, 1988, 5.)

Increased attention must be devoted to the problem of illicit drug trafficking, particularly the need to target efforts at the high level criminal organizations, through improved collaboration by enforcement agencies at all levels and by taking steps to reduce the ability of such organizations to profit from their activities (Action on Drug Abuse, NDS, 1988, 5).

More explicit, harmful effects of illicit drugs themselves are rarely identified outside of being grouped with all drugs in the strategy to identify abuse in general. Even then, the one instance where the harms of marijuana use are actually elaborated upon contains correlations to incidents which may have caused or even preceded the drug consumption and were not necessarily a result of it:

Moreover, other evidence that we have from surveys suggests that cannabis users are more likely than non-users to report experiencing a variety of health and social problems such as injuries due to accidents or violence, tension with family or friends or trouble with school work (Ministerial Briefing Book, Section B, NDS, 1988, 2).

Another way illicit drugs are depicted as harmful is by problematizing their 'potency' and 'unknown structure and safety', which "prevents correct treatment from being administered in case of drug overdose" (Action on Drug Abuse, NDS, 1988, 20). This perceived danger has led the NDS to "begin an extensive laboratory program to identify and determine the safety and abuse potential of ...psychoactive substance" (*ibid*). As with alcohol, their potential to be "combined with [other] drugs of abuse" is highlighted as a great concern (Ministerial Briefing Book, Q&A, 1988, 4). Despite the unknowns surrounding illicit drug use, their illegal nature is not questioned nor put up for discussion. This is despite the fact that little more is offered to substantiate the harm they pose to the user and society other than to point out that they are being used illegally in high numbers.

Pharmaceutical Drugs

The idea of a threshold between drug use to drug abuse is explored further in the strategy with pharmaceutical drugs. There is very little information provided about pharmaceutical drug abuse other than the fact that they ought to be included in the strategy. Like illicit drugs, pharmaceutical abuse is primarily suggested through the reported frequency of use: "1.3 million for tranquilizers and 1.6 million used sleeping pills" (Ministerial Briefing Book, Section B, NDS, 1988, 3). However, NDS is unsure if this "represents an unacceptably high level of use...[or whether] some groups of people are using them for the wrong reasons" (*ibid*). Similar to alcohol, this suggests that there exists an acceptable level of use of prescription drugs although it is not explored in the strategy. It should also be reiterated that acceptable levels are use not considered for illicit drugs for which the NDS prefers to focus on potency then a threshold of

harm to the user. Finally, while tobacco use is only briefly mentioned, it is excluded from the strategy because the Federal Government has developed a separate anti-tobacco initiative instead that focuses primarily on banning smoking from public buildings and targeting smoking advertisements (Ministerial Briefing Book, Q&A, 1988, 7).

Despite the effort to group all drug use into one category, a distinction becomes apparent between legal and illegal drugs in that the NDS appears to accept a certain degree of drug use in the form for alcohol and pharmaceutical drugs, however not for illicit drugs.

5.1.2 Drug User

The Troubled Drug User

The drug user in the NDS is described as suffering from their drug use and needing help. However the NDS presents this as a difficulty to overcome since many people tend to misidentify their own drug use and thus the problem is much greater than estimated:

To many people, 'drugs' means cocaine and heroin—certainly not the alcohol you and I consume on the pills we may take. Many of us would like to believe that the drug problem, if it exists at all, has little to do with the average Canadian. This is simply not true. (Action on Drug Abuse, NDS, 1987, 5).

With the scope of the drug user expanded to include everyday drinkers and prescription drug takers, statements such as “*the ruinous effects of alcohol abuse on health and family life have been well documented*” and “*12% of adults drink at levels hazardous to themselves and others,*” (Action on Drug Abuse, NDS, 1988, 5) further create an image of a drug user who, through their drug using activities, harms themselves, their communities and society as a whole. These individuals, characterized by their lack of “*self-esteem*” and “*self-reliance*” (Ministerial Briefing Book on the National Drug Strategy, Section F, 1988, 3) are said to come from a “*generally disadvantaged environment*” and use drugs for a wide variety of reasons including “*recreation,*” “*to test oneself*” or to “*medicalize social problems*” (Ministerial Briefing Book, Section B, NDS, 1988, 8). Additional focus is placed on the “*poly drug*” user (Ministerial Briefing Book on the National Drug Strategy, Section F, 1988) who is evidence the problem has escalated to a degree where individuals are not only abusing one drug, but many at the same time. Ultimately this jeopardizes the lives of drug users who are urged to “*repair themselves as productive members of their community*” (Action on Drug Abuse, NDS, 1988, 15). Should they not be able to get a handle on their problem, the NDS also notes that “*12% of Canada's inmates in prison for drug related offences*” (Action on Drug Abuse, NDS, 1988, 15) and “*between 50-*

80% of offenders have severe substance abuse problems that affect their prospects for rehabilitation” (Action on Drug Abuse, NDS, 1988, 13).

Concern for Youth

While the strategy makes a point of generalizing drug users to include a wide range of individuals, it nevertheless does identify a few “*high risk individuals*” to which federal dollars will go directly to fund, namely, “*youth, women and the employed, with priority given to youth*” (Action Against Drug Abuse, NDS, 1988, 15). A great sense of urgency is created around the idea of preventing the youth drug user and treating the drug abusing youth despite the fact that treatment is a provincial jurisdiction. It would appear that the depiction of youth as ‘reckless’, however elevates the sense of concern:

New and disturbing trends in the patterns of drug use are becoming apparent. Among the young, street drug use is declining, but is being replaced by bouts of heavy drinking on the weekends. As well, several recent tragic deaths from solvent abuse underline another significant problem, particularly in our inner cities and in some northern communities. Young people are experimenting with drugs at an earlier age, and the potency of licit and illicit drugs has increased (Action on Drug Abuse, 1988, NDS, 5).

The strategy privileges a focus on youth in that they are the only group identified as a *potential using group* which merit proactive protection through prevention strategies. This is despite the fact that the strategy indicates “*there is no evidence to suggest that young people abuse alcohol or other drugs to a greater extent than do other age groups, [however] the need to prevent the abuse of these substances before it begins calls for a particular focus on youth*” (Action on Drug Abuse, NDS, 1988, 12). One reason for this is possibly due to the strategy’s deduction that focusing on youth prevention “*is more cost-effective than treatment*” (Ministerial Briefing Book, Section F, NDS, 1988, 5).

The ‘Other’ Group

Despite mentioning other *high risk users* there is very little detail provided about them in comparison to youth. There are virtually no further details about female drug users other than the fact that they are identified as at-risk strictly due to a quantitative increase in consumption *vis-à-vis* men and that their “*patterns of drug abuse*” differ in that “*younger women are more likely to abuse illegal drugs while older women are more likely to abuse prescription drugs*” (Ministerial Briefing Book Q&A, NDS, 1988, 12). The focus on the ‘employed’ drug user, however, contradicts the NDS’s statement above that drug users ought to be productive members of society. This can be seen through the strategy’s plan to “*offer employee assistance programs*”

and encourage “*joint efforts by management and labor...in the struggle against substance abuse*” (Action Against Drug Abuse, NDS, 1988, 16). And while aboriginal drug users are not immediately identified as high risk priority for NDS, the question and answer section of the Ministerial Briefing Book acknowledges that “*native peoples are under particular stress in our society and drug abuse, especially alcohol, is a serious social and economic problem in native communities*”(Ministerial Briefing Book Q&A, NDS, 1988, 10). The subsequent responses to aboriginal drug use (to be discussed below) place a particular emphasis on addressing their drug use outside of the NDS within their communities using federal funds.

User Rights

The NDS makes several references which speak to the rights of the drug using individuals. For example, despite the emphasis placed on the need to direct drug users to treatment, the NDS nevertheless considers the user's right to seek treatment a personal choice which must abide by the Charter of Rights and Freedoms:

We do not propose mandatory treatment because it has not demonstrated success as a way of treatment [and] if we cannot demonstrate effectiveness, mandatory treatment becomes little more than preventative detention in its worst form, another means of punishment. We could not recommend mandatory treatment without examining it from the standpoint of the Charter and the Canadian Human Rights act as well as basic Canadian values (Ministerial Briefing Book Q&A, NDS, 1988, 10).

This passage is interesting as it suggests the drug user may have some sort of right over what they do to their own bodies (i.e., to accept treatment or not). As we read further it becomes clear that this right only applies, however, when it comes to seeking 'help' for ones addiction and clearly do not extend to all circumstances. Despite being labeled primarily 'an abuser', the illicit drug user is simultaneously considered an “*offender*” even though, as mentioned in the previous section, the NDS identifies the larger problem as alcohol abuse. The offender is someone who chooses to use illegal drugs over legitimate ones. The NDS even poises itself to respond to questions about the severity of the punishment for illicit drug users by indicating that “*the government believes that the current penalties for simple possession are appropriate*” and that “*ex-offenders under certain conditions can apply for a pardon which, if granted seals their records*” (Ministerial Briefing Book Q&A, NDS, 1988, 12). So here we see that the users is extended certain rights over what kinds of treatments they can issue *to their body* however they are denied rights over what kinds of abusing substances they ingest into their body.

5.1.3 Social Considerations of Drug Use

The NDS constructs drug use as a social issue by describing its impact on society as a whole. This is achieved primarily through identifying the 'costs' of drug use on the nation. It also expends considerable amount of effort describing Canadian perceptions of drug use and the role they play in addressing it. The NDS also engages society in the strategy through its efforts to construct the drug user as anybody and then uses this construction to justify societies collective role in resolving the drug issue. An interesting absence noted is that the strategy does not problematize the *social causes* of drug abuse instead locating that within the individual as discussed in the section on the drug user.

The Many "Costs" of Drug Use

The strategy identifies a number of social 'costs' associated with drug use. First are the "*personal and social costs of drug abuse*" constructed by illustrating how drugs "*harm individuals, families and communities*" (Ministerial Briefing Book Section F, NDS, 1988, 1) and result in "*injury and death on the highway⁴s, lost productivity in the workplace*", "*lost human potential*," and "*breakdown of marriages and families, [and] communities*" (Action on Drug Abuse, NDS, 1988, 5). Additionally, the strategy suggests the need for Canadians to be concerned about financial impacts of drug use by emphasizing an "*increasing burden on our law enforcement, legal and medical resources*" (Ministerial Briefing Book, Q&A, NDS, 1988, 5) through drug related enforcement and health care-related costs that are "*impossible to estimate*" (Ministerial Briefing Book, Q&A, NDS, 1988, 4). In the data they are able to gather, the NDS highlight concern for the "*1 million days of hospital care annually for drug related treatment and rehabilitation*" (Ministerial Briefing Book, Q&A, NDS, 1988, 4) and how "*provincial/territorial addiction agencies spend about \$127 M...of which \$20 M comes from the federal government*" (Ministerial Briefing Book, Q&A, NDS, 1988, 5). On the enforcement side, the strategy notes that "*over 10% of inmates in federal prisons were serving sentences for drug related offences*" and that the drug strategy should "*help us cut down on this percentage*

⁴ This particular finding is exclusively tied to alcohol use, however it should be noted that the context in which it is used suggests it is typical of all drug use. This statement remains, almost exclusively the only reference to mortality as a result of drug use in the NDS. Overdose as a result of illicit drug use or prescription drug use is barely mentioned most likely due to the NDS's own admission that there are no measures in place to record these types of statistic.

over the long term” (Ministerial Briefing Book, Q&A, NDS, 1988). As mentioned above, one such strategy to reduce this percentage is the focus on youth *“because prevention is more cost effective than treatment”* (Ministerial Briefing Book, Q&A, NDS, 1988, 5).

Social Attitudes Towards Drug Use

A considerable amount of effort is placed on gathering and reporting the opinions and perceptions of Canadians on the drug issue in the strategy. In fact, an entire section (30 pages) of the 200 page Ministerial Briefing Book on the National Drug Strategy is devoted to understanding the Canadian public’s opinion, concerns and position on the drug issue and features a focus group conducted with parents, teachers, counsellors and youth (drug using and non-drug using). It is not entirely clear whether this data is used to justify the strategy’s existence or whether it remains background data for internal purposes, however three noteworthy findings emerge. The first is the admission that the Canadian public is more worried than they ought to be about the drug issue:

There is a very high level of concern surrounding drug issues- higher than the concern surrounding many other social issues. It is particularly significant that the concern does not appear to match very closely with actual drug use, either in nature or extent, In other words a lot more people are worried about drug abuse than are actually involved in drug abuse. In addition the drugs which people in a particular community are worried about are frequently drugs which do not seem to be readily available in that community (Ministerial Briefing Book, Section B, NDS, 1988, 1).

Those drugs, later identified as *“illicit drugs”*(Ministerial Briefing Book, Section F, NDS, 1988, 12) lead the NDS to problematize that that *“perceptions on this issue are being shaped in part by the media-including American media to a large extent”* (Ministerial Briefing Book, Section B, NDS, 1988, 1). This finding is perplexing when compared to the second, yet related finding, wherein the NDS, in its publicly released document: *Action on Drug Abuse, Making a Difference*, identifies that Canadians are not concerned *enough* about the dangers of drug use and in fact underestimate the prevalence of drug abuse which actually *“affects significant numbers of Canadians”* (Action on Drug Abuse, NDS, 1988, 1).

A third interesting finding relates to the focus placed on discerning Canadians opinion on the role of the federal government’s involvement on the issue despite the fact that the concern is considered excessive:

The November gallop indicates 75% of Canadians concerned and want the federal government to act, especially through prevention and control (Ministerial Briefing Book, Q&A, NDS, 1988, 4).

Two thirds of Canadians hold the opinion that the federal government should be doing more in dealing with drug and alcohol abuse in this country. At the same time, 59% of Canadians feel that provincial governments

should be spending more to solve alcohol-and drug-related problems in their own provinces. (Ministerial Briefing Book, Section B, NDS, 1988, 14).

Most youth perceived that it is necessary for the federal government to have a role in the issue of illegal drugs. The role they feel the government should play is varied. Most youths feel that the government's role should primarily be in funding rehabilitation and counselling programs, and also in raising public awareness (Ministerial Briefing Book, Section B, NDS, 1988, 25).

Parents generally stated that the role of the federal government should be to promote public awareness with respect to drugs. They feel that the government should supply factual information to the public. (Ministerial Briefing Book, Section B, NDS, 1988, 26).

While it could be considered normal for the federal government to inquire on constituent's opinions, the majority of institutions that would be implementing the strategies of the NDS are provincially run, so the effort made to establish drugs as a federal issue becomes question of switching leadership.

Relationship of Society to Drug User

The NDS establishes a clear relationship between the average Canadian and the drug user by painting the drug user as an average person and by implicating the public in key activities of the strategy. First, by suggesting that drug abuse "*affects people from all walks of life and in all parts of the country*" (Action on Drug Abuse, NDS, 1988, 5) or that "*drug abuse...cuts across most segments of Canadian society and indirectly affects all groups*" (Ministerial Briefing Book, Section B, NDS, 1988, 1) the NDS effectively normalizes the prevalence of drug abuse to a broader demographic than the average Canadian assumes. In doing so the NDS fosters a more intimate relationship between society and the abuser, who is constructed not as the 'other' but instead a family member, co-worker, or community member. Of interest here is how this act of socializing drug use both helps construct the problem (drug abuse affects everyone) while reinforcing the solution (everyone must be part of the solution). Furthermore, the NDS indirectly implicates the public in the drug problem by citing how "*social acceptability*" (Ministerial Briefing Book, NDS, F, 2) of certain drugs such as "alcohol and solvents" (ibid.) have exacerbated the problem.

Aside from the relationship established between user and society it should also be noted that the NDS expects Canadians to play an active part in keeping their fellow Canadians drug-free. Several actors including "*parents*", "*teachers*", "*law enforcement*", "*health care workers*" and "*communities*" (Ministerial Briefing Book, Section F, NDS, 1988, 3) are identified as having a "*role to play*" (Action on Drug Abuse, NDS, 1988, 9-10) in fostering a drug-free

environment. For example the Community Action Program was established by the NDS “to enable individuals, community groups and provincial organizations to establish new prevention, drug awareness and treatment programs at the community level” (Action on Drug Abuse, NDS, 1988, 10). The family is also tasked with playing a “critical role” in the developmental process and of health, self-esteem, and self-reliance of the [drug using] individual” (Ministerial Briefing Book, Section F, NDS, 1988, 3) which is touted as a fundamental element of preventing drug abuse. Furthermore, NDS seeks to “increase support for community-based treatment and rehabilitation programs” (Action on Drug Abuse, NDS, 1988, 15) which would otherwise be situated in the health care system. Finally police forces, in addition to their role in curbing the drug supply, will be working with “health workers, schools and community groups, [to combat] drug-related street crime to the task of educating Canadians about the hazards of drug use” (Action On Drug Use, NDS, 1988, 9).

5.1.4 Responses to Drug Use

There are numerous measures outlined by the NDS to respond to the ‘drug problem’. While a description of these activities alone would take up the majority of this section, I have selected key activities that were implemented to respond to the discourses extracted in the sections above.

A New Approach to Drug Policy

The NDS is touted as the ‘balanced approach’ towards addressing the drug issue (Action on Drug Abuse, NDS, 1988, 6). While it is not discussed why, the term ‘balance’ is used in opposition to the former ‘enforcement driven’ approach that was “largely restricted to supply control measures such as monitoring, enforcement, interdiction and the prevention of drug-related crime” (Action on Drug Abuse, NDS, 1988, 7). While supply control measures are still at work in the NDS, the strategy ostensibly ‘balances’ itself by introducing a demand reduction focus described in the following quote:

[The strategy] provides enforcement agencies with the means to combat the distribution of illicit drugs—supply reduction—while addressing the root problems of substance abuse that lead to a demand for alcohol and other drugs—demand reduction (Action Against Drug Abuse, NDS, 1988, 6)

In order to create ‘balance’, the strategy claims it gives equal weight to the following categories which are considered to fall under either supply reduction or demand reduction efforts:

“education and prevention, enforcement and control, treatment and research, information and research, international cooperation and national focus” (Action on Drug Abuse, NDS, 1988, 6).

In addition to being *balanced*, the NDS emphasizes the need for a “*coordinated approach*” to the drug problem (Ibid), which requires engaging in activities and forming partnerships with “*provincial governments, non-government sector organizations and individuals knowledgeable in the addictions field*” (Action on Drug Abuse, NDS, 1988, 6). Under the auspices of ‘coordination’, the NDS can insert itself into the individual activities that would otherwise fall outside of its jurisdictional purview by acting as the “*strong mechanism for national collaboration so that existing programs and expertise could be coordinated and strengthened*” (Action on Drug Abuse, NDS, 1988, 7). Its coordination efforts also extend onto the international stage engaging in activities “*used to support various projects in developing countries where drugs are produced*” (Action on Drug Abuse, NDS, 1988, 21) in order to “*demonstrate Canada’s commitment to international cooperation in addressing drug abuse*” (Ministerial Briefing Book-Section F, NDS, 1988, 3). Finally, this *new approach* to drug policy is described as one that is that is “*acceptable to Canadians*” (Action on Drug Abuse, NDS, 1988, 6), “*respects community values*” (Ministerial Briefing Book-Section F, NDS, 1988, 3) and protects “*personal privacy, quality of working life, and our belief of the presumption of innocence*” (Ministerial Briefing Book, Q&A, NDS, 1988, 8).

A Need to Educate and Inform

A large majority of the NDS’s activities—and particularly its prevention agenda—claim to inform and educate Canadians about the drug problem. This often requires “*factual and attitudinal information*” with which to develop its policies (Ministerial Briefing Book Section F, NDS, 1988, 10). As a result of this need for information, many of the NDS’s public awareness and prevention campaigns “*rely on behavioural and social research that identifies the patterns of alcohol and drug use and the needs of specific groups*” (Action on Drug Abuse, NDS, 1988, 19). The subsequent activities which emerge from this research are used to ‘educate’ Canadians through existing institutions such as the family, school and law enforcement to delivery “*pamphlets,*” “*school programs*” and “*positive messaging*” (Action on Drug Abuse, NDS, 1988, 9). While a majority of these prevention activities are targeted at youth and are described as necessary to “*help them acquire the knowledge, life skills and training they need to make a successful transition from school to work*” (ibid), there are also some programs geared towards educating the employed “*those who are employed but who may be at risk of losing their jobs, family and friends as a result of alcohol and drug problems*” (Action Against Drug Abuse, NDS,

1988, 15). The ultimate outcome of these activities is to “*provide Canadians with the information needed to make informed choices and achieve a productive, drug-free lifestyle*” (Action on Drug Abuse, NDS, 1988, 8).

According to the NDS however, a majority of this ‘factual information’ about drug use does not yet exist, and so there is also an element of ‘education’ or knowledge production required for the NDS itself in order to proceed with activities in the strategy. From an enforcement perspective, for example, in order to generate or obtain information and/or intelligence on the activities of criminals the strategy focuses on launching initiatives to “*expand its intelligence collection, storage, retrieval and analysis capabilities*” (Action on Drug Abuse, NDS, 1988, 18). Similarly, from a treatment perspective, the NDS focuses on increasing research efforts through programs like the *National Research Agenda*, the *Canadian Centre of Substance Abuse (CCSA)* or the *Bureau of Drug Research of Health and Welfare Canada* which attempt to establish certain truths about the drugs that are unknown and the nature of addiction by “*drawing on biomedical, epidemiological and clinical knowledge about alcohol and drugs and their effects, design treatment and rehabilitation programs*” (Action on Drug Abuse, NDS, 1988, 19). Taken together, the emphasis on deliberate knowledge production and dissemination serves to construct a representation of drugs and their related issues as dangerous due to their many ‘unknowns’.

Enforcement Strategies and Technologies

Apart from the above-mentioned emphasis on creating new knowledge, the enforcement pillar of the NDS places considerable focus describing new surveillance mechanisms in its various law enforcement institutions. Technologies such as, “dog detector teams”, “state-of-the-art x-ray equipment” and “increased personnel” (Action on Drug Abuse, NDS, 17, 1988) help strengthen the strategies “*drug detection capabilities*” across jurisdictions. The increased surveillance is also seen within correctional facilities where inmates are tested for drugs “*where there is a reasonable grounds to suspect they are under the influence*” (Ministerial Briefing Book, Q&A, 1988, 5) despite the fact that the NDS clearly states that mandatory testing is “*not appropriate*” for the rest of Canadians (ibid). Finally, there is a concerted effort to implement “*new laws and regulations*” both to negatively impact the illicit drug trades’ “*proceeds of enterprise crime*” as well as “*to ensure that Canada fulfills its responsibilities under the Convention on Psychotropic*

Substances” (Action on Drug Abuse, NDS, 1988, 21). It should be noted here that the particular emphasis on technologies, corrections and law enforcement illuminate the unequal focus placed on illicit drug supply reduction through criminal justice mechanisms such as policy, courts and corrections as opposed to alcohol and prescription drug related problems which are responded to predominately through in prevention, education and treatment related efforts.

Treatment and Addiction Options

The strategy identifies that “*one third of the annual expenditures*” will be spent on treatment and addiction services (Action on Drug Abuse, NDS 1988, 16). However, as mentioned above, many of these programs require research to develop. Several elements to explore through this research are identified as “*the role of advertising in alcohol abuse*”, “*factors influencing the choice of alcohol and other drugs as a coping mechanism*” and “*the effect of social and psychological factors on the development and outcome of alcohol and/or drug dependency,*” (Action on Drug Abuse, NDS, 1988, all quotes from p.19). Many of these services are administered through the same channels as prevention and education, in the sense that they are developed through public institutions such as community-based centres and health centres (Action on Drug Abuse, NDS, 1988, 15). The NDS suggests developing “*more holistic, integrated treatment approaches which treat the whole person and recognize the situation/environment to which they belong*” (Ministerial Briefing Book, Section F, NDS, 1988, 16). Treatment services are also prioritized for “*specific target groups*” that is youth, women and the employed (Action on Drug Abuse, NDS, 1988, 15). While treatment and addiction are described as a high priority of the strategy, it should be noted that it is also one of the response areas of the strategy suggested to undergo the most research and for this reason there is not much information available about the qualitative nature of the treatment.

5.2.1 Drug Use

Much like its predecessor the NDS, drug use is framed as a problem in the CDS, but explicitly – a health problem. As a result, while the drugs discussed in the strategy are the same as those in the NDS, the CDS places different emphasis on which are to be considered drugs of concern by creating a distinction between *hard drugs* and *soft drugs*. Finally, drug use is framed as a subject about which little is known, particularly due to the increasing number of drugs that come onto the market.

A Health Issue

In the CDS, drug use, and more specifically, ‘substance abuse’ is framed as a ‘health issue’. To reinforce this emphasis Health Canada oversees its operation as its lead ministry because of its “*symbolic importance...that...confirms the depiction of substance abuse as a health issue*” (Mid-Term Review CDS, 1995, ii). In particular, this position is borne out by the strategy’s focus on three interconnected issues: curing drug user’s ‘addictions’ which is suggested through referring to drug use as ‘substance abuse’; employing harm reduction strategies for individuals engaging in what is considered to be high risk drug use; and adopting a determinants of health approach to decrease problematic substance abuse among a key high-risk demographic. With respect to addiction, the CDS speaks of the ability or desire to “*treat*” (CDS, 1998, 10) substance abuse, as if it were a condition, through methods such as “*methadone maintenance*” which are intended to “*get people off drugs such as heroin*”(CDS, 1998. 36). The strategy also privileges the inclusion of “*addiction treatment centres*” and “*addiction counsellors*” in the development of its programming (CDS Phase II, 1994, 14).

Another way the CDS focuses on establishing drug use as a health issue is by privileging harm reduction measures in an effort to reduce the spread of HIV/AIDS through intravenous drug use. Here we see the CDS placing a focus on the method of drug consumption, particularly intravenous drug use; a method used often with heroin but can also be used for cocaine and LSD as well. The CDS’s expresses concern with the:

Pockets of HIV epidemics have forced addiction treatment service and AIDS service organizations to respond quickly to the needs of increasing numbers of HIV-positive drug users. Emerging epidemiological data emphasizes the magnitude of the problem (CS, 1998, 25).

The increased visibility on the HIV/AIDS levels of drug using populations is coupled with corresponding harm reduction efforts such as “*needle exchange programs*” which are intended to

“reduce rates of needle-sharing among clients and [link] drug users with health services” (CDS, 1998, 9). Through employing harm reduction measures such as needle exchange, the CDS encourages drug users to view their substance use as a health problem instead of internalizing their use as a criminal problem and spending time in prison for possession of illicit substances.

Finally, the strategy outlines a concern that *“factors that influence changing rates of drug use”* (CDS, 1998, 20) are becoming difficult to determine. This is ostensibly due to the *“complex [causes of drug use] involving a combination of both individual and social factors”* (*ibid*). This concern has led to treatment and prevention strategies organized around a *“determinants of health approach”* that endeavours to unveil the reason for drug use by uncovering the underlying factors that impede an individual’s ability to achieve health. For example it states that:

Alcohol and other drug problems often occur along with other problems that Health Canada is involved in rectifying, among them family violence, AIDS, poor nutrition, mental health problems, problems with the well-being of children, and others. The connections between these problems and the programs that attempt to deal with them are ripe for exploitation to the benefit of all related programs (Mid Term Review CDS, 1995, 50).

The determinants of health approach has manifest in the development of prevention programming that focuses on *“the importance of healthy child development”* or *“mental health”* (CDS, 1998, 7). This is in contrast to NDS programs that strictly focus on the reducing or deterring the use of drugs. Indeed, under a determinants of health approach drug use is considered a symptom, or result of negative determinants of health in one’s life and the CDS believes that it is only through addressing an *“environment characterized by substance abuse problems”* (CDS Mid-Term Review, iii) that progress can be achieved. The idea put forward through viewing drug use as a health issue and addressing the causes of drug use through the determinants of health lens shows that the CDS is beginning to see drug use differently through considering the impact on both the individual and the public’s health. This is different than the previous strategy that framed drug use as a problem that needed to be eradicated.

Drugs of Interest

According to CDS, drugs of interest are still considered to be *“alcohol, prescription, licit and illicit drugs”* as they were with NDS (CDS Phase II, 1994, 2). It is claimed that it is responsible for upholding the law that ensures the *“use of internationally regulated substances are restricted to medical, scientific, and industrial purposes* (CDS, 1998, 10). It does this through the Bureau of Dangerous Drugs which governs the

“the distribution and use of narcotic, controlled and restricted drugs...to prevent the diversion of these drugs to non-medical or non-scientific uses, ensuring at the same time, their continued availability for legitimate medical and scientific purposes (CDS Phase II, 1994, 34).

Similarly tobacco 'cessation' endeavours, although acknowledged, are addressed outside the parameters of the CDS but will be included in much of CDS's public messaging (*ibid*). Curiously however and unlike the NDS, the specific focus of the CDS's programs creates a hierarchy of drugs it considers to be more harmful than others. This is primarily illustrated by its bifurcation of LDS, cocaine and heroin into "*hard drugs*" in need of greater attention than others such as marijuana and alcohol (CDS, 1998, 4). This position is then borne out through the series of treatment programs that focus on these hard drugs including a "*methadone program designed to get people off **drugs like heroin***" (CDS Phase II, 1994, 36, emphasis added), "*outreach programs including needle exchange for **injection drug users***" (CDS Phase II, 1994, 6, emphasis added) and "*new treatment modalities [for] **opiate and cocaine dependency***" (CDS, 1998, 16, emphasis added). All these programs have the objective of "*reducing the use of illicit drugs, reduce the rate of mortality, reduce the transmission of infectious diseases including HIV and hepatitis*" (CDS, 1998, 10). Additionally, this hierarchization of drugs is more subtly created through decisions such as "*redirecting some programming from the general population to subpopulations **at high risk** of drug related harm*" (CDS, Mid-Term Review, iii, emphasis added) which shifts the conversation to individuals who are somehow at more risk than *other drug users*. The CDS also includes "*educational programs*" for these other drug users who it claims "*do not have **a serious drug** problem, but do have substance abuse problems that require attention*" (CDS Phase II, 1994, 24, emphasis added). Throughout the rest of the strategy there is no mention of treatment programs for marijuana, alcohol or other *softer* drugs and, similar to the NDS, marijuana's harm is justified primarily through its increased consumption rate as compared to years prior rather than rates which suggest dependency. Not only does this differ greatly from the NDS, which considers all illicit drug use to be drugs of abuse, but it opens up questions as to why the content of the CDS might create a distinction between illicit drugs in the first place, which of course, is in support of its substance abuse as a health concern agenda.

The discourse surrounding prescription drug use appears to evolve from those which make up the NDS which were unsure of the abuse potential of prescription drugs and only included them in the strategy due to high levels of use. This suspicion is built upon in the CDS and constructs prescription drug use as a growing problem of almost certain abuse. This is seen

through measures taken to reduce the number of “*multi-doctoring*” patients, who take prescriptions to multiple doctors to get them refilled (CDS Phase II, 1994, 15). Furthermore the CDS believes, “*increasing number of thefts at pharmacies,*” indicates that there is a new market for prescription drugs (CDS Phase II, 1994, 36) which may be in part due to the increased “*appeal of drugs with guaranteed quality*” (*ibid*). Finally, alcohol, which was given much attention in the NDS is less focused on in the CDS although it is still mentioned multiples times. The majority of times alcohol is referred to however, it is in the context of “*alcohol and other drugs*” or in the context of mixing alcohol with other drugs, see below:

More than 50% of federal offenders report on admission that they were either under the influence of alcohol and other drugs during the time they committed their offences or that drugs were a major factor (CDS, 1998,9).

Specific emphasis is placed on responding to the needs of families affected by problems involving alcohol and other drugs CDS, 1998,9);

In Phase II of CDS, the emphasis has shifted to populations at risk, such as Women (especially those at risk for using alcohol and other drugs during pregnancy, misusing prescription and other drugs, and combining drugs and alcohol (CDS Phase II, 1994, 31);

Issues pertaining to medication use among seniors is another area requiring attention. Efforts continue to attempt to reduce the various harms attributed to misuse, including over-use, inappropriate prescribing, interactions with alcohol, and drug interactions (CDS, 1998, 16).

While these references confirm that alcohol is considered under the strategy, they also reinforce the position that alcohol is considered to be in the same category as other drugs and should not be excluded. This is reflected in another observation that the CDS employs the use of the term “*substance abuse*” regularly instead of *drug abuse* although it does use the term drug use in a general context related to general use of drugs that is not considered to be abusive. Clearly, a distinction is made between the potential abuse of any substance, be it alcohol, prescription or illicit drugs, and the mere use of these substances. This is further reflected in the following statement which acknowledges for the first time that drug use is to some extent normal:

While Canada's harm reduction approach does not condone substance abuse, it does acknowledge it as a fact of our society and maintains that it is unrealistic to expect abstinence programming to succeed (except for children) in an environment characterized by substance abuse problems (CDS Mid-Term Review,1995, iii).

This position brings a level of ‘realism’ to the problem of drug use, acknowledging that despite the fact that it is considered important enough to have a strategy dedicated to it, it is also a reality of the society we find ourselves in. This is, again, reinforced by both the adoption of the determinants of health approach which aims to change, in a way, Canadian society to make it less conducive to drawing individuals into drug use in addition to the adoption of a harm

reduction pillar that chooses to place less focus on keeping drugs away from the users and more focus on keeping harm away from them and their communities.

A Need for More Research

According to the CDS, there is still much to be learned about the drug problem. Despite the efforts of the NDS, a report printed in 1994 entitled *Alcohol in Canada and Licit/Illicit Drugs in Canada*, identified several “*information gaps*” emerging from national, provincial and territorial substance abuse research (CDS Phase II, 1994, 32). Many of the knowledge gaps it seeks to rectify are those which promote the continued problematization of drug use in general. The gaps speak to the need to further understand, “*drug use patterns, perceptions, risk-related behaviours, problems and consequences, treatment, policies and programs*” (CDS Phase II, 1994, 33) in order to better inform policy makers, practitioners and researchers (*Ibid.*). In response to the HIV/AIDS outbreak, the CDS also highlights the need to “*explore the relationships between substance use and HIV/AIDS, mental health, violence, and resiliency*” (CDS Phase II, 1994, 33). To this end various initiatives and endeavours have been created to understand more about the ‘nature’ and ‘underlying factors’ that lead to drug abuse most of which are “*complex, involving a combination of both individual and social factors*” (CDS, 1998, 20). Many of these problems Health Canada is already involved in rectifying such as “*family violence, AIDS, poor nutrition mental health problems and problems with the well being of children and others*” (CDS Mid-Term Review, 1995, 50). However there is an increased focus on establishing the “*addictive liability and abuse potential of new drugs*” (CDS, 1998, 37), which can then be used to serve courtrooms and law enforcement officials in their efforts to enforce drug laws and for sentencing purposes of drug traffickers (CDS, 1994, 37). Finally, it appears that issues related to medication use among seniors is “*another area requiring attention*” because with increase age comes the onset of chronic diseases with multiple medications for which research has yet to determine the consequences of mixing (CDS, 1998, 16). To conclude the fact that programs in the strategy are targeted towards identifying multiple gaps in knowledge on the drug issue effectively reinforcing the idea that there is a problem that has yet to be solved.

5.2.2 Drug User

In the CDS drug users are constructed as problematic in several ways, first it narrows out a specific subpopulation of drug users that will be the focus of the strategy, and in doing so it creates a distinction between problematic and non-problematic drug users. They are problematized as possessing *underlying risk factors* which predispose them to substance abuse. This not only enables the idea that drug user is dealing with a health issue to be reinforced but also enables discussion on the public health risks posed by the drug user on the community. Finally, through the CDS, the government suggests that an disproportionately high number of drug users are involved in criminal activity.

Drug Users of Concern

In 1992, the government announced it would be "*redirecting its programming to more selective targets*" in the CDS. (Mid-Term Review CDS, 1995, iii). While this decision stemmed primarily from the need to spend CDS funds more 'efficiently,' it nevertheless suggests that there are different *categories* of drug users in Canada and that the strategy is choosing to focus on a certain demographic. The targets are later described as "*subpopulations at high risk of drug-related harm (ibid)*". The government explains that these groups "*already use or abuse drugs*" (Mid-Term Review CDS, 1995, iii), however they "*were not being reached by current initiatives*" which meant their problems were "*not being adequately addressed*" (CDS, 1998, 17). These groups are identified as: "*out-of-the-mainstream youth*", "*women, (especially those at risk for using alcohol and other drugs during pregnancy, misusing prescription and other drugs, and combining drugs and alcohol)*", "*seniors at risk for abusing alcohol and pharmaceutical drugs*", "*off-reserve Aboriginal peoples*" and "*driving while impaired offenders*" (CDS Phase II, 1994, 31). It should be noted that there is no further detail about each group with the exception of the youth drug users.

Like the NDS, the young drug user is considered particularly problematic in the CDS due to "*documented increases in rates of substance abuse among young people between 1993 and 1995*" (CDS, 1998, 16) and therefore places a "*stronger and renewed focus...on the needs of youth and youth adults*"(ibid). The CDS portrays youth as impressionable and impulsive and, as such, at higher risk of abusing substances than other demographics. For example it claims that drugs are used for "*recreation or enhancement of their self-image*" (CDS-Phase II, 1994, 27)

and at the mercy of “*increasing peer influence*” (CDS, 1998, 19). These youth are also identified as risk-takers leading the CDS to identify the need to “*increase their understanding of risks associated with illicit drug use*” (CDS, 1998, 4). Understanding the context around teen drug use is considered important in order to “*understand their patterns of substance abuse*” (CDS, 1998, 19). This differs for each group however, for example the CDS identifies that for the out-of-the-mainstream-youth:

Comparatively little is known about many high-risk groups, some, like homeless youth, are extremely difficult to reach, and there is little precedent for how to deal with them effectively (Mid Term Review, 1995, 13).

For this reason, the CDS will include “*targeted research programs*” to gain a better understanding of how to reduce the harm caused by alcohol and other drugs on individuals, families and communities (CDS-Phase II, 1994, 33).

Another cohort that receives considerable attention is seniors, particularly for their increased likelihood of “*abusing alcohol and pharmaceutical products*” (CDS Phase II, 1994, 31). Unsuccessful past efforts to “*address*” this cohort (i.e., under the NDS) are acknowledged in the CDS in particular because substance abuse among seniors is considered a multi-faceted issue:

In particular...advancing years may increase the possibility of chronic or acute illness, with the accompanying increase in the number of prescribed medications. At the same time, the complex physiological processes that occur as part of the aging process can affect the action of medications and alcohol for many seniors (25). (CDS, 1998, 25).

The case of the senior drug user is of particular interest because the senior is a less traditional (i.e., stereotypical) example of a drug user both in the NDS and early CDS, as well as in the media. The fact that they are prioritized further demonstrates their strategy is about preserving the health of Canadians, no matter which drugs they choose to abuse.

It is important to note that the CDS considers both *use and abuse* by these subgroups to be problematic because of the likelihood of future drug-related problems. This is interesting when the following statement is also considered:

*The general conceptual shift [of the CDS] ... is from targeting the population in general, most of whom **are not at risk** of suffering from drug-related problems, to targeting specifically those who are at a **high-risk** of having problems (Mid-Term Review, CDS, 4, emphasis added).*

Here we see the CDS make a distinction within the drug using cohort between those who are at-risk of drug-related problems and those not at risk of drug related problems which suggests, as

was seen with the NDS, that some level of acceptable drug use exists. It is this difference that leads the CDS to focus on underlying risk factors and determinants of health.

Underlying Factors

Another discourse that emerges to construct the drug user is the idea of the underlying risk factor. The underlying risk factor stems from the CDS's determinants of health approach which suggests that drug use is but a symptom of other "*underlying factors associated with substance abuse*" (CDS, 1998, 3). These factors present in the users life are "*multifaceted*" and "*complex*" in nature and therefore not easily addressed (CDS, Mid-Term Review, 1995, 4). Compared to the non-problematic drug users, problematic drug users are characterized as suffering from underlying personal issues out of their control that feed into their addictions and are often not known to the user themselves. The CDS indicates that these "*vulnerable*" (CDS, 1998, 16) populations have "*special needs*" that cannot be addressed through normal programming (CDS Phase II- 1994, 3) mostly because their environments elevate the "*number of risk factors*" that would lead them to use drug in the first place (CDS, 1998, 6). For many, these factors are exacerbated if they live in "*marginalized*" communities with "*a lack of services*" to meet their needs (*ibid*). This is the case with the out-of-the-mainstream-youth identified by the CDS, about whom very little is known. For this reason the CDS is designing a "*unique research study*" that explores what lead youth to adopt a street lifestyle" in an effort to help out of the mainstream youth "*transition from this way of life*" that has been deemed a risk factor towards consuming drugs (CDS, 1998, 32).

Another example is the "increasing numbers of HIV-positive drug users" who are considered an "*extremely vulnerable group*" and a "*most urgent priority*" for the CDS who is working closely with HIV/AIDS groups and addiction agencies to "*reduce the harm*" befallen to this group (CDS, 1998, 16). The CDS also suggests that an underlying risk factor can be behavioural, for example "*insufficient self-esteem to say no to their peers*" prevents many youth from practicing prevention strategies taught to them in the CDS prevention programs (Mid Term Review, CDS, 54). Likewise some of the treatment programs are geared around "*behaviour self-control training*" and "*social skills training*" suggests a deficit of these qualities in the user (CDS Mid-Term Review, 1995, 25). 'Underlying risk factors' and prioritizing 'cohorts' of drug users over others as 'at-risk' is an interesting strategy that further supports a possible divide

between problematic and non-problematic drug use in that it suggests individuals who use drugs *'to more detrimental effects'* than others exist and that these are individuals the strategy ought to expend its efforts on (CDS Mid-Term Review, 1995, 25).

Drug Users Pose a Public Health Threat

A new discourse at work in the CDS is concerned with the physical condition of the drug user. The discourse arose predominantly out of the concern voiced in the framework outlining the CDS in 1992. This framework singled out reducing drug-related mortality as a key objective of the renewed strategy and suggested that a harm reduction approach should be applied to whatever is *"causing this disturbing trend in drug-related mortality"* (CDS Mid-Term Review, 1995, xiii). Within a few years the CDS narrowed down its focus to a particular kind of drug using behaviour that increased the likelihood of contracting and sharing diseases with both the drug using and non-drug using population. Of primary concern is the over *"forty-one percent of injection drug users [who] have shared needles to inject drugs"* (CDS Phase II, 1994, 25). These drug users are considered dangerous to themselves and others because they can potentially *"spread HIV"* to *"other drug users, their sexual partners, and their children"* (*ibid*). In order to curb the potential spread of HIV, the CDS employs multiple harm reduction strategies which will be discussed in a later section. However, despite the existence of harm reduction strategies in Canada, the CDS claims that *"the prevalence of HIV among injection drug users continues to escalate at an alarming rate"* (CDS, 1998, 9). For example, the HIV/AIDS rate as a result of injection drug use increased more than *"40% in a period of only 16 month due to injection drug use"* within correctional facilities creating a further need to address the problem (CDS, Phase II, 25)

Criminal Behavior

Several statistics and trends that suggests there is a relationship between drug use and criminal activity are discussed in the strategy. In particular, they consider the drug user's substance abuse a *'crimogenic factor'* that has a *"negative impact on the offender's ability to function as a law-abiding citizen"* (CDS Phase II, 1994, 25). Also the government identifies that *"more than 50% of federal offenders ...were either under the influence of alcohol and other major drugs during the time they committed their offences or that drugs were a major factor"* (*ibid*). Furthermore,

the “*violence within the prison system*” is often connected to drug use (CDS, Phase II, 1994, 24). As a result, it is identified that “*special attention is taken to match inmates with appropriate programs*” to address their drug use (CDS, 1998, 9). The CDS is also concerned about the high instance of relapse for offenders who finish their sentences, indicating that “*statistics reveal that the highest rate of relapse occurs in the first 90 days after an offender returns to society*” (CDS Phase II, 1994, 24). In order to prevent relapse and therefore subsequent criminal activity from reoccurring, they CDS has developed *The Community Substance Abuse Relapse Prevention and Maintenance Program* to help offenders reconnect with their communities.

5.2.3 Social Considerations

Drug Use: A Fact of our Society

As a result of the adoption of the harm reduction approach and the determinants of health ethos, the CDS effectively normalizes the existence of drug use in Canadian society, which is quite different than the attitude depicted in the NDS. The fact that abstinence is not strictly espoused is the best example of how perceptions of drug using behavior are changing.

*While Canada's harm reduction approach does not condone substance abuse, it does acknowledge it as a **fact of our society** and maintains that it is unrealistic to expect abstinence programming to succeed (except for children) in an environment characterized by substance abuse problems (CDS Mid-Term Review, 1995, iii, emphasis added).*

This idea that drug use is a fact of our society is new and unique to the CDS and creates the conditions in which harm reduction policies can thrive because it reduces the level of stigma surrounding drug use in general. Furthermore, the CDS's policy to target high-risk individuals “*who are at high-risk of having problems*” reinforces the position that some there can be non-problematic drug use after all (CDS Mid-Term Review, 1995, 4). This is further exemplified the the acknowledgment of “*continued shifts in perceptions and attitudes towards the acceptability of cannabis*” (CDS, 1998, 21) and the fact that attention is refocused on the “*hard drugs*” such as cocaine, heroin and LSD (CDS, 1998, 4). Despite the fact that the strategy depicts a more liberal view on drug use, it nevertheless continues to publicly emphasize the need to reduce drug use and influence social perceptions of drug use. This is primarily due to the fact that in recent years, drug use has been sensationalized and romanticized in the media. For example a concern is expressed that:

Everyone is interested in how people smuggle drugs, and films such as “Midnight Express” tend to sell the glamorous side of drug dealing. The ADIP [CDS program], on the other hand, strives to present the cold

realities that are not glamorous and not short term in their consequences. No one wins an Oscar for performing in a real-life drug crime saga (CDS, 1998, 18).

This romanticization of drug use is blamed for a higher number of individuals being “*especially unaware of the risks and consequences of being involve in drug-related activities while outside the country* (CDS, 1998, 20). This point of view is interesting as it no longer focuses on *drug use per se* but instead conflates an individual’s participation in *drug crime* with drug related *activities*. In order to combat this, the CDS nevertheless continues to strive to make drug use ‘uncool’ by seeking to “*sensitize individuals, families and communities to the harmful effects of drugs, and to educate the public of Canada’s drug laws* (CDS Mid-Term Review, 1995, 21).

Drug Use Harms Society and is Costly

As discussed in the introduction of this section, the data analyzed for the CDS places a significant focus on the nature of drug use and its responses than describing the harms it causes to society. Particularly the adoption of the harm reduction pillar is evidence that the strategy views harm cause by drug use differently than its predecessor and feels that the harm can be managed even if drug use continues to occur. That said, like the NDS the CDS nevertheless does identify a number of instances in which drug use causes harm to “*individuals, families and communities* (CDS Phase II, 1994, 21). First, is the incredible expense to the Canadian taxpayer who ultimately pays for the costs associated with substance abuse. The total economic costs of substance abuse is described as being a “*staggering \$8.89 billion*” with alcohol representing “*\$7.52 billion*” and illicit drug use estimated as “*\$1.37 billion*” (CDS, 1998, 31). Of immediate note here is the disproportionate amount of economic harm cause through alcohol abuse versus substance abuse. It should be noted that this is not further elaborated upon or even acknowledged by the CDS; the statistics are presented as if they should speak for themselves. Secondly, the CDS acknowledges physical harms that arise from activities related to drug trafficking and organized criminal enterprises. It says that “*drug trafficking is an international problem with growing links to violence, money-laundering corruption, organized crime and arm trafficking*” (CDS, 1998, 13). It should be noted that there are very few references to organized crime in the CDS data, and in fact, the highest rate of direct violence in relation to drug use is identified as occurring among both victims and perpetrators of violence as a result of their *alcohol* use:

For all population groups, the links between alcohol use and violence have gathered considerable interest in Canada. The two main concerns are the link between the perpetrator's substance abuse and violent behaviour, and the link between the victim's experience of violence and his or her substance abuse (CDS, 1998,22).

This finding would make sense in light of the economic costs of alcohol abuse listed above. The CDS includes no statistics of violence occurring as a result of illicit drug use. Finally, considerable emphasis is placed on discussing treatment and prevention measures in an effort to reduce the transmission of HIV/AIDS as a result of injection drug use.

Pockets of HIV epidemics have forced addiction treatment service and AIDS service organizations to respond quickly to the needs of increasing numbers of HIV-positive drug users. Emerging epidemiological data emphasizes the magnitude of the problem (25).

The CDS identifies that the “*spread of HIV among injection drug users, their sexual partners, and their children is a primary concern*” (CDS, 1998 25). While this statement suggests the public is at risk of infection, it is the only statement that connects society at large with the risks of risk drug using behaviour. The majority of the discourses surrounding HIV/AIDS, as discussed in section 6.3.2 and 6.3.4 are geared towards understanding the determinants of health that result in injection drug use in first place as a mean to prevent transmission for all parties including the drug user.

The Role of the Community

Regardless of what harms drug use may cause to society, the CDS is very clear that the key to establishing an upper hand on the drug problem lies in the ability to mobilize and equip Canadians to respond to the problems at the community level. More specifically the CDS identifies a need to “*shift from a top-down approach to a bottom-up approach*” in order to allow communities to “*assume ownership of their drug problems* (CDS-Phase II, 1994, 8). This marks an important shift from the practices of the NDS in that the previous drug strategy made a case for federal government involvement in the social sphere but now the CDS is doing the opposite by “*funding hundreds of community projects that encourage local groups to diagnose the nature of their problems and to implement solutions* (CDS-Phase II, 1994, 8). This places enormous faith and responsibility in community organized, and driven, responses to drug use and thus fostering a sense of ownership over the drug problems in ones community. As a result, the CDS indicates that “*much of the work in at the community level is accomplished by and for communities*” (CDS, 1998, 7). Successful efforts of the community are then often adapted into Federal models that the CDS provides to communities facing similar challenges. Types of community initiatives are broad and varied, for example elders in Canada’s aboriginal communities are “*setting an example by abstaining from alcohol use*” (CDS Phase II, 1994, 8)

and must display the certain virtues like “*wisdom, respect honesty, and humility*” (CDS Phase II, 1994, 28) in order to be nominated as role models for their community. The alcohol service industry is required to take courses in order to help them “*intervene in situations involving excessive alcohol consumption*” (CDS, 1998, 9). Finally, the programs have been developed to both “*assist parents to community effectively with children at early ages about drug use*” as well as to “*assist parents with have experienced their own problems with alcohol and other drugs to prevent these problems*” among their children (CDS, 1998, 7).

5.2.4 Response to the Drug Issue

The following section describes the CDS’s response to the drug problem organized around several discourses. First, emerging knowledge from the efforts of the NDS and the early years of the CDS plays an important role in the responses suggested in the CDS and reinforces the need to further balance the supply and demand reduction strategies as new information becomes available. In doing so, it becomes apparent that the influx of new information incorporated into decisions within the federal discursive context is straining the relationships among CDS stakeholders, particularly the provinces, and is reflected in the way the CDS depicts the dissention from collaborators on the direction of the strategy. Ultimately, the strategy focuses on the three original pillars, prevention, treatment and enforcement. However a fourth pillar, Harm Reduction, is included in response to the concerted efforts to target specific individuals deemed at risk of drug-related harm and adopt a determinants of health approach.

Evidence-Based Policy

CDS places considerable emphasis on the use of ‘evidence’ to support the strategy. Firstly, it openly touts that the “*principles, framework components, goals and objectives, direction and priorities*” of its strategy are “*based on an analysis of lessons learned over the past ten years*” (CDS 1998, 19). In addition, it features various knowledge generating and disseminating research programs such as the RCMP Drug Awareness Program which “*communica[tes] **factual information on drugs and substance abuse***” (CDS Phase II, 1994, 20, emphasis added), the Bureau of Drug Research which, among several other things, “*maintains and develops a research program directly in support of Canada’s Drug Strategy*” (CDS Phase II, 1994, 37) and the Canadian Community Epidemiology network on Drug Use which provides the strategy with “*locally-relevant information about the nature, extent and consequences of substance*

abuse”(CDS, 1998, 6, emphasis added). The importance of gathering and sharing information can also be understood through following passage criticizing the development of certain sections of the soon-to-be CDSA for not consulting the available evidence in its formation:

*There are a number of examples of decision-making processes **that appear not to take full advantage of available information**... This legislation, which will affect all partners of Canada's Drug Strategy and all Branches of Health Canada, has not in general been developed in concert with the other Branches of the department or with the Canada's Drug Strategy Secretariat and thereby **may not have availed itself of all pertinent information**. This is not in any way to pass judgement on the resulting legislation... but to **comment on the process by which** it has been developed over the years. (Mid-Term Review of CDS, 1995, 42, emphasis added).*

Another passage criticizes the development of elements of the strategy itself:

*It is generally unclear how it is that Health Canada **uses the enormous amount of data and information** available in the substance abuse field. There was **little evidence** that the Drug Strategy was developed using the data bases maintained by the Health Protection Branch or the survey information from the Health Programs and Services Branch or the information stored at the Canadian Centre on Substance Abuse's clearinghouse. Similarly, **little evidence** was presented exhibiting **how this sort of information is used** in designing programs or developing policy at Health Canada (ibid, emphasis added).*

While much the CDS constructs itself around the inclusion of the latest evidence, it should also be noted that the strategy does not claim to have all the answers; it still identifies the existence of “major gaps” that need to be researched in order to fully understand the nature of the drug problem and find suitable solutions.

Determinants of Health Approach

The focus on evidence-based policy has produced several new considerations for the CDS including the adoption of the “*determinants of health approach*” which is an “*an evidence-based approach to designing interventions to improve the health of populations that utilizes information specifically about the full range of determinants of the health status of a population*” (Mid-term Review of CDS, 1995, 55). The determinant of health approach effectively reconstitutes drug use as a “*behaviour*” that is the result of variety of social and health determinants such as:

[i]ncome and social status, social support networks, education, employment and working conditions, physical environments, biology and genetic make-up, personal health practices and coping skills, healthy child development, health services, gender, and culture (CDS, 1998, 3.)

It is noteworthy that, in considering this approach, the CDS came to auto-evaluate its process of addressing the drug issue and question “*whether interdepartmental strategies [such as the CDS] should be defined **according to problem or according to those sub-populations that suffer from multiple problems*** (CDS, Mid-Term Review, 1995, 17, emphasis added). Later publications

reveal that CDS does end up incorporating the ethos of *subpopulation first*. For example it states in a public document on the strategy released in 1998 that “*policy development should be formulated with sensitivity to gender, culture and life-stage*” (CDS, 1998, 3), and, as previously mentioned, it redefines its focus towards “*populations at high-risk*” rather than the population in general (CDS, Mid-Term Review, 1995, 12). Finally, similar to the NDS, the CDS identifies the importance of maintaining a balance between supply reduction and demand reduction, however also adds a fourth pillar, harm reduction in order to mitigate the harms posed by drug use on the user and their communities (CDS, Mid-Term Review, 1995, iii).

Legal Considerations, Enforcement and Supply Reduction

Despite the adoption of the determinants of health approach, the CDS outlines a number of enforcement related measures that serve to reinforce the idea that drug use is a problem. In particular, and of immediate interest are the legal measures adopted by the CDS which, it claims, are aligned with the “*three international conventions*” and thus is in line with international practices (CDS, 1998, 10). The strategy boasts “*modernizing and consolidating existing legislation*” to form the CDSA in order to facilitate “*the combat of illicit-drug related activity*” (CDS, 1998, 10). Furthermore, building on the efforts of the NDS and the research by the CDSA, the CDS continues to focus on targeting the proceeds of crime and property used to commit [drug] crime in order to “*disrupt organized crime and ensure profits do not serve to undermine legitimate business and financial and political institutions*” (CDS, 1998, 11). It is interesting to note that the CDS appears to differentiate between measures taken against those who distribute *illicit drugs* and those taken to discourage physicians and pharmacists who improperly distribute *licit pharmaceutical drugs*:

The DCD looks at the utilization of drugs for medical purposes and investigates unusual patterns of drug usage at the wholesale and retail levels. Corrective measures for inappropriate prescribing can range from issuing reprimands to recommending the withdrawal of prescribing privileges. Sometimes the Division refers cases to provincial licensing authorities. These authorities may recommend rehabilitation for pharmacists, dentists, physicians, nurses or others in the health care industry that develop drug dependencies, or they may suspend the right of these individuals to prescribe or dispense drugs (CDS-Phase II, 1994,36, emphasis added).

Despite the fact that both illicit drug traffickers and unruly pharmacists may both be supplying mind altering substances to the public, the previous passage suggests a clear distinction made between which group is deserving of criminal sanctions and punishment. Suspension of rights to prescribe for pharmacists is completely different than imposing criminal sanctions including the

possibility of a prison sentence for illicit drug vendors. This difference could potentially be attributed to a pharmacist's *status* on the drug issue overall since they are not dealing with illicit drugs. For example, the Bureau of Dangerous Drugs "*pays for the travel of a physician or pharmacist who is asked to testify in a court trial [for a drug offence]*" (CDS-Phase II, 1994, 34) which suggests they play an important role in the legal process against illicit drug traffickers.

Treatment

The development of treatment programs are an "*important goal of the strategy*" (CDS-Phase II, 1994, 8), in order to attend to the various "*needs of drug users*" for both those who "*do not have serious drug problems*" to those who have "*substance abuse problems that require attention*" (CDS-Phase II, 1994, 24). It should be noted that the CDS does not mention whether treatment should be mandatory or not, although the CDS mentions that treatment is "*offered*" or "*recommended*" to those in need (CDS, 1998, 9). In addition, the CDS does not specify the difference between treatment programs for those without serious drug problems versus those who have substance abuse problems that require attention. It does say, however, that treatment methods will include, "*behavioural self-control training, a community reinforcement approach, and social skills training*" (CDS-Phase II, 25). This is important as it shows that the treatment model under CDS still views all forms of drug use as a 'treatable' behavioural problem. To create the right treatment programs for each demographic the "*best practices in the substance abuse treatment field*" are examined (CDS, 1998, 16). A concern is also presented that treatment is not equitable because certain "*regions might choose not to offer addictions programming at all*" (CDS Mid-Term Review, 1994, 52). Therefore, ensuring "*all provinces and territories [have] equal access to the support necessary to institute successful prevention and treatment*" (CDS-Phase II, 1994, 8) is one of the primary goals of the CDS.

Harm Reduction Programs

One of the newer responses developed by the CDS is the Harm Reduction pillar, which is integral to promoting drug use as a "*health issue rather than an enforcement issue*" (CDS, 1998, 9). In particular, the emphasis of harm reduction measures is being placed on "*HIV/AIDS groups and addictions agencies*" which are responding to "*the most urgent priorities*" (CDS, 1998, 16). The CDS considers harm reduction a "*realistic, pragmatic, and humane approach*" to dealing with the drug issue, and includes such policies as anonymity for the drug user who seeks

to use harm reduction measures even if they are still using. This is enforced, for example, by not requiring physicians and social workers “*to provide the government with information concerning [clients]*” thus protecting the anonymity of users trying to seek help (CDS, 1998, 10). Harm Reduction measures are contrasted with the enforcement driven policies and other treatment programs which wish to “*solely reduce the use of drugs*” rather than help the user (CDS, 1998, 4). This philosophy is considerably different than the NDS, which placed considerable emphasis on reducing the availability of drugs and its use. Finally, the CDS considers harm reduction programs successful because they have been shown to be “*cost effective*” and “*reduce the risk of HIV transmission and needle sharing*” but not “*led to an increase in drug use*” (CDS, 1998, 9-10).

Prevention

Like the NDS, the view presented in the CDS subscribes to the notion that prevention is the “*most cost-effective*” intervention (CDS, 1998, 3) but it also recognizes “*prevention programming*” as one of the “*crucial*” determinants of health best accomplished through a “*blend of campaigns, educational resources, training of service providers, and community action*” (CDS, 1998, 7). Due to its reoriented focus on high-risk drug using populations however, prevention programming is primarily reserved for youth (*ibid*). As a result, the CDS’s prevention interventions include initiatives designed to “*foster the development of healthy children*” (*Ibid*) and include initiatives that focus on the “[10-16] age group” (CDS-Phase II, 1994, 8), “*promote a holistic approach to substance abuse prevention within schools and communities*” (CDS-Phase II, 1994, 32) and enable parents of pre-teen youth to “*develop and improve their parenting skills and to use these skills to prevent drug abuse by their children*” (*ibid*).

Partnerships and Evidence

The evidence-based approach, while originally supported by all parties, does not have its results equally received by all CDS partners. This is evidenced through references to lack of coordination and communication among key stakeholders and dissent among stakeholders over the ‘correct’ measures to enact in light of new evidence. While the CDS continues to build on the model of collaboration established by the NDS, claiming the strategy is best accomplished by “*strong partnerships between health and law enforcement*” (CDS, 1998, 3), or that they “*rely on the co-operation of new partners and groups*” in order to implement the strategy (CDS Phase

II, 1994,18-19), increased knowledge gained through NDS and CDS initiatives creates new and different avenues that were not originally anticipated at the dawn of the strategy. This subsequently leads to differing opinions on how to apply that new evidence. For example, the decision to reorient the prevention focus to high-risk populations was “*rejected by some who continue to believe that it is more effective to prevent non-users from becoming users*” (CDS Mid-Term Review, 1995, iii). The CDS openly acknowledges that some provinces and special interest groups maintain it is more “*effective to target the general population with the intention of promoting abstinence rather than keeping harm levels to a minimum*” (Ibid, 12). This position is further borne out by some regions that debate whether “*to offer treatment options at all*” (CDS Mid-Term Review, 1994, 52). These opinions and positions of key CDS stakeholders may help explain why interviews conducted during the mid-term review of the strategy revealed “*co-ordination had worsened since Canada's Drug Strategy was renewed in 1992, that co-ordination was better under Phase I [NDS]*” (ibid, 25). These findings are interesting as they identify a point in time where the production of knowledge on the nature of the drug problem is being openly debated and will ultimately result in the adoption of one policy over another.

difficult to find a variety of *messaging* (discourses) within each source – that is, it became clear that talking points were being repeated from one document to another (i.e., Speech from the Throne to government department document on the strategy to specific strategy text). This echoes a larger concern of the lack of transparency of the Harper government. For example, one of the criticisms of the Harper government is that while they have increased communications staff by 15% between 2006-2013 it has been used to carefully craft external messaging (Cheadle, 2013). All publicly shared materials need to be carefully overseen by a department's communications department prior to being released (Cheadle, 2013) with some alleging that "[They] are laying off people that are producing scientific information and increasing the number of people that are being used to spin it" (Cheadle, 2013, 1). Furthermore, many government documents, including program evaluations (which are featured in this analysis) are required to show how programs are 'relevant' to 'government priorities' (TBS *Policy on Evaluation*, 2008). In order to demonstrate relevance public servants are required to go back to key speeches and key publications emanating from parliament (e.g., Speeches from the Throne, budget announcements, ministerial announcements etc.) to borrow language that demonstrates how an activity is considered in line with current government priorities. This practice leads to very little original information and a lot of repetition of from one government text to another.

5.3.1 Drug Use

Illicit Drug Use is a Worsening Problem

The NADS depicts an explicit concern with the "*illicit use*" of drugs (Talking with Your Teen about Drugs (TYTD), 2008, 1), which it characterizes as a "*complex problem that has been around for a long time*" (*ibid*). Illicit drug use is also described as a "*phenomena forced upon Canadian society by those who produce and push drugs on [the] streets*" (Speech from the Throne, 2007, 12) which suggests that there is some lack of control on the part of the average Canadian citizen in facing the issue. While the fact that the problem has existed for a long time is acknowledged, the strategy emphasizes that the problem "*has changed over the past few decades...with [s]ome drugs more commonly used today than they were in the past*" (TYTD, 2008,1). Despite its ubiquity NADS describes the problem as worsening because "*domestic operations related to the production and distribution of illicit drugs [have] expanded between 1995-2008*" (RMAF, 2008, 6). New and emerging drug trends are also highlighted including

“illicit use of pharmaceuticals, drug-impaired driving, and major local drug issues (e.g. marihuana grow operations [MGOs], compassion clubs, and gang migration” (Evaluation, 2012, iii). Most alarming for NADS is the increase in illicit drug use among *“vulnerable segments of populations”* including *“teens and young people”* which is rising and every year, and is said to be *“directly implicated in the death of many Canadians”* (Minister of Public Safety, Stockwell Day, 2007, 1).

Drug Classifications and Authorized Use

In order to specify which drugs the strategy encompasses, three main categories of illegal drugs were identified in NADS, with some drugs belonging to *“more than one category”*:

Hallucinogens cause the user to see, hear or feel things that do not exist.

Stimulants are drugs that speed up the body’s central nervous system.

Depressants are drugs that slow down the body’s central nervous system.

(TYTD, 2008, 4)

For specific examples of these illegal drugs NADS directs attention to the substances listed under the *Controlled Drugs and Substances Act (CDSA)* including *“opiates, cocaine and cannabis-related substance (including marihuana), and synthetic drugs such as ecstasy and methamphetamine”* (RMAF, 2008,10) and of which would be a *“criminal offence to possess, import, export, manufacture or traffic (sell or give to someone else)”* (TYTD, 2008, 6). NADS does point out two exceptions, however to this Act, the first for those *“authorized to carry out specific activities”* (TYTD, 2008, 6) and the second for *“certain people with severe medical problems, with the support of their physician, can be authorized to legally possess dried marijuana for their own medical use”* (Ibid, 7). Of immediate interest here is the omission of alcohol, prescription drugs, and tobacco from this discussion. While the illicit use of prescription drug use is identified in passing when describing other illicit substances, the government claims it is exclusively focused on illicit drug use as defined by the CDSA⁶. In light of this observation it should be noted that there are multiple instances where the case is made for problematizing illicit drug use using data that is also available for problematizing alcohol, tobacco pharmaceutical drugs, however they are not discussed. For instance NADS states that *“marihuana and cocaine were the two most frequently used substances before driving”* (Evaluation

⁶ At the time of writing, in January 2014 prescription drug use was officially added to the scope of the National Anti-Drug Strategy after being announced in the 2013 Speech from the Throne. Since few documents were available to speak to the different discourses that created this ‘new’ problem the present analysis has chosen to report strictly on data gathered between 2007 and 2013.

2012, 29-30), and clearly eschewing the use of alcohol while driving. Also, the data it uses to support its argument for the societal economic impact of illicit drugs on Canada –approximately \$8.2 billion – comes from a report published by the CCSA in 2002 during the CDS which identifies the economic impact of alcohol and tobacco substance abuse to far outweigh that of the illicit drug use alone (CCSA, 2002).

Drugs are Dangerous, Destructive and Unsafe

NADS was created “*because [it is known] that drugs are dangerous and destructive*” (Harper, 2007) substances and that “*narcotics destroy lives*” (*ibid.*). The strategy is concerned that users put themselves at risk when they use illicit drugs because they “*can never be sure about what chemicals are in a drug or how potent it is*” (TYTD, 2007, 5). For example the following comment described in a NADS publication to parents and teens describes the chemical cocktail that many drugs contain and the effect this has on the user and their community:

Synthetic drug production...involves the use of various chemicals, most of which are classified as hazardous materials and include toxins, poisons, carcinogens, and volatile solvents. These operations produce environmental hazards, pose clean-up problems and endanger the lives and health of people living in the communities where they are located (TYTD, 2007, 6).

Furthermore they cite that “*over 90% of seized ecstasy samples...contained another drug*” (TYTD, 2007, 4) and that marijuana contains over “*400 chemicals that may cause cancer*” (Ibid). Aside from the health impacts caused by the contents of the drug itself, illicit drugs are further described as causing serious illnesses such as “*HIV/AIDS and hepatitis*” and being responsible “*mental health problems*” (RMAF, 2008, 33). Contrary to what was seen with the CDS and NDS, the dangerousness of illicit drugs is not problematized as something that needs to be researched – that is, NADS does not discuss programs or attempts to *learn more* about the abuse potential of drugs or to explore different potencies – drugs are already known to be dangerous substances.

Drug use is directly correlated to the proliferation of organized crime

The increasing prevalence and influence of criminal behaviour within the illicit drug context is a central message within NADS. First, NADS highlights the “*relationship between illicit drug use, dependency and crime are complex, and criminal activities are often committed to fund substance use*” (RMAF, 2008, 5). NADS also insists that the inverse relationship between substance abuse and delinquency is “*also well established*” and that “*rising drug use also fuels*

rising crime” (Harper, 2007) “*especially the role of early onset substance use in later delinquency*” (RMAF, 2008, 5). Second, and more menacing, is the expanding influence of organized criminal enterprises that specialize in feeding the underground drug market. For example NADS identifies that the “*increase in illegal marijuana grow operations and synthetic drug production operations in Canada*” (RMAF, 2008, 7) has caused Health Canada’s Drug Analysis Services to “*exceed its maximum analytical capacity ...incur[ing] a backlog of over 24,000 exhibits waiting to be analyzed since 2006*” (RMAF, 2008, 7). NADS also expresses its concern that Marijuana, as Canada’s most trafficked substance, has “*extensive organized crime involvement at all levels of production, distribution, importation and exportation*” (RMAF, 2008, 34), which, along with increased production and exportation of MDMA ‘*is a concern for the United States*’(*ibid.*). Ultimately, this business of drugs is “*ruthlessly exploited by large, powerful criminal organizations*” (Harper, 2007) which by “*exploiting the addictions of others*” (*ibid*) is able to “*finance a wide range of other criminal enterprises*” (*ibid.*).

5.3.2 Drug Users

The Addicted Criminal

While drug users in NADS are primarily considered to be addicted, they are constructed simultaneously through discourse of both ‘addict’ and ‘criminal’. The addict label is applied through characterizing the user as “*vulnerable*” and “*dependent*” (RMAF, 2008, 5), “*enslaved by drugs*” (Harper, 2007) and needing to be “*freed*” from drugs when they get “*hooked*” (Minister Day, 2007). They are “*exploited*” by those who seek to make a profit off their addiction (Harper, 2007). In order to address these addicts, there are investments through NADS to “*expand treatment programs*” in the provinces and territories (Harper, 2007). Particular “*beneficiaries*” of the NADS addiction campaign include: “*at-risk youth,*”, “*youth and adult injection drug users*”, “*First Nations and Inuit Peoples*” “*youth in conflict with the law*” and “*drug addicted adult offenders*”(RMAF, 2008, 27). While drug users are primarily spoken of as addicts, it is indirectly suggested that they are also ‘criminals’. This emerges from several statements that affirm drug use is “*illegal*” or that users are using “*illicit*” substances (TYTD, 2007, 7). Furthermore, “*police officers*” rather than social workers or addiction workers are the tasked with liaising young users with treatment through NADS National Youth Intervention program further reinforcing the *criminal* nature of the issue (Speech from the Throne, 2007). The

Speech from the Throne identifies that NADS will help steer youth away from “*a life of drugs and crime*” (2007) suggesting that the two are intrinsically related. This is substantiated by further comments that indicate that government’s awareness that some individuals “*commit crimes to support their habits*” (Minister Day, 2007). This merging of addict and a criminal world is most notably demonstrated through the use of the drug treatment court: where drug addicted criminals are encouraged to address their addictions by *electing* to participate in a mandatory drug treatment court in lieu of jail time. Should they choose this route the government has created legislation in support of NADS which exempts the “*minimum penalty*”(8) and the drug users are moved “*quickly into assessment and treatment programs instead of detention*” (Speech from the Throne, 2007) because the “*government understand[s] that many offenders involved in dealing only do so to support their habits and are not necessarily violent*”(Harper, 2007). (Minister Day, 2007). So in essence, the drug treatment court creates a subject that is criminal primarily due to their drug use (which is seen as addiction) given they are willing to change the sentence depending upon completion of a court mandated treatment program. Of particular interest to this project is how these statements do not refer to the user *as criminal* however constructs many actions related to drug use and the potential *consequences* of its use are being criminal.

A Bunch of Risk Takers and Social Recluses

A series of programs offered by NADS, including the Drug Treatment Court Funding Program and the National Youth Intervention and Diversion program help paint a portrait of the types of characteristics shared by drug users. First, the need to “*enhance [their] social stability*” (NADS Evaluation, 2012, 26) suggests that drug users lack social stability in their lives and this needs to be re-established in order for them to be functioning citizens. These individuals also tend to isolate themselves from their surrounding communities; therefore treatment options must consider ‘reintegration’ as one of their goals (NADS Evaluation, 2012, 26). Of interest here is an absence of discussion on how social isolation occurs and whether it stems from the user leaving their community or the community shunning the user because of their behaviour. Next, drug users are accused of displaying poor judgement that leads them to lose control of their subsequent actions:

Drugs can lower inhibitions and affect a person’s judgment. This means users might do dangerous things they would not usually do. They might engage in unsafe sex that may lead to an unwanted pregnancy or a sexually

transmitted infection. They might drive an automobile or be a passenger with a driver who is under the influence, or they might even take other drugs that they normally wouldn't try (TYTD, 2007, 5).

Drug users are also problematized in the strategy as the types to play Russian roulette with their lives because *“the fact is that the risks of using illegal drugs are far-reaching”* (TYTD, 2007, 1). Users use drugs despite their *“wide-ranging and often unpredictable”* effects (TYTD, 2007, 13). For example NADS identifies that *“how a person feels after using a drug does not guarantee they will feel the same way the next time they use it”* (ibid). So in effect, the drug user is gambling each time they take a drug because they cannot be certain of the outcome. Furthermore, drug users are risking their health each time they use.

There are many health risks from using illegal drugs and these can differ a lot from one drug to another. Stimulant drugs can increase a person's heart rate and blood pressure, leading to strokes and death. They can cause convulsions or cause a person to have trouble breathing. They can cause an irregular heartbeat and anorexia (TYTD, 2007, 5).

Lastly, drug users display an aptitude for risk-seeking behaviour since they *“can never be sure about what chemicals are in a drug or how potent it is”* (TYTD, 2007, 5). It is important to note here that NADS does not include the voice of the drug user anywhere in its texts, which is similar to the NDS. For this reason, an enormous assumption is made in NADS on behalf of the subjective experience of the user when it indicates that drug users do not have control over their own behaviour or that they perceive effects such as elevated heart rate and blood pressure as adverse at all.

Innocent Youth

Of the drug using groups identified, NADS is primarily concerned with addressing the increasing youth drug consumption rate. Similar to the NDS, the youth demographic receives more attention from the strategy than does any other group for both prevention and treatment activities. This is because, according to NADS, *“rates of illicit drugs use among young people are higher than in the general population”* (RMAF, 2008, 4) which is demonstrated through a series of statistics regarding youth drug consumption:

In 2003, for example, 14% of Canadians...reported using cannabis in the past year compared with 37% of youth aged 15-24. Almost one in 12 (8.2%) Canadian youth reported using marijuana daily; this is in contrast to only 1.5% of adults (RMAF, 2008, 4).

The same survey found that, in 2004, the past year prevalence of other illicit drug use among youth (15-24) was higher than the general population (RMAF, 2008, 4.).

In addition to the high consumption rate, the average first age of use is problematized in NADS as being too young at *“just 15.7 years”* (NADS Evaluation, 2012, iii).

The government asserts that the high youth drug consumption rate is predominantly due to the tendency for teenagers to “*be influenced by peer pressure*” (TYTD, 2007, 8) because they prioritize the importance of “*acceptance and integration*” (*ibid*). Furthermore, these “*vulnerable*” youth lack the “*maturity*” to weigh the “*consequences of their actions*” (Minister Clement, 2007), which leads them to engage in “*risk taking behaviours*” like drug use (RMAF, 2008, 4). All these factors are considered problematic and risk a youth’s ability to “*grow up to be successful adults and make a valuable contribution to our society*” (Minister Clement, 2007). These concerns are substantiated by a series of statistics NADS offers that demonstrate the ‘negative social impacts’ youth report in their life associated to their drug use:

Specifically, youth reported more lifetime negative impacts than adults to their physical health (39.9% vs. 27.6%), work, studies or employment (26.2% vs. 16.8%), financial position (26.5% vs. 17.6%) and to their learning (18.5% vs. 101.%) (RMAF, 2008, 4).

In addition, emerging research further suggests that certain groups of youth are more likely than their peers to report heavy use, multi-drug use and social and economic problems due to use, and substances abuse or dependence disorders. A recent study further suggests that the majority of street youth (94%) report using illicit drugs by non-injection methods, and 20% report injecting drugs in the past three months (Ibid).

Furthermore, the negative social impacts that arise from youth illicit drug use are described as leading to “*delinquent and other risk-taking behaviours*” (RMAF, 2008, 4), which is why NADS is particularly dedicated to “*steering vulnerable youth away from a life of drugs and crime*” (Speech from the Throne, 2007). This is particularly important because, as indicated in the previous section, “*the role of early onset substance use in later delinquency*” has been well established (RMAF, 2008, 5) and NADS has identifies that there are “*more and more young people being charged in drug-related crimes*” (Steven Harper, 2007). As a result of this NADS will include “*new funding to develop treatment programs at various stages of the youth justice system to help youth ...overcome these dependencies*” (NADS Evaluation, 2012, 26).

Suffer Health and Social Difficulties

According to NADS, drug users are suffering from a variety of different health and social consequences. With respect to health issues, as mentioned at the beginning of this section, it can lead to addiction which is a “*complex disorder characterized by craving, compulsive drug-seeking behaviour and continuous use despite the harm that the drug is causing*” (TYTD, 2007, 6). It can also result in the user contracting “*HIV/AIDS and hepatitis*” (RMAF, 2007, 35). Illegal drug use is also directly implicated “*in the deaths of many Canadians*” each year (Minister Day, 2007) although there is no more information provided on who is the victim and how drugs use

contributed to their death (i.e., through overdose, or drug related crime). Drugs are also characterized as causing “*damage a person’s mind and body*” and these damages are “*the most severe for adolescents than for adults because the brains of young people are still developing*” (TYTD, 2007, 4). Finally, in terms of social consequences, drug users can find themselves suffering from “*unemployment and homelessness*” (RMAF, 2007, 35). It should be noted that there is very little discussed in terms of social consequences to the drug user themselves, but the section to follow on ‘social considerations, has multiple examples of how drug use impacts society though not necessarily the user.

5.3.3 Social Considerations

Drug Use is Dangerous and Costly for Canadian Society

Drug use, and its related criminal activities, is described as a dangerous problem that is being forced upon Canadian society. It is a problem which the government is very “*concerned*” with and one that needs to be “*taken seriously*” (Minister Clement, 2007). First off, NADS describes how these drugs “*infiltrat[e] our neighbourhoods*” through organized crime rings “*turning suburban homes into grow-ops and crystal meth labs*” (Steven Harper, 2007). In addition to the direct impacts on the drug users themselves mentioned in the previous section, drugs cause significant “*damage and pain [to] families [of users]*” (Minister Clement, 2007). On a larger community level they “*negatively impact personal and community health and safety*” by “*spread[ing] diseases*” such Hepatitis C and HIV/AIDS to other people (RMAF, 2008, 35). They also contribute to “*public insecurity and crime*” (RMAF, 2008, 13) and their manufacture within the community “*leads to significant environmental damage and health and safety hazards*” (*ibid*). Furthermore, drug dependent individuals contribute to Canadian “*unemployment*” and “*homelessness*” (RMAF, 2008, 35) which prevents them from making a “*valuable contribution to our society*” (Minister Clement, 2007).

While the negative repercussion identified above impact Canadians directly, there are also indirect impacts that “*present a burden to the Canadian public*” because they are “*associated with costly health, community and economic impacts*” (NADS Evaluation, 2012, 29). More specifically,

Illicit drug use resulted in \$1.3 billion in health care costs, \$2 billion in justice-related costs (police, courts and correctional services), and about \$5.3 billion in productivity losses. The CCSA study also estimated that, based

on the 2002 national data, the total annual cost of illicit drug abuse is \$8.2 billion per year to the Canadian society (NADS Evaluation, 2012, 29).

Finally, illicit drug use is not only affecting Canadians, it is affecting Canada's international relationships and reputation by branding it as a lead exporter of illicit drugs. This is problematic because Canada is supposed to be *"enhancing international cooperation [to] respond to the production and trafficking of illicit drugs"* (NADS Evaluation, 2012, iii). For example, it has been tasked with furthering the *"capacity of developing countries to combat illicit drugs"* by the United Nations Office on Drugs and Crime (NADS, Evaluation 2012, 30). Instead, its underground economy is a key player in the international drug trade as indicated by the passage below:

The production and trafficking of illicit drugs, particularly marijuana and synthetic drugs (e.g. methamphetamine and MDMA) continues to be an issue in Canada. According to the CISC, marijuana is one of the most trafficked illicit drugs in Canada with extensive organized crime involvement at all levels of production, distribution, importation and exportation. The United States International Narcotics Control Strategy Report explains that the rise of methamphetamine production in Canada is a concern for the United States and that there is a need for deeper bilateral cooperation in this area. The report further emphasizes Canada's continued role as a source country for MDMA (ecstasy) to U.S. markets, highlighting the need for greater cooperation in tracking precursor chemical activity (NADS Evaluation, 2012, 34).

In conclusion, not only do illicit drugs directly impact Canadian society, they indirectly impact Canadian society by being a source of costly social services and fueling the international drug trade..

Society is Increasingly Threatened by Organized Crime

The impact of organized crime on Canadian society receives a lot of attention from NADS and therefore merits its own section. NADS considers illegal drug production as a *"highly lucrative business...ruthlessly exploited by large, powerful criminal organizations"* (Steven Harper, 2007) who seek to *"exploit the addictions"* of victims of drug abuse (*ibid*). According to NADS, these criminal organizations are expanding, and in their expansion, they are finding ways to take advantage of *"legitimate distribution chains"* to produce *"synthetic drugs such as methamphetamines and ecstasy"* (RMAF, 2008, 6). This is substantiated by *"studies [that] have shown that drug crime is on the rise and the number of methamphetamine labs is growing"* (Minister, Day, 2007) and as they grow, *"drug producers and dealers threaten the safety of our communities"* (*ibid*). More specifically, the influence of organized crime is understood to contribute to an *"increasingly number of gangs"* (NADS Evaluation, 2012, 28) which leads to *"more petty crime, more violence and more risk to law enforcement officers"* (Minister Day,

2007). Finally, NADS is concerned that illicit drugs fuel criminal enterprises enabling them to proliferate and participate in other “*criminal offences such as corruption, money laundering, violence and kidnapping*” (RMAF, 2008, 6).

A Re-Education is Needed

There is a considerable concern visible in NADS that Canadians have been misinformed about the real dangers of the drug problem in the country by previous governments. For example, it contends that:

[f]or too long in Canada, governments have been sending mixed messages on drugs. They have tacked back and forth between prohibition and liberalization so many times that Canadians hardly know what the law says anymore (Steven Harper, 2007).

NADS is concerned that education efforts have not yet clarified the message that drug use is not acceptable. This is illustrated by highlighting that “*some Aboriginal youth believe that illicit drug use is acceptable because their parents are using these substances*” (NADS Evaluation, 2012, 30). To further support his point, NADS refers to a 2008 CCSA survey that revealed “*a substantial percentage of Canadian youth are unsure or do not perceive any of the specific consequences stemming from use of ecstasy and marijuana*” (*ibid.*). In order to combat this ‘backwards’ trend, NADS maintains the need to update the public on the evolving status of illicit drug use so they may “*stay current*” on the status of illicit drug use and be aware of “*changes in the illicit drug situation*” (RMAF, 2008, 13). Some of these changes include disseminating “*emerging issues*” such as the “*illicit use of pharmaceuticals and drug-impaired driving*” as well as some “*major drug related issues... [like] compassion clubs and gang migration*” (NADS Evaluation, 2012, 29-30). NADS insists that in providing this kind of information to the public “*communities will benefit from access to enhanced knowledge about how to address and respond to illicit drug use affecting their communities*” (RMAF, 2008, 13). It should be noted there is no mention of the arguments for legalization or regulation of marijuana in the data analyzed. This is relevant because only one year after the NADS evaluation was completed, two US states legalized the sale and distribution of marijuana.

Role of the Parent in Curbing Drug Use

In an effort to re-educate Canadians and undo the damage of the past governments, NADS insists that “*all of us- parents, young people, community groups, and police – have a big stake in the issue of illicit drugs*” and that addressing the issue will “*require a huge effort*” (Harper, 2007).

In particular, NADS places considerable focus on the role of the parent in this process through its publication *Talk to Your Teenagers About Drugs* and the large section of its website dedicated to materials for parents to consult on drug use. NADS instructs them how to observe their children to look out for the tell-tale signs of drug abuse. It also instructs them on their how they should speak about drugs:

Be clear on where you stand. Successful communication with your teenager requires clear ideas. Your teenager needs to understand that you have a definite position on drugs and that his or her behavior will be measured against that position (TYTD, 2007, 8).

NADS emphasizes the importance of ensuring the teenager feels “*connected*” to their families, because those who do “*are more likely to avoid the dangers of drugs*” (TYTD, 2007, 2). In fact, the strategy very much suggests that parents are a key determinant into their child’s potential drug seeking behaviour by encouraging that they “*can make a big difference*” (*ibid*, 8), and “*often don’t realize that they have a lot of influence on their teenager’s behaviour*” (*ibid*, 2). But it requires them to be “*knowledgeable about illicit drugs*” by “*staying current with the changing nature of illegal drugs*” (*ibid*, 1) because this allows them to “*more easily discuss the topic with their children*” and “*prevent use*” entirely or “*guide their teen if they become exposed to illegal drugs*” (*ibid*, 2). Finally, the parents need to ensure they develop their child skills in making the right choices and good decisions (*ibid*, 8). It should be noted that the role of the community and health care sector is rarely acknowledged in NADS; they are referred to in general speaking notes such as “*drug producers and dealers threaten the safety of our communities*” (Minister Day, 2007) or “*[NADS] ultimately contributes to safer and healthier communities*” (RMAF, 2008, 3), however the role of the community-based organizations are not given nearly as much attention as the parents are which is significantly different from the past two strategies.

5.3.4 Response to Drug Use

Righting Wrongs – A Call to Action

One of the discourses that emerge when analyzing NADS depicts a tendency for the strategy to be constructed as a *response due to the lack of response* towards the drug issue from previous governments. In his public address to reveal NADS in 2007, Prime Minister Harper expressed that his government was not going to “***throw in the towel***” when the health and safety of the community was “at risk”. He also voiced his dissatisfaction with the relaxed nature of existing drug laws stating, “***currently, there are no minimum prison sentences for producing and***

*trafficking dangerous drugs like methamphetamines. **But these are serious crimes***" (Prime Minister Harper, 2007, emphasis added). Perhaps most illustrative is the name of the strategy itself: *the National **Anti-Drug Strategy*** which makes a deliberate point of asserting its position *against* drug use. The strategy outlines three "action plans" (formerly referred to as 'pillars' in the CDS and NDS) to "**improve Canada's response to the illicit drug problem and its consequences**" (RMAF, 2008, 3, emphasis added) by being "tough on crime and compassionate for victims" (Prime Minister Harper, 2007). These action plans include a prevention plan to prevent illicit drug use "particularly among youth" and place "**particular emphasis on educating Canadians**"; a treatment plan to address "critical treatment gaps in targeted populations and areas of need" and finally an "enforcement" plan to "enhance federal enforcement capacity to dismantle and disrupt illicit drug production and distribution" (RMAF, 2008, 9). There are two important findings that emerge from this discourse of righting wrongs: first is the absence of the harm reduction pillar established under the CDS: it does not feature in NADS at all, and second the fact that this discourse, in particular framing the strategy as an the first *anti-drug* strategy and emphasizing the need to 'educate' the Canadian public, strongly suggests that prior to NADS there was no drug strategy at all in Canada and therefore little effort by the Federal government to take a stand on the drug issue. It should be noted that the electoral tone of the statements above reflect a highly contentious political environment in Ottawa after the conservatives won their minority in 2006 but before there was another election in 2008 which won them a subsequent minority government. This will be discussed further in the next chapter.

Interdiction and Enforcement

NADS enforcement pillar is designed to "[disrupt] illicit drug operations in a safe manner, particularly targeting criminal organizations" (RMAF, 2008, 11). Of the three pillars mentioned above, NADS places considerable focus on describing enforcement strategies, despite the fact that it claims it's "committing fully two-thirds of its new funding ...to prevention and treatment" (Prime Minister Harper, 2007). Of immediate interest to NADS is reforming the current penalty structure in place for drug related infractions. While "most serious drug offences have a maximum penalty of life imprisonment" this sentence is rarely administered and heavily contingent on judicial discretion (RMAF, 2008, 8). NADS argues instead that the CDSA should include 'minimum penalties for producing and trafficking dangerous drugs' (Prime Minister Harper, 2007) because criminals ought "to face tougher penalties" (Minister, Day, 2007) and be

“put out of business” (ibid.). In order to achieve the enforcement pillar Minister Day “proud[ly] ...tabled [new]legislation” proposing tougher penalties such as “[facing] a one-year mandatory prison sentence if they’re dealing for organized crime purposes, or if a weapon or violence is involved’ (Minister Day, 2007). Dealers will also face a two year mandatory prison sentence if they “sel[l] to youth, or dea[l] drugs near a school or an area normally frequented by youth” (Ibid.). Other examples of the changes to this legislation include “increasing penalties for producing cannabis from 7-14 years” and that those who “run a large marijuana grow operation of at least 500 plants face mandatory two-year jail time” (Ibid.). It is important to note that passing this new legislation, Bill C-26, was an integral step to funding a significant portion (\$67 million over four years) of the Enforcement Action Plan activities described below (RMAF, 2008, 36).

According to NADS, police agencies are *“overwhelmed”* with drug investigations and criminal organizations are *“operating free of significant enforcement attention* (RMAF, 2008, 7). For this reason, considerable ‘funding’ is directed to many government agencies to *‘increase their capacity’* to detect drug crime (NADS Evaluation, 2012, 33). For example, NADS provides new funding for the RCMP’s *Proceeds of Crime* program, which allows the RCMP to *“seize funds and assets acquired through criminal activities like selling drugs”* (Prime Minister Harper, 2007). NADS is also increasing funding the Canadian Border Services Agency *“to keep imported drugs out of our country”* (ibid.). Enforcement strategies at major ports are also being *“enhanced”* through increased investment in *“technological, forensic and scientific tools”* (RMAF, 2008, 7). A variety of other funded enforcement activities are described below in a reference from the NADS mid-term evaluation:

Primary outputs of the enforcement pillar include: legislation and regulations; general legal advice; investigations into drug-related criminal activity; audits; charges; seizures of assets and destructions of illicit drugs and precursor chemicals; prosecutions of serious drug crimes; case preparation and supervisor of convicted offenders, drug analysis to provide evidence for prosecutions; compliance inspections, information, intelligence, authorizations of controlled substances; forensic accounting analyses, and training and recruitment of HR required to operationalize the plan (NADS Evaluation, 2012, 32).

This list of items demonstrates NADS commitment to the building and prosecution of drug cases in the criminal courts. It should be noted that despite a claim of *overwhelmed law enforcement* personnel, NADS never considers or challenges the arguments put forth to legalize and regulate drugs like marijuana in an effort to relieve the stresses on an overburdened criminal justice.

Finally, in an effort to prevent the next generation of criminals from being created NADS implemented the *"Safer Communities"* strategy to deal with the *"critical intersection of drug, youth and property crime"* (RMAF, 2008, 12) by *"help[ing] youth who have drug dependencies and are in conflict with the law overcome these dependencies"* (RMAF, 2008, 26). This particular program links to an important exception in the Bill C-26's proposed amendment to the CDSA allowing an *"exception that allows courts not to impose a minimum penalty if the offender completes a Drug Treatment Court program"* (RMAF, 2008, 8). To support the adoption of this exception by offenders, NADS has created the *"Drug Treatment Court Funding Program"* to help reduce drug using behaviour while *"contributing to a reduction in criminal recidivism"* (NADS Evaluation, 2012, 93). NADS maintains that *"evidence has shown"* that Drug Treatment Courts are successful in *"reducing drug-using behaviour"* while *"enhancing social stability of drug addicted offenders"* contributing to an over *"reduction in criminal recidivism"* (NADS Evaluation, 2012, 26). Of interest here is a highly controversial argument that the Drug Treatment Court exemption from CDSA mandatory minimum sentences effectively places offenders in an unethical position of choosing between going to prison or entering treatment. NADS does not discuss the possibility of this type of treatment being coercive, despite arguments to that effect outside the political discourse.

More Research into the Need for Treatment

As the second pillar of its anti-drug strategy, NADS says very little about treatment other than to suggest that it is integral element of the drug strategy.

Young people at risk and other targeted populations will especially benefit from the Strategy's prevention and treatment efforts (RMAF, 2008, 13).

...the Anti-Drug Strategy will help to treat those suffering from drug addiction (Speech from the Throne, 2007, 13).

Developing new treatment options and improving their availability and effectiveness (Prime Minister Harper, 2007).

And we need new ways to free them from drugs when they get hooked (Prime Minister Harper, 2007).

Of the treatment services that are available, NADS considers the *"current level of treatment inadequate with regards to age, continuity and access for the vulnerable"* (RMAF, 2008, 5) although it does not elaborate in what way. It is possible NADS does not address this due to the fact that *"provinces and territories are largely responsible for treatment services"* (*ibid*) which is also the case under the other strategies since it is a constitutionally designated authority.

Nevertheless NADS is committed to providing “*new funding*” for the provinces and territories “*to expand treatment programs*” (Prime Minister Harper, 2007). However, funding is available only for certain “*beneficiaries*”, including: “*at-risk youth*”; “*youth and adult injection drug users in Downtown Eastside Vancouver*”; “*Provincial and Territorial treatment systems*”; “*First-Nations (on reserve and Inuit People) with a focus on young people and their families*”; “*youth in conflict with the law*” and “*drug addicted adult offenders*” (RMAF, 2008, 26). Furthermore, at the Federal level, an aim of is to direct new funding to the Canadian Institutes of Health Research to “*support research on the development, improvement and evaluation of addiction treatments*” (RMAF, 2008, 26). It is interesting to note that while NADS maintains a need to conduct *more research* into effective treatment options it does not reference harm reduction methods and experimental treatment procedures such as safe injection sites, methadone maintenance programs and prescription heroin programs, popular interventions practiced at the international level during that time frame.

Behaviour Modification

NADS third pillar, the prevention action plan, is tasked with “*enhancing the targeted population’s knowledge and skills to deter, delay or avoid use in ways that are relevant and appropriate to their risk situation*” (RMAF, 2008, 25). For NADS prevention entails changing the behaviours of drug using individuals and individuals at risk of potentially using drugs. NADS expects to achieve this through “*educating, especially young people and their parents*” about the “*negative effects...of illicit drugs*” (Minister Tony Clement, 2007) and in particular, “***enhancing the capacity of people to make informed decisions about illicit drugs***” (RMAF, 2008, 25, emphasis added). This is couple with the “*reduction of risk-taking behaviours*” by encouraging the “*adoption of healthier behaviours*” (*ibid*). Delivering effective messaging can help influence behavioural changes particular messages that depict “*realistic messages delivered by credible sources (e.g., illicit drug users) and discussions about the serious health risks associated with specific drugs*” (NADS Evaluation 2012, 31-32). Furthermore, particular messages about the “*escalation of drug use*”, the “*loss of social networks*” and a “*loss of control*” are described as “*working particularly well*” in deterring “*youth drug use*” (NADS Evaluation 2012, 31-32).

Conclusion

Chapter five has presented the findings of the discourse analysis conducted on the data of the three drug strategies: the National Drug Strategy (NDS), the Canadian Drug Strategy (CDS) and the National Anti-Drug Strategy (NADS). Discourses from each strategy have been divided into four subsections: drug use, drug users, impact of drug use on Canadian society and responses to drug use. The following chapter will take these discourses and, by situating them in their socio-political context as comparing them against one another, begin to explore them within a Foucauldian context of power and knowledge in order to “make the politics of the time visible”.

6.0 DISCUSSION

In each sentence that you pronounce – and very precisely in the one that you are busy writing at this moment, you who have been so intent, for so many pages, on answering a question in which you felt yourself personally concerned and who are going to sign this text with your name - in every sentence their reigns the nameless law, the blank indifference: 'What matter who is speaking; someone has said; what matter who is speaking' (Foucault, 1968, 71-72).

This chapter illuminates how the political discourse problematizes drug use by situating the themes within a Foucauldian context of discourse, power and knowledge. In doing so I am attempting to “*make politics visible*” by illuminating the “*practices, political structures and ethical forces which constitute*” problematic drug use as an object for thought (Bacchi, 2012, 6-7). In order to embark on this task, part one of this chapter will embed the themes I revealed in the previous chapter within their social, political, cultural and economic context to reveal the power/knowledge networks exercised at each point in time (Carabine, 2001). This will ‘unveil’ which power/knowledge networks were infused into the practices of the strategy itself in addition to those which rose up in resistance against it. The second part of this discussion will use those findings to add to the discussion of the politicisation of social problems by reflecting on what these power/knowledge structures suggest about normative behaviour, the use of evidence, the creation of subjects and the role the political discourse plays in shaping them. It will also propose a framework of elements I have observed necessary to effectively politicize a social problem.

Before embarking, I would like to clarify that there were multiple directions my analysis could have taken and therefore it cannot be an exhaustive list of the power/knowledge networks present in the three strategies, indeed to do so would be far outside the scope of this small project. I therefore selected themes I personally found particularly relevant and interesting and which echo the larger debates in the drug policy discussion today. Furthermore, while this work submits to the notion that discourses as conceptualized by Foucault are productive and performative thus creating meaning and effect in the world, I appreciate that the effects I identify as potentially resulting from the exercise of discourse in this analysis are indeed that: potential effects. My analysis is therefore more *discursive* than practical due to the many reasons why the theorized effects of the proceeding discourses may not have occurred: for example, we know that

targeting funding was eliminated during the second half of the CDS, therefore many programs that were intended to be directed toward pillars such as prevention or harm reduction may not have actually occurred. Since it is beyond the scope of my project to trace the implementation and outcomes of each program outlined in each strategy I must, at one point, acknowledge the potential that a program may not have been rolled out as intended. Despite this limitation the fact that these documents existed and continue to exist, paired with my ability to triangulate my findings by situating the discourses within the socio-political context of the time should nevertheless illuminate important effects and meanings on the issue of drug use.

6.1 Power Knowledge Networks of Each Strategy

The themes presented in the previous chapter present an understanding of the drug issue by the political discourse in the past three drug strategies in that they attempt to showcase how drugs are problematic in and of themselves, as well as to the user and overall society. To reinforce a sense of urgency towards this issue the strategies comprise a series of ‘responses’ necessary to ameliorate the problem. This section explores the power/knowledge relationship inherent in these problematizations effected through the responses of each strategy while situating them in their socio-political context. I will then demonstrate how these strategies evolve or dissipate over time as the strategies change.

6.1.1 National Drug Strategy (NDS)

Many view the National Drug Strategy as the vehicle by which the Mulroney government chose to showcase its commitment to addressing Canadian social problems by demonstrating its leadership in addressing the *problem* of increased drug circulation during the 1980’s (Giffen, 1992; Erickson and Cheung, 1992; SSCID, 2002b). This view can be partially attributed to the fact during this period the Mulroney Conservatives were accused of developing policies characterized as ‘un-Canadian’ due to their strong alignment to American interests and policies, particularly those related to the economy and security (Fischer, 1999; Erickson, 1999). The importance of unifying Canadians through a pan-Canadian initiative was growing more important and the threat presented by the crack-cocaine epidemic – indicative of an out-of-control drug market – was considered by some to be an opportune crisis, not only to demonstrate

the government's leadership, but also its concern for Canadian interests at home as well as international interests abroad (Fischer, 1999; Erickson, 1999).

Prior to the NDS's development, many nations during the 1980's were growing increasingly frustrated by the ineffective drug policies and begun to craft wider national strategies to support global supply reduction strategies (Fischer, 1999). In North America, this was fuelled in large part by the resurgence in popularity of crack-cocaine (Erickson, 1999). While this resurgence first emerged in the United States, Canadian media outlets soon began to zero-in on the frenzy and news of the 'epidemic' became of increasing concern to Canada. Until that point Canadian drug policy had been heavily guided by the findings of the *Le Dain Commission in 1971*, which it considered responsible for shifting the conversation to problematize health problems associated with drug use above the morality of the people using them (Erickson, 1999). However the new international focus on drug supply reduction shifted the international conversation even more to problematize the *associated problems* related to prohibition of drugs and, in particular, those related to supply control efforts such as organized crime and trafficking (Beauchesne, 2003). In the end, Canada would support the international focus on supply reduction in two key ways: the first was to play a key role in developing the *1988 Convention Against Illicit Traffic in Narcotic Drugs* (Bewley-Taylor, 1999; Erickson, 1999) which would impact the eventual supply reduction measures each country would be required to institute; the second was when Prime Minister Mulroney, following the United States renewal of the American War on Drugs in 1986, announced that Canada was facing a "*drug epidemic undermining the countries social and economic fabric*" (Erickson, 1999, 276). So it was not surprising that one year later the Mulroney government would announce the National Drug Strategy (NDS) as Canada's "*balanced approached*" to addressing the Canadian *and international* drug problem. The NDS data reveals that a number of discourses are "*played through*" (Carabine, 1995, 304) the issue of drug use in that they are exercised together to help form, in part, the discourse of drug use. The result of these formative discourses effectuates an understanding that drug use is problematic to Canada and Canadians; three key discourses with particular relevance to the context of the time include discourses on availability, harm and youth.

Availability

The *availability* discourse, produced through statements problematizing the existence of drugs for non-medical use, also produces subsequent discourses on addiction and enforcement which serve to frame drug use as problematic. This is important as it can be seen to help support the Mulroney government's objective of implementing a *balanced* strategy that requires the buy in from the public health community, which until then, had been distancing itself from the idea of 'enforcement-driven' responses to the drug problem. Before the NDS, there was considerable contention between public health initiatives addressing drug addiction and the enforcement focused policies that for much of the 20th century criminalized drug users (Erickson, 1999). Problematizing availability can be seen to create a link between these two discourses since it showcases how increasing addiction problems are necessarily a function of increased availability of the substance in question and thus an improved supply reduction strategy should be seen as complementary to rather than in opposition to public health endeavours.

The availability discourse is constituted, in large part, on statistics of self-reported use and abuse. This can be seen to enhance the discourse of addiction championed within the public health perspective by providing evidence of increasing harm to its primary *subject* the drug addict; the more *available* these substances become is indicative of a drug addiction problem growing out of control. The power afforded to the addiction discourse is most clearly illustrated by the way the NDS conflates drug *use* with drug *abuse* and, in doing so, creates the notion of 'acceptable' drug use. To illustrate, one of the aims of the strategy to "*reduce the social acceptability of and demand for the non-medical use of drugs*" (Ministerial Briefing Book, Section F, NDS, 1988, 3, emphasis added) is determined by employing criteria established predominantly by medical and pharmaceutical experts. These experts speak into existence concepts around drug use that ultimately define what constitutes acceptable use and unacceptable use. Some of these concepts are suggested by statements which refer to dangerously "*high levels of use*" and "*levels hazardous to one's health*" in the case of prescription drugs and alcohol, and "*abuse potential*" and "*potency*" in the case of illicit narcotic drugs (Action on Drug Abuse, NDS, 1988, 20). The weight given to this scientific expertise in the strategy is reproduced through the establishment of NDS programs and institutions such as the *National Research Agenda* and the *Canadian Centre of Substance Abuse (CCSA)*. These institutions are tasked with creating new knowledge in drug studies including determining the *extent* of the Canadian drug problem which, until then, was considered unknown yet existent. It can be seen then that the

experts who are employed within these institutions gather information which in turn provides the public health discourse with further data and statistics with which to further their understanding of the 'escalating addiction' problem.

The availability discourse is also used to demonstrate that the more available a substance is indicative of defective security protocols, mechanisms and policies. In this way, the availability discourse constitutes the *object* of concern for discourses concerned with securitization and enforcement or – the drugs themselves. This is exemplified by problematizing the availability of drugs through statistics on increased usage and seizure: the NDS is able to justify the need for enhanced enforcement strategies such as new surveillance mechanisms, laws and regulations to both *protect* the Canadian public as well as to “*play its role*” internationally in addressing the escalating instance of drug abuse (Action on Drug Abuse, 1988, 21). In this light, discourses on enforcement and securitization can be seen as *complementary* to those on addiction in that they are trying to reduce the instance of addiction.

Harm

The drug issue can also be seen to act as a process by which the discourse of *harm* is discursively produced in *two different* fields. At first glance it appears that the harm discourse is meant to draw attention to the negative physical aspects of drug use, that is, their impact on the body. This is achieved by relying on the medical discourse to demonstrate the degree of harm on the body (i.e., one becomes physically addicted) and is consequently addressed by the NDS's establishment of treatment programs. A closer look reveals that the discourse of harm is also constituted through moral, social and economic discourses that attempts to demonstrate the level of harm to the society overall including organized crime, endangerment of communities and the future social utility of the drug user as a productive member of society.

It becomes clear that framing drug use through a discourse of harm reveals numerous concerns about how the Mulroney government viewed society. A much less elaborated upon, yet effective mechanism is to draw attention to the 'emotional and physical' harm inflicted upon a user's family and community by using drugs which according to the NDS can include the “*breakdown of marriages and families*” (Action on Drug Abuse, NDS, 1985). The importance of these institutions are further reflected by statements which claim behaviours exhibited by drug users harms the Canadian “social fabric”. The NDS constructs a strong social fabric as

possessing certain key behaviours including strong self-esteem, discouraging risk-taking behaviours and possessing the ability to withstand peer pressure. Drug users are shown to be lacking these key qualities which place the entire community under stress, not only because of the impact on 'families' and 'marriages' but also because these behaviours are ultimately considered fundamental to producing what is termed a "*productive citizen*" (Action on Drug Abuse, NDS, 1988, 5). The narrative of the productive citizen as a risk-averse is a well-understood neoliberal trait typical of the period Mulroney governed with general shift towards neoliberal policies in many Western countries the mid to late 1980's (Seddon, 2010, O'Malley, 2004). Through a discourse on harm to society the NDS denounces the absence of these qualities in individuals who choose to use drugs because it is indicative of their likelihood to be 'unproductive' in the work force. Therefore, the NDS can be seen itself as public strategy to encourage the population to abstain from drug use in order to ensure they remain productive members of society. To that end, the NDS reinforces this quality by developing programs within the work environment where individuals who abuse drugs can go for help to receive not only treatment but *behavioural* therapy which reinforces the desirable qualities of a *non drug abusing* citizen. Finally, these qualities are ultimately reproduced in the prevention and education programs designed for youth which are predicated on building their capacity to develop self-esteem and avoid risky behaviours such as drug use to ensure their transition into a productive adult (Ministerial Briefing Book Section F, 1988, 3).

In addition to suggesting appropriate behaviours for citizens to exhibit, drug use problematized through a discourse on harm speaks to how Canadians should be using their social services. Individuals addicted to drugs, which is characterized as all drug users in the NDS, are being cared for by the state through the tax-payer funded health care system. By constructing the drug problem as a "*burden*" on law enforcement, legal and medical resources, in part through reporting on aggregate costs of treating them to the health care system (e.g., "*addiction agencies spend about \$127 M*" (Ministerial Briefing Book, Q&A, NDS, 1988, 5) the NDS is effectively denouncing drug addiction and its related health concerns as an appropriate or tolerated use of health care services. In summary what becomes framed on the surface as a practice harmful to oneself can be deconstructed into wider concerns of producing citizens who responsibly use public services. The economic harm effected through an individuals use of drugs is constructed as two-fold: they removed themselves from being a productive force in the economy then go on

to add further financial harm through their support of the criminal justice system's need to respond to drug related crime as well as add additional financial burden to the Canadian health care system to attend to their addiction problems.

Responsibilizing Citizens

Since the drug problem illustrated above is framed as one that greatly harms society, the NDS places considerable focus not only treating the abusers but preventing them from using in the first place. To this end the NDS outlines very clear expectations for parents, teachers and communities to play in this process. Outlining the economic and social impacts of drug use in addition to claiming that drug use "*affects people from all walks of life and parts of the country*" (Action on Drug Abuse, NDS, 1988, 5) becomes an effective mechanism to achieve this goal towards responsabilize the public towards their role in curbing the drug problem. While this could be interpreted as an attempt to destigmatize a population which in past decades had been heavily stigmatized, it also serves to create an intimate relationship between the average citizen and the drug user, suggesting the user could be part of their social circle or even family, thus more easily incorporating them into preventing drug abuse in the first place. It also reflects the wider tendency for neoliberal states to turn towards outsourcing the role of preventing deviant behaviour to citizens rather than the state (Garland, 1996). In particular, an effective strategy employed to rally citizen support for this problem is to potentialize the harm to youth: a demographic with the propensity to create emotional reactions from the public (Hill, 2000). It does so by characterizing the family as playing a critical role in the "*developmental process and health of self-esteem and self-reliance*" of Canadian youth thus reproducing the likelihood of future generations accepting the discourse that drug use is harmful to society.

Criticisms

Framing the drug problem through discourses on availability, harm and responsabilization does provide several reasons to pause as it is not without its problems, particularly in the context of trying to present a 'balanced' approach that equally privileges both supply and demand (addiction) reduction discourses while gaining popular support across Canada. In particular, the content of the NDS was informed by experts who advised that, in order to be seen as "*credible*", the strategy would need to include both alcohol and prescription drugs and could not focus exclusively on illicit drugs (Ministerial Briefing Book on the National Drug Strategy F, 1987, 2).

This results in the content of the NDS reflecting that alcohol is the most commonly abused drug resulting in many societal problems. However in order to problematize this *legal drug* it must do so by acknowledging an 'upper limit' of *acceptable* alcohol and drug use. This in effect, reinforces the notion that some degree of drug use is *normatively* acceptable in the case of alcohol although this is never acknowledged. The NDS does this as well with prescription drug abuse, it questions the use above an established limit and outside of a medicalized context. In the case of illicit drugs, however, there is no such distinction and instead there is zero tolerance for drug use in order to protect against their "*unknown structure and safety*" and '*potential abuse*' (Action on Drug Abuse, NDS, 1988, 20).

In the context of trying to cast a wide-net over the harms presented through drug use, what emerges here is a situation where the *misuse* and/or *overconsumption* of two classes of drugs becomes juxtaposed with the absolute prohibition of another, despite the fact that all are ostensibly portrayed as equal *objects* of the NDS. This is somewhat problematic given the objective of the strategy to portray all drugs as equal. Furthermore, during this period of time the government openly acknowledges NDS that very little was known about the potential abusive tendencies of illicit drugs, so it is noteworthy that they are somehow considered more harmful than alcohol or pharmaceuticals – evidenced by the fact that the latter substances are legal and regulated for public consumption – while one third of the NDS's budget is directed towards supply reduction efforts targeting illicit drugs. This reinforces a discourse of drug use that defines the appropriate use of drugs as either only arising in a medical context (i.e., drugs which are prescribed by a physician and dispensed through a pharmacy) or in a regulated setting (i.e., those with licenses to sell alcohol or tobacco). Interestingly it also shows how fear of the '*unknown structure, safety, and abuse potential*' of illicit drugs is used by the state to constitute their dangerousness. So in essence it could be suggested that the *absence of medical knowledge* about these drugs prevents them from being informed by the medical discourse – as a result they continue to be objects of a politico-legal discourse and remain absolutely prohibited.

This double standard of acceptable versus unacceptable drug use has been a source of contention within the drug policy debate for much of the last two decades (SSCID, 2002b, Beauchesne, 2003; Hathaway & Erickson, 2003, Bewley-Taylor 1999, 2012.). It operates on the assumption that a fraction of individuals using alcohol and prescription drugs are in fact *misusing* (i.e., become dependent), while *all* individuals who use illicit drugs are misusing and not only

are burdensome due to their dependency but inherently problematic (Beauchesne, 2003). Furthermore, this regime of truth illuminates a subjugated discourse in the larger drug policy discussion: motivations for drug use in the first place. While the government briefly acknowledges potential motivations for drug use in the NDS (“*medicalize social problems, to test oneself and recreation*”) identifying them within the context of a national strategy against drug use ultimately problematizes their existence as legitimate motivations in the first place. This truth is then reproduced in the NDS prevention pillar which calls for “*behavioural and social research [to] identif[y] the **patterns** of alcohol and drug use*” as well as the dissemination of “*attitudinal information*” in order to impact the “*self-esteem and self-reliance*” of those using drugs and “*help them acquire the knowledge, life skills and training they need to make a successful transition from school to work*” (Action on Drug Abuse, NDS, 1988, 9). It also reinforces the hegemonic view that the only acceptable motivations which exist to use drugs is to *medicalize medical problems* in case of pharmaceuticals avoids entirely discussion the reasons why ‘responsible’ alcohol use exists as a concept in the first place and is tolerated when illicit drugs are not.

Many scholars (Beauchesne 2003, Duff, 2004, 2008; Moore 2008; Bunton and Coveney, 2011) take issue with this important absence for several reasons: first, despite its claims to investigate behavioural characteristics of drug users, Beauchesne (2003) and Duff (2004) contend that *the use* of drugs has continued to remain the political discourse’s primary object of investigation *vis-a-vis* harm experienced by a user rather to problematize than personal circumstances and social context. Indeed, nowhere in the NDS were the drug users consulted, as they are all characterized as abusers and omitted from informing the conversation. Second, there is a growing argument that such an absence is incompatible with the principles of a liberal democratic society in which the individual has a right to his or her own body including what substances they can ingest and for which reasons (Duff, 2004, Seddon, 2006, Arriola 2009). As it stands, framing drug use through a discourse of harm only affords the user a voice in determining what kind of treatment they wish to undergo (if any at all). Finally little evidence has supported the notion that these motivations are necessarily harmful to the individual or society outside the context of prohibition and that it is in fact the underground nature of the illicit drug trade and its distribution practices that produces the majority of problems commonly

associated with the use of drugs (Bewley Taylor, 1999, Hathaway & Erickson, 2003, Moore 2008).

Finally, the strategy has also been characterized by several shortcomings and contradictions. For example, at its five-year review it was discovered that a considerable portion of the budget for the strategy for treatment and prevention activities was left unspent (Erickson, 1999). While has been explained through the fact that it was the provincial government's responsibility to mobilize funds intended for these services as per the constitutional division of powers (Fischer, 1999) it nevertheless enabled the continuation of a drug strategy that reflected greater emphasis on enforcement strategies than prevention or treatment agendas. Second, in what first appears to be an effort to understand the position Canadians vis-à-vis the drug problem the NDS openly acknowledges that public perception is out of touch with the reality of the statistics available –that is, the public grossly *overestimated* the extent of the drug problem. It appears that this fear is played upon by the political discourse, potentially as a means of garnering greater public support to make up for less favourable years during the mid-1980's (Fischer, 1999). Nevertheless, the NDS clearly frames drug use as a national epidemic that *affects* all Canadians. Similarly, they acknowledge that youth consumption is at an all time low, however they construct use consumption of alcohol –included as a *drug* in this strategy as a reason to implement drug prevention programs in school that predominantly focus on illicit drug use such as cocaine and marijuana (Ministerial Briefing Book, Section F, 1988).

6.1.2 Canadian Drug Strategy (CDS)

While the NDS was being renewed and subsequently transformed into the CDS, the strategy has already been receiving strong criticism from multiple parties for placing too much focus on enforcement related spending to be considered a *balanced* strategy (Erickson, 1999). The change of government to the Chretien Liberals shifted ownership of the strategy but not direction, which was apparent after they passed the *Controlled Drugs and Substances Act* (CDSA) which was criticized for penalties that were considered disproportional particularly in the case of marijuana (Fischer, 1999). When they tabled the CDSA in 1994 and approved it in 1996 it became clear that drug policy itself would not be undergoing any changes in the near future. Indeed the apparent sunset of the CDS in 1997 suggested that government priorities were changing and that the momentum created behind the drug strategy was being lost. This also

coincided with the introduction of the Harm Reduction pillar, for which little funding was directed. Nevertheless the ramifications brought on through the CDSA's continued criminalization of cannabis resulted in many high profile court cases and media stories which many consider to have sparked a nation-wide discussion on the merits of marijuana criminalization (Fischer, 1999, Erickson, 1999). This coupled with an increased prevalence of HIV/AIDS in Canada among intravenous drug users began to draw attention to the latent effects of driving the drug users underground use (Hathaway & Erickson, 2003). Finally paired with more complete figures of the costs of promoting prohibitionist policies on drugs, the Senate had commissioned an in-depth study on cannabis between 1999-2001 which came to the conclusion that marijuana should be legalized and regulated (SSCID, 2001b).

Problematic Drug Use

The socio-political context clearly indicated a period of flux for drug policy in Canada and this is reflected by discourses exercised in the strategy. The CDS frames the drug problem primarily through the lens of a public health discourse which privileges problematizing drugs that have the likelihood of causing related problems including disease transmission and overdose. While this strategy includes all drugs (licit and illicit) under the umbrella concept of "*alcohol and other drugs*" throughout, the CDS's primary focus is narrowed to address "*substance abuse*," as a "*health issue*" in need of "*treatment*" which is more narrowed than its predecessor. In the CDS *abuse* of alcohol and other drugs becomes the area of focus and not necessarily the *use* of the substances. This heightened focus on addictive drugs suggests the incorporation of an evolving medical discourse into the CDS which questions the homogeneity of all drugs in the human body. The evolution of this discourse could potentially be related to the research institutions established by the NDS as well as be informed from the growing body of literature that was responding to the HIV/AIDS epidemic at the time. This is quite unlike the NDS which, as discussed above, purports to operate through a discourse suggesting all drug use is drug abuse.

To illustrate, the CDS makes reference to several statements that do not appear in the NDS including, most importantly, the deliberate distinction of substances into *hard drugs* (i.e., those in need of the most attention heroin, methamphetamines, crack-cocaine) and *soft drugs* (i.e., those that are not of immediate concern including marijuana and alcohol). Also of note, it

shifts focus away from the 100% abstinence discourse espoused in the NDS and adopts a more ‘realistic’ notion that drug abuse is a normal “*fact of our society*” (CDS-Mid Term Review, 1995, iii) and therefore focus ought to be redirected on individuals “*at high-risk of having problems*” rather than the non-problematic users. This is reinforced through the newest pillar of the CDS – harm reduction – which operates parallel to treatment programs in order to mitigate the harms associated with hard drug use such as overdose, infectious disease transmission and increased financial and operational burden on the health care system. The harm reduction pillar itself reinforces the notion that there is “*problematic*” drug use, that is to say, drug use which poses particular challenges to Canadian society and by contrast, creates the notion of potentially non-problematic drug use. This is further reinforced by the perplexing association of ‘soft drugs’ with alcohol whose legal status already suggests a level of acceptability in Canadian society. Although the CDS explicitly states that it does not “*condone*” drug use (Mid-Term-Review, 1995, iii), its employment of the harm reduction discourse throughout the strategy reinforces a position that unacceptable drug use ought to be linked to the likelihood of its being *problematic* to society (defined through the tendency to overdose, share needles, or become dependent) rather than its association to a particular *type* of drug category. This demonstrates a significant shift in the discourses that shape appropriate versus inappropriate drug use and can be seen to play a huge role in growing movement towards marijuana legalization at that time (Hathaway & Erickson, 2003).

Evidence-Based Discourse

This change can be partially attributed to what the CDS claims is an “*analysis of lessons learned over the past ten years*” (CDS, 1998, 19) on which it claims to base its principles, programs, framework and objectives. This suggests that the CDS embraces the information provided to it through the research mechanisms established under the earlier programs of the NDS and early years of the CDS. This would also suggest that the increase knowledge development on illicit drug use by the medical discourse has begun to penetrate the discourse on illicit drugs which, until then, was predominantly constructed through a politico-legal discourse that problematized its availability before its impact on the body. This is most prominently illustrated by the exception granted through Health Canada to open *INSITE*, North America’s first safe injection site, which allowed drug users to use within the facility without fear of prosecution for possessing illicit substances (Wood et al., 2008).

At-Risk and Marginalized

The narrowing of the CDS's object (i.e., types of drug use) corresponds with its narrowed focus on its subject: the drug user – in particular, injection drug users and out-of-the-mainstream youth. These two demographics are singled out as a result of findings from the research centered agendas of the NDS and early CDS years which identified them as key drug using demographics due to their increased likelihood of marginalization by the public and high risk drug using behaviour in the case of injection drug users (CDS, 1998). The selection of these two subject groups are not only informed by a public health discourse but it would appear that these demographics fit the CDS's understanding of groups with *underlying risk factors* that led them to use drugs. Particularly of note, these groups are characterized as lacking services in their communities that render them vulnerable and marginalized, however like the NDS, the CDS does still consider these individuals to possess behavioural deficits such as lack of self-control or social skills. Again, this speaks to the way in which the government at the time views its society; lead by a Liberal government, it is not surprising to see policies (although unfunded) which promote unity and cohesion of the community.

The most illustrative change that reflects this shift is how the CDS directs its focus towards exploring and understanding structural reasons for drug abuse by organizing its programs around a "*determinants of health approach*" that seeks to understand drug abuse through a lens which privileges the underlying factors that impede an individual's ability to achieve optimal health (Mid-Term Review CDS, 1995, 55). In applying the determinants of health approach the CDS comes to problematize "*whether [its strategy] should be defined according to the problem [drug use] or according to those sub-populations that suffer from multiple problems [including drug use]*" (CDS, Mid-Term Review 1995). So in effect, while the CDS continues to build on the tendency to problematize drug use motivations such as "*recreational use*" and "*enhancement of self-image*", it openly acknowledges the need to contextualize them within wider larger person-centered context. This person-centered focus reflects the adoption of the determinants of health approach concerned with exploring 'underlying factors' including "*vulnerability, risk factors, lack of services and marginalization*"(CDS, 1998, 6); this, as a result, marks a departure from the predominantly drug-centered ethos of the NDS.

Criticisms

While this appears to attend to the concerns voiced by Beauchesne (2003) and Quirion (2003), our analysis suggests that the implementation of some harm reduction strategies, such as methadone maintenance, during this time frame operated from an ethos that prioritized public risk reduction rather than one concerned with the values and experience of the user. This may be primarily due to the fact that this discussion on problematic and non-problematic drugs emerged during a period which was also characterized by the increased concern over the transmission of HIV and Hepatitis C by intravenous drug using populations (SSCID, 2002b). The use of unacceptable drugs could no longer endanger the user only, but could potentially have effects on non-using subjects as well (Hathaway & Erickson, 2003). The influence of the medical discourse in light of these global issues speaks to a concern voiced by Shiner (2003) who problematizes the tendency of medicalization drug use to obscure the need to examine drug use 'sociologically'; that is, with a focus on the "way in which people use and make decisions about drugs" (Shiner, 2003, 790). While the strategy does attempt to understand the "*underlying factors*" for use, its point of departure pathologizes the use and does not make any effort to understand the *positives* of drug use from the user perspective considering the marijuana legalization movement and the already legal alcohol and tobacco. Shiner's observation can be further informed by later work published by Quintero (2012) who notices that the tendency for the medical discourse to assume ownership of understanding the emerging 'prescription drug problem' through categorizing its use immediately as *abuse* underscores the reality of the users who are "*sensitive to social context, personal knowledge and experience, and individual perceptions of risk and social outcomes*" (15). So, in a sense, the institutions that have been established through the CDS to produce knowledge on the drug problem do not consider the voices of those who recreationally use and who *understand* the risks of their activities and take the proper precautions to mitigate these risks.

While it first appears that the CDS is making an effort to reduce the harms to individuals and establish a new lens through which to view the drug issue, a number of its activities detract from this effort. Most notably when the CDS was renewed in 1998 to include harm reduction, it was done so with no targeted funding towards harm reduction activities, which, restricted the reach of many of its targeted programs and was heavily criticised by many in the harm reduction

community (CHALN, 2006; Collin 2006a; SSCID, 2001b). Furthermore, the harm reduction pillar was paradoxically coupled with the passing of the *Controlled Drugs and Substances Act*, which, among other things, disproportionately categorizes cannabis—a supposed 'soft drug'—as a Schedule II drug considered more dangerous than hallucinogenic mushrooms and LSD (CDSA, 1996). Despite this new law however, advocates for changes to marijuana laws, including the regulation of medical marijuana, adopted the discourse of acceptable versus unacceptable drug use in their favour. In particular, their arguments centered on the *absence of evidence* demonstrating the harmful effects of marijuana and drew attention to the mounting non-scientific anecdotal evidence which suggests its ability to help manage the symptoms of certain conditions if used as a medicine (Hathaway & Erickson, 2003).

6.1.3 National Anti-Drug Strategy

Many of the same discourses that appeared in the NDS and CDS are also played through NADS. It is clear, however, that the *direction* of power/knowledge at play within each discourse differs significantly between the CDS and NADS in that, for NADS these same discourses are used to speak *different* objects into existence than the CDS and NDS. For example, there was a somewhat linear evolution of the discourse on drug use between the NDS and CDS informed through a discourse of evidence-based policy and addiction “*played through*” (Carabine, 1995, 304) the medical discourse in support of understanding the effects of drugs on users. However a distinct “*rupture*” (Foucault 1972) occurs between CDS and NADS and is effectuated through the different discourses produced through the evidence-based discourse: most notably discourses on law and order, organized crime and criminality and social harm. More specifically, the political discourse, through NADS, effectively frames the drug use issue through discourses of dangerousness, harm to society through availability and criminal behaviour. The use of these discourses fosters an environment favourable to passing new anti-drug and corruption laws in addition to new sentencing practices for drug-related crimes.

NADS came into effect in the middle of a very contentious political environment in Canada: the Harper government who had just won a slim minority government in 2006 following the Liberal's 2005 sponsorship scandal was building its support, in part, through proposing various “*tough on crime*” measures (Mosher, 2011, 381). The tough on crime agenda would be a key political topic in the 2006, 2008 and 2011 Federal Elections and the National Anti-Drug

Strategy (NADS), a critical pillar that distinguished the Harper government from its rivals (Mosher, 2011.). However, the minority government found much of its proposed legislation unsupported by the rest of the House, which, together as a majority, made passing tough on crime legislations difficult. Branded Canada's first "*Anti-Drug Strategy*", the Harper government was within its rights to prematurely sunset the Canadian Drug Strategy (CDS), which had just finished a mid-term evaluation of a five-year cycle, and redirect its funds and resources to support the creation of a new strategy in 2007 which promoted the need for greater enforcement measures and legislation against the "*dangers*" of drugs.

It is therefore unsurprising that NADS predominantly problematizes illicit drug use as a dangerous activity whose continued availability is integral to the upset of law and order in Canada and whose consumption is dangerous to the proper development and future productivity of young Canadians. By removing alcohol and pharmaceutical drugs (which broadens the discussion of drug use and its subsequent harms) the conversation is more easily focused on the social harms posed by criminal organizations and the need for tougher laws against them. Similar to the CDS, the discourse of drug use can be seen as a process where a discourse of harm to oneself and ones surroundings is discursively produced and exercised, however unlike the CDS, NADS appears to prioritize discourses of harm to ones *surroundings* over harm to the drug using individual person. Several practices support this observation including removal of the harm reduction pillar from the strategy. There is an emphasis on the 'dangerousness of drugs' towards Canadian communities by focusing on the rise of organize crime and the need for increased securitization. NADS creates the conditions forcing the user to assume the identity of addict if caught using under the 'right' circumstances or offender if they refuse to attend treatment or have aggravating circumstances. Users are characterizes *unproductive* citizens and parents are empowered to assume responsibility over keeping their children drug free in order that so they can *become* productive citizens. Finally, the government makes a point of outlining the economic harm to Canadians highlighting the expense incurred through courts, police, corrections, costs to the health system and loss of productivity.

Similar to the last two strategies the NADS can be seen to gain public support by prioritizing the cessation of youth consumption as the main part of their prevention and treatment programs. The mantra of 'protecting youth' therefore becomes another effective discursive strategy by which the political discourse is able to seek public support for the continuation of the

drug strategy. In particular, NADS outlines that the rate of youth consumption is the highest it has ever been and that youth are taking drugs at younger ages. While some demonstrate that the historical protection of children has given birth to societally positive notions such as childhood, protection and love, these concepts have developed in a manner where their absence becomes problematized and, inevitably, 'filled in' by the state (Hill, 2000). In the case of NADS, the political discourse is essentially stepping in, on behalf of the parent, to both protect them from the harms of organized crime, in addition to informed them on how to keep their child drug-free. One interesting outcome of shaping society in such as way is the reaction to circumstances where youth elect to deviate from their protected cocoon prematurely and of their own volition in order to engage in risky and productivity threatening behaviours such as drug use and experimentation. Work by Seddon (2006) indicates that the majority of drug experimentation occurs in teenage to early adulthood (15-24 age range) and is relatively incident-free (e.g., does not result in problematic behaviours such as addiction and criminal behaviour). However this is precisely the demographic targeted by all three strategies which emphasize the importance of "*steering vulnerable youth away from a life of drugs and crime*" (NADS, Speech from the Throne, 2007). So as youth consumption rates continue to rise, likely in part due to increased monitoring brought about through supply reduction endeavours, we see continued focus on preventing their consumption despite the existence of evidence that suggests the lack of efficacy of drug prevention programs (Quintero, 2012) and relatively trouble free drug using experiences (Seddon, 2006).

Most recently, the Harper conservatives are expending a tremendous amount of money and resources attempting to link the harm of marijuana on brain development (Mas, 2014). Their endeavours boast the latest medical research that examines physical brain 'abnormalities' present in marijuana users as compared to non marijuana users (ibid). This is being used to debunk the 'myths' circulated in the former drug strategy which suggested that marijuana was less harmful than other drugs. For NADS then, youth are becoming a key vehicle through which the problematization of illicit drugs is substantiated. This should come as no surprise as the 20th century has seen an increase in involvement by the state in the appropriate governance of children (Hill, 2000). This is borne out through the increased materials provided to parents, most notably through NADS on how to keep their children drug free and how to talk to children about drugs. Parents are not assumed to immediately possess this knowledge nor does it appear to be

advisable to leave parents to their own devices on this subject. With this understood, it has become clear that the increases measured in youth consumption rates through this lens is suggestive that the private realm of parenting is failing. Also of note is the level of focus placed on parents compared of the other two strategies which were much more inclusive about the role of the community and society in general for promoting drug free behaviour.

6.2 What Can the Problematization of Drug Use Tell Us About the Politicisation of Social Problems?

An explicit part of this project’s aim was to better understand how social problems are formulated and understood, and what is the role of the political discourse in the process. Bacchi (2012) unpacks Foucault’s use of the term problematization to refer to both his method of analysis, or “*thinking problematically*” (Foucault, 1977 as cited in Bacchi 2012, 1), as well as the process for determining how and why something becomes seen as a problem –which this project has explored through a discursive lens (Bacchi, 2012, 1). Foucault states in his 1968 essay *Politics and the Study of Discourse* that one of the ultimate objectives of his oeuvre was to “*try to define how, to what extent, at what level discourses, particularly scientific discourses, can be objects of a political practice, and in what system of dependence they can exist in relation to it*” (Foucault, 1968, 69). The previous chapter has ultimately focused on the *politicisation of drug use* in that, politicisation is a type of problematization since the political body is effectively exercising discourses which serve to create drug use as a social problem. This section summarizes several observations I have noted about the creation and maintenance of social problems within the political sphere that emerged through my analysis and discussion of the power/knowledge networks at play in the three drug strategies. I frame these observations as “criteria” that I believe comprise a framework which future researchers could potentially use to examine how social problems are politicised. While the development of my framework is informed by my findings of the drug strategy analysis, I would be interested in seeing how these criteria apply (or not) to other highly contested of socials problems of today.

Criteria 1: Social Problems are Politicised as a Way to Showcase Appropriate Social Norms

This project’s analysis of drug strategies in Canada demonstrates that the politicization of social problems can be seen as a way to highlight and reinforce, on a national scale, which behaviours

and practices are deemed unacceptable or undesirable in order to prevent them from being adopted by the larger population. In the case of the drug strategies the key norm being reinforced is that drug use of any kind is only ever acceptable under the supervision of a prescribing physician. The number of people not adhering to this social norm is generally unknown at the beginning of the NDS. However, as the strategies develop over the next 28 years, measures were put in place to be able to better determine the rate of use of these substances including projecting prices and availability from drug interdiction strategies, self-reported use surveys and the use school, police and health systems records. Two noteworthy observations emerge from these measures. First, despite the lack of data outlining the problem at the beginning, the problem was already determined to exist on a large enough scale to substantiate a \$250 million national strategy. Second, once data becomes available over the course of the subsequent strategies, any values above zero are used to further reinforce the existence of the problem. Furthermore, regardless of how the rates change over time, they are portrayed as *too high* despite the fact that the rate of certain drug use (such as alcohol and marijuana) is much higher than that of other drugs (such as cocaine and opiates). These findings suggest that the nature of the problem is not ultimately determined by its instance of use, so much as its availability for use in society. Of all three strategies, it is only the CDS which momentarily acknowledges a degree of *normalcy* with respect to societal drug use when it indicates that it is a '*fact of our society*'. Nevertheless, its prevention strategies targeted at youth negate this acknowledgment by calling for 'absolute' cessation and prevention of youth drug consumption. For this demographic, all illicit drugs are problematized equally and pharmaceutical drug use is only justified as acceptable in cases of medical necessity as determined by a physician.

In order to outline acceptable social practices, the act of politicizing a social problem requires the political body to specifically convince those not involved in the behaviour, or far removed from the behaviour, to see it as a problem in the first place. For example, not all Canadians consume drugs, and many do not socialize or come into contact with those who do. An effective mechanism therefore to persuade this a demographic that practice is undesirable is to outline its economic impact on public social institutions in addition to public safety concerns. This is present in all three strategies in two key ways. First through focusing on the social costs of drug use on the public health system, police, courts and corrections as well the future economic potential of the country through lost productivity from those who succumb to

addiction. Secondly the strategies create a sense of fear in the non-using public by warning of the perils of addiction and public health concerns (in the case of the NDS and CDS) or the sense of personal safety from organized crime (NADS).

Criteria 2: Evidence-Based Policies Will Not Always Be Applied.

While chapter 4 illustrates that evidence-based policy is growing in popularity, particularly in the field of drug policy it is not automatically incorporated into the rationales behind politicized issues. When developing the NDS, the government acknowledged that there was very little information available to help them understand the drug problem, yet they were convinced that a problem existed. As part of their mandate they created a series of research institutions to produce knowledge on the subject of drug use, drug quality and drug users. Much of the evidence produced by NDS endeavours was adopted and adapted to the next series of CDS policies including establishing a harm reduction pillar to address public health concerns and what has become to be understood as *problematic drug using behaviour* exhibited by the intravenous drug-using cohort of users. While this appears to demonstrate that the strategy was indeed building off of the knowledge produced within its own pillars, this did not extend to the supply reduction pillar as evidenced by the criticism from the CCSA when the CDSA was being developed. Nevertheless, the Senate report in 2001, in conjunction with the increased media attention of the medical marijuana debate, encouraged the House of Commons to entertain, for a brief period of time, the possibility of easing the penalty of marijuana possession, but the legislation was never passed. Finally, NADS presented the most salient example of 'selective application' of evidence to its policies by omitting the harm reduction pillar entirely, which was producing results in several communities internationally, and refusing to acknowledge the growing body of literature suggesting organized criminal activity is a direct result of the prohibition of drug use. Curiously, NADS is presently looking to the medical community to substantiate the *dangers of drugs*. This was particularly the case with marijuana, which after 20 years of Canadian drug strategy research, was on the verge of being decriminalized. In short, for all three drug strategies it would appear that evidence was only used and reproduced by the political discourse to substantiate the continued existence and reproduction of the strategy, but very little was employed when it came to critically evaluating the pillars of the strategy. This tendency reflects an observation made by Bewley-Taylor (2012) in examining the international drug conventions. He notes that dismantling these conventions in light of the emerging evidence

is difficult, as there appears to be a double standard wherein scientific evidence may be used in support of developing a policy or in support of politicizing a problem in the first place however it is rarely employed in the reversal of such politics.

Criteria 3: Politicized Subjects Are Not Invited to the Discussion

The case of the drug strategies would suggest that in order to politicize social problems, the voices of those most closely linked to the issue should not be consulted unless they can be used to reinforce the reason for the politicization of the discussion in the first place. All three strategies neglected to incorporate the voice of the user into their decision to politicize the drug problem. In the NDS, this is likely due to the fact that the drug user was considered *addicted* and therefore was 'spoken for' by experts in the medical community. While youth testimony was featured in the ministerial briefing note on the NDS it was only in order to understand why youth use drugs in order to design the appropriate intervention program for them on a larger scale. The CDS did not feature the voices of users with the exception of medical marijuana users, although this was considered outside the parameters of the strategy. Finally, NADS neglected to incorporate the voices of any users and is presently contesting the voices of proponents of medical marijuana by continuing to insist that its use for pain management has not yet been scientifically proven.

Criteria 4: Politicized Objects Are Deliberately Vague

The analysis of the drug strategies in Canada illustrates that when a social problem is politicized it must be kept general and vague to allow space for interpretation. The target of the politicization process has been constructed in three different ways in each of the drug strategies. Furthermore, I observed that the object of focus can disappear as quickly as it appears. The NDS chose to paint all drugs as drugs of abuse, despite the fact that the law governs them differently yet it deliberately excludes tobacco. While the CDS was able to open the discussion of drug use to include a view that some drugs are more harmful than others it neglected to include tobacco or adequately contextualize the legality of alcohol. Finally, NADS firmly announced that its strategy focused exclusively on illicit drugs without acknowledging alcohol or prescription drugs which had been present, and widely accepted by the former drug strategies. It has only been recently that the issue of prescription drug abuse has been folded quietly into NADS mandate after it had been internationally problematized.

How Does the Political Discourse Frame the Issue of 'Drug Use'

7.0 CONCLUSION

I can well understand those who feel [distress]. They have doubtless had difficulty enough in recognizing that their history, their economy, their social practices, the language they speak, their ancestral mythology, even the fables told [to] them in childhood, obey rules which are not given to their consciousness... (Foucault, 1968, 70).

The importance of this project emerges from an experience I had that sensitized me for the first time to the constraints posed by discourse on my actions, behaviours and attitudes. The subject was drug policy, and the situation, an argument with a friend who, more informed than I, was able to make a cogent, clear case for legalizing drugs. My natural impulse was to refute his evidence until, argument after argument, I began to feel powerless in face of his reason, evidence and, (curiously) above all, the fact that as a non-drug user himself he still saw fit to argue this point –which perplexed me. I slowly realized my argument amounted to little more than rhetoric: talking points I was simply regurgitating without knowing where they came from or if they were even true. In short, it made me feel really, really stupid and I began to reflect on what other taken-for-granted truths littered my person. A seed had been planted by my friend that day and began to flourish. It would be five years until I revisited the theme again, this time armed with a little more wisdom and experience I'd gained since then. I wanted to understand why I thought the way I thought. Where did my “talking points” come from, what effects must they have had on my surroundings, and how did I absentmindedly play a role in proliferating the continuation of a discourse on drug use I, and many others, now choose to question.

This thesis project has centered on unveiling the strategies mobilized by the political discourse to problematize the drug issue in Canada over the past 28 years. In order to do so, my analysis examined the three official drug strategies launched by the Federal government through a Foucauldian lens of discourse, power and knowledge in order to isolate the discourses at work in creating the drug problem. By examining the discourses inherent in these strategies, I endeavoured to document the various representations of drug use over the decades and identify both the similarities between strategies as well as the points of departure or evolution from one strategy to the next. In doing so, I succeed in extending yet another empirical use of Foucault's oeuvre, in addition to providing a history of the present: a 'snap shot' of the representations of

drugs policies in the Canadian context to supplement the wider body of literature exploring drug policy problematization in the 20th and 21st centuries. I was also able to speculate on how drug use succeeded in being politicized in the process thus *making politics visible* as urged by Foucault himself.

In my own original twist I endeavoured to use this analysis to propose a meagre yet deeper insight in to the politicisation of social problems, by abstracting a series of criteria that would form a sort of 'checklist' of items to politicise to create a social problem in the future if one would so choose. While my contribution can only be said to reflect matters as they relate to drug use, I would very much enjoy to see my idea built upon, tweaked or critiqued by others in the future through applying it to another politicized social problem. Furthermore, I have now become curious to see how social problems are created and framed at the micro level of the everyday citizen, to see how they are problematized and examine what kinds of discourses operate among 'problems' that do not become politicized at the national level. This kind of analysis could help speak to 'where the problem ought to be localized' (if at all) and what the advantages and disadvantages are of situating ownership of the problem at the local or national/provincial level.

Finally, the NDS alerted me to the fact that youth illicit drug consumption was not considered a issue at the time the NDS was created, although it emerged in the CDS and NADS as a problem that continues to escalate annually. I would be interested in investigating what role, if any at all, the prevention activities targeted towards youth, which debuted as part of the implementation of the NDS prevention strategy, had in raising the rate of youth illicit drug consumption. While it is possible that the statistics and surveys developed as part of the drug strategies themselves over the years may have had an impact on the way youth drug consumption was measured in subsequent years, it would nevertheless be valuable to explore in more detail if there is any correlation between the onset of prevention activities and the increase in youth consumption. This could be examined through by conducting a discourse analysis on materials used for youth prevention strategies to see what discourses are used to sway youth from drug consumption.

APPENDIX A-GUIDE TO FOUCAULDIAN DISCOURSE ANALYSIS

Guide to doing Foucauldian genealogical discourse analysis

1. Select your topic and identify possible sources of data. If you were undertaking a social policy analysis then sources might include policy documents, discussion papers, parliamentary papers, speeches, cartoons, photographs, parliamentary debates, newspapers, other media sources, political tracts, and pamphlets from local and national government, quangos, and political parties. You might also wish to include an analysis of counter-discourses and resistances, here you might use material from campaigning and lobbying groups, activists and welfare rights organizations, etc.
1. *Know your data*- read and re-read. Familiarity aids analysis and interpretation.
2. *Identify themes*, categories and objects of the discourse.
3. Look for evidence of an *inter-relationship* between discourses.
4. Identify the discursive strategies and techniques that are employed.
5. Look for *absences* and *silences*.
6. Look for *resistances* and *counter-discourses*.
7. Identify the *effects* of the discourse.
8. *Context 1*-Outline the background to the issue
9. *Context 2*= contextualize the material in the power/knowledge networks of the period.
10. Be aware of the *limitations* of the research, your, data, and sources

(Carabine, 2001: 281)

APPENDIX B – DATA SOURCE DESCRIPTION

Data Source Description	Justification for Inclusion
National Drug Strategy	
(1988, 30) Action Against Drug Abuse	I chose to review this document because it was one of the only documents written for public consumption that discussed the rationale and programming for the National Drug Strategy.
(1987, 192) Ministerial Briefing Book on the Drug Strategy and	I chose this document because it was developed to brief the Minister of Health and Welfare at the time about the impending drug strategy. It includes: background research which was considered important in justifying the strategy; public perceptions of various drug related issues and the government’s response and plans on how to address those perceptions; an outline and justification of the strategy and its constitutive elements; and finally a scripted responses for media inquiries.
Canada’s Drug Strategy	
(1994, 43) Canada’s Drug Strategy: Phase II A situation paper Rising to the Challenge	This document helped to distinct the NDS from the CDS and discussed the rationale and programming for the National Drug Strategy.
(1998, 32) Canada’s Drug Strategy	This publicly released document outlined the purpose, goals and rationale of the drug strategy.
(1995) Mid-term review of Health Canada’s Contribution to Canada’s Drug Strategy	This document reflects on the success of the program and where the gaps lie

<p>(2007, 203) Interim Year-Two Risk-Based Evaluation of Canada's Drug Strategy-Final Report</p>	<p>This document reflects on the success of the program and where the gaps lie and takes place much later in the course of the strategy.</p>
<p>National Anti-Drug Strategy</p>	
<p>(2008, 197pg) RMAF and Accountability Framework NADS-Final Report</p>	<p>This document established the purpose and objectives of the National Anti-Drug Strategy.</p>
<p>(2007, 8pg) A Drug Prevention Strategy for Canada's Youth</p>	<p>This document describes the how the political discourse tries to communicate with youth on drugs.</p>
<p>(2012, 212) Evaluation of the National Anti-Drug Strategy</p>	<p>This document was consulted for its description of NADS programs and to ascertain if they were considered successful.</p>
<p>(2008, 14) Talking with your Teens About Drugs</p>	<p>Document giving parents tips on the approach (discourse to employ) when talking to their children about drug use.</p>
<p>Speeches on NADS website: Speech from the Throne (2007) Speech by Stephen Harper (2007) Speech by Minister Stockwell Day (2007) Speech by Tony Clement (2007)</p>	<p>There are numerous speeches from Federal Ministers and the Prime Minister regarding elements of the NADS strategy. The texts will provide a rich source of political rhetoric and emotive language describing the need for the drug strategy.</p>

APPENDIX C- EXAMPLE DATA ANALYSIS TABLES

Categories	National Drug Strategy
How does the document speak to the user:	
<p>Who is the user? Who can they be? Who are they assumed to be?</p> <p>Morality of the User</p> <p>Health Concerns of the User</p> <p>Rights of the user</p> <p>The responsibility of the user</p> <p>The legal status of the user</p>	<p>Action on Drug Abuse: Making a Difference (1988)</p> <ul style="list-style-type: none"> • However many people doubt that it exists. Or that if it does, it’s a localized problem, affecting only the teenage children of some minority groups living in the poorer sections of large cities. Yet substance abuse affects people from all walks of life and in all parts of the country. To many people, “drugs” means cocaine and heroin—certainly not the alcohol you and I consume on the pills we may take. Many of us would like to believe that the drug problem, if it exists at all, has little to do with the average Canadian. This is simply not true. (5) • There is a tendency for Canadians to minimize alcohol’s potential for harm. Most do not consider alcohol to be a drug. Yet, by some estimates, 600 000 Canadians suffer from alcohol abuse. A 985 national survey showed that 81% of Canadians aged 14 and over had used alcohol in the past year. It is estimated that 12% of adults drink at levels hazardous to themselves and others. The ruinous effects of alcohol abuse on health and family life have been well documented. Because of its pervasiveness, the problem of alcohol abuse merits special concern. (5) • Canadians are among the world’s largest per capita users of licit psychoactive drugs. In 1987, 9% of Ontario residents used sedatives and almost 7% used tranquilizers. Fully 38.7% of who used tranquilizers did so on a daily basis (5) • The most frequently used drug is cannabis. A 1985 survey showed that 1.1 million Canadians had used cannabis in one of its forms—marijuana, hashish, or hashish oil—during the previous year. Nine-and-a-half percent of Ontario residents reported using cannabis at least once a month in 1987 (5) • New and disturbing trend in the patterns of drug use are becoming apparent. Among the young, street drug use is declining, but is being replaced by bouts of heavy drinking on the weekends. As well, several recent tragic deaths from solvent abuse underline another significant problem, particularly in our inner cities and in some northern communities. Again it is our young people who are directly affected. Young people are experimenting with drugs at an earlier age, and the potency of licit and illicit drugs has increased. Multiple drug use is common and cross addiction is increasing (5). • People use and abuse alcohol and other drugs for a variety of reasons. Some use them for recreational purposes, others to relieve stress or anxiety, still others to escape life’s frustrations and challenges. But whatever the reason, the results are always the same: short-term gain, long-term loss. A meaningful response to the problem of substance abuse must be to meet the problem head on—at the level of attitudes and understanding which in turn affect behavior. Real and lasting change will occur only when people can see for themselves that alcohol and drug abuse is not a legitimate or desirable response, whatever the underlying reason or need (8). • Although there is no evidence to suggest that young people abuse alcohol or other drugs to a greater extent than do other age groups, the need to prevent the abuse of these substances before it begins calls for a particular focus on youth. (12) • During the development of the NDS it was evident that many initiatives are now taken by communities, associations and governments to reduce substance abuse among aboriginal people (12). Goes into detail on the NNADAP program which essentially applies the same

	<p>strategies but for native and Inuit peoples. It’s worth noting the cultural divide here. I believe this is also present in the CDS but I don’t think we see it in the NDS.</p> <ul style="list-style-type: none"> • Almost 12% of Canada’s inmates are in prison for drug-related offences. Between 50-80% of offenders have severe substance abuse problems that any affect their prospects for rehabilitation. The majority of violent security incidents, and most of the contraband intercepted in prisons, involve drugs or drug trafficking (13). • Another aspect of the Strategy’s involves helping abusers repair their lives and re-establish themselves as productive members of their community. This is the focus of the Strategy’s treatment and rehabilitation component. Action in this sphere includes plans for increased federal funding for alcohol and drug treatments and rehabilitation efforts, a re-evaluation of drug based treatments, specific measures to counter the use of alcohol and other drugs in the workplace and increased support for community-based treatment and rehabilitation programs (15). • ...At the same time, there is a continuing need for further support to the provinces and territories, which are responsible for the development, administration and delivery of alcohol and drug treatment and rehabilitation services. This need exists especially for groups at higher risk, such as youth and women, many of whom are <i>de facto</i> excluded from current federal alcohol and drug treatment funding. A similar need exists for those who are employed but who may be at risk of losing their jobs, family and friends as a result of alcohol and drug problems (15). • Federal support will be extended to youth, women and the employed, <u>with priority given to youth</u>. It will apply to provincial and territorial costs associated with the broad range of treatment and rehabilitation services, and will reinforce the growing emphasis on community-based day-and out-patient services. Residential care will continue to be support as one component of the treatment continuum for those needing this specialized kind of care (15).
--	--

<p>How does it speak about society at large:</p>	
<p>The relationship of society to the user The attitudes of society towards drug use The violence related to drug use The cost of imprisonment The role of society in addressing drug use</p>	<p>Action on Drug Abuse: Making a Difference</p> <ul style="list-style-type: none"> • There is no doubt that there is a very real and substantial problem of alcohol and drug abuse in this country. It results in injury and death on the highways, lost productivity in the workplace, and an ever increasing burden on our law enforcement, legal and medical resources (5). • However many people doubt that it exists. Or that if it does, it’s a localized problem, affecting only the teenage children of some minority groups living in the poorer sections of large cities. Yet substance abuse affects people from all walks of life and in all parts of the country. To many people, “drugs” means cocaine and heroin—certainly not the alcohol you and I consume on the pills we may take. Many of us would like to believe that the drug problem, if it exists at all, has little to do with the average Canadian. This is simply not true. (5) • What the statistics fail to show is the personal and social costs of drug abuse. The loss of human potential, the destruction of physical and mental health, the breakdown of marriages and families, and the disruption of communities and social order, directly or indirectly, affect us all. Drug abuse, including the abuse of alcohol is a societal problem of many dimensions with unacceptable human costs (5) • Major prevention activities in 1987-88 included: <ul style="list-style-type: none"> ○ Two English and French television and radio commercials and related promotional material aimed at 11-13 year olds were broadcast nationally. ..A million “Really Me” booklets aimed at 11-13 years and their parents were produced and promoted through family allowance cheque inserts. The booklet helps young people grapple with conflicting feelings and ideas about alcohol and other drugs,

	<p style="text-align: center;">and encourages parents to discuss the issues with their children.</p> <ul style="list-style-type: none"> • Police forces have traditionally played a central role in curbing the availability of illicit drugs (supply reduction). Recognizing, however, the importance of prevention in the long-term battle against drug abuse, Canada’s national, provincial and municipal police forces are becoming increasingly involved in efforts to reduce the demand for drugs. Working closely with health workers, schools and community groups, police bring to bear their credibility and their experience in combating drug-related street crime to the task of educating Canadians about the hazards of drug use (9) <ul style="list-style-type: none"> ○ A diverse range of programs has been designed to provide young people, their parents, teachers and others, with factual information about the drug abuse problem, alternatives to drug use and drug-free role models with whom they can identify. Sample projects include: <ul style="list-style-type: none"> ▪ A series of posters featuring NHL stars delivering anti-drug messages. Other widely recognized Canadian personalities have appeared in a series of RCMP sponsored public service announcements on TV. Focus on the use of personalities to deliver the message, and why it is assumed those personalities are drug free. ▪ A pamphlet entitled “Is Your Child a Drug User”, which alerts parents to the early signs of drug use by the young. (9). • Helping community groups act on their concern about substance abuse problems is a key objective of the National Drug Strategy. To enable individuals, community groups and provincial organizations to establish new prevention, drug awareness and treatment programs at the community level, the NDS has created a 5-year Community Action Program. The program is jointly administered by the official addiction agency in each province and territory and Health and Welfare Canada (10). • The NDS recognizes the need for prevention, treatment and training measures that respect the unique cultures of, and are appropriate to, Canada’s Native peoples. • Another aspect of the Strategy’s involves helping abusers repair their lives and re-establish themselves as productive members of their community. This is the focus of the Strategy’s treatment and rehabilitation component. Action in this sphere includes plans for increased federal funding for alcohol and drug treatments and rehabilitation efforts, a re-evaluation of drug based treatments, specific measures to counter the use of alcohol and other drugs in the workplace and <u>increased support for community-based treatment and rehabilitation programs</u> (15).
--	--

How does it speak about drug use in general:	
What is being represented as truth or a norm? How is this constructed? What evidence is used? What is let out? What is foregrounded and backgrounded? What is made problematic and what is not?	<p>Action on Drug Abuse: Making a Difference</p> <ul style="list-style-type: none"> • There is no doubt that there is a very real and substantial problem of alcohol and drug abuse in this country. It results in injury and death on the highways, lost productivity in the workplace, and an ever increasing burden on our law enforcement, legal and medical resources (5). • However many people doubt that it exists. Or that if it does, it’s a localized problem, affecting only the teenage children of some minority groups living in the poorer sections of large cities. Yet substance abuse affects people from all walks of life and in all parts of the country. To many people, “drugs” means cocaine and heroin—certainly not the alcohol you and I consume on the pills we may take. Many of us would like to believe that the drug problem, if it exists at all, has little to do with the average Canadian. This is simply not true. (5) • What the statistics fail to show is the personal and social costs of drug abuse. The loss of human potential, the destruction of physical and mental health, the breakdown of marriages and families, and the disruption of communities and social order, directly or indirectly, affect us all.

<p>What alternative meanings/explanations are ignored? What is kept apart and what is joined together? What interests are being mobilized and served by this statement on drug use and what are not? How has this come to be? What identities, actions or practices are made possible and/or desirable and/or required by this way of thinking/talking/understanding? What is normalized and what is pathologized?</p>	<p>Drug abuse, including the abuse of alcohol is a societal problem of many dimensions with unacceptable human costs (5)</p> <ul style="list-style-type: none"> • As defined in the National Drug Strategy, substance abuse encompasses both legal and illegal drugs, including alcohol, prescription drugs, illicit drugs and solvents. Although the use of illicit drugs receives more media attention (ask why? Do they ever ask why?) Alcohol is by far the most frequently abused substance in Canada. There is a tendency for Canadians to minimize alcohol’s potential for harm. Most do not consider alcohol to be a drug. Yet, by some estimates, 600 000 Canadians suffer from alcohol abuse. A 1985 national survey showed that 81% of Canadians aged 14 and over had used alcohol in the past year. It is estimated that 12% of adults drink at levels hazardous to themselves and others. The ruinous effects of alcohol abuse on health and family life have been well documented. Because of its pervasiveness, the problem of alcohol abuse merits special concern. (5). • Tranquilizers and sedatives rank second on the list of abused substances. Canadians are among the world’s largest per capita users of licit psychoactive drugs. In 1987, 9% of Ontario residents used sedatives and almost 7% used tranquilizers. Fully 38.7% of who used tranquilizers did so on a daily basis (5) • The most frequently used drug is cannabis. A 1985 survey showed that 1.1 million Canadians had used cannabis in one of its forms—marijuana, hashish, or hashish oil—during the previous year. Nine-and-a-half percent of Ontario residents reported using cannabis at least once a month in 1987 (5). • Trafficking in illicit drugs continues to escalate. It is estimated that the street value of illegal drugs seized en route to markets in Canada and abroad has risen from \$248 million in 1985 to \$380 million in 1986 (5). • Intelligence concerning cocaine abuse points to a progressive escalation trend which has been consistent for the past several years. Increased production in the source countries coupled with declining prices have resulted in greater availability of Cocaine throughout Canada. Although abuse levels are highest in major urban areas, increased supply and lower prices have resulted in the spread of this dangerous drug across the country, even to the more remote and rural areas (5). • New and disturbing trends in the patterns of drug use are becoming apparent. Among the young, street drug use is declining, but is being replaced by bouts of heavy drinking on the weekends. As well, several recent tragic deaths from solvent abuse underline another significant problem, particularly in our inner cities and in some northern communities. Again it is our young people who are directly affected. Young people are experimenting with drugs at an earlier age, and the potency of licit and illicit drugs has increased. Multiple drug use is common and cross addiction is increasing (5). • People use and abuse alcohol and other drugs for a variety of reasons. Some use them for recreational purposes, others to relieve stress or anxiety, still others to escape life’s frustrations and challenges. But whatever the reason, the results are always the same: short-term gain, long-term loss. A meaningful response to the problem of substance abuse must be to meet the problem head on—at the level of attitudes and understanding which in turn affect behavior. Real and lasting change will occur only when people can see for themselves that alcohol and drug abuse is not a legitimate or desirable response, whatever the underlying reason or need (8).
--	---

<p>How does it speak about responses to drug use:</p>	
<p>What solutions are proposed? How are the solutions weighted</p>	<p>Action on Drug Abuse: Making a Difference</p> <ul style="list-style-type: none"> • It is not possible to measure accurately the full extent of alcohol and drug abuse in Canada. Although we live in a world of statistics, none are completely accurate and all are subject to different interpretations. What the available drug and alcohol statistics can do, however is to

against each other?
How are individual solutions
spoken against?

- give us a sense of the scope of the problem and highlight emerging trends (5).
- On May 25, 1987, the federal government formally launched the national Drug Strategy, "Action on Drug Abuse". The program was developed in response to a clearly identified need for a coordinated strategic approach to the problem of substance abuse in Canada. The scope of the strategy is broad, as it must be if it is to address the myriad issues involved in substance abuse (6). Based on this statement try to reflect the kinds of issues raised? Legal issues? Social issues? What do the responses of the NDS attempt to remedy.
 - The overall objective of the strategy is to reduce harm to individuals, families and communities from the abuse of alcohol and other drugs through a balanced approach that is acceptable to Canadians. The Strategy was developed following extensive consultations with provincial governments, non-government sector organizations and individuals knowledgeable in the addictions field (6).
 - The strategy is a multifaceted response to a complex and still-evolving problem. Within the framework of the Strategy, individual initiatives are being developed to provide a balanced, comprehensive approach to the problem of substance abuse. The Strategy calls for simultaneous and concerted action on six fronts:
 - Educations and prevention
 - Enforcement and control
 - Treatment and research
 - Information and Research (ooooh see if Harper's strategy includes action on this front)
 - International Cooperation
 - National Focus (6)
 - Although a large portion (70%) of the Strategies' resources are directed towards education, prevention and treatment, the National Drug Strategy provides a balanced approach to the problem of substance abuse. It provides enforcement agencies with the means to combat the distribution of illicit drugs—supply reduction—while addressing the root problems of substance abuse that lead to a demand for alcohol and other drugs—demands reduction (6)
 - The NDS builds on and complements the considerable resources and expertise in the drug field that already exists across Canada. Until now, the emphasis of the federal government's involvement in the addictions field has been largely restricted to supply control measures such as monitoring, enforcement, interdiction and the prevention of drug-related crime. Within the provinces and territories and at the community level, however, many excellent and innovative programs of drug counselling, therapy and rehabilitation have been initiated. What was lacking was a strong mechanism for national collaboration so that existing programs and expertise could be coordinated and strengthened (7).
 - The education and prevention component of this strategy aims to provide Canadians with the information need to make informed choices and achieve a productive, drug-free lifestyle. Key elements of this strategic component, developed by Health and Welfare Canada in collaboration with the provinces and territories, include a national information and public awareness campaign, support for community-based action programs, and better training for addiction counsellors and prevention workers.
 - Major prevention activities in 1987-88 included:
 - Two English and French television and radio commercials and related promotional material aimed at 11-13 year olds were broadcast nationally. ..A million "Really Me" booklets aimed at 11-13 years and their parents were produced and promoted through family allowance cheque inserts. The booklet helps young people grapple with conflicting feelings and ideas about alcohol and other drugs, and encourages parents to discuss the issues with their children. (8)
 - Police forces have traditionally played a central role in curbing the availability of illicit drugs (supply reduction). Recognizing, however, the importance of prevention in the long-term battle against drug abuse, Canada's national, provincial and municipal police forces are becoming increasingly involved in efforts to reduce the demand for drugs. Working closely with health workers,

	<p>schools and community groups, police bring to bear their credibility and their experience in combating drug-related street crime to the task of educating Canadians about the hazards of drug use (9)</p> <ul style="list-style-type: none">○ A diverse range of programs has been designed to provide young people, their parents, teachers and others, with factual information about the drug abuse problem, alternatives to drug use and drug-free role models with whom they can identify. Sample projects include:<ul style="list-style-type: none">▪ A series of posters featuring NHL stars delivering anti-drug messages. Other widely recognized Canadian personalities have appeared in a series of RCMP sponsored public service announcements on TV.▪ A pamphlet entitled "Is Your Child a Drug User", which alerts parents to the early signs of drug use by the young. (9).▪ A telephone booth exhibit, which makes use of positive role models and encourages young people to resist peer influence by saying no to alcohol and other drugs, was displayed at the Calgary Olympics• Although there is no evidence to suggest that young people abuse alcohol or other drugs to a greater extent than do other age groups, the need to prevent the abuse of these substances before it begins calls for a particular focus on youth. (12). ...As part of the NDS the Minister of State for Youth is taking steps to ensure that young Canadians are aware of and are encourage to use programs designed to help them acquire the knowledge, life skills and training they need to make a successful transition from school to work...At the community level, EIC's Regional Youth Coordinator and Employment Counsellors support community groups in a variety of projects with an emphasis on drug education. EIC professionals are also training employment counsellors to spo abuse problems among adolescent, and are working to build closer relationships with provincial addiction officials.• As part of the NDS special programs have been developed by CSC to address the problem of drug and alcohol use in prisons and to better prepare inmate to resist drug use following their release. Pages 13-14 go on to list a variety of prison related programs.• ...At the same time, there is a continuing need for further support to the provinces and territories, which are responsible for the
--	---

BIBLIOGRAPHY

- Alasuutari, P. (1995). Cultural Distinction. In P. Alasuutari *Researching Culture. Qualitative Method and Cultural Studies* (pp. 63-69). London: Sage Publication.
- Alvesson, M. (2002). Taking language seriously. *Postmodernism and social research*, (pp. 63-89). Buckingham: Open University Press.
- Atkinson, P. & Coffey, A. (1997). Analyzing documentary realities. In D. Silverman *Qualitative Research: Theory Method and Practice*. Pp. 45-62. Larder: Sage Publications.
- Arriola, Sebastián y otros s/cause n. 9080 Recurso de hecho. A. 891.LIV.
- Bacchi, C. (2012). Why study problematizations? Making politics visible. *Open Journal of Political Science*, 2(1). 1-8.
- Bagley, B. (1988). The new hundred years war? US national security and the war on drugs in Latin America. *Journal of Interamerican Studies and World Affairs*, 30(1), 161-182.
- Bastos, F., Caiaffa, W., Rossi, D., Vila, M., & Malta, M. (2006). The children of mama coca: Coca, cocaine, and the fate of harm reduction in South America. *International Journal of Drug Policy*, 18, 99-106.
- Boyd, S. & Faith, K. (1998). Women, illegal drugs and prison: Views from Canada. *International Journal of Drug Policy*, 10, 195-207.
- Beauchesne, L. (2003). Les drogues: Les coûts cachés de la prohibition. Lanctôt : Quebec.
- Bewley-Taylor, D. (1999). *The USA and international drug control, 1909-1997*. New York: Pinter.
- Bewley-Taylor, D. (2012). *Towards Revision of the UN drug control conventions: the logic and dilemmas of Like-Minded Groups*. This article by Bewley-Taylor was originally published on <http://www.tni.org> under a Creative Commons Licence <http://www.tni.org/sites/www.tni.org/files/download/dlr19.pdf> in the Series on Legislative Reform of Drug Policies Nr. 19.
- Bullington, B. (2004). Drug policy reform and its detractors: the United States as the elephant in the closet. *The Journal of Drug Issues*, 34(3), 687-722.
- Bunton, R. & Coveney, J. (2011). Drugs' pleasures. *Critical Public Health*, 21(1), 9-23.

- Rehm et al. 2006. The Costs of Substance Abuse in Canada in 2002. Canadian Centre for Substance Abuse.
- Campbell, D. (2002). "US cannabis refugees cross border." *Guardian*. July 20, 2002. Retrieved from <http://www.guardian.co.uk>.
- Carabine, J. (2001). Unmarried Motherhood 1830-1990: A Genealogical Analysis. In M. Whetherell, S. Taylor, & S. Yates (Ed.), *Discourse as Data. A Guide for Analysis*. (p. 267-310). London: Sage Publications and The Open University Press.
- Centre for Addiction and Mental Health. (2008). The National Anti-Drug Strategy: A CAMH Response.
- Collin, C. (2006a). *Substance Abuse Issues and Public Policy in Canada: I. Canada's Federal Drug Strategy*. Parliamentary Information and Research Service. Library of Parliament. Government of Canada.
- Collin, C. (2006b). *Substance Abuse Issues and Public Policy in Canada: II. Parliamentary Action*. Parliamentary Information and Research Service. Library of Parliament. Government of Canada.
- Conyers Jr, J. (2013). The Incarceration Explosion. *Yale Law & Policy Review*, 31, 377-387.
- Cooper, M. & Blair, Carole, B. (2002). Foucault's Ethics. *Qualitative Inquiry*, 8(4), 511- 531.
- Cheadle, B. (2013). Harper Government Communications Staff Up by 15 Per Cent Since 2006. *The Huffington Post: The Canadian Press*.
- Cusson, M. & Block, W. (2000). Legalize drugs now! : An analysis of the benefits of legalized drugs. *American Journal of Economics and Sociology*, 59(3), 525-536.
- Department of Justice. (2012). Evaluation of the National Anti-Drug Strategy. *Office of Strategic Planning and Performance Management*. Government of Canada.
- Donzelot, J. (1979) *The Policing of Families*. New York: Pantheon.
- Drucker, E. (2002). Population impact of mass incarceration under New York's Rockefeller Drug Laws: an analysis of years lost. *Journal of Urban Health*, 79 (3), 433-435.
- Duff, C. (2004). Drug use as a 'practice of the self': is there any place for an 'ethics of moderation' in contemporary drug policy? *International Journal of Drug Policy*, 15, 385-393.
- Duff, C. (2008). Pleasure and drugs: editorial. *International Journal of Drug Policy*, 19, 349-352.

- Ennett, S., Tobler, N., Ringwatt, C. & Flewelling, R. (1994). How effective is drug abuse resistance education? A meta-analysis of Project DARE outcome evaluations. *American Journal of Public Health, 84*(9), 1394-1401.
- Erickson, P. & Cheung, Y. (1992). Drug crime and legal control: Lessons from the Canadian experience. *Contemporary Drug Problems, 19*(Summer), 247-277.
- Erickson, P. (1999). A persistent paradox: Drug law and policy in Canada. *Canadian Journal of Criminology, April, 275-284*.
- Feder, E. (2011). Power/knowledge. In D. Taylor (Eds), *Michel Foucault: Key Concepts* (pp. 55-68). Durham: Acumen.
- Fischer, B. (1999). Prohibition, Public Health and a Window of Opportunity: an Analysis of Canadian Drug Policy, 1985-1997. *Policy Studies, 20*(3). 197-210.
- Fischer, B., Erickson, P. & Smart, R. (1996). The new Canadian drug law: One step forward, two steps backward. *International Journal of Drug Policy, 7*(3), 172-179.
- Foucault, M. (1972). *The Archaeology of Knowledge*. New York: Pantheon (first published in 1969).
- Foucault, M. (1977). Truth & Power. In C. Gordon (Eds.), *Power/Knowledge: Selected interviews & other writings 1972-1977* (pp. 108-133). Toronto: Random House of Canada.
- Foucault, M. (1977). Two Lectures. In C. Gordon (Eds.), *Power/Knowledge: Selected interviews & other writings 1972-1977* (pp. 78-108). Toronto: Random House of Canada.
- Foucault, M (1980). *The history of sexuality, Vol 1*. An introduction. New York: Vintage Books.
- Foucault, M. (1968). Politics and the study of discourse, in *The Foucault Effect: Studies in Governmentality* ed. Graham Burchell, Colin Gordon, and Peter Miller (Chicago: University of Chicago Press, 1991), 53-72.
- Garmaise, D. (2006). Supervised injection facility granted limited-time extension. *HIV/AIDS Policy*
- Garrity, Z. (2010). Discourse analysis, Foucault and social work research: Identifying some methodological complexities. *Journal of Social Work, 10*, 193-210.
- Gecelovsky, P. (2008) Canadian Cannabis: Marijuana as an Irritant/Problem in Canada-U.S. Relations. *American Review of Canadian Studies, 38*(2), 207-212, DOI: 10.1080/027722010809481709
- Giffen, P.J., Endicott, S., & Lambert, S. (1991). *Panic and Indifference: the Politics of Canada's Drug Laws*. Ottawa: Canadian Centre of Substance Abuse.

- Golder, B. (2007). Foucault and the genealogy of pastoral power. *Radical Philosophy Review*, 10(2), 157-176.
- Golder, B. & Fitzpatrick, P. (2010). Introduction: the laws of Michel Foucault. In B.G Editor (ed.), *Foucault and Law*, xi-xxvi. Surrey, England: Ashgate.
- Government of Canada. (1987). Ministerial Briefing Book on the National Drug Strategy. Interdepartmental Secretariat on Drug Abuse. File No.: 45-CDA-9-1. Sections B, D, F.
- Gouvernement du Canada. Ministre des Approvisionnement et Service Canada. (1988). Action Contre Les Drogues. Bilan et Perspectives Nouvelles. (N° de cat. H39-127/1988).
- Government of Canada-Speech from the Throne. (2013). "Seizing Canada's Moment: Prosperity and Opportunity in an uncertain world."
- Graham, L.J. (2005). Discourse analysis and the critical use of Foucault. Paper presented at the annual conference of the Australian Association for Research in Education, Sydney.
- Groulx, G. (2008). *Repression meets responsibility: Canadian penal governance in the 'age of transformation.'* (Masters Dissertation). Available from ProQuest Dissertations and Theses database. (UMI No. 738281311).
- Haden, M. (2006). The evolution of the four pillars: Acknowledging the harms of drug prohibition. *International Journal of Drug Policy*, 7,124-126.
- Hall, W. (2009). Challenges in reducing cannabis-related harm in Australia. *Drug and Alcohol Review*, 28, 110-116.
- Harris, K. (2012). Rise in prison gang fuelling violence, drug trade. CBC News October 24th 2012. Retrieved on October 30th 2012 from: <http://www.cbc.ca/news/politics/rise-in-prison-gangs-fuelling-violence-drug-trade-1.1191284>.
- Hathaway, A. & Erickson, P. (2003). Drug Reform Principles and Policy Debates: Harm Reduction Prospects for Cannabis in Canada. *The Journal of Drug Issues*, Spring, 465-495.
- Hicks, D. (1998). *Decriminalization by default: The social construction of cannabis harm and policy in Canada* (Master's thesis). Available from ProQuest Dissertations and Theses database. (UMI No. 738281311).
- Hill, J. (2000). Politicising Canadian childhood using a governmentality framework. *Social History*, 33(65), 169-82.
- Hook, D. (2001). Discourse, knowledge, materiality, history: Foucault and discourse analysis. *Theory Psychology*, 11(4), 521-547.
- Hook, D. (2001). The disorders of discourse. *Theoria*, 97, 41-68.

- House of Commons Report of the Special Committee on Nonmedical Use of Drugs. (2002). Policy for the new millennium: working together to redefine Canada's drug strategy. Retrieved on September 16th, 2013 from: <http://www.parl.gc.ca/committeebusiness/StudyActivityHome.aspx?Cmte=SNUD&Language=E&Mode=1&Parl=37&Ses=2&Stac=626199>.
- Hughes, C. & Stevens, A. (2010). What can we learn from the Portuguese decriminalization of illicit drugs? *British Journal of Criminology*, (Advance Access) doi:10.1093/bjc/azq038.
- Hunter, J. (2009). "Trial to give free heroin to hard core addicts." *Globe and Mail*. June 21, 2009. Retrieved from <http://www.theglobeandmail.com>.
- Hunt, A. & Wickham, G. (1994). *Foucault and law: Towards of Sociology of Law as Governance*. Chicago, IL: Pluto Press.
- Jones, C. & Hathaway, A. (2008). Marijuana medicine and Canadian physicians: Challenges to meaningful drug policy reform. *Contemporary Justice Review*, 11(2). 165-175. *Law Review*, 11, 21-23.
- Keefer, P., Loayza, N. & Soares, R. (2008). The development impact of the illegality of drug trade. *The World Bank Library*. <<http://dx.doi.org/10.1596/1813-9450-4543>>.
- Kornblum, W. (1991). Drug legalization and the minority poor. *The Milbank Quarterly*, 69(3), 415-231.
- Loue, S. (2003). The criminalization of the addictions. *The Journal of Legal Medicine*, 24, 281-330.
- Lewis, P. (2013). Colorado marijuana law poses tough questions for Washington lawmakers. *The Guardian*. <http://www.theguardian.com/politics/2013/dec/31/colorado-recreational-marijuana-legal-federal-law>.
- Lucas, P. (2009). Moral regulation and the presumption of guilt in Health Canada's medical cannabis policy and practice. *International Journal of Drug Policy*, 20, 296-303.
- Mas, S. (2014). Rona Ambrose tells doctors anti-drug campaign not political. *CBC News*. <file:///Users/serennad/Desktop/Rona%20Ambrose%20tells%20doctors%20anti-drug%20campaign%20not%20political%20-%20Politics%20-%20CBC%20News.webarchive>
- Mauthner, N. S., & Doucet, A. (2003). Reflexive accounts and accounts of reflexivity in qualitative data analysis. *Sociology*, 37(3), 413-431.
- Mendieta, E. (2011). The Practice of Freedom. In D. Taylor's *Michel Foucault Key Concepts Ed*. Pp 111-124 Durham: Acumen.

- Miron, J. (2001). The economics of drug prohibition and drug legalization. *Social Research*, 68(3), 835-855.
- Miron, J. (2003). The effect of drug prohibition on drug prices: Evidence from the markets for cocaine and heroin. *The Review of Economics and Statistics*, 85(3), 523-530.
- Moore, D. (2008). Erasing pleasure from public discourse on illicit drugs: On the creation and reproduction of an absence. *The International Journal of Drug Policy*, 19, 353-358.
- Moore L. & Elkavich, A. (2008). Who's using and who's doing time: Incarceration, the War on Drugs and Public Health. *American Journal of Public Health*, 98(5), 782-786.
- Mosher, C. (2011). Convergence or Divergence? Recent Developments in Drug Policies in Canada and the United States. *American Review of Canadian Studies*, 41 (4), 370-386.
- Mulgrew, Ian. 2006. *Bud Inc.: Inside Canada's Marijuana Industry* (Toronto: Vintage).
- Nadlemann, E. (1998). Commonsense Drug Policy. *Foreign Affairs*, 77(1), 111-126.
- Oksala, J. (2011). Freedom and Bodies. In D. Taylor's *Michel Foucault Key Concepts Ed.* Durham: Acumen.
- Office of the Auditor General of Canada. (2001). *Report of the Auditor General of Canada- Chapter 11-Illicit Drugs: the Federal Government's Role*. Ottawa: Department of Public Works and Government Services.
- O'Malley, P. (2004). *Risk, uncertainty and government*. London: Cavendish Press/Glasshouse.
- Oscapella, Eugene (2001). *How Drug Prohibition Finances and Otherwise Enables Terrorism Submission to the Senate of Canada Special Committee on Illegal Drugs*. Parliament of Canada.
- Pakes, F. (2005). Penalization and retreat: the changing face of Dutch criminal justice. *Criminal Justice*, 5(2), 145-161.
- Pan, W. & Bai, H. (2009). A multivariate approach to a meta-analytic review of the effectiveness of the D.A.R.E program.
- Perez, E. (2013). No federal challenge to pot legalization in two states. CNN. Retrieved from <http://www.cnn.com/2013/08/29/politics/holder-marijuana-laws/index.html>
- Polsin, D. (2013). Addiction science advocacy: Mobilizing political support to influence public policy. *International Journal of Drug Policy*, 25, 329-331.
- Popke, E. J. (2003). Poststructuralist ethics: subjectivity, responsibility and the space of community. *Progress in Human Geography*, 27, 298-316.

- Prior, L. (2004). Following in Foucault's footsteps. Text and context in qualitative research. In S. Hesse-Biber, & P. Leary (Eds.), *Approaches to Qualitative Research: A Reader on Theory and Practice*. (pp. 317-333). New York: Oxford University Press.
- Quintero, G. (2012). Problematizing 'drugs': A cultural assessment of recreational pharmaceutical use among young adults in the US. *Contemporary Drug Problems*, 39 (3), 491-519.
- Quirion, B. (2003). From rehabilitation to risk management: the goals of methadone programmes in Canada. *International Journal of Drug Policy*, 14, 247-255.
- Russo, R. January 21, 2004. "Tougher pot penalties might prevent increased border scrutiny: Celucci." Vancouver Sun. Retrieved from <http://www.vancouversun.com>.
- Seddon, T. (2006). Drugs, crime and social exclusion: Social context and social theory in British drug-crime research. *British Journal of Criminology* 46, 680-703.
- Seddon, T. (2010). A history of drugs: Drugs and freedom in the liberal age. Abingdon: Routledge
- Selby, J. (2007). Engaging Foucault: Discourse, Liberal Governance and the Limit of Foucaudian IR. *International Relations*, 21, 324.
- Senate Standing Committee on Illegal Drugs. (2002). *Report of the Senate Special Committee on Illegal Drugs Vo.I: Parts I and II*. Ottawa: Senate of Canada.
http://www.parl.gc.ca/SenCommitteeBusiness/CommitteeReports.aspx?parl=37&ses=1&Language=E&comm_id=85
- Senate Standing Committee on Illegal Drugs. (2002a). *Report of the Senate Special Committee on Illegal Drugs Vo.II: Part III*. Ottawa: Senate of Canada.
http://www.parl.gc.ca/SenCommitteeBusiness/CommitteeReports.aspx?parl=37&ses=1&Language=E&comm_id=85
- Senate Standing Committee on Illegal Drugs. (2002b). *Report of the Senate Special Committee on Illegal Drugs Vo.III: Parts IV and conclusion*. Ottawa: Senate of Canada.
http://www.parl.gc.ca/SenCommitteeBusiness/CommitteeReports.aspx?parl=37&ses=1&Language=E&comm_id=85
- Senate Standing Committee on Illegal Drugs. (2002c). *Report of the Senate Special Committee on Illegal Drugs Vo.IV: Appendices*. Ottawa: Senate of Canada.
http://www.parl.gc.ca/SenCommitteeBusiness/CommitteeReports.aspx?parl=37&ses=1&Language=E&comm_id=85
- Shiner, M. (2003). Out of harm's way? *British Journal of Criminology*, 43, 772-796.
- Silverman, D. (2006). *Interpreting Qualitative Data* (3rd edition), London: Sage Publications.

- Small, D. (2012). Canada's highest court unchains injection drug users; implications for harm reduction as standard of healthcare. *Small Harm Reduction Journal*, 9(34).
- Smith, J. & Deemer, D. (2000). The problem of criteria in the age of relativism. In N.K. Dezin, & Y.S. Lincoln (Eds.), *Handbook of Qualitative Research*, (pp. 427-457). Thousand Oaks: Sage Publications.
- Taylor, D. (2011). Introduction. In D. Taylor (Eds), *Michel Foucault: Key Concepts* (pp. 1-9). Durham: Acumen.
- Thoumi, F (2009). La normatividad internacional sobre drogas como camisa de fuerza. *Nueva Sociedad*, 222. Retrieved on September 12, 2011 from http://www.nuso.org/upload/articulos/3620_1.pdf
- Tibbetts, J. (2010). "Senate passes bill with mandatory sentencing for growing five pot plants." Vancouver Sun. November 26, 2010. Retrieved November 28, 2010, from <http://www.vancouversun.com>.
- Tokatlian, J. (1988). National security and drugs: their impact on Colombian-US relations. *Journal of Interamerican Studies and World Affairs*, 30(1), 133-160.
- United Nations. (2011). World Drug Report 2011. New York: United Nations Publication. Retrieved October 22, 2012, from http://www.unodc.org/documents/data-analysis/WDR2011/World_Drug_Report_2011_ebook.pdf.
- Watts, J. (2013). Uruguay legalizes production and sale of cannabis. *The Guardian*. <http://www.theguardian.com/world/2013/dec/11/uruguay-cannabis-marijuana-production-sale-law>.
- Webster, P. (2014). *Canada blocking UN support for harm reduction: Observers*. <http://thetyee.ca/News/2014/03/25/Canada-Blocking-Harm-Reduction/>
- West, S. & O'Neil, K. (2004). Project D.A.R.E Outcome Effectiveness Revisited. *American Journal of Public Health*, 94(6) 1027-1029.
- Whittemore, R., Chase, S., & Mandle, C. (2001). Validity in qualitative research. *Qualitative Health Research*, 11(4), 522-537.
- Wood, E., Kerr, T., Tyndall, M. & Montaner, J. (2008). The Canadian government's treatment of scientific process and evidence: Inside the evaluation of North America's first supervised injecting facility. *International Journal of Drug Policy*, 19, 229-225.
- Vitiello, M. (1997). Three Strikes: Can we return to rationality. *Journal of Criminal Law and Criminology* 87, (2). 395-481.